

Pharmacy First Service PDA Member Survey

Final Results
15th January 2024

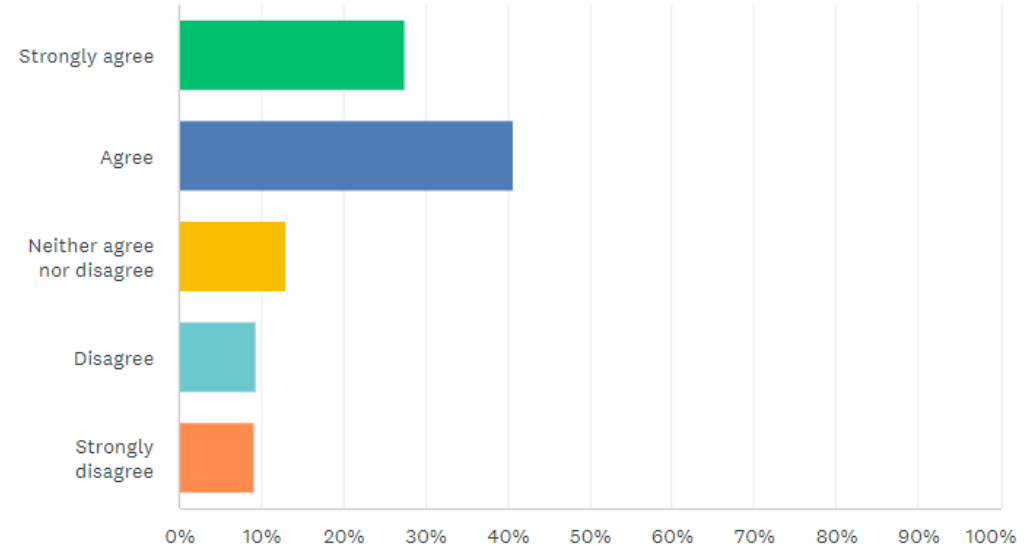


Response rate – general information

- Over 3,500 pharmacists have completed the survey
- 40% describe themselves as employed pharmacists
- 44% describe themselves as locum pharmacists
- Almost half (48%) are working 31+ hours a week
- Survey closed 14th January 2024

Sentiment around the introduction of the Pharmacy First Service in England

- 68% of respondents strongly agree or agree with the statement around **supporting the concept in principle of a Pharmacy First Service being introduced in England.**
- 13% neither agree or disagree
- 19% disagree or strongly disagree



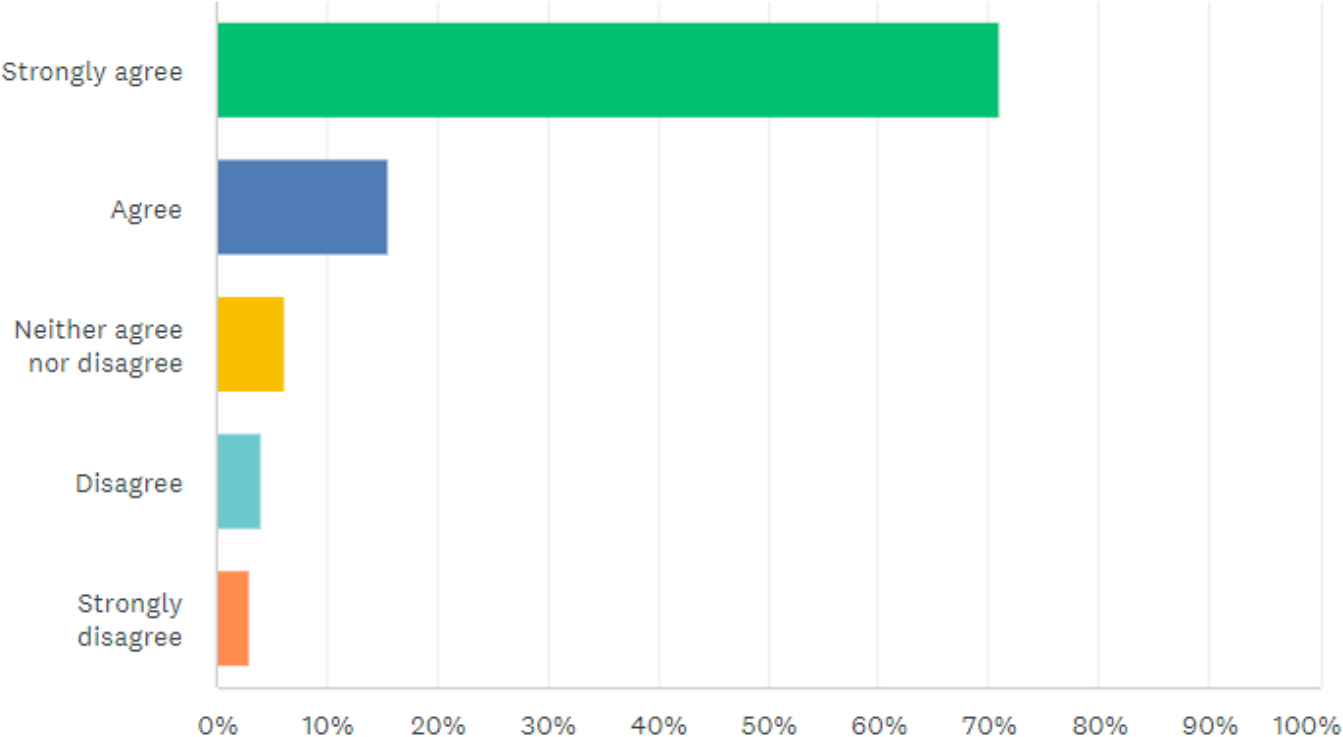
Sentiment around the impact of the introduction of the Pharmacy First Service in England

- 84% either strongly agree or agree that a **properly introduced and resourced Pharmacy First Service could improve patient care**
- 7% strongly disagree or disagree with the statement
- 8% neither agree or disagree

- 77% either strongly agree or agree that a **properly introduced and resourced Pharmacy First Service could improve community pharmacists' professional fulfilment**
- 12% strongly disagree or disagree with the statement
- 11% neither agree or disagree

Sentiment around the implementation of the Pharmacy First Service in England

- 87% of respondents either strongly agree or agree that if the Pharmacy First Service is not introduced or resourced properly it could damage the already fragile workforce situation



Responses to questions around training

- 1% of respondents have completed all of the training at the time of completing the survey
- 63% have had none of the training.
- 36% have had some or most of the training
- If training is still to be completed, 36% say that this is scheduled to take place
- 31% however say that the training was not scheduled as this is not available to them
- 17% said that it was not scheduled due to other reasons

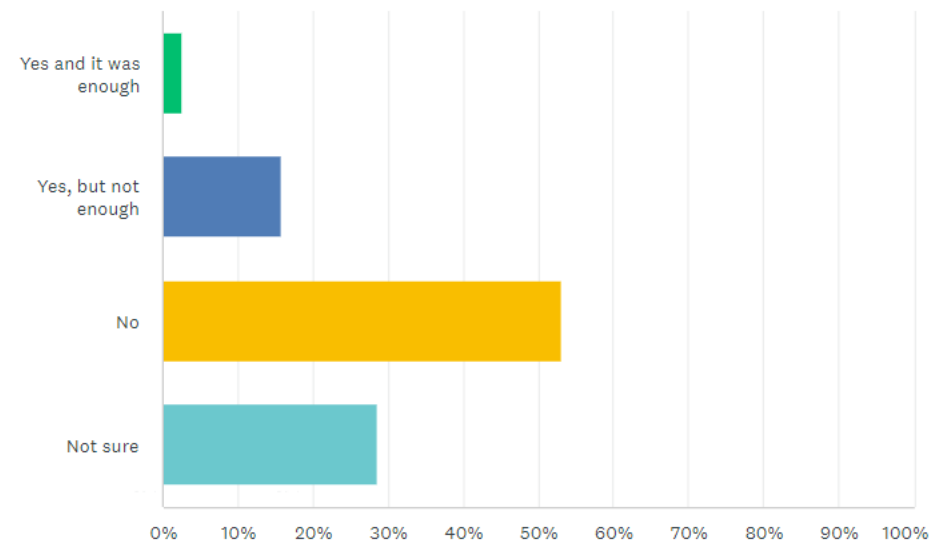
Responses around protected learning time / payment for undertaking training

I am employed and I had/will have to do the training in my own time unpaid.	19.40%	
I am employed and I had/will have to do the training in my own time but will receive overtime/time of in lieu/extra payment for my time.	13.65%	
I am employed and I had/will have to fit the training in alongside my other responsibilities whilst I am on duty in the pharmacy during my normal paid working hours.	4.69%	
I am employed and I've had/ will have paid, protected learning time away from my regular duties in which I could focus entirely on the training.	8.21%	
I am a locum and I am giving up my regular paid locum shifts or am otherwise self-funding the time for my training.	45.26%	
Other (please specify)	Responses	8.78%

"I am employed and will have to do training unpaid in my own time plus I will have to give up some of paid locum shifts in order to do that which means I will effectively lose around weeks' worth of locum income this month in order to complete the training required".

Responses around the rest of the pharmacy team receiving Pharmacy First Service training

- 53% said that no training had taken place
- An additional 16% of respondents said that some training has taken place for support staff but that it was not enough
- Only 3% said that enough support staff training had taken place
- 28% were not sure



Responses to questions around staffing levels

- 49% of respondents said that they do not have sufficient staff to safely provide existing services (i.e. before the Pharmacy First Service is introduced).
- An additional 50% said that they only have sufficient staff some of the time.
- Only 1% say that they have enough staff all the time.

No	48.55%
Sometimes	29.86%
About half the time	8.23%
Most of the time	11.93%
Always	1.44%

Responses around additional staff to provide the Pharmacy First Service

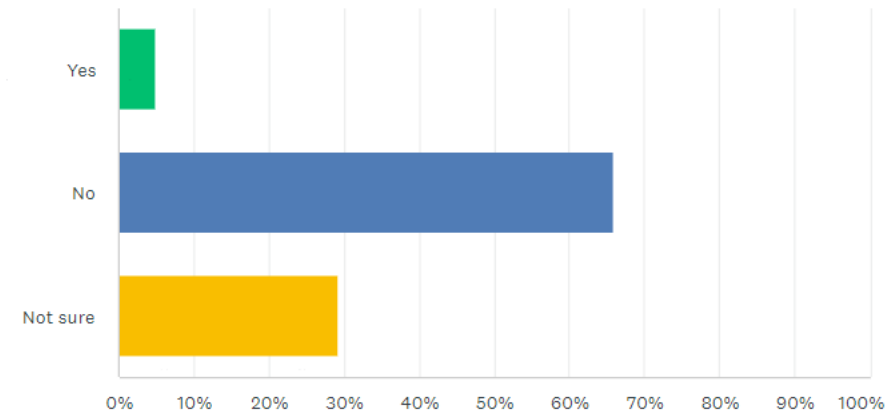
- 70% responded that there would not be any additional staff to support the provision of the Pharmacy First Service in their pharmacy
- 24% were unsure
- 1% responded that a second pharmacist would be available
- 2% responded that more support staff would be available
- 1% responded that more support staff and a second pharmacist would be available

Confidence levels around respondents' ability to deliver the Pharmacy First Service in addition to the existing workload when it launches on 31 January 2024?

Only 5% of respondents are confident that the pharmacy where they work can deliver the Pharmacy First Service in addition to the existing workload

66% are not confident

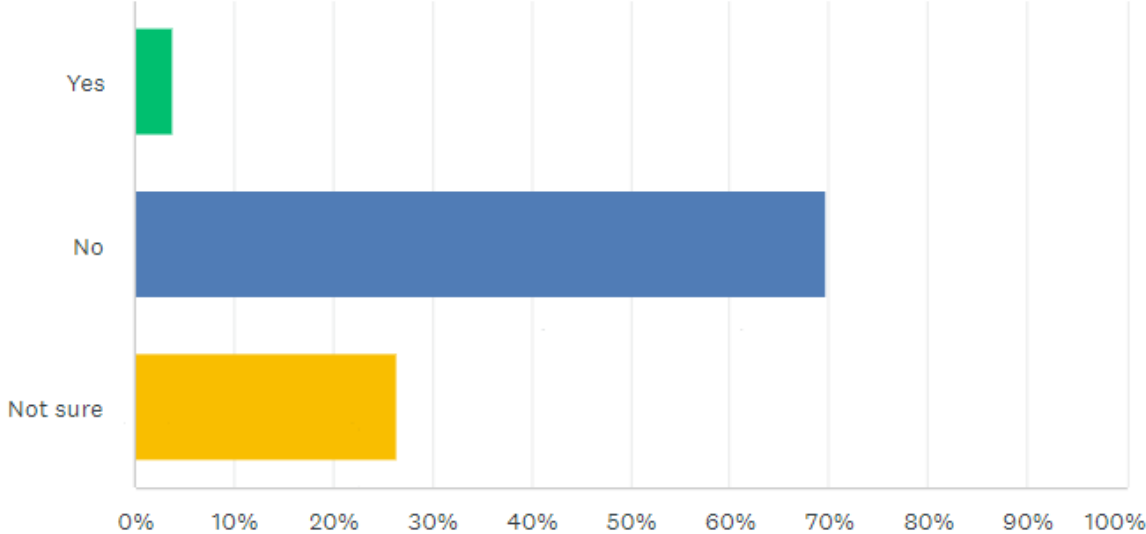
A further 29% are not sure



Confidence that community pharmacy in general will be able to deliver the Pharmacy First Service in addition to existing workload

Confidence is lower in relation to the community pharmacy sector overall compared to the previous question, with only 4% responding positively

70% said they are not confident
A further 26% are not sure



Responses around concerns about the launch of the Pharmacy First Service

I have no concerns	2.49%
The required IT solution may not be fully functional	46.31%
Impact of additional administration	69.18%
Queues and unmanageable workload	87.75%
Negative impact on existing activity	64.13%
My employer may push me to practice new services before I am confident/competent to do so	65.94%
Friction between my professional obligations and my employers' demands	60.80%
Patient expectations may not be met	76.10%
Potential for aggression from patients due to unrealistic expectations	78.34%
Patient safety concerns	61.76%
Other (please specify)	Responses 14.09%

Additional free text comments include concerns around patient expectations, speed of implementation (being rushed), pressure to supply antibiotics/antibiotic stewardship, unrealistic training times, lack of appropriate skill mix, locums being able to negotiate terms to provide additional services.

Possible solutions required to increase confidence in delivery

No additional measures required	0.85%
Access to appropriate training provided during protected learning time	74.80%
Guarantees that IT systems are operational and robust before launch	67.89%
An increase in trained and competent support staff	84.90%
Avoiding a large-scale public awareness campaign until the sector is able to deliver at scale	76.77%
Improved access to Pharmacy First Service training for locums	66.82%
A second pharmacist in pharmacies offering the Pharmacy First Service	73.73%
Effective regulation of employer behaviour	58.22%
A phased introduction of new clinical pathways	74.17%
Other (please specify)	Responses 8.22%

- An increase in support staff appears to be a clear requirement from pharmacists responding to the question
- 74% thought a second pharmacist was needed
- A phased introduction, access to training in protected learning time, and stalling any large-scale public awareness campaigns were all high scoring
- Improved access to training for locums was also important
- Less than 1% thought that current implementation plans were adequate

Sample comments

- *The most important thing here is the PHASED introduction- having 7 new pathways to learn all at once is far too much along with all other obligations.*
- *After waiting 40 years as a pharmacist to use my expertise and degree, I'm now being rushed to do everything in less than 2 months. The PGD was only issued late December it's an unreasonable rush.*
- *Delay of implementation of Pharmacy First and clearer guidelines on training required. Adequate time should be given as pharmacists are working 40+ hours a week on top of family life with young children to look after and needing to do more training is a lot to ask in such a short period of time. Perhaps implement 1 service a month would be more manageable as far as training goes.*
- *Second pharmacist essential- never going to happen in a million years in current climate.*
- *The point of a second pharmacist, increased fees for the consultation cannot be stressed enough. We just know the day the service goes live it will be plastered on every newspaper and site nationwide.*
- *The situation at the moment is overworked, understaffed, exhausted, out of control, overstressed and already an enormous workload..... Not safe at all, for our stress, our mental health, patient safety at risk and not prepared on top of it for more abuse from the patients.*

Sample Comments (2)

- *The training I need to complete is 'coming soon'. Three weeks to go, seven areas to train in and a mountain of paperwork no clear indication as to whether the IT will be ready. Employers will want more for the same. NO other profession would allow themselves to be bullied in this way.*
- *The impending launch of the pharmacy first service fills me with anxiety as the current staffing levels are insufficient to handle the anticipated workload. Without additional support, the checking responsibilities might accumulate, leading to potential errors and delays.*
- *The fear of facing patient dissatisfaction looms large, especially considering the risk of false promises made due to the strain on resources. Additionally, the lack of explicit training on otoscope use for inner ear inspections adds another layer of concern, making me apprehensive about performing tasks for which I haven't received proper guidance. The prospect of dealing with patient expectations and potential complications without adequate staffing and training intensifies my unease about the upcoming service launch.*
- *Very badly implemented. Not enough practical training places, no clear definitive competency checklist, no protected learning, unrealistic timescale for the start of the service. Dreadful. Unsafe.*
- *I'm excited about it, however without the properly trained support staff this cannot be executed properly.*
- *Overall, a good idea but the speed of the rollout and the potential for patient harm and lack of regulation makes this problematic.*

Sample comments (3)

- *I don't think the opportunity has been taken by our negotiators to adequately fund the training, plan and provide ongoing support for the service. There has been no communication with the workforce which is expected to provide the service regarding its implementation. It will cause additional stress on a workforce which is already struggling”.*
- *It is a great idea; however as usual it appears not to be funded or organised well. There needs to be standard training for all pharmacists and technicians, so everyone is working to the same competence.*
- *I fully support the development of the service and broadening what pharmacist can deliver. However, I feel this would be better if it's done on a gradual basis, insuring we are getting the proper training so we are confident delivering the service and not putting patients at risk and also, I think we should be incentivised as we are doing an extra daily task.*
- *It's a good idea providing the managers are making sure the service is provided professionally and not only as business-like opportunity (like for example measuring the blood pressure).*
- *Need more staffing. Too many hours cut back. With all the services we already do - we are already having to stay behind unpaid to complete the work. Now with this in addition it's more pressure and exhausting. Welcome the idea of pharmacy first- it's needed for our communities but there needs to be more funding for staffing so that pharmacists can solely concentrate on services and clinical checking*