

Workforce Pressures (Pharmacist Shortages)

Over the last few months as has been discussed at several meetings nationally; concerns have been raised regarding the increasing workforce pressures within community pharmacy due to pharmacist shortages and the impact that 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 7 Health Boards so far, this financial year at a much higher level than has been seen in the past:

(Data from NWSSP September 2021)

	April	May	June	July	August	Total
Aneurin Bevan	0	1	15	30	33	79
Betsi Cadwaladr	3	16	31	58	43	151
Cardiff & Vale	0	4	4	12	13	33
Cwm Taf Morgannwg	0	1	9	20	18	48
Hywel Dda	0	1	17	38	26	82
Powys	0	0	0	2	1	3
Swansea Bay	0	0	2	24	13	39
All Wales	3	23	78	184	147	435

The increase in pharmacist shortages was 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
- Annual Leave – the summer is always a “pinch point” of increased leave being taken compounded this year by holiday being carried forward from the pandemic when pharmacists cancelled leave to support an increase in service demand.

Data was requested from GPhC and is included below, despite the increasing roles outside of secondary care and community pharmacy the number of pharmacists registered with a Welsh Address has remained static:

End of financial year	Total number of pharmacists
2018/2019	2533
2019/2020	2583
2020/2021	2535

Data was also requested in respect of the number of pharmacists included in the above figures who qualified outside of the UK to see if there was any potential Brexit effect:

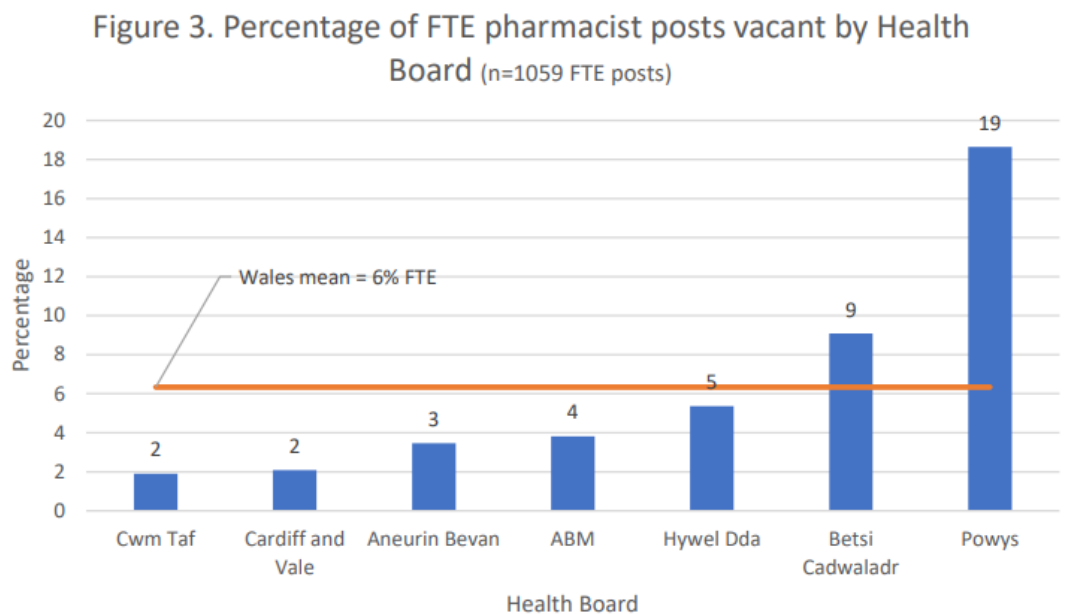
End of financial year	Registration route				Total
	EU/EEA	Non-EU/EEA	UK	Not identified	
2018/2019	78	34	2417	4	2533
2019/2020	74	34	2472	3	2583
2020/2021	72	31	2429	3	2535

The number of pharmacists with an address in Wales that registered from outside of the UK has slightly decreased for 2020/21 for both EU and non-EU registrations.

Schools of pharmacy data was also requested to support the wider picture and to understand numbers entering the profession. Prior to the pandemic the numbers of students accessing pharmacy courses had decreased with places at the School of Pharmacy at Cardiff University being available on clearing for the first time in 2019. However Cardiff University have confirmed that due to the way that A-Levels were awarded in both 2020 and 2021 that they have been over-subscribed for the course and have taken 160 students for the 2021 course. The School of Pharmacy at Swansea University also has its first intake in 2021, they had initially planned to take 40 students in their first year but again, for the same reasons as Cardiff, were over-subscribed and have confirmed places to 60 students.

The only Workforce data that has previously been collected within community pharmacy was the HEIW Workforce survey carried out early in 2019 and this data captured details of vacancies at that point in time with the vacancy rate for pharmacists being between 2-19% (at LHB level) at that point. The following information is taken directly from that report:

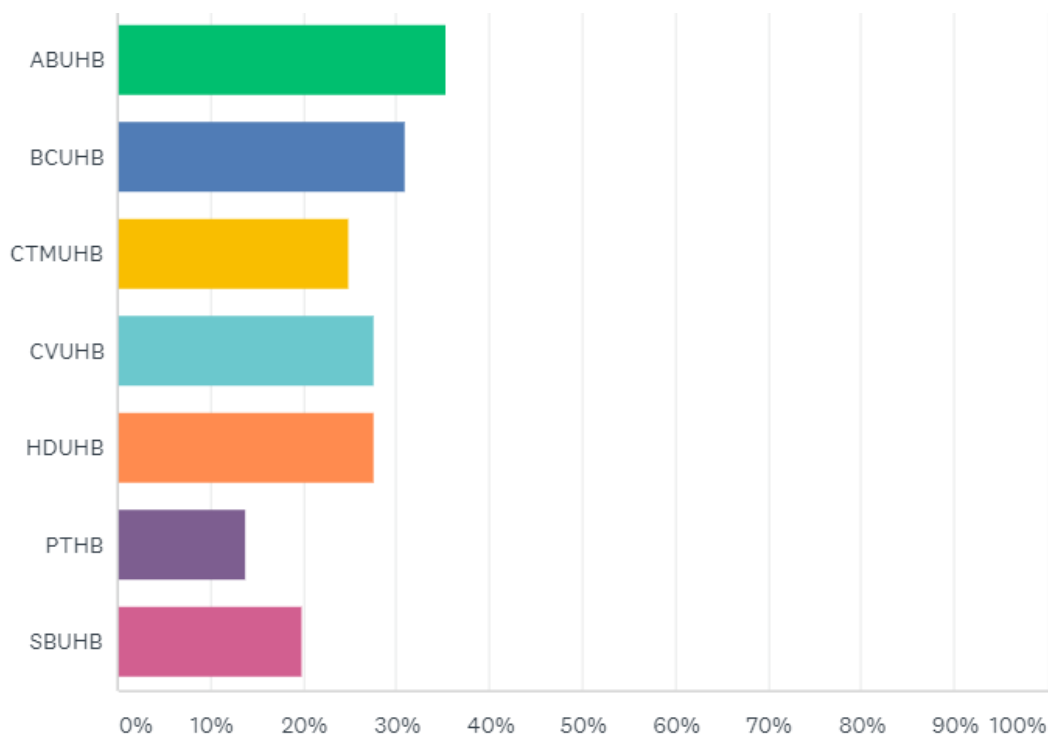
There were 55 FTE pharmacist vacancies reported. The pharmacist vacancy rate (FTE vacancies as a percentage of total pharmacist posts plus FTE vacancies) ranges from 2% in Cwm Taf to 19% in Powys.



The higher-than-average vacancy rates for pharmacists in Powys and Betsi Cadwaladr may explain the higher-than-average numbers of self-employed pharmacists reported in those Health Boards. More respondents (n=699) in Powys, Hywel Dda and Betsi Cadwaladr reported difficulty in filling vacancies compared to other Health Boards. This may correspond to rurality in the Health Boards with fewer centres of higher population.

Following the concerns raised by contractors across Wales and also by LHB community pharmacy leads in relation to the number of temporary closures being experienced across Wales, CPW carried out a survey across community pharmacy contractors during August 2021, to attempt to quantify the size of the issue and understand the issues causing them and the current vacancy levels.

Over 100 responses were received with responses for over 85% of the network with contractors across all 7 Health Boards represented:



Contractors were asked to provide information in relation to pharmacist shortages at a Health Board level so that this information could be collated and shared with the relevant Health Board for local discussions as well as at national meetings.

Overview of results from the questions asked:

- Are you currently experiencing challenges with pharmacist cover?

	ABUHB	BCUHB	CTMUHB	CVUHB	HDUHB	PTHB	SBUHB
Yes	82.9%	77.4%	73.1%	75%	86.3%	87.5%	88.2%
No	17.1%	22.6%	26.9%	25%	10.7%	12.5%	11.8%

Over 70% of the contractors who responded stated that they were experiencing challenges obtaining pharmacist cover.

- What are the reasons for the need for cover (select all that apply)?

	ABUHB	BCUHB	CTMUHB	CVUHB	HDUHB	PTHB	SBUHB
Normal holiday cover	79.4%	82.1%	88%	87.5%	80.8%	66.7%	82.4%
Holiday carried over (pandemic)	47.1%	21.4%	32%	33.3%	26.9%	25%	17.7%
Day off cover	55.9%	53.4%	56%	62.5%	50%	41.7%	47.1%
Short-term sickness	38.2%	50%	40%	41.7%	23.1%	16.7%	47.1%
Long-term sickness	14.7%	7.1%	8%	12.5%	15.4%	16.7%	11.8%
Maternity/ Paternity	23.5%	17.9%	32%	25%	23.1%	16.7%	23.5%
Vacancy	29.4%	35.7%	28%	25%	19.2%	50%	23.5%
Training Courses	14.7%	17.9%	20%	16.7%	23.1%	25%	17.7%
Other	11.8%	3.6%	0%	12.5%	7.7%	0%	11.8%

Other reasons:

- Backfill for covid vaccination clinics
- Increased workload due to pharmacist shortages at neighbouring pharmacy
- Covid related
- Newly qualified didn't pass exam
- Emergencies – family member illness etc
- Operation
 - Hospital Appointments

- Short-term sickness included those who had been told to isolate by TTP and Covid-related absence.

- Are the challenges worse than in previous years?

	ABUHB	BCUHB	CTMUHB	CVUHB	HDUHB	PTHB	SBUHB
Yes worse	82.9%	76.7%	72%	78.6%	88.9%	84.6%	82.4%
No - same	17.1%	23.3%	28%	21.4%	3.7%	15.4%	17.7%
No - better	0%	0%	0%	0%	7.4%	0%	0%

Over 70% of respondents in each LHB area felt that the situation was worse than in previous years, with the majority of the remaining respondents feeling that it was the same. Only 2 responses to the survey stated that there had been an improvement in obtaining pharmacy cover than in previous years. Despite the issues reported the majority of pharmacies had not had to submit a temporary closure to the LHB, from the additional responses given this appears to be mainly due to goodwill that more pharmacies have not needed to close.

- Do you have any current vacancies for pharmacists?

	ABUHB	BCUHB	CTMUHB	CVUHB	HDUHB	PTHB	SBUHB
Yes	57.1%	48.4%	33.3%	28.6%	25.9%	46.1%	41.2%
No	42.9%	51.6%	66.7%	71.4%	74.1%	53.9%	58.8%
Number of vacancies	26	41	30	22	13	11	14

A large number of respondents stated that they currently had pharmacist vacancies, with 157 vacancies stated as required across Wales, it is not known whether the vacancies stated are all FTE, vacancies are spread across Wales with the highest number in North Wales.

- In relation to the vacancies contractors were asked to state (if known) where pharmacists had moved to (selecting all that apply):

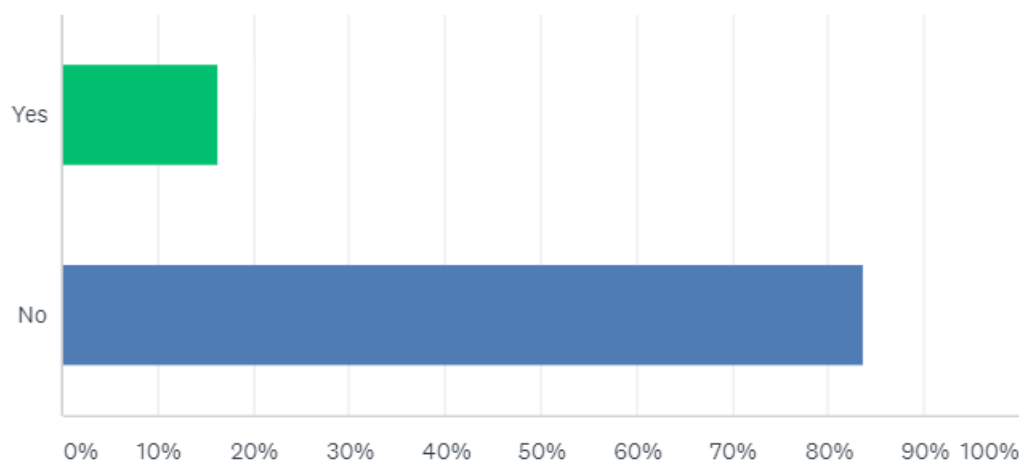
	ABUHB	BCUHB	CTMUHB	CVUHB	HDUHB	PTHB	SBUHB
Community Pharmacy	50%	43.8%	80%	70%	63.6%	37.5%	85.7%
Secondary Care	0%	0%	0%	10%	9.1%	25%	14.3%
GP practice	44.4%	50%	40%	50%	18.2%	12.5%	42.9%
Cluster	11.1%	12.5%	20%	20%	9.1%	12.5%	14.3%
Retiring	16.7%	43.8%	20%	40%	36.4%	12.5%	42.9%
Early Retirement	0%	6.3%	20%	20%	0%	0%	0
Leaving the profession	16.7%	12.5%	30%	20%	9.1%	12.5%	0
Other	22.2%	12.5%	20%	10%	18.2%	12.5%	0

Other:

- Pandemic related
- Role in education
- Different role altogether
- Ill health
- Leaving Wales
- Temporary break

A large number of respondents reported pharmacists moving to GP practice, concern raised by contractors separately to CPW indicate that this is often those pharmacists who provide the highest number of services (including Independent Prescribing).

Following the specific LHB questions, all contractors were then asked if they felt that the current workforce pressures were short-term and likely to resolve by September:



The vast majority of contractors believed that the workforce issues were more long-term than just relating to holiday cover.

Contractors were also asked for any additional comments that they wished to make, and these are included as Appendix 1.

Contractors are raising concerns that the current workforce shortage issues are making it challenging for contractors to engage fully with the contract in the way that they would like to do:

- Lack of locum availability has meant that pharmacists have not put themselves forward for IP training or protected learning opportunities despite backfill being offered. (When a locum can be found backfill of £250/ day is not covering the costs)
- Contractors who currently have pharmacists about to take up IP training at universities are concerned that if they cannot obtain backfill cover, they may need to pull their pharmacists out of training. Some contractors are stating at the current time they are not able to commit pharmacists to attend anything during the working day
- Contractors are struggling to get accredited locums so are unable to provide services.
- Some contractors have historically provided additional pharmacist cover to deliver additional enhanced services – with a shortage of availability of pharmacists this could impact on delivery of flu vaccination “clinics” by contractors who provide vaccination in less of a walk-in approach.

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 however there are significant concerns that the proposed increases have not yet been possible.

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 has moved to being fully multi-sector and that the August 2022 intake advertised on Oriel is 111 places which is a decrease compared to the numbers for August 2021 of 124 (and potentially could be lower if the fill rate is not 100%). Our 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, 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.

Whilst community pharmacy acknowledge the desire to move to multi-sector training for all pharmacists training in Wales and that the fill-rate for these positions is significantly higher than that for single sector community pharmacy places, with such a significant pharmacy workforce issue if not all 200 places can be multi-sector for August 2023 due to capacity constraints in either secondary care or GP practices we would request that any remaining places should be offered to community pharmacy, as even if they are filled at the 60% fill-rate historically seen at least some additional training places would be realised hopefully leading to increased pharmacist numbers in Wales.

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 through Oriel but also as recruitment for trained pharmacists to encourage

them to move to Wales to train as an IP and work in community pharmacy. CPW are 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 would link in very well with the IP aspect of the *Train, Work, Live* Campaign.

APPENDIX ONE

Additional Comments made by contractors (not specific to those answering in relation to one LHB):

"The shift of pharmacists into GP surgeries is not helping the provision of services in the community."

"Unable to compete with Locum rates which are currently in excess of £40 per hour. Limited Qualified Pharmacists in area."

"Large numbers of pharmacists are leaving the profession due to the outrageous stress and expectations. Additionally, pharmacy is now a relatively poorly paid career as contractors unable to increase pay due to the terrible funding model. we expect locums to work for £25 an hour (more than we pay managers) and that is what we paid them in 2005, effectively equating to a 48% decrease in salary due to inflation. in addition, we lose our best pharmacist to NHS roles due to their seemingly unlimited money pot guaranteeing pay rises, outstanding pensions, sick pay and additional annual leave that the community pharmacy contract funding does not allow us to replicate."

"Locum rates have rocketed and the Pharmacists we can get aren't NESA accredited. Impacting on service provision. It would be really helpful if there were additional measures in place to enforce locum accreditation."

"As a contractor I have not been able to take a holiday since the start of lockdown. When I have booked holiday Either the locums have cancelled due to isolation, or we have lost other staff members which has meant that I have had to fill in. The pressure that has been placed on Pharmacy by this pandemic has not been fully realized by CPW or the Welsh government. Staff moral for all staff is at an all-time low. I have serious concerns about the mental health pressure that is being placed on front line staff. Locum rates are unpayable due to how high of a rate people are asking for. We need additional funding to recruit more staff to deal with the increased workload from the GP's and other professions not seeing as many patients as they were pre pandemic. We have been left to take the strain of the extra workload that the pandemic has brought without seeing anything to help us. "

"Getting locums that are qualified for services on top of just Getting a locum are real issues"

"Lots of Pharmacists entering GP surgeries and some hospital. Do not want the pressures of community. Easy life"

"There are a number of strands to the current problem, Covid and sick leave Mass recruitment of Pharmacists to "primary care" roles Weekend opening of mass vaccination centres. Financial attrition on contractors making pay and conditions in community pharmacy uncompetitive. Workplace pressure within community Pharmacy. Community Pharmacy still being seen as the worst choice option for a career."

"Permanent staff have moved to better paid GP roles. Locums are in high demand and demanding higher rates. Last year I was paying £23ph now being asked £40ph"

"I found that locum pharmacists are asking for very high hourly rate and are only taking emergency cover. They have even cancelled a booking for another job paying more!"

"I would like prescribers and UHB's to understand the current crisis we face and offer support, rather than challenge. Locum rates are being put out at £45ph and above yet remain untaken. It is the worst it has been in my 25-year career."

"Many locums and regular pharmacists now working for LHB, and they are unwilling to help when you need cover even if just short term/ emergency cover."

"Welsh Gov have pulled pharmacists in to work in GP practices and Health boards without training any extra to make up for the deficit they have created in community pharmacy. They have shown a complete lack of regard to the wellbeing of pharmacy contractors, who mainly work alone. As a contractor I have worked for nearly 2 years with no break, no holiday. I have covered every member of staff's sick leave in that time. This is unsustainable. Sooner or later, I will have to close the pharmacy to have a break or face total collapse. The pressure on one individual to keep that service running is immense."

"The current workforce pressures have been driven by decreasing Pharmacy funding which in turn has pushed locum rates and pharmacist salaries down. As a pharmacy owner I have not been able to take a holiday for 18 months due to affordability and unavailability of locum cover"

"There has been significant workload in trying to ensure cover for branches. Part of this may be unintended consequences of LHBs to come down hard on some multiples for having to close pharmacies. These pharmacies now offer much inflated rates for last minute bookings to combat this threat, with the unintended consequence that many locums will not book in advance and have drastically increased their fees. One recent example was a quote of nearly £1000 for one 9-hour shift. There has also been a big shift in primary care roles possibly as a more cost-effective option to locum GPs,

with many newly qualified independent prescribers leaving the community sector for these roles. For my pharmacies we currently have 15 gaps without pharmacists in the next 2 weeks. This is unprecedented."

"Huge cost of getting locum cover; when I can entice locums this far it's not unusual for them to ask for £45-50 per hour (or be paid travelling time)."

"Remote locations have always been difficult to fill 2 of my pharmacy managers have come from Europe, but Brexit! Lack of new Welsh pharmacists or pharmacists living in Wales. We have to pay extra and attract pharmacists from over the border - Liverpool and Manchester"

"Locum pharmacists in England can earn far more money in Covid vaccination centres than community pharmacies, which has contributed to the problem"

"Many locums have taken posts working for LHBs providing Covid vaccines so not available for cover"

"Financial rewards aren't there for pharmacists and there is a drain of pharmacist into independent prescribing elsewhere"

"Absolutely ridiculous that we cannot attain locums and the UHB's do not have a list to support Pharmacists"

"When I was doing my IP training. Many of the Pharmacists on this course were subsequently offered jobs with the GP practices that were providing mentorship roles for them (including myself). As a community pharmacist without a clinical diploma the idea of practicing in an environment with easy access to a prescribing mentor was an obvious draw."

"Cumulative effect of Pharmacists moving to GP roles, working in vaccination centres, no new registrants, Existing workforce taking post-lockdown holidays and being able to work less days as hourly rates are so high. We are often having to pay in excess of £50 per hours. Also, dependant on workforce from England"

"The profession is facing a challenging time and temporary locum workers are driving rates and increasing the workload pressure on fellow professionals in employed status with all sectors of the market. Mercenary acts do not support the health and well-being agenda that they signed up for when joining the profession."

"These difficulties have been heightened over the past few months as colleagues have taken time off for seasonal annual leave, and the continued impact of NHS Test, Trace and Protect self-isolation requirements on our pharmacist population. Whilst community pharmacists have been included in the opt-out for healthcare workers in other parts of the UK, the reality is

that many of our pharmacists do not meet the strict criteria to avoid self-isolating.

Unfortunately, this is taking place at a time when pharmacists are becoming more integral to the Welsh health system. A number of community pharmacists are moving to work within GP surgeries, across clusters or work as vaccinators as part of the pandemic response, resulting in more roles becoming available within primary care and fewer candidates to fill them."

"We have significant concerns around the change in locum dynamic, including at times, unprofessional behaviour; e.g. Locums typically accepting bookings much closer to the date, with a view to being paid a higher rate/ Unacceptable rate requests including travel time/ We are finding that locums are far less willing to travel now that they are able to achieve high rates in city locations/ They are generally working less days as they are earning more in totality/ We are seeing more cancellation of shifts, intentionally and unintentionally creating the urgency to book at elevated rates"

"I had an operation on my knee and had to return to work early as I couldn't get locum cover"