

# Staffordshire and Stoke-on-Trent Integrated Pharmacy and Medicines Optimisation (IPMO) – Pharmacy Workforce Strategy



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# Introduction

The advent of Integrated Care Systems (ICSs) has presented a unique opportunity for the integration of services provided by pharmacy professionals. The integrated pharmacy and medicines optimisation programme (IPMO) is a requirement of all ICSs across England.

The opportunities and benefits for pharmacy professionals and the contributions that can be made to delivering ICS core aims are significant.

However, it is clear that a fundamental requirement to enable cross-system and inter-system integration and collaboration is a resilient, well-trained and cohesive pharmacy and medicines optimisation workforce.

This document therefore sets out the strategic aims for the pharmacy and medicines optimisation workforce. These will be required as an enabler to delivering the wider aspirations of the IPMO strategy and should therefore be considered as an integral part of the wider strategy.

## Context

The pharmacy workforce is integral to the aspirations of healthcare delivery and has been included in the NHS Long Term Plan and Lord Carter's report into NHS provider trusts.

The provision of medicines is the single largest healthcare intervention. Virtually all NHS services rely on pharmacy services for the procurement, preparation and supply of medicines, along with expert advice on medicines use to both service users and fellow healthcare professionals. The workforce also plays a key role in delivering national strategy relating to antimicrobial stewardship, medicines safety and medicines value.

In addition, there are ever growing clinical roles for pharmacy professionals resulting in a change in workforce training needs and shifts in career aspirations and opportunities.

The national vision for developing the pharmacy workforce is described in "Leading integrated pharmacy and medicines optimisation: Guidance for ICSs and STPs on transformation and improvement opportunities through integrated pharmacy and medicines optimisation" (NHSE, 2020), building on a briefing to STPs published in 2018.

Given the scale of the need, it perhaps is not surprising that the pharmacy workforce is the third-largest staff group within the NHS.

When referring to the pharmacy workforce this primarily includes:

**Pharmacists** – registered healthcare professionals who have completed an undergraduate four-year master's degree in pharmacy (MPharm) and a year of practice-based training before being licensed to practice by the General Pharmaceutical Council (GPhC). Pharmacists are required to undertake CPD and undergo revalidation on an annual basis. Many pharmacists will enhance their skills and knowledge with post-graduate diplomas and increasing numbers have undergone additional training as independent prescribers. However, recent changes to undergraduate training courses have resulted in the independent prescribing qualification being incorporated. Therefore, from 2025, most pharmacy graduates will have the ability to prescribe once registered.

**Pharmacy Technicians** – registered healthcare professionals who are also registered with the GPhC for their license to practice. They also undertake mandatory CPD and annual revalidation.

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The title of Pharmacy Technician is protected in law and may only be used by those who are suitably registered with the GPhC and meet the required standards set by them.

**Pharmacy support staff** – trained by non-registered staff who assist in the delivery of pharmacy services. Support staff undertake a variety of roles. These can include ordering and receiving medicines stock, record keeping and administrative functions, as well as supporting the dispensing processes. In community pharmacy, support staff are likely to be trained in managing minor ailments and advising on over-the-counter medicines.

The pharmacy workforce undertakes an ever-increasing variety of roles which in the IPMO strategy are referred to as sectors. These include:

**Community Pharmacy** – where patients may have their prescriptions dispensed and receive advice on medication, as well as consultations and treatment for conditions under the “pharmacy first” scheme. Many pharmacies also provide vaccination services for seasonal flu and COVID-19. Within Staffordshire and Stoke-on-Trent, there are a number of pilot sites testing the role of independent pharmacist prescribers within community settings. Community pharmacies also provide the “discharge medicines service”, whereby patients that have recently been in hospital are referred to a community pharmacy for additional support with their medicines.

**NHS Trust Pharmacy services** – these services will depend on the nature of the services provided by the Trust. In acute hospital services, there are likely to be outpatient dispensing arrangements as well as arrangements for providing medicines for inpatients and provision of advice and support for when patients leave hospital. Acute hospital pharmacies will typically also be responsible for the preparation of chemotherapy drugs and other highly specialised treatments.

NHS Community Trusts often run community hospitals and will have some services that are similar to those in acute hospitals. In addition, they will also provide medication advice, support and governance to staff providing healthcare services within the community.

NHS Mental Health Trusts will also provide a range of inpatient and outpatient services that require medication to help manage often very complex mental health conditions.

Many NHS Trusts will provide services under contracts with NHS England for so-called specialised services or services for custodial health and justice institutions. Mental Health Trusts may also provide services under contract with local authorities for substance misuse.

**Primary Care Networks (PCNs)** – increasingly employ pharmacists and pharmacy technicians to support improvements in medicines optimisation. These roles are typically funded by the Additional Roles Reimbursement Scheme (ARRS). This is a national initiative that provides additional clinical roles within primary care to improve access to general practice. Many pharmacists and pharmacy technicians support efficient processes and cost and quality improvement initiatives related to medicines, including structured medication reviews.

These roles have grown significantly since they were first introduced in 2019.

**General Practice** – a smaller and more varied arrangement whereby individual practices employ their own pharmacist to support the practice with clinical cost and quality improvements. Some independent prescribers will also support the practice by managing a clinical workload.

**ICB Medicines Optimisation Teams** – groups of pharmacists and pharmacy technicians that have responsibility for medicines optimisation initiatives within services commissioned by the ICB. They will therefore advise prescribers and lead on policy, relating to medicines safety, value, and decision-making which relates to the commissioning of the use of medicines. The team will also monitor progress and performance of various initiatives.

# Pharmacy workforce opportunities and challenges

Within the IPMO strategy there is a system ambition to maximise the contribution that pharmacy teams can contribute to the essential ICS aims. In particular this includes improving population health, reducing health inequalities and optimising value for money.

The vision for achieving this is through a distributive system-leadership model, with effective cross-sector integration and collaboration, with shared goals relating to health improvement, medicines safety and value-based decision making.

With time, and with growing confidence, there will also be opportunities to share functions such as medicines procurement etc. and reduce duplication.

The pharmacy workforce challenges facing the system include:

- Transformative changes to pharmacist and pharmacy technician training, which require an integrated approach, to ensure that the training offer is both complete and attractive to potential trainees
- For foundation-year pharmacist trainees, there will be a mandatory, cross-sector rotation requirement from 2025 onward. This requires co-ordination to ensure that adequate training places are available to support the training requirements
- With all pharmacy graduates expected to have completed the independent prescribing qualification, the foundation year training will require a professional supervisor. In addition, it will also require a designated prescribing practitioner (DPP) to supervise the pre-registration prescribing competencies. No funding appears to be available to support this
- Within Staffordshire and Stoke-on-Trent, employers generally retain 60 per cent of trainees into employment, indicating that this is a significant source of new recruits. However, the standardisation of training fees has resulted in lost income for NHS Trusts and there is the potential for a reduction in training places offered. Due to transfers of ownership of some community pharmacies, the continuation of long-established training places is uncertain. This is despite the increase in funding available now offered to community pharmacy
- The shift of pharmacy workforce into more clinical roles is welcomed if the profession is to achieve its full potential. However, this may result in some pharmacists and technicians seeking more clinical roles and thereby creating pressures in the more traditional roles. The national workforce pressures on services, such as aseptics and radiopharmacy, are ongoing examples
- The changes in training and the opportunities this brings is likely to impact on the workforce model, with more staff choosing portfolio careers. The system will therefore need to adapt to this new workforce need by offering greater employment flexibility
- Not all pharmacy professionals benefit from equity in access to training and development opportunities, and some do not have access to peer support and guidance, which leaves them professionally isolated
- The Royal Pharmaceutical Society (RPS) provides a professional framework for advanced practice, which enables ambitious pharmacists to be accredited as advanced practitioners or consultant pharmacists. Within our system this framework is not universally recognised

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and there are no consultant pharmacist roles. This will potentially result in highly competent staff choosing to seek employment opportunities elsewhere.

These challenges also lead the system to recognise a number of gaps/deficits within structures that do not help address these issues:

- There is no-one with a clear responsibility for addressing these challenges
- There is no clarity on the training intentions of system partners going forward
- There is not a single list of experienced training supervisors or designated prescribing practitioners, nor is there a pipeline or training offer to build on existing trainer capacity
- There is no visibility on the current pharmacy and medicines optimisation workforce. This can be summarised from a range of sources, but collating and maintaining such a workforce data base will be difficult.

## Our strategic approach

In response to the short and medium term pharmacy and medicines optimisation workforce challenges, we will develop an operating model that incorporates the following areas:

- Strategic leadership and oversight and engagement
- Embed an inclusive workforce culture
- Workforce mapping and a needs assessment for development and training for both securing foundation year placements and continuing professional development, and independent prescribing
- “One pharmacy and medicines optimisation workforce”
- A strategic approach to portfolio careers.

### Strategic leadership, oversight and engagement

There is an established pharmacy leadership group, with senior pharmacists that have a clear understanding of the needs and issues across the majority of sectors. However, it is important that professional networks are established and the effectiveness of these is tested regularly.

As such, there is a need for a distributive leadership model, whereby all professionals are mindful of the workforce challenges. The workforce will then need to collaborate and contribute to overcoming those challenges.

The pharmacy leadership group will need to revise its terms of reference and provide leadership to the production of plans. This will help to achieve the strategic ambitions, along with providing oversight on their delivery and effectiveness.

It is, however, expected that the resources of the system-wide People function and NHSE regional pharmacy workforce colleagues will also be required.

### Embed an inclusive workforce culture

Pharmacy has a history of benefitting from an ethnically diverse workforce. However, the local societal demographic is not fully represented at all levels of the profession.

As a professional community of practice, there should be a universal ambition to provide equality of opportunity and eliminate any form of discrimination within the pharmacy and medicines optimisation functions. To achieve this, the system will develop and adopt approaches to demonstrably deliver the ambitions set out in [NHS England » Inclusive Pharmacy Practice](#)

### Workforce mapping and needs assessment

Given the scale of the workforce challenge, the system needs to better understand the pharmacy and medicines optimisation workforce. The system also needs to build networks and communication channels that will support professionals to practice at the top of their license and competencies.

The mapping and development needs assessment will enable a secondary strategic vision for succession planning and build resilience into pharmacy and medicines optimisation services.

### “One pharmacy and medicines optimisation workforce”

This is a conceptual approach, rather than an operational one, and supports alignment of priorities across sector, ensuring that all are pushing in the same direction. This would maximise the contribution to health improvement and achievement of the ICS core ambitions.

### A strategic approach to portfolio careers

As a profession, we need to recognise and respond to the changing preferences in work patterns of pharmacy professionals if we are to attract and retain the best talent within our system.

This presents challenges as the model of “full-time” employees is likely to change to an increasing number of staff working shorter hours in a particular role and holding other roles that offer them the diversity of experience that they want and need.

Whilst this presents a number of challenges, it also presents a range of opportunities to build resilience in services that have typically been difficult to recruit and retain professional staff.

## What are we aiming to achieve by 2025

- To have established a pharmacy and medicines optimisation workforce group which oversees the development and delivery of plans that support the strategy
- To have established peer support networks across the system that operate for the mutual benefit of all concerned
- To have established a clear process and approach to the provision of cross-sector placements for FY trainees. This will need to be done during 2024, as registration of placements will be required in early 2025
- Have a clear plan in place that ensures that access to designated supervisors and designated prescribing practitioners does not become a barrier to the offer of FY training places
- To have established a local plan for the implementation of an approach to inclusive practice
- To have undertaken a pharmacy and medicines optimisation workforce survey to ensure alignment of aspirations and expectations of the strategy and to raise awareness of its content
- To develop a rolling programme for the pharmacy and medicines optimisation workforce to maximise achievement of the stated ambitions.