



NHS Pay Review Body 2024/25, written evidence from The Pharmacists' Defence Association (PDA)

1. About the PDA

- 1.1 The PDA is the largest pharmacists' membership organisation and the only independent trade union exclusively for pharmacists across the United Kingdom and the crown dependencies. We recruit into membership pharmacists on the GPhC or PSNI registers and recruit no other categories of employees.
- 1.2 We aim to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation.
- 1.3 The PDA is an organisation that was created by pharmacists for the benefit of pharmacists. We have over 37,000 members of which 7,000 are employed in the NHS.
- 1.4 The primary objectives of the PDA are:
 - to advance and protect good health by promoting proper standards and best practice in pharmacy;
 - to support the safe and effective practice of pharmacists at every stage of their education and career;
 - to provide leadership and representation for employed and self-employed pharmacists, and those in training;
 - to protect, defend, lobby for and support the interests and reputations of pharmacists;
 - to work with and support local, national and international organisations with similar objectives; and
 - to facilitate professional indemnity insurance, arrange benefits and undertake any other activities that can support our wider objectives.

2. About the PDA's submission

- 2.1 The PDA welcomes the opportunity to submit evidence to the NHS Pay Review Body (PRB) on behalf of its members employed in the NHS on Agenda for Change terms and conditions and those whose employment mirrors AfC terms and who also receive the pay award recommend by the PRB.
- 2.2 To inform the submission we have drawn on several information sources including;
 - Data on the professional register for pharmacists (GB)
 - The NHS England Long Term Workforce Plan 2023
 - The NHS England Pharmacy Workforce Race Equality Standard (2023)
 - PDA member surveys and feedback

A full list of references can be found at the end of the submission.

3. Context

- 3.1 Pharmacists are experts in medicines and have the clinical knowledge and expertise that is required to support the treatment of NHS patients across all settings where NHS care is provided. They contribute to delivering and improving the health, safety and wellbeing of patients and the public.
- 3.2 Medicines form a significant element of patient care, and therefore of NHS expenditure. The cost of medicines prescribed in primary care in England in 2020/21 was £9.42 billion, 55.0% of total expenditure. The cost of medicines dispensed in hospitals in England in 2020/21 was £7.59 billion, 44.3% of total expenditure.
- 3.3 Within hospitals in 2021/22 there was a spend of £382 million which is not accounted for under any of the BNF Chapters. These are drugs manufactured as specials, dressings, appliances, and medical devices which are not authored on the Dictionary of Medicines and Devices (dm+d).
- 3.4 Over 1.05 billion prescription items were dispensed by community pharmacies and appliance contractors in England in 2021/22. This is a 2.65% increase from 2020/21.
- 3.5 Investment in the current and future pharmacist workforce is essential to support the growth of clinical health services closer to communities and provide the safe and effective use of medicines, both for patients and the public purse.

4. Pharmacist workforce development

- 4.1 The NHS Long Term Workforce Plan, published in June 2023 highlighted that significant training places for pharmacists were required with an estimated need to grow by 31–55% to meet the demand for pharmacy services, reaching 4,359–5,174 by 2032/33.
- 4.1 The plan sets out an intention to increase training places for pharmacists by nearly 50% to around 5,000 places by 2031/32.
- 4.2 From 2026, all newly qualified pharmacists will be independent prescribers through changes to the Initial Education and Training standards and this will create further opportunities for the development of clinical practice and how pharmacists can contribute to patient as part of multidisciplinary clinical teams.
- 4.4 In addition to newly qualified pharmacists, NHS England have committed to supporting 3,000 pharmacists “who have graduated but not completed an independent prescriber course to gain the required skills, knowledge and qualification to prescribe as independent clinicians”.
- 4.5 The workforce plan also identifies that in hospital pharmacy, “the growth of specialist clinical and technical roles will continue to be central to high quality medicines optimisation”.

5. Increasing opportunities for pharmacists

- 5.1 Increasingly, the variety of roles and settings in which pharmacists practice provides increased opportunities for them to diversify their careers, and even to work on a portfolio basis cutting across several NHS settings.

One recent development has been the introduction of the NHS England Additional Roles Reimbursement Scheme (ARRS), which provides an automatic funding stream to Primary Care Networks (PCNs) to support the recruitment of roles into Primary Care (including pharmacists).

- 5.2 In recent years, this has created an area of opportunity for pharmacists to work in General Practice in addition to the previous main employers of the profession, being NHS Trusts and community pharmacy contractors. Primary care roles can appear attractive due to more regular hours and opportunities for multi-disciplinary team working. Respondents to the PDA's workforce temperature check that had moved to primary care (from any sector) said the two most important reasons they had done so were for professional/career development, and better working conditions.
- 5.3 In a response to a Parliamentary question from Sir John Hayes MP, health minister Neil O'Brien revealed that nearly half (46%) of Additional Roles Reimbursement Scheme (ARRS) funding between 2019 and 2022 was spent on the recruitment of clinical pharmacists.
- 5.4 The popularity of ARRS is often cited as the reason for so-called "pharmacist shortages" and recruitment and retention issues in community pharmacy, however data from the General Pharmaceutical Council (GPhC) shows that the total number of pharmacists on the register has increased sufficiently to accommodate the new (ARRS) roles, whilst the number of community pharmacies has declined.
- 5.5 It is not possible to identify the shortfall in pharmacists in post in the NHS compared to the number required as this information is not available. However, anecdotally we know members often raise the impact on their workload created by unfilled vacancies. What we do know for certain is pharmacists in all roles and across the UK does appear on the government's shortage occupations list for healthcare and education.
- 5.6 Community pharmacists are increasingly providing clinical services, including vaccinations, blood pressure checks, oral contraception and the recently launched Pharmacy First service, which has been estimated to release between 10 million and 30 million general practice team appointments a year. Pharmacists will be providing advice and treatment for a range of seven common conditions using clinical pathways and Patient Group Directions (PGDs), which in turn provides more interaction with patients and an enhanced role in community pharmacy.
- 5.7 In a recent PDA survey on the implementation of the Pharmacy First Service, 77% of respondents either strongly agree or agree that a properly introduced and resourced Pharmacy First Service could improve community pharmacists' professional fulfilment.

6. The pharmacist workforce - current picture

- 6.1 On 31 December 2023, the number of pharmacists on the General Pharmaceutical Council (GPhC) register was 64,104 (54,119 in England). While this number continues to grow, there are several workforce challenges that impact on the recruitment and retention of pharmacists across all areas of pharmacy practice.
- 6.2 Consistently, pharmacists tell the PDA in significant numbers about their lived experiences in the workplace, and what influences their decisions about where they work and how conditions impact on their health and well-being.

6.3 These factors effect recruitment and retention and include chronic understaffing, sub-standard working environments, the inability to exercise their professional judgement, an absence of protected training time and experiences of racism, violence and abuse.

6.4 The Pharmacy Workforce Race Equality Standard (PWRES) report published by NHS England in September 2023 highlighted experiences of the NHS employed pharmacy workforce in 2022;

“In terms of staff experience, it shows that pharmacy team members of Black, Asian and minority ethnic origin experience more harassment, bullying and abuse, poorer career progression and greater experience of discrimination than White pharmacy team members. It also highlights that pharmacy team members of Black ethnic origin are least likely to feel their trust provides equal opportunities for career progression or promotion, and that Black, Asian and minority ethnic female pharmacy team members report the most personal discrimination at work”.

6.5 In feedback from hospital pharmacists to the PDA on workforce related issues, around 77% of respondents were looking to change their career or employment status in the next 12-18 months;

- The overall primary issues were pressure and mental health concerns (29%) and pay (28%).
- The on-call service arrangements are often cited as being one of the pitfalls of the role as a hospital pharmacist.
- Other themes were concerns around burnout, workplace pressure (not enough resources, skill mix) and dissatisfaction (lack of reward, feeling undervalued and demotivated).
- Around 4% of respondents cited bullying and harassment as their main concern.

6.6 A separate PDA workforce temperature check of over 2,000 pharmacists working in all areas of practice in December 2023 found;

- 30% of respondents were looking to change their employment status/job within the next 18 months.
- Nearly 1/3 of respondents were looking to leave pharmacy altogether
- Approximately 2/3 of respondents are required to undertake more non-clinical work due to lack of support staffing.

6.7 Many PDA members also report that they have chosen to become locum pharmacists to help to manage workplace stress and poor mental health, as they are able to opt for more suitable hours and only to work in certain places, which helps them to moderate the impacts of excessive workload and substandard conditions.

6.8 These concerns present significant challenges for large employers of pharmacists in how they can attract professionals to work on a permanent basis in fulfilling and rewarding roles which support employee loyalty and a sustainable workforce.

7. NHS Pay

7.1 We hope the PRB finds the above helpful in setting the context for our suggestions on pay.

7.2 We have not submitted evidence to the PRB before, and we are not part of the NHS Trade Union side. Nevertheless, we have closely followed the work of the PRB since our formation as a trade union.

7.3 We have decided to submit evidence this year because the role of the pharmacist in society is at a pivotal moment, with the new funding being made available for community pharmacy significantly increasing the services provided and the required skill levels at which pharmacists will now be expected to operate, as some services move from being the responsibility of doctors and GP practices to pharmacists. This is something the PDA broadly welcomes as being beneficial for patients providing that the right amount of resource is invested in by community pharmacy employers to fully realise the potential this has.

7.4 This is of importance to the work of the PRB. We have set out the impact this is likely to have for pharmacists in the NHS. Essentially, the main competitors for newly qualified pharmacists in the future will, because of the new arrangements with the NHS, be likely to provide better quality and more highly rewarded careers. This has not been possible for those pharmacists working in the community as many of their employers regarded the current NHS contract as delivering little in the way of profit after flat NHS funding for over 4 years.

7.5 We therefore believe the PRB must recognise these developments and help the NHS achieve two important objectives.

- Firstly, the PRB will need to ensure NHS pharmacists are still able to achieve well rewarded careers to ensure they are not tempted to leave the NHS, not just for more money but also for a more professionally challenging career in companies such as Boots.
- Secondly, they must ensure student pharmacists continue to view the NHS as an attractive alternative to the new role played by community pharmacy.

Our suggestions are designed to ensure the NHS can meet both objectives.

7.6 Our belief is that to ensure the NHS does remain competitive the PRB needs to focus its approach to pay on those working in Bands 5 to 8 this year. We recognise that the last recommendation from the PRB was a flat rate increase and thus a lower percentage for those at the higher end of the AfC pay rates.

7.7 We understand the logic behind that approach, but we believe it led to those in the Bands we have mentioned feeling unhappy and as evidence of that the CSP, for example, took strike action over pay for the first time in their history. We would therefore urge the PRB to focus on bands 5-8 and refer to and link this years' recommendations to the 2018 restructuring of the AfC pay bands.

7.8 Now that the restructuring is fully in place, following the three, although in fact four, year transition phase, we believe it is time to fully assess how the new arrangements are working and where attention is needed. Our view is that this makes a great deal of sense as the time taken under the post 2018 pay spines to reach the top point in Bands 5,6,7 and 8a is 5 years. Thus, everyone in post in 2017 will now be at the top point of their band if not promoted and subject to

achieving successful performance criteria. We believe that many saw significant increases in income because of the restructuring.

- 7.9 The restructuring also significantly improved the start-out pay for newly qualified healthcare professionals joining the NHS at Band 5 and improved the speed at which fully competent professionals on their respective registers could progress to the top of their Band.
- 7.10 But those at the top of the pay bands already did not benefit in the same way and the top pay point of each band has not increased at the same rate. We therefore believe the focus should now be on those pay rates.
- 7.11 We calculate that someone starting on the bottom of Band 5 in 2017 will now have progressed to the top pay point in Band 5, an increase of 56%. For Band 6 the increase for someone starting at the bottom in 2017 and now at the top of Band 6 would have seen an increase of 60%. For Band 7 the equivalent increase would be 57% and for Band 8a it would be 41%.
- 7.12 In stark contrast those already at the top of their Band in 2017 would have seen much lower increases over the period to now. Someone on Band 5 will have seen their income grow by 20%. For Band 6 it would be 19%, for Band 7 19% and for Band 8a 15%.
- 7.13 The PDA broadly supported the restructuring of the pay bands and the objectives the process was seeking to deliver. Nevertheless, we highlight this information as we believe it fully supports the view that the focus now should be on the highest pay point in each band as this is where most people will be, and these are the pay rates that have not been increased in line with increases for other pay points.
- 7.14 We do recognise however, that one important objective of the restructuring was to ensure people received improved increases on promotion. As stated therefore, to preserve this principle, we are not advocating a separate increase for these pay rates. We are however asking the PRB to base an award on the need to recognise that those at the top of Bands 5,6,7 and 8 have not seen income grow significantly through the restructuring period.
- 7.15 The people affected are of course the longest serving and most experienced of NHS employees, not just delivering on improving patient care but also offering guidance, leadership, and experience to others.
- 7.16 We are therefore not arguing that other pay points or other pay bands should not see an increase. In fact, we would support the same increase for all NHS workers on AfC pay rates. Anything else would be divisive and counterproductive. But we believe the pay of those at the top of bands 5-8 needs urgent attention this year. Consequently, we believe this years' recommendations from the PRB should be seen as a continuation of the progress achieved by the restructuring and of the work done in previous years to increase the lowest pay rates to ensure the NHS is a living wage employer.
- 7.17 We therefore urge the PRB to look specifically at the groups we have identified and let that be the driving force behind this years' recommendations for all NHS workers.
- 7.18 Although we are not making the case for a specific figure for this year's pay award, and we recognise fully the constraints placed upon the PRB in weighing up the evidence they will receive from various sources and the Governments affordability evidence, we firmly believe that with inflation falling back to more normal levels NHS workers will be expecting that this year an increase above inflation is fair.

- 7.19 The PDA has not supported claims for the immediate restoration of the purchasing power of NHS pay that has been lost over a period of years. But we do believe the circumstances are such that the restoration of a modest part of this loss is now possible, would help to significantly improve morale across the NHS, restore confidence in the PRB process and be justifiable, fair, and affordable.
- 7.20 In the specific situation of pharmacists, it would ensure the NHS remains attractive despite the changes we have outlined in relation to community pharmacy.

8. To summarise our position on pay

- 8.1 We believe the PRB should note our evidence regarding the pharmacy profession and should focus on the pay rates at top of bands 5-8.
- 8.2 We support an across the board increase for all NHS workers but believe the evidence that determines the PRB recommendations this year should be drawn from an analysis of the position of those on these pay rates.
- 8.3 We believe it would be wrong to focus on other pay points this year as these have been the focus of previous awards and of the AfC restructuring.
- 8.4 We firmly believe that the circumstances are such this year to enable an award above inflation.
- 8.5 We firmly believe such an award is fair, affordable, justifiable, and essential in the case of pharmacists.

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