A care system support organisation

NENC ICS Pharmacy Workforce Evaluation Final Report

Official

Contents

Background

Background

The primary care pharmacy workforce has changed significantly over recent years owing to a range of national health care policy developments. As a result, there have been changes in employment models, leadership capacity, and career development. Due to the rapid pace of change, a degree of inconsistency has emerged across the primary care pharmacy workforce. Sunderland CCG would like to evaluate the current primary care pharmacy workforce to establish 'what good looks like' as we move into the emerging NENC ICS.

Aims

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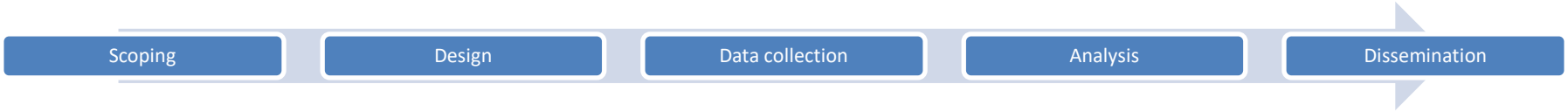
- To explore the current models of employment used across the NENC ICS
- To understand the leadership capacity available now and required in the future
- To assess the career development needs of current and future pharmacists

Methods

Methods

- A mixed method evaluation, conducted by NECS Research and Evidence Team
- The evaluation involves delivery of:
  - A background scoping exercise
  - Conversations with key stakeholders; design and pilot of survey and interview guides
  - Semi-structured qualitative interviews exploring workforce perspectives and views
  - Thematic analysis and triangulation of evidence to produce findings
  - Online survey exploring capturing a broader view of the current primary care pharmacy workforce
  - Presentation of findings, inviting feedback from key stakeholders, to inform
  - Final evaluation report of findings, conclusions & recommendations



Interviews

Interview Sample

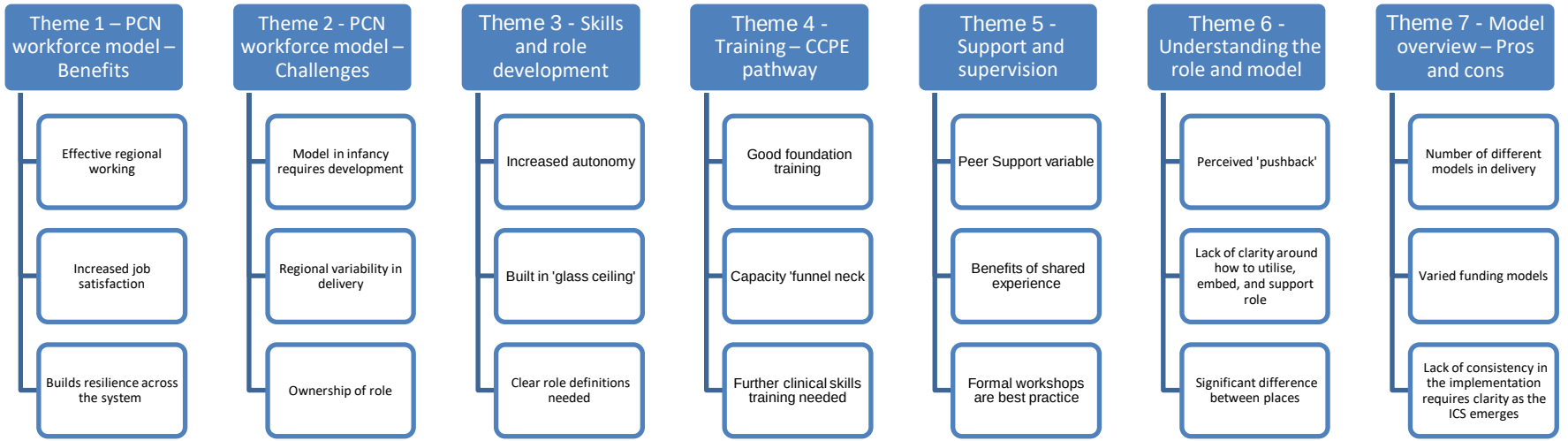
CCG	Frontline pharmacists (PCN and NECS Meds OP)	PCN Pharmacy technicians	Commissioners (CCG / ICS)	PCN Clinical Directors	Pharmacy leads
County Durham			✔	✔	✔
North Cumbria	✔		✔		
Newcastle Gateshead					
North Tyneside	✔		✔		
Northumberland	✔		✔		✔
South Tyneside	✔				
Sunderland	✔	✔	✔		✔
Tees Valley	✔		✔		✔

Interview Participants

Role	Number
Pharmacy Technician	1
Pharmacist	8
Senior Pharmacist	6
Pharmacy Lead	4
Commissioner	1
PCN Clinical Director	1
Total	**21**

- 21 participants took part in qualitative interviews
- The interview duration averages 32 minutes
- Participants were from Sunderland, South Tyneside, North Tyneside, Northumberland, County Durham, North Cumbria, Tees Valley (40% from Sunderland)

Theme Overview



Theme 1

- Facilitates working across sectors (community pharmacy, secondary care, care homes), e.g. discharge hub
- Allows for application and development of clinical skills, especially compared to community pharmacy => increased job satisfaction
- Builds resilience in the system by offering potential for better resource allocation across systems
- Centrally managed and modelled workload frees up capacity to focus on the job
- Provides better patient care (longer appointments, holistic approach, SMRs)
- Relieves pressure on GPs
- Offers peer support network for frontline staff

PCN workforce model – benefits

"[I can] take a holistic approach when reviewing patients, explore their social aspects of their life and lifestyle aspects, not just their medication. So, that's been great, I feel like I fill lots of gaps."

"The benefits… I believe it's a reduction in workload for other professionals such as GPs providing quality to patients."

"There is nothing but positives in terms of patient experience, outcomes, staffing experience, and managing a service and being able to develop the workforce that I needed so much easier by doing it in an integrated way"

"Look at performance, you know, we are achieving reduction in anticholinergic burden, reduction in polypharmacy, reduction in opioid use, gabapentinoid use. So, we're seeing the benefits of all of this as well."

"I don't think all the benefits of primary care network pharmacy have been realised, as of yet because pharmacists, pharmacy technicians are both doing courses, the CPPE course… I don't think we've realised the full potential yet."

Theme 2

- Centrally rolled out model needs to be adapted to regional / local context
- Concerns that already existing structures, skills and resources will be 'forgotten' - "re-inventing the wheel" and
- Potential duplication of work (staff being employed by practices and PCN)
- Different funding models across the region means lack of consistent leadership and guidelines
- Feeling embedded in a practice vs dipping in and out shapes role
- Primary care being unsure how to utilise PCN pharmacy resource
- Lack of clarity around whose priorities to work towards (e.g. DES vs PC practice)
- Career progression after CPPE/independent prescriber qualifications?
- Salary cut for frontline staff

PCN workforce model – challenges

"The […] pharmacists don't have a kind of clear work plan, they vary in terms of their experience in primary care. Some of them require a lot of support, some of them don't require any support."

"There's a lot of disparity in the pharmacists being employed at PCN and practice level. There's no oversight really of what they're doing at a system level. So, you get, there's so much variation."

"Overall, I think [in the practices] initially, there's a little bit of, "Am I getting…" The GPs, "Am I getting my fair share? Are they doing what I want them to do?"

"You've got many different pulls because you've got the PCN level. You've maybe got the system level, i.e., from the CCG, local authority, and things like that. But you've also got a practice level, and then it's further complicated by some of them being employed in the federations. And the federation also has an organisational pull on them because it's like you have to end up belonging to many different people, and that can be quite stressful."

Theme 3

- PCN pharmacists get to use and apply wide range of skills, have more autonomy and responsibility, especially in comparison to community pharmacy
- Built in 'glass ceiling', where to go after CPPE and Independent Prescriber?
- Some see opportunities for development in specialising
- Workforce being relatively newly qualified creates a need for clear role definitions, and a development / transitional period

Skills and role development

"I enjoy primary care more to be honest and also because in community pharmacy, there isn't much time and the nature of the job doesn't allow much use of your clinical knowledge and to develop and learn. So, in primary care, I had a chance to use that more and develop clinical skills and examination skills, which is really nice."

"Once I have my pathway and once I had the independent prescribing, there was no incentive to finish that anyway. There was no pay-rise, there's no job development, there's no role development, it would be just doing exactly the same job with the same pay and not developing any further at all."

"There's no development structure because what do you do when you come to the end of the CPPE course? And we are getting to that point with a lot of them now. Where do they develop?"

Theme 4

- Good foundation, well pitched especially for those coming out of community pharmacy but lack of clear development structure
- Provides good peer support network
- 'one size fits all'/monopoly requires tailoring to different roles (e.g. pharmacy technicians) and levels of prior experience
- Prescribing course potentially more interesting than CPPE course (offers opportunity to work closely with GP and get extra support)
- Capacity funnel neck (training up new workforce)
- Additional training often has to be self-motivated, organised => time and support needed

Training – CCPE pathway

"I think the CPPE course is great if you're new in, but if you're not on that CPPE course, or you're further down that career, you can be very isolated in some of the practices, on a day-to-day basis."

"The CPPE training which is supporting us as technicians and pharmacists. So it's giving us the background knowledge, developing consultation skills, what's required of the Primary Care Network which is like nothing I've ever done before so it's good to have that as well so yes, that helps. It's totally different from community."

"It gives a good foundation knowledge, especially if pharmacy and pharmacists can do absolutely all sorts of jobs, community, hospital, industry, Public Health. So, I think it's a good foundation."

Theme 5

- All participants received some peer-to-peer and / or formal supervision
- Most participants mention having access to formal and / or informal networks (peer support, CPPE network, other networks, supervision in GP practice)
- Support and supervision structures vary significantly from place to place (depending on employment structure, size of PCNs/practices) and tend to be informal
- Peer-based support offers benefit of shared experience. Most relevant at the beginning, less important over time
- Formal workshops with integrated educational component seen as example of good practice
- As yet, little standardisation but arguably some flexibility is useful

Support and supervision

"So, now that there are more pharmacist in our PCN, we seem to have our support network on a PCN level, where there is about seven or eight of us and that's how we have that support, by having our chats in there."

"There's always somebody at the end of a phone, or the end of WhatsApp, or the Teams group. Various means of communicating, but yes, there's always somebody at the end of that, whatever means of communicating it is."

"It's easy to have meetings because we're so small, the PCN clinical director role is fulfilled by one senior GP from each practice and they share that responsibility. So, it's quite easy to conjure up the meeting between them and the practice managers and all meet face-to-face, which I think has its advantages as well."

"I find, when you're a pharmacist working in primary care, you're probably the only one in the surgery, chances are you probably are the only one. So, you really need to integrate into the team that you're in to make the most of your job and so that the surgery has the most out of you as well."

Theme 6

- Perceived 'pushback' and lack of understanding of PCN model from primary care practices is seen as a key challenge
- Lack of clarity around how to utilise, embed, and support PCN pharmacy staff affects role development and implementation
- GP practices claiming ownership of PCN workforce can lead to uncertainty around support, employment structures, and resources
- Differs significantly between regions, PCNs, employment models, practices etc.
- Challenges around modelling workload and managing targets

Understanding the role and model

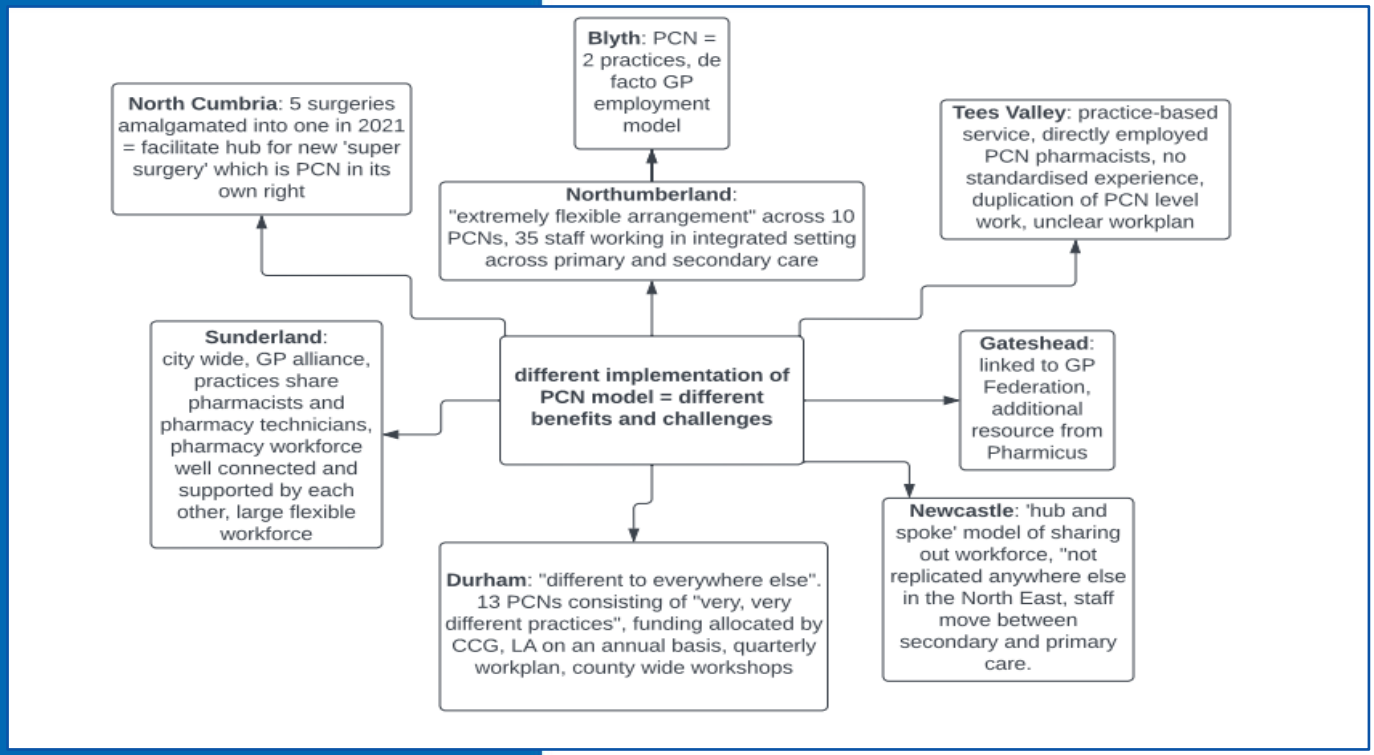
"That's why it gets a bit messy because the practices are thinking, 'Well, they're not really our staff', and then it all just gets a bit messy, […] I've heard that people really struggle, because some of the surgeries have been saying like, "Why should they pay for a clinical room for somebody who's not their staff?"

"Probably the biggest challenge we faced, and it's just for a small number of the GP practices, is them feeling that they want the PCN pharmacists to be theirs and understanding that it's a PCN resource. They want their… they want their pharmacist doing what they want to do and not necessarily the PCN priorities."

"We've got to remember [GP practices] are private contractors. They don't have to adhere to agenda for change, for example. They don't have to keep to the same holiday allowances, sickness allowances, and things like that, can add a huge pressure on some of these pharmacists."

Theme 7

Model overview – Pros and cons



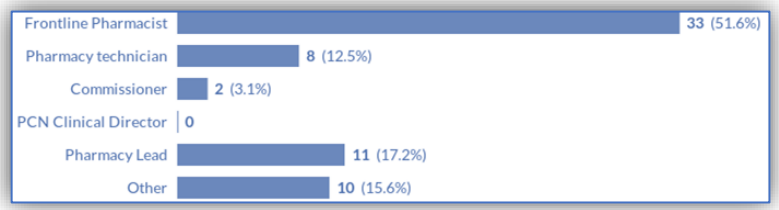
Survey

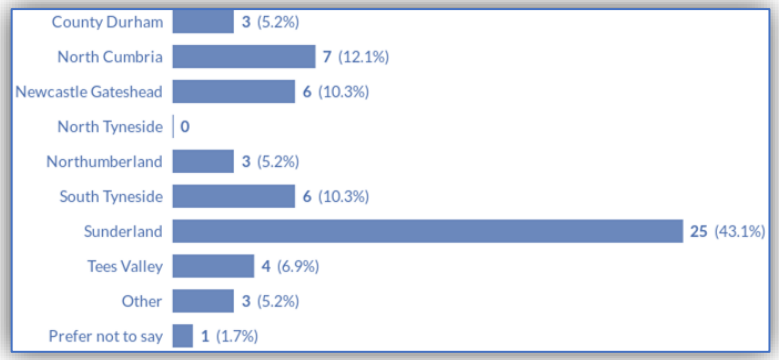
Participants

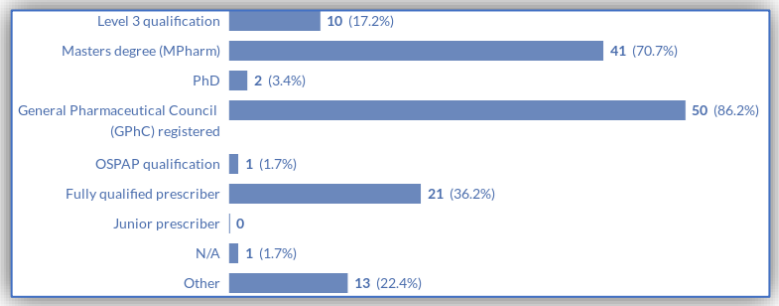
Responses were predominantly from ‘frontline’ pharmacists and evenly spread across the NENC ICS.

The exception to this was Sunderland, with a higher response rate, and North Tyneside, with no responses.

GPhC registration was commonly reported, with a master's degree being the most common qualification.







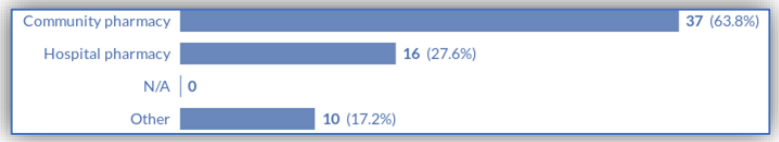
Roles

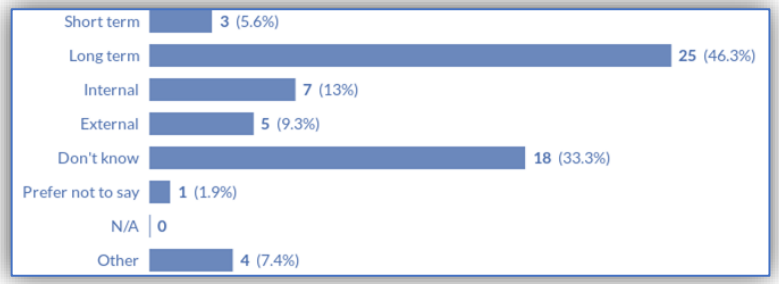
Most participants came from a community pharmacy or hospital pharmacy background.

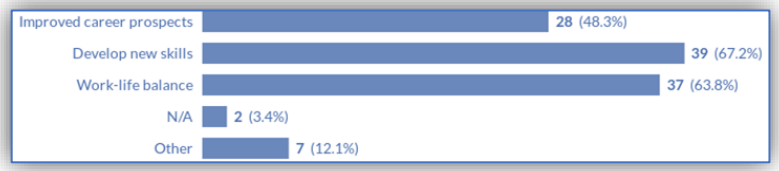
The majority were in long term roles, and a third were unaware of their funding model.

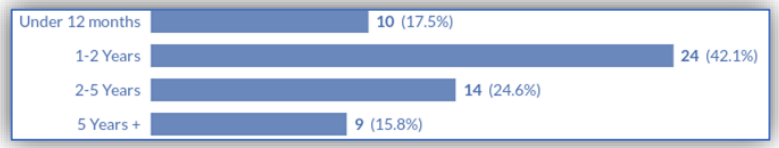
Most had moved for career and skill development combined with improved work-life balance.

Most were relatively new to the role, with the most in post less than 2 years.









Challenges

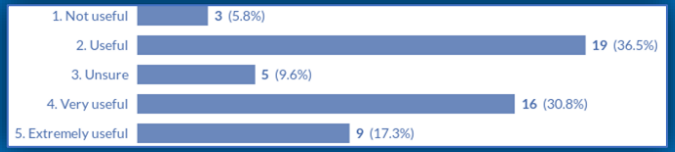
Challenges	Count
Lack of priority alignment	3
Lack of communication (GP)	2
Lack of uniformity	2
Feeling undervalued	1
No induction	1
Overlap with existing work	1

Benefits

Benefits	Count
Free up GP time	15
Medication review	14
Expertise (HCP)	8
Safety / Quality / Outcomes	8
Expertise (general)	7
Expertise (patient)	7
Reduce costs	6
Access / Speed / Capacity	4
Prescribing	3
Patient satisfaction	2

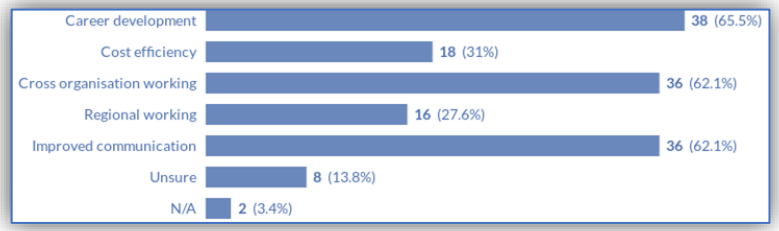
Supervision

Most participants accessed a range of formal and informal supervision. The supervision was typically rated useful or very useful.



Leadership and networking

Participants typically felt a range of benefits from the current leadership and networking opportunities across pharmacy. Networking typically came through PCN and GP Alliances with support from professional bodies and training programmers, which were generally rated useful or very useful.



Professional Network	Count (%)
Primary Care Network / GP Alliance	14 (24%)
Royal Pharmaceutical Society	9 (16%)
PCPA	9 (16%)
General Pharmaceutical Council	6 (11%)
CPPE	5 (9%)
NENC Prescribing Forum	5 (9%)

Conclusion

Conclusion

- Recognition that the model is new and that it is in it's early stages
- There is clear potential for the model with emerging benefits already
- Perceptions of the successes and challenges may differ between roles
- Adaptation of CPPE pathway (tailored content and capacity) may be needed
- There is limited oversight at system level with variation in support evident
- More support accountability is felt to be required at system level
- Embedding workforce in GP practices needs to be balanced with PCN-based resource
- GP practices need to better understand how to utilise pharmacy resource

Summary Quotes

"It definitely improves patient care when it's done well. The challenge is it varies from place to place."

"I think PCN pharmacy teams have got so much potential and obviously, this is probably a transition year, or two, at the minute, and we've probably got to think about what we want to look like in two or three years' time. I think that's where you've got to be bold and have that vision of where you want to get to."

"I really think that the pharmacy teams are going to be the real engines of General Practice in the future, I really think that for long-term condition management of most things, it will be under a remit of some type of healthcare professional, potentially not a GP."

"I hand on heart, believe that model should have been around a lot earlier than when it came in, because I think, the value of having a pharmacist who's clinically trained, in your practice, that provides another prescriber, another clinician, is invaluable."

Recommendations

Recommendations

These recommendations were co-produced by the NECS ICS Workforce Evaluation Team and the Project Steering Group.

They are based on the findings of the evaluation and are set against the wider context from the system knowledge.

1. Leadership support and oversight is needed at system, place, and PCN level to ensure consistency in the implementation of the PCN Pharmacist Role. Widening the availability of the Formal Workshop Peer Support Network regionally, as this will facilitate the sharing of good practice.
2. Standardising the role requirements, ownership and pay structure across the system will help broaden the appeal of the role to a wider workforce.
3. Promotion of the role at PCN levels and increase understanding amongst GPs and GP Practice teams. Every GP Practice should know the role and remit of the PCN Pharmacist role. Share good practice stories at GP and PCN level to contribute to awareness raising.
4. Increasing the scope, availability, flexibility, and access to training for PCN Pharmacists, with the inclusion of leadership and negotiation skills. This will support the development of the role to further meet the unique and changing needs of primary care.
5. To help the long-term retention of staff in these PCN Pharmacy roles consideration of an action plan to increase opportunities for role development and clarity of formal scope of role.
6. Consider how ways of working locally can influence the Directed Enhanced Service (DES) contract and format of national training. This will also contribute to increase the visibility of 'good practice' locally and across the wider system regionally and nationally.

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