

## **Review of the Report into Workforce Planning in the Health Service and Social Care**

### **Submission to the Health, Wellbeing and Local Government Committee from the Royal Pharmaceutical Society – 14<sup>th</sup> March 2011**

#### **Introduction**

1. The Wales office of the Royal Pharmaceutical Society was pleased to contribute to the Inquiry into Workforce Planning in the Health Service and in Social Services in November 2007. The subsequent report and its strategic recommendations closely resonated with the principles of the Royal Pharmaceutical Society in ensuring the right skills and right numbers of staff are in place in our health care system to deliver safe and effective services.
2. Despite the recommendations of the report and the opportunities afforded by NHS reorganisation for better integration in planning, we feel that more action and commitment is needed at senior and executive levels in the NHS in Wales to sufficiently move the strategic agenda for workforce planning forward.
3. The majority of the issues that we raised in our 2007 submission to the Committee are still extant but are further compounded by the current financial climate and the potential negative impact on the pharmacy profession and patient care.

#### **Getting things right the first time – the case for the pharmacy workforce**

4. One of our primary concerns about the complex area of workforce planning in health care is that the right workforce is in place at all times to deliver safe and effective health care to patients. If the appropriate number of qualified pharmacists, pharmacy technicians and pharmacy assistants are not in post across the NHS in Wales, patients will be exposed to higher levels of medication errors and preventable harm.
5. Avoiding patient harm and getting things right the first time in the use of medicines is crucial for the NHS. Recent research has revealed evidence that pharmacist interventions reduce prescribing errors, prevent adverse drug events and reduce costs<sup>i</sup>. Research undertaken in Welsh hospitals estimated that approximately £47million a year is being saved as a result of pharmacy interventions to prevent medication errors<sup>ii</sup>.
6. The prescribing and administration of medicines occurs right across our health care system and is undertaken by a number of health professions. Taken together with

the significant volume of prescriptions issued in Wales the scope for error and patient harm is high. A recent report by the General Medical Council into the causes of prescribing errors by doctors found error rates of 8.4% to 10.3%, most commonly on admission to hospital<sup>iii</sup>. The report also found that due to the interventions of pharmacists, most errors were detected and patient harm avoided.

7. Pharmacy in Wales is a diverse and dynamic profession working at all levels in the health service to ensure people get the best from their medicines and that other health professionals have access to advice and support on medicines management. As the experts in medicines, pharmacists have the skills to help improve safety and patient outcomes through the best use of medicines, as well as contributing to the overall efficiency of the NHS through reducing harm, waste and variation. While the profession is comparatively small and specialised compared to other health professions, its contribution to health care is essential and any changes in workforce numbers are immediately noticeable and significant. Workforce planning is the key to harnessing the skills of the pharmacy workforce appropriately.
8. There is a clear economic case which supports the need for appropriate staffing in pharmaceutical care. Pharmacists and their support staff are well positioned to help meet costs pressures in relation to prescribing practice, waste reduction, variation and the inappropriate use of medicines in all health settings, while also ensuring that services are of the highest quality and contribute to patient safety.
9. We are concerned that the current fiscal environment may impede the development of the pharmacy workforce and in particular hinder any plans to increase the number of NHS employed pre-registration trained pharmacists and pharmacist technicians. **We strongly recommend** that, as a very minimum, action is taken to at least preserve the current number of pharmacist and pharmacist technician posts. Any action to the contrary would be false economy and would have significant patient safety implications.

### **Strategic Planning for the pharmacy workforce**

10. Responsibility for workforce planning at Health Board levels appears to remain divorced from the practitioners and may not adequately reflect planned or anticipated service developments, particularly in community. It is crucial that when new services are being considered that workforce planning discussions feature the staffing requirements for the pharmacy workforce to deliver these services. It appears this is still an outstanding issue in Wales, reflected in inappropriate service design, mismatches in the number of permanent posts to pharmacist trainees, poorly developed career pathways for senior and specialist staff in pharmacy, as well as a distinct absence of effective succession planning.
11. We are concerned that pharmacists in Wales are being asked to support new service developments and other departments across the NHS without the necessary regard to workforce planning for the pharmacy profession. This situation can have a very negative effect on the pharmacy workforce as they struggle to cope with the increases in workload without additional staff resources.

12. We are concerned that opportunities to harness the advice of the pharmacy profession and other professional groups in workforce planning arrangements do not appear to have been taken despite the creation of health professional forums. **We recommend** that action is taken to develop these local forums as soon as possible in respect of their contribution to workforce planning in Wales.
13. There continues to be little or no co-ordination of planning for the future workforce requirements of community pharmacy.

### **Vacancies in the Pharmacy Workforce**

14. There are clear clinical risks to patients and economic risks to the NHS if pharmacist posts remain vacant for too long, if pharmacist practitioners are not involved in workforce and service planning, and if appropriate processes for succession planning are not in place. The Royal Pharmaceutical Society believes that more concerted action is needed in Wales to implement the recommendations of the Committee's 2008 report and that additional attention is needed to ensure workforce planning processes actively involve the pharmacy profession.
15. Filling vacant hospital pharmacist posts in a timely manner appears to be a particular problem in the hospital sector in Wales which we have serious concerns about. We have heard from NHS employed pharmacists that it is not uncommon for essential pharmacy posts to remain vacant for up to 9 months and there are cases where vacant posts are not being filled at all. This situation can have a negative effect on the pharmacy profession, with demand exceeding the services that pharmacists can adequately and safely provide. Excessive workload pressures, stress and absentee rates are just some of the knock-on effects from poorly coordinated recruitment processes. It also has significant implications for patient safety and the overall quality of health services.
16. The Royal Pharmaceutical Society will be undertaking additional investigations into the current situation regarding vacancies in the pharmacy workforce to follow up anecdotal reports of poor recruitment practice in Wales.

### **Training and Development**

17. The role of the pharmacy workforce in medicines management is changing. The pharmacy profession is responding to key policy shifts and is equipping itself through appropriate training and formal qualifications to meet these challenges and the increasing demands for pharmaceutical services. The Royal Pharmaceutical Society has also put in place accredited education programmes to help develop the profession to meet the needs of an evolving NHS. Despite this it appears that the NHS is not making best use of the new skills.

18. Independent pharmacist prescribing is one area where opportunities to produce real improvements in patient care alongside tangible financial savings remain untapped. In Wales there are now just over 100 trained pharmacist prescribers but yet many of those pharmacists are not able to put their skills into practice. It is disappointing that service developments and strategic workforce planning have not taken into account the role of the pharmacist prescriber in modern health service design.
19. The development of the Consultant Pharmacist and Advanced Practitioner are other roles that has not adequately been explored or developed in Wales. These roles would help to improve access to specialist services and help to release capacity from traditional clinical specialists as part of demand management. We strongly recommend that the NHS in Wales gives renewed attention to the development of this important role in Wales.
20. Achieving the right skill mix in practice is also an area that needs additional attention in Wales. Plans to improve skill mix in hospital settings in particular need to take more account of the involvement of pharmacists at hospital ward level, admissions and discharge interfaces. Using the skills of pharmacists to advise on medicines at these stages of the patient pathway is crucial in improving patient outcomes, reducing harm, helping to reduce the need for re-admissions to hospital – particularly costly emergency admissions - and making best use of NHS resources. We believe that more attention is needed in this area to achieve full clinical engagement and an appropriate skill mix across health services that truly ensures every penny spent on the NHS is an investment in its future, as highlighted in the Welsh Assembly Government's Five Year workforce and Financial Strategic Framework for NHS Wales.

---

<sup>i</sup> De Rijdt T, Willems L, Simoens S. (2008) Economic effects of clinical pharmacy intervention. A literature review. *American Journal of Health-System Pharmacy*. 2008;65:1161–72

<sup>ii</sup> Williams R, Rose D, McArtney R, (2011) Intervention recording in Wales gives evidence of pharmacy value, *Clinical Pharmacist* , 2011;3: 92-94

<sup>iii</sup> Dornan T, Ashcroft D, Heatherfield H, (2009) An in depth investigation into causes of prescribing errors by foundation trainees in relation to their medical education: EQUIP study. London: General Medical Council; 2009