



Response to the consultation on Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027

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1) Introduction

PSNC promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.

We welcome the opportunity to be able to respond to the proposals set out in the consultation on the draft health and care workforce strategy for England.

2) A draft health and care workforce strategy for England to 2027

The document is an ambitious strategy over a ten-year period which should be commended. We agree that good health and social care relies upon easy, dependable access to staff who know what they are doing, have the time to do it and treat patients with respect and compassion. We support the strategy's focus on organising health and care around individuals by thinking innovatively, working differently and transforming the way healthcare is delivered. Therefore, we support the set of six shared principles to underpin future workforce decisions, particularly number six that will ensure new models of care are supported by comprehensive service, financial and workforce planning in an integrated way.

However, whilst the draft strategy purports to be part of an integrated system, there are many missed opportunities in considering the existing workforce and how staff can be integrated into future ways of working. The pharmacy section within the document is limited. Pharmacists are the third largest health profession after medicine and nursing and can make a huge difference to patient care if better utilised and integrated in the healthcare system with appropriate support for transformational education and training. Whilst some progress has been made, the clinical skills of community pharmacists are still a great untapped potential. We need to make sure that pharmacists are supported with the right education and training to have a significant role in clinical care, regardless of where they practice. Pharmacists need to be part of the change locally and nationally and HEE need to take action to make their engagement with community pharmacists and their teams on workforce planning and development initiatives more effective.

The current workforce crisis in primary and emergency care that is outlined in the draft strategy will be partially addressed if the NHS makes better use of the skills of community pharmacists already in practice.

3) Policy

The pharmacy section of the draft strategy refers to the [Independent Review of Community Pharmacy Clinical Services](#), yet it does not explore the key recommendations made within this review, which include:

- How the skills of community pharmacists and their teams can be used to help people to manage long-term conditions and to embed medicines optimisation within care pathways;
- A redesign of Medicines Use Reviews to develop them into full clinical reviews including ongoing monitoring and follow-up of patients, consideration of prescription duration, and utilising independent prescribing as part of the care pathway;

- Use of the Vanguard programmes to develop the evidence base for community pharmacists, including integrating community pharmacists into long term condition management pathways, involving them in case finding programmes, and using new ways of contracting that mitigate any perceived conflicts of interest; and
- Support from NHS England and national partners to help STP leads to integrate community pharmacy into their plans and local commissioners to contract for services.

The pharmacy section of the final workforce strategy should explore how education and training can help to support the development of community pharmacy teams to achieve the changes in practice described in the document, which will bring significant benefits to patients and the NHS.

The pharmacy section explores the Pharmacy Integration Fund and the Pharmacy Reform Programmes; however, this only seems to reflect the short-term priorities of the current policies and does not reflect the longer-term ambitions that seem to be set out in the policy options and principles of the wider document.

4) Community pharmacy – investing in the new and current workforce

The pharmacy profession has a significant role to play in the delivery of new care models and the Medicines Value Programme. We are concerned, however, that the proposals for workforce development will not support the full potential of community pharmacy in the future.

Community pharmacy team members are patient-facing and every day about 1.6 million people visit a community pharmacy in England. 72% of pharmacists registered with the [GPhC](#) (2013) work in community pharmacies. Therefore, we would expect the workforce strategy to clearly include these frontline healthcare professionals, yet they appear to have been largely omitted in much of the strategy.

The proposals for pharmacy workforce development and funding allocations in the draft strategy focus largely on developing pharmacists and pharmacy technicians working in new care settings, rather than those working in community pharmacy settings. There needs to be more focus and support on how existing jobs roles and workforce groups can be utilised effectively to work through new care models. This will require additional support and resources that are not already identified to provide community pharmacies and their teams the time and space to develop to meet the new roles of the future.

Primary care is not just general practice; primary care is also provided by community pharmacy, optometrists and dentists. It is a missed opportunity not to explore the role of these other professions within the primary care section of the strategy, when as highlighted in the document, general practice is facing a recruitment crisis.

The [Community Pharmacy Forward View](#), developed by PSNC and Pharmacy Voice, with the support of the English Pharmacy Board of the Royal Pharmaceutical Society clearly articulates how community pharmacy teams could be developed to support the provision of better services for patients, including better support for people with long term conditions and helping people to live healthier lives. The final workforce strategy should recognise the ways in which community pharmacy can support new models of care as described in the Community Pharmacy Forward View, to provide better care for the population and to relieve pressure on other professions, particularly general practice. It should also recognise the need for appropriate workforce development to support the achievement of the goals set out in the Community Pharmacy Forward View.

Health Education England recently undertook a process of collecting data on the community pharmacy workforce to assess the current status of the workforce. The findings of this work should inform plans for the future community pharmacy workforce and the development of the current workforce and as such, should be reflected in the final workforce strategy.

5) Next steps

There needs to be more effective dialogue and communication with the pharmacy workforce and its representatives to develop a robust pharmacy section of the final workforce strategy as well as integrating pharmacy within other parts of the document.

The consultation document states that this is not the final strategy and we hope that this is a beginning of a dialogue to more fully incorporate the community pharmacy workforce within the strategy. PSNC is keen to work with HEE and other pharmacy stakeholders to develop a collective understanding of how development of the community pharmacy workforce could support the long-term sustainability of the NHS and social care system, which could then inform the drafting of the final workforce strategy.