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**This response was submitted to the [Health and Social Care](#)  
[Committee](#) consultation on [Health and Social Care Workforce](#)**

**HSC 03**

**Ymateb gan: | Response from: Fferylliaeth Gymunedol Cymru | Community  
Pharmacy Wales**

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Community Pharmacy Wales response to the Health  
and Social Care Committee's call for written evidence  
on

**A healthier Wales: our workforce strategy for health  
and social care**

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## Part 1: Introduction

Community Pharmacy Wales (CPW) represents community pharmacy on NHS matters and seeks to ensure that the best possible services, provided by pharmacy contractors in Wales, are available through NHS Wales. It is the body recognised by the Welsh Government in accordance with *Sections 83 and 85 National Health Service (Wales) Act 2006* as 'representative of persons providing pharmaceutical services'.

Community Pharmacy Wales is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to protect and develop high quality community pharmacy based NHS services and to shape the community pharmacy contract and its associated regulations, in order to achieve the highest standards of public health and the best possible patient outcomes. CPW represents all 713 community pharmacies in Wales. Pharmacies are located in high streets, town centres and villages across Wales as well as in the major metropolitan centres and edge of town retail parks.

In addition to the dispensing of prescriptions, Welsh community pharmacies provide a broad range of patient services on behalf of NHS Wales. These face-to-face NHS Wales services, available from qualified pharmacists 6 and occasionally 7 days a week, include, Pharmacist Independent Prescribing Services, Emergency Contraception, Discharge Medicines Reviews, Smoking Cessation, Influenza Vaccination, Palliative Care Medicines Supply, Emergency Supply, Substance Misuse and the Common Ailments services.

CPW is pleased to have the opportunity to respond to this important consultation. This is a crucial time for the development of the Welsh community pharmacy network as CPW and Welsh Government are working in partnership to replace the current contractual framework with one that engages the network in the delivery of a wider range of clinical services designed to meet the needs of the people of Wales and to deliver these extended services right in the heart of their local communities.

Probably the biggest single facilitator of this change is robust workforce planning and the development and delivery of an effective process for upskilling the workforce. CPW and the entire community pharmacy network has great concerns that the current plans fall somewhat short of what is required and would urge the Health and Social Care Committee to make this one of their priorities over the short to medium term.

## Part 2: the 7 specific areas of feedback requested by the committee

### 1) Plans for implementation of A healthier Wales: our workforce strategy for health and social care (published in October 2020), including progress made to date and whether delivery is on track for 2030.

It is important that the Health and Social Care are fully informed about the current workforce pressures particularly those related to the shortage of pharmacists within the community sector. Without robust and urgent support from Welsh Government then the plans for *A Healthier Wales* will not be realised as far as the community pharmacy network is concerned.

Over the last few years concerns have been raised from pharmacy contractors across Wales regarding the increasing workforce pressures within community pharmacy due in the main to pharmacist shortages and the impact that this is having on service availability.

Historically several Local Health Board areas have struggled with pharmacist recruitment, often due to the rurality of these areas and distance from a school of pharmacy which has often led to “pinch points” at certain times of the year, however this year has been reported by contractors as significantly worse, with contractors in all areas of Wales reporting challenges including those who have previously had no issues and affecting contractors of all sizes. This has resulted in temporary closures being reported in all Health Boards this financial year at a much higher level than has been seen in the past:

The increase in pharmacist shortages is believed to be due to a multitude of factors including:

- Pharmacists leaving community pharmacy after the increased pressures due to Covid-19 – either taking early retirement or moving to a perceived easier role in GP practices or supporting mass vaccination centres
- Brexit effect resulting in a reduction in numbers.
- Annual Leave – the summer is always a “pinch point” of increased leave being taken. It is compounded this year by holiday being carried forward from the pandemic when pharmacists cancelled leave to support an increase in service demand.

CPW has real concerns that the lack of pharmacist resources means that the network is under pressure and without robust and urgent Welsh Government support the network may struggle to make the change we all so desperately want.

Another factor that would help the current resource crisis is for the community pharmacy network to be able to fully utilise skill mix. Pharmacy technicians and other suitably trained members of the pharmacy teams should be able to deliver support at the 'top of their licence' so that pharmacists can focus on the roles that only they can deliver. The vast majority of community pharmacists are supportive of extending technician roles and technicians are keen to embrace new roles. The Health Boards however are slower to embrace change and often when commissioning services specify that the service can only be delivered by a pharmacist when other members of the team could easily take on the role. We have reached a crazy situation where even the IM&T solutions put in place to help the community pharmacy network (Choose Pharmacy) are restricting administration access to pharmacists only. This is leading to frustration and we are concerned that underutilised technicians may start to follow pharmacists and look for roles elsewhere where their skills will be fully utilised. I am sure that the majority of GP practices across Wales would grind to a halt if similar restrictions on utilising skill mix were placed on their practice. This we feel is another area where the committee could lend its support.

**2)The alignment of the strategy and its implementation with other priorities and actions, including those identified in the Welsh Government's Programme for Government for 2021-2026, and A Healthier Wales: our Plan for Health and Social Care (2018).**

The strategy appears to be well aligned with other Welsh Government strategies and plans and importantly aligns well with the principles agreed between CPW and Welsh Government that should lie behind the development of the community pharmacy network in Wales.

**3)The extent to which HEIW/SCW's workforce strategy and broader work on workforce planning and the commissioning/delivery of education and training, will ensure that we have a health and social care workforce which is able to meet population health and care needs, and support new models of care and ways of working, including optimising the use of digital technology and the development of Welsh language services.**

CPW is fully aware that there is a general shortage of Pharmacists extending beyond Community Pharmacy across the UK. The shortage has been a concern for some time now, with fewer people choosing a career in the sector. In recognition of this, the role of pharmacist was added to the Home Office's Shortage Occupation List in March 2021. This is also being felt across the NHS in Wales.

An acknowledgement of pharmacist shortages and the need for Wales to “grow their own” as part of *Train, Work, Live* was acknowledged earlier than that and meant that in April 2019, the then Welsh Government Minister for Health & Social Services announced that the number of multi-sector training places for foundation pharmacists would increase to 200 by August 2023. This increase was welcomed by the community pharmacy sector and was a beacon of hope in an otherwise grey landscape, however there are now significant concerns that the proposed increases will not materialise as a result of internal NHS Wales issues.

CPW have been informed that Health Boards indicated that the managed sector (or GP practices in some Health Boards) cannot accommodate an increase in the number of training places as the training in Wales has moved to being fully multi-sector. CPW is aware that August 2022 listed training places was not the promised move towards 200 places but was in fact limited to 111 places. As well as being far short of what is required, it is actually a decrease in the listed places compared to August 2021 (124 places).

CPW’s understanding in relation to the previous plans is that it was planned that there would be approx. 160 multi-sector places planned for August 2022. The community pharmacy network was happy to fill the remaining places on a single sector basis, which has been the approach to training pharmacists for many years. This offer was rejected, for reasons of pure dogma, leaving the sector extremely frustrated and feeling that it has well and truly shot itself in the foot. If the remaining places (50) had been offered to community pharmacy as single sector – even with a 60% fill rate that would have resulted in an increase of foundation pharmacists for August 2022 compared to August 2021. Perhaps the committee could help move this simple issue forward.

CPW would like to work with HEIW, Health Boards and community pharmacy contractors to investigate how we can work closer together to try to address the current workforce issues as well as meet future needs.

Initial discussions with the *Train, Work, Live* Campaign are very positive and are looking to start to develop materials for use from 2022 that have a community pharmacy focus with materials that could be used not only to encourage nominations to the foundation training programme in Wales but also as recruitment for trained pharmacists to encourage them to move to Wales to train as an Independent Prescriber and work in community pharmacy. CPW are also in discussion with NHSJobs, and NHS Wales Shared Services Partnership having secured the agreement that community pharmacy will be able to advertise through NHSJobs in the near future which we were not able to do as part of the initial campaign.

**4)The mechanisms, indicators and data that will be used to measure progress in implementing the workforce strategy and evaluate its effectiveness.**

From a community pharmacy perspective it would be helpful if: -

- The ambitions of A Healthier Wales were translated into meaningful targets.
- The shortfall in community pharmacy manpower resources were again translated into meaningful recruitment and development targets.
- Progress against the above were measured at least six-monthly.

**5) Whether the financial and other resources allocated to implementation of the strategy are adequate.**

Funding for the community pharmacy sector is under Welsh Government control and over a number of years the increase in funding for the community pharmacy sector has been less than that provided to the NHS as a whole, the largest single cost to the network is salary costs and to ensure that community pharmacies can provide competitive salaries, it is therefore important that any increase in funding should be for the total contract to ensure that community pharmacy contractors can provide all their staff with pay increases. A further continuation of this funding approach will only result in making the sector less attractive to work in. Perhaps with significant new funding on the horizon following the National Insurance increase the Welsh Government could use the opportunity to fund an alignment between the pharmacist salary rates in each sector.

Community pharmacy contractors are also not eligible to join the NHS pension scheme whereas pharmacists working in secondary care or in GP practices can, this further encourages staff to work elsewhere. During Covid community pharmacy teams were recognised as part of the NHS and as such should be entitled to all NHS benefits.

**6)The extent to which the strategy and its implementation are inclusive, reflect the needs/contribution of the whole workforce—for example, on the basis of profession, stage of career or protected characteristics—and also take into account the role of unpaid carers and volunteers.**

As regards inclusivity we feel that the sector is still considered to be a little apart from the NHS as a whole and CPW feel that we are long past the stage where the community pharmacy network, which is after all the most accessible and most visited part of the NHS, should be treated as a fully integrated part of NHS Wales. It appears to us that too often the network is overlooked, and developments put in the 'too difficult' box.

**7)Whether there are any specific areas within the strategy that would benefit from focused follow up work by the Committee.**

As highlighted above CPW would like the number of community pharmacy vacancies and the number of new pharmacists being trained to be closely monitored by the committee.

### Part 3: Conclusion

Community pharmacy teams across Wales are really excited about the well overdue recognition of the role they can play in improving the health and well-being of the people of Wales.

CPW is also very pleased with the way that they are working in partnership with Welsh Government on a new contractual framework that encapsulates their joint desire to deliver more clinical services.

Workforce issues are however a major obstacle to delivering on these ambitions and it would be most helpful if the Health and Social Care Committee could provide support and keep a watching eye on developments in this area.

CPW agree that the content of this response can be made public.

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CPW welcomes communication in either English or Welsh.

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