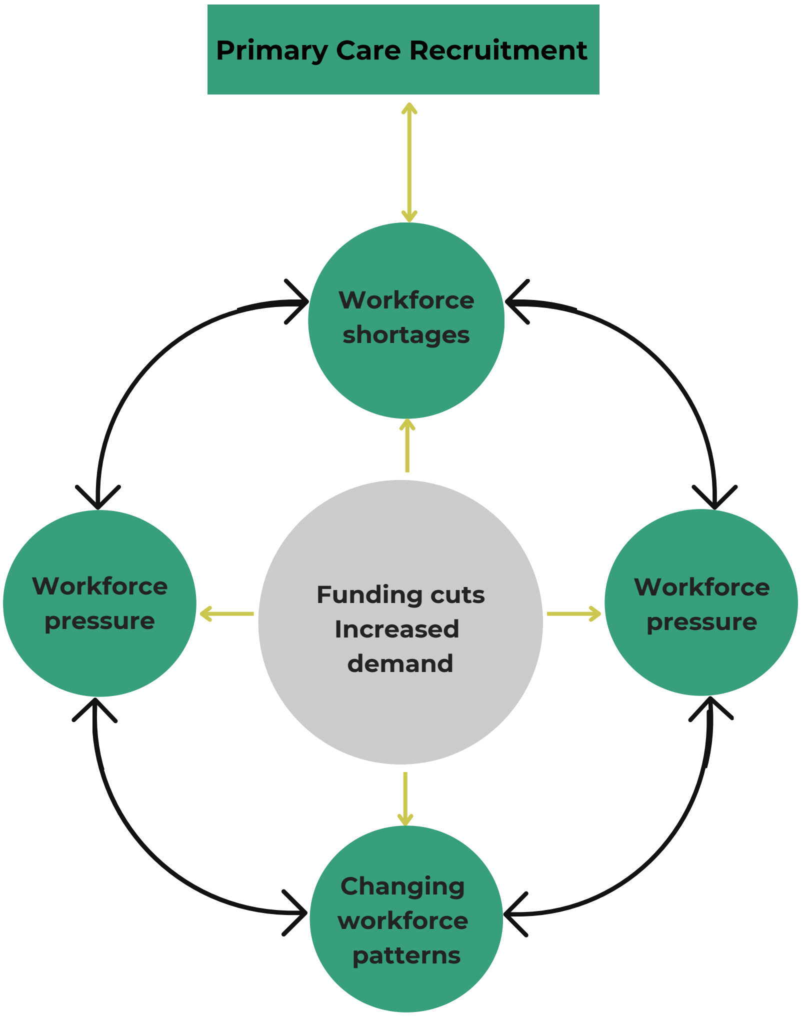
2023

CCA WORKFORCE REVIEW

The Community Pharmacy Workforce Crisis: One Year On

The community pharmacy workforce is facing a crisis. Funding cuts coupled with growing demand on services have created a downward spiral of increased pressure and workforce shortages.

Whilst primary care recruitment may not have caused the crisis, it is fanning the flames of an already precarious situation. The active recruitment of colleagues from community pharmacy into primary care worsens workforce shortages and increases pressures on remaining colleagues. This in turn drives further attrition of staff, as colleagues struggle to cope with ever increasing demand.



The CCA estimates that over the life course of Additional Roles Reimbursement Scheme (ARRS) funding (2019-2024) the equivalent to eight years of growth in the number of pharmacists in England will have been funnelled directly into primary care.

Since 2019 community pharmacy has experienced the equivalent of two "fallow years" caused by ARRS recruitment – i.e. no new pharmacists joining the register for two years.

The current landscape

Growing number of pharmacists on the register

It is well established that the number of registered pharmacists is increasing. Between March 2019 and March 2023, the number of pharmacist registrants grew by 11%, equivalent to 1,593 pharmacists a year. [1] Based on findings from a 2019 survey we estimate **1,306** of these pharmacists work in England, across all sectors. [2] (Appendix A)

However, this does not tell the whole picture, particularly within community pharmacy, where there is **a well-documented workforce crisis.**

Funding cuts

In 2016 £200m was cut from the NHS funding for pharmacies. Since then, no new funding has been made available and **it is estimated that there is currently an annual funding shortfall of more than £67,000 per pharmacy in England.** [3]

At the time NHSE & DHSC committed to enabling what they described as being operational efficiencies, however these are yet to be delivered. This has had a significant impact on pharmacy businesses, many of which are now operating at a loss.

Impact on capacity

In the context of significant funding cuts, businesses have been forced to make **efficiency savings of 26% since 2016/17.** [4]

To counter the ever-increasing fixed costs in pharmacy businesses (for example the cost of a pharmacist, who must be on site, to allow the pharmacy to open) other costs, such as investment in infrastructure, in automation and in the wider pharmacy team (both numbers and training), have been cut significantly.

Due to the reduction in numbers of support staff, pharmacists must now often undertake work which would previously have been safely completed by another member of the team (which adds to workforce pressures and is exacerbating the ongoing workforce crisis). This limits their capacity to deliver other more clinical tasks, that both patients and the NHS desperately need.

The current landscape

£200M

In 2016 the sector saw a funding cut

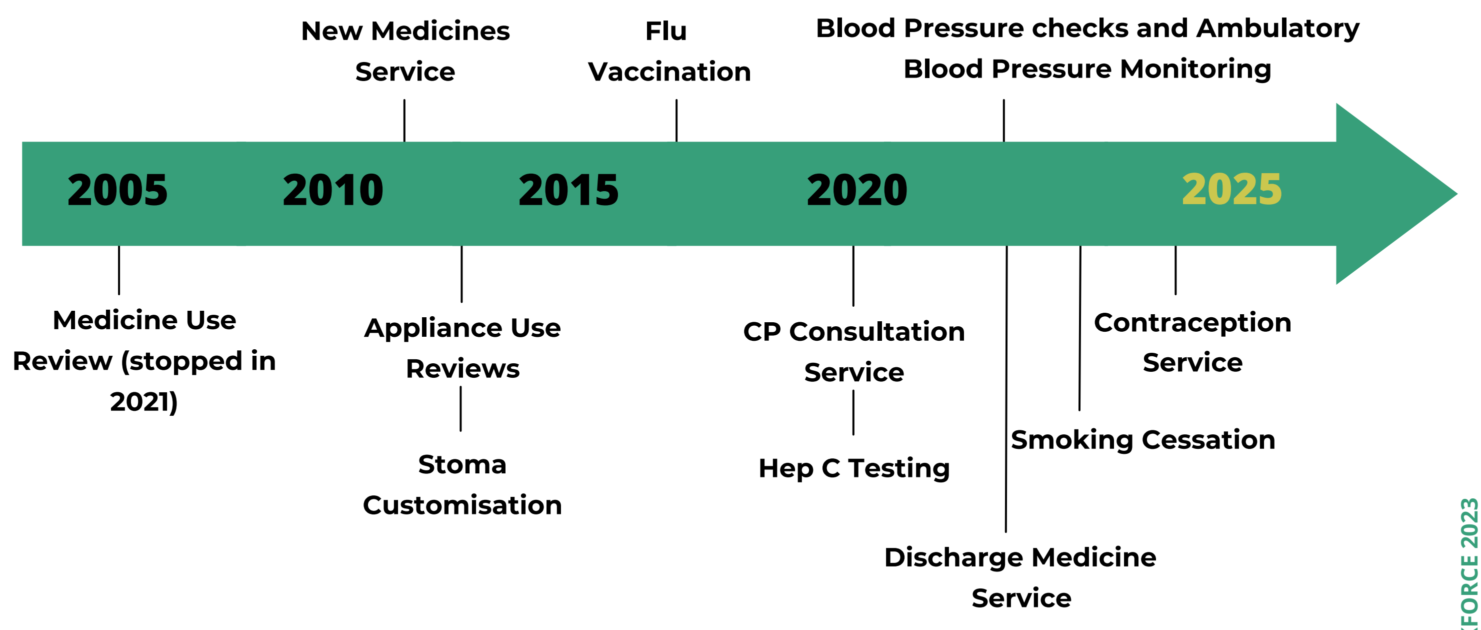
£67,000

annual funding shortfall per pharmacy in England

Increased demand on pharmaceutical services

Since the current contractual framework was agreed, demand on pharmacies has also increased significantly. Community pharmacies dispensed 30 million more NHS prescribed medicines in 2021/22 than they did in 2018/19. [5] There is also evidence to suggest the pace of growth is accelerating. Whilst growth in items dispensed has traditionally sat around 1% per year, in the first 3 quarters of 2022/23 the number of NHS prescription items dispensed in community pharmacies increased at a pace of 3.25% year on year. [6]

There has also been a significant increase in the number of clinical services commissioned in England. Between 2005 and 2019 five national services were introduced. Since 2020, the pace of change has accelerated and another six new national services have been introduced.



The current landscape

The CCA warmly welcomes the focus on service delivery in community pharmacy and believes that community pharmacy can, and should, be better utilised to improve patient access to healthcare. We also believe that independent prescribing should be a core part of this. Before expanding services, however, it is essential that the existing network can continue to dispense the medicines and provide the NHS services patients need. Workload volume is central to this.

In 2017/18 there were around 5.7 million "patient touchpoints" (occasions where there is a pharmacy-patient interaction) associated with national clinical services. By 2021/22 this had reached around 8 million. [7] This rate of growth is expected to continue.

We are extremely concerned that the increased workload demand will exacerbate ongoing pressures on colleagues. To protect the current service provision and release capacity to enable further provision of clinical services, significant investment in community pharmacy is crucial.

The growing number of walk-in appointments in pharmacy must also be recognised when considering increased demand on services. In 2021/22, PSNC estimated that community pharmacies provided 19 informal consultations a day taking around 107 minutes.[8] This reflects a 43% increase compared with summer 2020. [9]

5.7M → **8M**

In 2017/18 there were around 5.7 million "patient touchpoints" (occasions where there is a pharmacy-patient interaction), linked to national clinical services.

By 2021/22 this had reached around 8 million. This rate of growth is expected to continue.

Effect of primary care recruitment

In recent years there have been significant efforts to increase the numbers of pharmacists working in primary care, this has been largely driven by Additional Role Reimbursement Scheme (ARRS) funding.

Between March 2019 and December 2022, the number of Full Time Equivalent (FTE) direct patient care pharmacists (including advanced practise pharmacists) working in primary care increased by 6,387, (from around 900 to 7,287). [10] **This reflects a 710% increase or a growth of around FTE 1,703 pharmacists annually** across the 3.75 years (Appendix B).

The number is likely to be significantly higher when we consider the actual number, the Headcount (HC), of pharmacists working in these roles. We know pharmacists working in General Practice have a participation rate of 0.8. [11] Assuming a similar participation rate among pharmacists working across the whole of primary care, we estimate the HC number of direct care pharmacists working in primary care increased by **7,983 between March 2019 and December 2022, equivalent to 2,129 pharmacists a year.** (Appendix B).

Definition: The levels of part time working in the workforce is reported as the **'participation rate'**. This is calculated by dividing the FTE by headcount. The closer the participation rate is to 1.0, the more full-time workers.

As already established, the HC number of pharmacists working in England is increasing at a pace of around 1,306 a year. Based on HC figures we estimate the equivalent of around 6 years (approx. 8,000) net growth in the number of pharmacists in England have been entirely consumed by primary care.

Of the net increase of pharmacists working in primary care 4,600 (FTE) have been recruited via the ARRS scheme. [12] If 6 clinical pharmacists are employed across each PCN [13] , we can expect around 2,500 more pharmacists to be recruited into PCNs. This is equivalent to a further 2 years of growth in the number of pharmacists working in England.

This means between 2019 and 2024 approximately 8 years of net growth in the number of pharmacists working in England will have been funnelled directly into primary care.

In 2000 the pharmacy degree changed from a three-year to a four-year degree and as a result no pharmacy students graduated for one year. This became infamously known as the "fallow year". Our calculations show primary care recruitment has had an even worse impact. The year-on-year growth of 2,129 primary care pharmacists means other sectors have not only experienced no net growth, but have experienced a shortfall of 823 pharmacists annually.

This means the pharmacy sector, outside of primary care, experienced the equivalent of 2 fallow years between March 2019 and December 2022. At the current rate, this will reach 3 fallow years by 2024.

Overall impact: A deteriorating cycle

Funding pressures and increased demand have contributed to staff shortages, growing pressure and high rates of dissatisfaction among colleagues. **Primary care recruitment has worsened the situation.** Staff shortages, which are exacerbated by primary care recruitment, increase pressures on remaining colleagues and contribute to changing working patterns. This in turn fuels further attrition of colleagues, either into primary care or from the profession altogether, which only serves to further build pressure.

Workforce pressures

Funding cuts have resulted in pharmacy businesses having to make efficiency savings. This is increasing workforce pressures.

Our data shows that CCA members have previously employed more support staff per pharmacy than the rest of the sector. However, we are concerned that this number is now falling. **Between 2017 and 2021 the number of support staff employed across the sector fell by 7%.** [14] A recent survey conducted by PSNC found that **91% of pharmacies were experiencing staff shortages.** [15]

There are also extremely high vacancy rates among pharmacists. In June 2021 data collected by the HEE workforce survey found vacancy rates of 9% (FTE and Headcount) among employed pharmacists. [16]

Since then, the situation has worsened. CCA data shows that **in October 2022 pharmacist vacancy rates reached around 20%.** [17]

Inevitably a reduction in staff and high vacancies rates increases pressure which drives changes in workforce patterns and has a detrimental impact on colleagues.

Changing workforce patterns

Changing workforce patterns are evident. These are both a symptom and a cause of growing pressures in the sector.

- As demand outstrips the supply of pharmacists, locum rates increase. Research conducted by Locate-a-Locum shows rates in England increased by 90% between January -December 2020 [18] and July-September 2022. [19]
- As salaries increase more colleagues are drawn to locum. CCA data shows that locums make up a growing proportion of the pharmacist workforce.
- Elevated salaries, coupled with increased pressure on existing staff, fuels the shift towards locum working.
- Analysis also shows the preference to more flexible working and CCA data shows that the participation rate of locums has declined, indicating that locums are working fewer hours. [20]

Impact on colleagues

These factors are having a knock-on effect on the wellbeing of staff. Colleagues increasingly report untenable levels of pressure. This can lead to higher levels of absence, which only serves to exacerbate the existing workforce crisis.

It is a matter of deep concern that 96% of community pharmacists say that they are at risk of burnout and three quarters of pharmacists have considered leaving their role or the profession within the last year. [21]

What are we doing?

CCA members recognise their role in attracting and retaining staff.

- They offer competitive rewards packages, wellbeing initiatives and support the development of their staff.
- They understand that investing in people not only increases capacity and capability of teams, but also improves professional satisfaction, making the sector a more attractive place to work.
- Our members enthusiastically support efforts to develop and train staff, this includes Independent Prescribing training courses; clinical placements in the undergraduate programme, as well as training for pharmacy technicians.
- They also recognise the pressure that teams face and have undertaken activity to relieve this by automating, streamlining processes and striving to free up pharmacist time, by for example, supporting training for pharmacy technicians to enable them to deliver services.

What do we need?

The community pharmacy sector has the potential to deliver considerably more clinical care for patients and the NHS. The CCA prospectus shows that community pharmacies in England could release more than 42 million additional appointments from general practice every year. [22]

However, eight years of funding cuts, spiralling costs, and a drained staffing network have resulted in untenable pressures putting the network on the brink. To ensure the network is firstly sustained and secondly, able to meet its potential, there are a number of urgent measures which must be introduced.

- **Increased funding:** In the immediate short term we recommend an urgent review of funding. Additional resource would:
    - Support businesses to meet spiralling costs.
    - Support the employment of more staff, particularly support staff, which would ease pressure and support retention.
    - Allow investment in the operations of pharmacies e.g., automation and other technology.
    - Create capacity in pharmacies to provide more patient care.
- **Commissioning at scale:** Community pharmacies need the opportunity to earn against new services. In 2021/22 the sector received payment for around 700,000 Community Pharmacy Consultation Service (CPCS) fees. [23] That is around 1 per pharmacy, per week. This compares to the 20 million GP appointments that NHS England stated the CPCS could transfer (equivalent to 34 per pharmacy per week) prior to its introduction. The funding available and the ambition of CPCS is not enough to relieve pressure on the wider system or provide sufficient funding to maintain the network.
- We would like to see the immediate introduction of a **Pharmacy First scheme**. Not only would such a scheme, enabled through use of Independent Prescribing, increase access to care for patients to be seen, diagnosed, and treated in their local pharmacies, but commissioning at scale with sufficient funding would provide businesses with the confidence to invest in people and infrastructure.
- **Countering the impact of ARRS recruitment:** We are extremely concerned about the impact of ARRS recruitment. Rather than moving pharmacists to different settings, local systems should commission community pharmacies to deliver specific "packages of care" on behalf of PCNs. This would better utilise the extensive community pharmacy network across ICSs, build patient access to care and minimise disruption to the wider system.
- **Workforce planning:** An enhanced understanding of the current pharmacy workforce and future need is critical. We would like to see the government undertake holistic workforce planning for all of primary care and implement a fully funded workforce plan, as a matter of urgency.

What do we need?

- **Opportunities for career development:** As community pharmacists increasingly deliver clinical services, capacity release is essential within the wider pharmacy team. Efforts should be made to consider how teams can be supported to develop. For example, adding technicians to the list of professionals who can work under a Patient Group Direction and Independent Prescribing. This would enhance the capacity and capability of the workforce and increase professional satisfaction, making the sector a more attractive place to work.

- **Aligning service provision:** Training must be aligned with opportunities to use new skills. Without commissioning services (e.g. Pharmacy First), not only will the potential of community pharmacy to increase capacity not be met, but there is a risk of exacerbating the workforce crisis, if staff leave in favour of a sector where they can use new skills.

- **Supervision:** To increase clinical capacity the CCA would like to see community pharmacy teams empowered to work to the limit of their competence. Clinical capacity can be released by reducing the current level of tasks in dispensing that specifically require a pharmacist. Changes to 'supervision' could increase the proportion of dispensing workload that support staff could undertake, freeing up time pharmacist time to deliver clinical services. Any changes which enable the release of pharmacists from non-clinical tasks, are unlikely to be capitalised on, until there is funded clinical work for the pharmacists to undertake.

Appendices

Appendix A: Changing number of pharmacists on GPhC register

Date	Total pharmacists (at 31 March) [1]	Year on year growth	Estimated number of pharmacists in England [2]	Year on year growth (England)	Annual growth (%)
31-Mar-23	62,654	1,518	51,376	1,245	2.5%
31-Mar-22	61,136	4,288	50,132	3,516	7.5%
31-Mar-21	56,848	-798	46,615	-654	-1.4%
31-Mar-20	57,646	1,365	47,270	1,119	2.4%
31-Mar-19	56,281	961	46,150	788	

Date	Number of registrants [1]	Total growth	Average Y/Y growth	Total % change	Estimated number of registrants (England)	Total growth	Average Y/Y growth	Total % change
31-Mar-23	62,654	6,373	1,593	11%	51,376	5,226	1,306	11%
31-Mar-19	56,281				46,150			

Appendix B: Primary Care workforce: Direct Patient Care (DPC) Pharmacist roles

Date	Primary Care Workforce – DPC staff: Total collated FTE net change since March 2019 [10]	Primary Care Workforce – DPC staff: Total estimated HC net change since March 2019 *(Based on 0.8 participation rate)*	Total net change in FTE pharmacists in Primary Care (Mar 2019- Dec 2022)	Annual net growth in FTE pharmacists in Primary Care (Mar 2019- Dec 2022)	Estimated net growth in HC pharmacists in Primary Care (Mar 2019- Dec 2022)	Estimated net annual growth in HC pharmacists in Primary Care (Mar 2019- Dec 2022)
Mar-19			6,387	1,703	7,984	2,129
Sep-21	3,839	4,799				
Dec-21	4,291	5,364				
Mar-22	4,722	5,903				
Jun-22	4,739	5,924				
Sep-22	4,972	6,215				
Dec-22	6,387	7,984				

References

1. GPhC, The GPhC register trend data, March 2023
2. GPhC, Survey of registered pharmacy professionals, 2019
3. CCA, Funding gap in England equates to more than £67,000 per pharmacy, January 2023.
4. UK Parliament, UIN 101079 01 December 2022
5. NHS BSA, Pharmacy and appliance contractor dispensing data (data from 2017 – 2022), 2023
6. NHS BSA, Pharmacy and appliance contractor dispensing data (data from 2017 – 2022), 2023
7. Calculation based on MUR, AUR, Stoma Customisation fees, NMS, CPCS, Hepatitis C testing, Lateral flow distribution, Blood pressure checks, Ambulatory blood pressure monitoring, DMS and flu vaccine.
   - NHS BSA, Dispensing contractors data, Pharmacy and Appliance Contractor dispensing data
   - PSNC, Flu vaccination statistics,
8. PSNC, PSNC Pharmacy Advice Audit, 2022
9. PSNC, PSNC Pharmacy Advice Audit, 2020/21
10. NHS Digital, Primary Care Workforce, England - collated full-time equivalent (FTE) – Direct Patient Care Staff, December 2022
11. NHS Digital, General Practice Workforce, England: Bulletin Tables, December 2022:
12. NHS Digital, Primary Care Network Workforce, England, February 2023. Figures show 338 advanced pharmacists practitioners and 4,300 pharmacists (a total of 4,638 pharmacists) worked in PCNs in February 2023.
13. PCPA, APTUK and NHS: Primary care networks: A briefing for pharmacy teams, June 2019
14. Calculation is based on pharmacy technician, dispensing assistant, trainee dispensing assistant, medicine counter assistant and trainee medicine counter assistant roles from 2017 and 2021 workforce surveys.
    - HEE, Workforce survey 2017, 2017
    - HEE, Workforce survey 2021, 2022
15. PSNC Briefing 013/22: Summary of the results of PSNC's 2022 Pharmacy Pressures Survey, April 2022
16. HEE, Workforce survey 2021, 2022
17. CCA data
18. Locate A Locum, Annual Locum rates report, 2022.
19. Locate A Locum, Locum rates study 1st July – 30th September, November 2022
20. CCA data
21. RPS, RPS and Pharmacist Support Mental Health and Wellbeing Survey 2022
22. CCA, CCA Prospectus: A future for community pharmacy, 2023
23. NHS BSA, Pharmacy and appliance contractor dispensing data

WHO WE ARE

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 5,500 pharmacies, which represents nearly half the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.

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COMPANY CHEMISTS' ASSOCIATION

2023