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Executive summary

Background
The Pharmacy Forum is the professional leadership body for pharmacy in Northern Ireland. The Forum leads and supports the development of the profession, promotes best practice among pharmacists and represents all sections of pharmacy practice.

Over the past year, concerns about patient services and the health and well-being of community pharmacists have been brought to the Pharmacy Forum Board’s attention.

In response to these concerns, we decided to undertake a survey of community pharmacists to assess and measure the range of views that exist; to enable the Pharmacy Forum to explore some of the challenges, risks and opportunities that might face community pharmacists in the future.

It was also important to place this survey in the context of the wider external environment, including the current financial pressures facing the health service and the changes to the remuneration and reimbursement arrangements put in place by the DHSSPS and the HSC Board in April 2011 and to assess the effect the new arrangements may have on professional work, the delivery of patient care and work/life balance.

Respondents were asked for views on their current professional working environment; the capacity and ability to deliver services and expectations for the future of community pharmacy.

Objectives
The overarching aim of the survey was to establish some of the current and future challenges, risks and opportunities that might face community pharmacists.

The objectives of the survey were:
- To assess and measure the range of views that exist;
- To understand the challenges, risks and opportunities that face community pharmacists;
- To capture views, to determine any issues in terms of barriers to the delivery of services to patients;
- To assess the current working environment and its potential and actual impact on health and well-being of the community pharmacist;
- To determine the current working environment and its influence on the future development of the community pharmacist role and extension of services.

http://www.psni.org.uk/professionals/professional-forum/professional-forum.php
Method
This snapshot poll, conducted via the online tool SurveyMonkey, was commissioned by the Pharmacy Forum on 27 March 2012.

The survey used a mixed quantitative and qualitative methodology and was sent to all 1471\(^2\) registered community pharmacists in Northern Ireland. Respondents were asked 20 questions which focused on current working environment in terms of resources and staffing; delivery of services; job satisfaction and health and well-being.

Responses
Surveys were returned by 360 respondents between 27 March 2012 and 20 April 2012.

360 individuals accessed the survey but some did not answer all of the questions; 35 surveys were deemed invalid. Surveys that were partially completed with some or all of questions answered were subsequently classified into ‘valid’ responses. This represents a response rate of 22.0%. This was based on the amount and type of information provided.

The responses have therefore been reported as a numerical value/percentage of the total responses received for each question. The qualitative research provides interpretative information behind these figures, to provide a deeper understanding of the issues underlying the quantitative findings.

The survey data is confidential and participants’ identities will not be disclosed.

\(^2\) At March 2012 there were 1471 community pharmacists on the register
Key findings

**Staffing**
Three quarters of respondents (74.0%) reported a reduction in staffing resource within their organisation.

Inadequate staffing levels, the necessary mix of pharmacists and support staff and the quality and experience of staff, were highlighted as major issues of concern for respondents within their organisations.

While 61.8% of respondents stated that the number of individual pharmacists within their organisation had stayed the same, approximately one third reported a decrease in the number of pharmacists.

According to respondents, there has been a significant reduction in ‘support staff’ within their organisations. 57.4% reported a decrease in the number of dispensing staff and technicians within their organisation; 70.7% said the number of individual locums/relief pharmacists had decreased, while 66.9% stated that there had been a decrease in locum hours.

The qualitative data suggests that this has led to increased workload, high levels of stress, negative impacts on pharmacists’ health and well-being and pressure to do more work in less time.

41.2% of respondents also experienced a decrease in salary/hourly rate; and 50.5% said there had been an increase in worked hours for no extra salary.

**Ability and capacity to deliver services**
It is apparent from the findings that long working hours are prevalent and experienced by many survey respondents.

The survey results suggest that the pharmacist’s ability to deliver services to patients has been affected by large workloads. Lack of adequate funding, remuneration and low staffing levels were cited qualitatively as the main contributory factors.

Over half of respondents 55.1% reported changes to the delivery of professional services within their workplace. Contracted and non-contracted professional services continue to be delivered by pharmacists, with respondents reporting an increase in some areas e.g. smoking cessation (41.2% of respondents); prescription re-order (51.3%) and prescription collection (56.4%).

40.7% of respondents reported a decrease in the ‘Managing Your Medicines Service’. Issues around funding and staffing were cited as reasons for this decrease.

Not unexpectedly, 73.6% of respondents reported a decrease in the minor ailments service. The qualitative data revealed that this was a service valued by pharmacists.
Job satisfaction and morale

Overall, respondents were less likely to be satisfied with different aspects of their job.

Overall dissatisfaction with workload scored highly with 81.6% of respondents reporting that they were either: ‘very dissatisfied’ 31.2%; ‘dissatisfied’ 33.0% and 17.4% ‘moderately dissatisfied’ with workload.

In relation to career progression, 27.0% were ‘very dissatisfied’; 20.6% ‘dissatisfied’ and 11.7% ‘moderately dissatisfied’.

An overwhelming majority 82.6% said they would not recommend pharmacy as a career. Respondents cited no job security, heavy workload, no support, pay cuts, and feeling undervalued as a profession by government, and in comparison with how the profession is recognised and treated across the UK.

63.8% of respondents expressed overall dissatisfaction with their earnings/salary with a quarter (24.5%) stating that they were ‘very dissatisfied’.

Respondents expressed their frustration and dissatisfaction in relation to the ability to drive improvements in patient care with 30.1% stating that they were ‘very dissatisfied’; 29.1% ‘dissatisfied’ and 20.6% ‘moderately dissatisfied’.

Overall, 80.5% of respondents felt ‘dissatisfied’ with the opportunity to expand the role of pharmacy, reporting that they were either: ‘very dissatisfied’ (35.8%); ‘dissatisfied’ (31.2%) or ‘moderately dissatisfied’ (13.5%).

As the survey findings show, inadequate IT infrastructure, the need for better facilities and the lack of resources, in terms of staffing and funding within community pharmacy raises doubts, with regards to the capacity of community pharmacy to deliver the enhanced role and services, as set out in the Compton Report.

Respondents cite funding cuts, cash flow concerns and dwindling employment opportunities, which have created a deep sense of uncertainty and anxiety with regards to the future of community pharmacy in Northern Ireland.
**Health and well-being**

The influence of the working environment on the health and well-being of pharmacists was a key theme that emerged from both the quantitative and qualitative data.

Two thirds of respondents (65.1%) did not feel that they had an appropriate work/life balance.

As a result of their career in pharmacy over the past year, respondents experienced a negative impact on personal relationships (48.0%) and on their health (54.3%).

67.3% of respondents described the amount of work related stress as ‘heavy but manageable’; 19.0% described this as ‘excessive and unmanageable’. Warnings from respondents however indicated that workload is rapidly becoming excessive and unmanageable.

The survey findings suggest that there is a link between workload and changes to the community pharmacy budget and its impact on stress levels and job satisfaction. Community pharmacists feel demoralised, undervalued, and perceive actions by the Department of Health, Social Services and Public Safety as not recognising the role of the community pharmacist.

**Patient safety**

The survey did not measure or collect information specifically related to patient safety issues. However, explicit comments were made in relation to the current working environment and its potential impact on patient safety.

Respondents expressed grave concerns that if the current environment and associated working practices continue, patient safety will be compromised. The findings suggest that workload could potentially reach dangerous levels and compromise patient safety.

No profession is without risk. However, given the harmful effects of errors if they occur in community pharmacy, patient safety is paramount. The findings from the survey are very concerning and suggest not only are pharmacist’s health, well-being and performance affected by large workloads, but the impact could also be detrimental to patient safety.

The findings of the survey should act as a stark warning and the pharmacists’ desperate pleas for something to be done to improve the current situation must be addressed.
**Recommendations**

The Pharmacy Forum proposes three broad recommendations for policy and decision makers.

1. **Resolution to the community pharmacy contract dispute**
   The Pharmacy Forum calls for the resolution to the dispute over the new contract for community pharmacy.

   An urgent solution must be found, so the community pharmacy workforce can be stabilised and future planning can take place in a much improved atmosphere.

   The Pharmacy Forum views this as an important and critical factor in improving morale within the sector, restoring confidence and providing certainty with regards to the professional development of new services and the future direction of community pharmacy in Northern Ireland.

2. **Workforce planning review into community pharmacy in Northern Ireland**
   The Pharmacy Forum welcomes the DHSSPS workforce planning review into community pharmacy. The planning group must look at the current community pharmacy landscape, as it is today, taking full account of the proposals contained in ‘Transforming Your Care’ in relation to new services, the protection of the public and the development of new roles within community pharmacy.

   The Pharmacy Forum will engage on behalf of all pharmacists and welcome the opportunity to contribute and be involved in this group.

3. **Transforming Your Care**
   The Pharmacy Forum welcomes the opportunities for the expanded role for community pharmacy proposed in ‘Transforming your Care’.

   A viable and effective community pharmacy network is an invaluable resource which the HSC Board can utilise to help achieve the goal set out in ‘Transforming Your Care’.

   However urgent action is required to ensure that this resource is nurtured and cultivated to enable the pharmacy profession and the HSCB to deliver the desired services. The Pharmacy Forum emphasise that early and open engagement, to enable professional development and training needs can be met to facilitate and the development of services.
1. **About respondents’ background**

1.1 The survey sought the views of both newly qualified pharmacists and established community pharmacists. Just under a quarter of respondents (23.1%) qualified in the last 5 years. Those qualified 11-20 years represented 27.1% of all respondents and those 21 or more years qualified, represented just under a third of respondents (32.9%).

1.2 The majority of respondents, 71.0% described their main current status as employed. More than a quarter of respondents, 27.2% described their main current status as self employed.

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>231</td>
<td>71.0%</td>
</tr>
<tr>
<td>Self employed</td>
<td>88</td>
<td>27.0%</td>
</tr>
<tr>
<td>Not employed</td>
<td>6</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

1.3 Of the pharmacists surveyed, 83.7% were community pharmacists. More than one in ten worked as a locum at the time of the survey.

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community pharmacists</td>
<td>272</td>
<td>83.7%</td>
</tr>
<tr>
<td>Locum community</td>
<td>38</td>
<td>11.6%</td>
</tr>
<tr>
<td>Administration</td>
<td>8</td>
<td>2.5%</td>
</tr>
<tr>
<td>** Other</td>
<td>3</td>
<td>0.9%</td>
</tr>
<tr>
<td>Practice Pharmacist</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prescribing Advisor</td>
<td>2</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

** Nursing home director; Education; Independent Prescriber

1.4 The majority of respondents, 71.7% stated that they were full time; 16.0% stated that they were part time and just under one in ten (9.8%) described their employment status as ‘ad hoc.’
1.5 Area in which pharmacists worked in Northern Ireland

1.6 There was a good spread of responses from community pharmacists working across Northern Ireland in rural communities (35.4%); socially deprived (32.0%) and 41.8% described the area in which they worked as ‘other.’

Table 1.6.1 Area of work

<table>
<thead>
<tr>
<th>Area of Work</th>
<th>Response per cent</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>35.4%</td>
<td>115</td>
</tr>
<tr>
<td>Socially deprived</td>
<td>32.0%</td>
<td>104</td>
</tr>
<tr>
<td>Other</td>
<td>41.8%</td>
<td>136</td>
</tr>
<tr>
<td>Don’t know</td>
<td>%</td>
<td>5</td>
</tr>
</tbody>
</table>

Answered question 325
2. **Staffing resource**

2.1 This section explores the issue of resources in relation to staffing, support staff and hours in community pharmacy. This is with a view to understanding the current working environment that pharmacists are working in and to establish whether there have been any significant changes to staffing levels and the impact this might have on patient services.

**Key findings**

- Three quarters of respondents 73.8% reported that there had been a reduction in staffing resource.

- While 61.8% stated that the number of individual pharmacists within their organisation had stayed the same, approximately 31.0% reported a decrease in the number of pharmacists and in the number of ‘pharmacist hours’ within their organisation.

- Deeper probing reveals that there has been a significant decrease in ‘support staff’.

- 57.4% reported a decrease in the number of dispensing staff and technicians within their organisation; 70.7% stated that the number of individual locums/relief pharmacists had decreased within their organisation while 66.9% stated that there had been a decrease in locum hours.

- Common themes expressed by many respondents included the significant increase in workload and being asked to provide more services with the same or fewer staff. This has impacted on staff morale and has resulted in high levels of stress for many.
2.2 Overall staffing resource

73.8% of respondents reported that there had been an overall reduction in staffing resource within their organisation. 22.2% stated that there had not been a reduction in staffing, whilst 1.1% said they did not know.

2.2.1 Change to hours and individual resource

Respondents who reported a change in staffing resource were asked to indicate whether they had experienced any changes to ‘hours’ and ‘individuals’ within their organisation.

Approximately 31.0% reported a decrease in the number of pharmacists and in the number of ‘pharmacist hours’ within their organisation. 61.8% stated that the number of individual pharmacists within their organisation had stayed the same.

However, deeper probing reveals that there has been a significant decrease in ‘support staff’ i.e. locums/relief pharmacists; dispensing technicians and retail staff.

57.4% reported a decrease in the number of dispensing staff and technicians within their organisation; 70.7% stated that the number individual locums/relief pharmacists had decreased within their organisation while 66.9% stated that there had been a decrease in locum hours.

‘As I am the owner/director I have had to work more hours than the normal 40 every week to ensure that we could reduce locum cover as we no longer could afford this within our accounts’

Approximately 22.0% of respondents reported a decrease to the ‘hours’ and ‘individuals’ in ‘other’ areas within their organisation. Respondents cited changes to accounts staff, administrative staff and delivery drivers.

Some respondents reported that there was no relief cover provided for busy periods, or to cover sickness and holidays.

‘Used to have a delivery driver now don’t.’

‘No relief staff hired for busy periods or to cover sickness, holidays etc’

‘Need to recruit but can’t afford to.’
Table 2.2.3  Change to hours and individual resource within organisation

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Increased</th>
<th>Decreased</th>
<th>Stayed the same</th>
<th>Don't know</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists (individuals)</td>
<td>11.7% (28)</td>
<td>31.1% (75)</td>
<td>61.8% (149)</td>
<td>5.4% (13)</td>
<td>241</td>
</tr>
<tr>
<td>Pharmacist (hours)</td>
<td>1.7% (4)</td>
<td>31.3% (75)</td>
<td>50.8% (122)</td>
<td>6.3% (15)</td>
<td>240</td>
</tr>
<tr>
<td>Locums or Relief Pharmacists (individuals)</td>
<td>2.1% (5)</td>
<td>70.7% (169)</td>
<td>25.1% (60)</td>
<td>2.1% (5)</td>
<td>239</td>
</tr>
<tr>
<td>Locums or Relief Pharmacists</td>
<td>0.8% (2)</td>
<td>66.9% (158)</td>
<td>26.3% (62)</td>
<td>5.9% (14)</td>
<td>236</td>
</tr>
<tr>
<td>Dispensing staff or Technicians (individuals)</td>
<td>0.4% (1)</td>
<td>57.4% (139)</td>
<td>38.4% (93)</td>
<td>3.7% (9)</td>
<td>242</td>
</tr>
<tr>
<td>Dispensing staff or Technicians (hours)</td>
<td>1.7% (4)</td>
<td>61.8% (149)</td>
<td>31.1% (75)</td>
<td>5.4% (13)</td>
<td>241</td>
</tr>
<tr>
<td>Retail Staff (individuals)</td>
<td>0.4% (1)</td>
<td>69.3% (167)</td>
<td>26.6% (64)</td>
<td>3.7% (9)</td>
<td>241</td>
</tr>
<tr>
<td>Retail Staff (hours)</td>
<td>1.3% (3)</td>
<td>70.7% (169)</td>
<td>22.6% (54)</td>
<td>5.4% (13)</td>
<td>239</td>
</tr>
<tr>
<td>Other (individuals)</td>
<td>0.8% (1)</td>
<td>22.1% (27)</td>
<td>36.1% (44)</td>
<td>41.0% (50)</td>
<td>122</td>
</tr>
<tr>
<td>Other (hours)</td>
<td>1.8% (2)</td>
<td>22.1% (25)</td>
<td>38.1% (43)</td>
<td>38.1% (43)</td>
<td>113</td>
</tr>
</tbody>
</table>
2.4 Changes in salary and hours worked

Respondents were asked if they had experienced any change(s) to their salary/hourly rate; working hours and hours worked for no extra salary.

Table 2.4.1 Salary/hourly rate

<table>
<thead>
<tr>
<th></th>
<th>Increase</th>
<th>Decrease</th>
<th>No change</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary/hourly rate</td>
<td>7.7%</td>
<td>41.2%</td>
<td>48.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td></td>
<td>(25/323)</td>
<td>(133/323)</td>
<td>(157/323)</td>
<td>(9/323)</td>
</tr>
</tbody>
</table>

‘The wage is so poor now in Northern Ireland that I’m considering giving it up altogether and finding something less stressful, and will probably get the same pay for it.’

Table 2.4.2 Working hours

<table>
<thead>
<tr>
<th></th>
<th>Increase</th>
<th>Decrease</th>
<th>No change</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working hours</td>
<td>24.5%</td>
<td>19.8%</td>
<td>54.5%</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>(79/323)</td>
<td>(64/323)</td>
<td>(176/323)</td>
<td>(6/323)</td>
</tr>
</tbody>
</table>

‘As I cannot afford to employ other staff I need to stay longer in work which is detrimental to my young family.’

Table 2.4.3 Hours worked for no extra salary

<table>
<thead>
<tr>
<th></th>
<th>Increase</th>
<th>Decrease</th>
<th>No change</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours worked for no extra salary</td>
<td>50.5%</td>
<td>2.2%</td>
<td>33.7%</td>
<td>13.9%</td>
</tr>
<tr>
<td></td>
<td>(163/323)</td>
<td>(7/323)</td>
<td>(109/323)</td>
<td>(45/323)</td>
</tr>
</tbody>
</table>

‘I work through my lunch and have stayed late for no pay sometimes until midnight. I cannot sleep and never seem to leave the dispensary or see daylight. No other profession would work after work unpaid. The stress levels are never ending due to workload and I suffer from palpitations.’

The qualitative data revealed a common theme expressed by respondents, that there has been a significant increase in workload with many respondents being asked to do more with the same or fewer staff. This has resulted in high levels of stress for many.

‘Major increase in paperwork now working minimum 72 hours per week to tread water’
3. Ability and capacity to deliver services

3.1 In this section, the respondent’s ability and capacity to deliver services to patients is examined.

Key findings

- Over half of respondents 55.1% reported changes to the delivery of professional services within their workplace.

- Contracted and non-contracted professional services continue to be delivered by pharmacists with respondents reporting an increase in some areas e.g. smoking cessation; prescription re-order.

- 40.7% of respondents reported a decrease in the ‘Managing Your Medicines Service.’ Issues around funding and staffing were cited as reasons for this decrease.

- Not unexpectedly, 73.6% of respondents reported a decrease in the Minor Ailments Service. The qualitative data revealed that this was a service valued by many pharmacists and patients.

- Key themes identified by respondents in relation to factors that would help improve the delivery of services included funding, adequate remuneration and a new contract; increasing staffing levels; training, qualified staff and time.
3.2 Delivery of professional services within the workplace

3.2.1 Over half of respondents 55.1% reported changes to the delivery of professional services within their workplace; 36.8% stated that there had been no change.

3.3 Contracted professional services
To explore further the nature of these changes, respondents were asked to indicate the level of change i.e. whether there had been an increase, decrease or no change, to the delivery of contracted professional services.

3.3.1 Smoking cessation service
41.2% of respondents reported an increase in the delivery of the smoking cessation service within their workplace. 19.6% reported a decrease.

3.3.2 Minor Ailments Service
The Minor Ailments Service was introduced into Northern Ireland in 2005, and referral onto the scheme includes direct referral from GP practices, the community pharmacist or self-referral by the patient. Under this service, the pharmacist can supply medicine for the treatment of certain minor ailments, free of charge, to suitable patients. However, from 1 November 2010, the service no longer applied to coughs, colds, sore throats and nasal symptoms and treatment of hayfever and seasonal rhinitis.

Not unexpectedly, 73.6% of respondents reported a decrease in the minor ailments service. The qualitative data revealed that this was a service valued by many pharmacists. The change to the minor ailments scheme resulted in less consultations with patients that were made on minor ailments scheme and equates to a removal of funding.

‘I would like to know why minor ailments was so downgraded, whenever pharmacy had invested so much money in consultation areas, and the scheme was working so successfully.

‘Patients seemed to really appreciate the scheme, yet it was all but discontinued at a time when we were expecting it to be expanded. Yet another backward step for community pharmacy in the backwater that NI has now become.’
3.3.3 Managing Your Medicines Service (MYM)

‘Managing your Medicines’ is a service commissioned by the Health and Social Care Board. It is a pharmacy based medication review provided to patients who are vulnerable or at risk.3

- 15.5% of respondents reported an increase in this service;
- 40.7% stated there had been a decrease, and 24.7% reported no change.

When asked to identify key factors that would help improve the delivery of services to patients, some respondents identified issues around funding for ‘Managing your Medicines’. The funding for the MYM service has remained at the same level as when the service was introduced in 2001.

‘Increased managing your medicines funding/availability’ (identified as a key factor to help improve delivery of services)

‘I’m expected to do MYM yet all second pharmacist cover has been removed. Also the Board do not pay us to do minor ailments (no fee) and the ailments that people and GPs really benefited from were removed from scheme. So our employer removes second pharmacist cover to save money thus I cannot give the service I want to as a caring professional pharmacist e.g. many more MYM are requested than I could possibly do.’

3.4 Changes to the delivery of non contracted professional services

3.4.1 Respondents were asked to indicate the level of change i.e. whether there had been an increase, decrease or no change, to the delivery of non contracted professional services.

3.4.2 According to the survey, pharmacists are continuing to provide these services.

- 56.4% of respondents reported an increase in prescription collection.
- 51.3% of respondents reported an increase in prescription re-order.
- 47.9% of respondents reported an increase in prescription delivery.

Respondents however identified issues with funding and challenges in continuing to provide non-contracted professional services.

‘Non-contracted ‘free’ services e.g. compliance aids / delivery service to be properly commissioned and remunerated.’

‘Funding for prescription order, collection and deliveries.’

3 http://www.hscbusiness.hscni.net/pdf/A1_-DESCRIPTION_OF_SERVICE.pdf
### Table 3.4.1 Changes to the delivery of non-contracted professional services

<table>
<thead>
<tr>
<th>Service</th>
<th>Increase</th>
<th>Decreased</th>
<th>No change</th>
<th>Don't know</th>
<th>Not applicable</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Collection</td>
<td>56.4%</td>
<td>20.0%</td>
<td>21.0%</td>
<td>2.1%</td>
<td>0.5%</td>
<td>195</td>
</tr>
<tr>
<td></td>
<td>(110)</td>
<td>(39)</td>
<td>(41)</td>
<td>(4)</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>Prescription Reorder</td>
<td>51.3%</td>
<td>22.6%</td>
<td>21.0%</td>
<td>3.1%</td>
<td>2.1%</td>
<td>195</td>
</tr>
<tr>
<td></td>
<td>(100)</td>
<td>(44)</td>
<td>(41)</td>
<td>(6)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>Prescription Delivery</td>
<td>47.9%</td>
<td>25.8%</td>
<td>16.5%</td>
<td>2.1%</td>
<td>7.7%</td>
<td>194</td>
</tr>
<tr>
<td></td>
<td>(93)</td>
<td>(50)</td>
<td>(32)</td>
<td>(4)</td>
<td>(15)</td>
<td></td>
</tr>
<tr>
<td>Clinical Testing (e.g. blood</td>
<td>25.1%</td>
<td>31.8%</td>
<td>23.6%</td>
<td>3.6%</td>
<td>15.9%</td>
<td>195</td>
</tr>
<tr>
<td>pressure)</td>
<td>(49)</td>
<td>(62)</td>
<td>(46)</td>
<td>(7)</td>
<td>(31)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>19.3%</td>
<td>11.4%</td>
<td>13.6%</td>
<td>9.1%</td>
<td>46.6%</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>(17)</td>
<td>(10)</td>
<td>(12)</td>
<td>(8)</td>
<td>(41)</td>
<td></td>
</tr>
</tbody>
</table>
3.5 Improvement to services

3.5.1 Respondents were asked to provide up to three factors that would help improve the service provided to patients and to identify three key barriers that is preventing them from providing a good service to patients.

Table 3.5.2 Overall Key themes - factors identified by respondents

<table>
<thead>
<tr>
<th>Factor</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding, adequate remuneration and new contract</td>
<td>163</td>
</tr>
<tr>
<td>Staffing levels</td>
<td>150</td>
</tr>
<tr>
<td>Time (general, services, patients)</td>
<td>75</td>
</tr>
<tr>
<td>Services- additional/reduce/improve</td>
<td>37</td>
</tr>
<tr>
<td>Training</td>
<td>36</td>
</tr>
<tr>
<td>Less bureaucracy</td>
<td>32</td>
</tr>
<tr>
<td>Relationship with healthcare professionals</td>
<td>26</td>
</tr>
<tr>
<td>Better facilities i.e. consulting room</td>
<td>21</td>
</tr>
<tr>
<td>Job satisfaction/workload/morale</td>
<td>20</td>
</tr>
<tr>
<td>HSCB, DHSSPS and Minister</td>
<td>14</td>
</tr>
<tr>
<td>Reinstall the minor ailments scheme</td>
<td>17</td>
</tr>
<tr>
<td>Working conditions/breaks i.e. lunch and tea breaks</td>
<td>8</td>
</tr>
<tr>
<td>Stock/drug shortages</td>
<td>7</td>
</tr>
<tr>
<td>Patient experience</td>
<td>7</td>
</tr>
<tr>
<td>Recognition and promotion of the pharmacist role</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td>Number of graduates</td>
<td>2</td>
</tr>
<tr>
<td>Support from contractor</td>
<td>1</td>
</tr>
</tbody>
</table>
### Table 3.5.3 Overall key themes – barriers identified by respondents

<table>
<thead>
<tr>
<th>Issue</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding, adequate remuneration and new contract</td>
<td>125</td>
</tr>
<tr>
<td>Time (general, services, patients)</td>
<td>117</td>
</tr>
<tr>
<td>Staffing levels</td>
<td>107</td>
</tr>
<tr>
<td>Workload</td>
<td>30</td>
</tr>
<tr>
<td>Bureaucracy</td>
<td>24</td>
</tr>
<tr>
<td>Training</td>
<td>23</td>
</tr>
<tr>
<td>Stock/drug shortages</td>
<td>17</td>
</tr>
<tr>
<td>HSCB, DHSSPS and Minister</td>
<td>16</td>
</tr>
<tr>
<td>Better facilities i.e. consulting room</td>
<td>15</td>
</tr>
<tr>
<td>Patient experience</td>
<td>9</td>
</tr>
<tr>
<td>Relationship with healthcare professionals</td>
<td>7</td>
</tr>
<tr>
<td>Employer/employee relations</td>
<td>7</td>
</tr>
<tr>
<td>Services and planning - additional/reduce/improve</td>
<td>6</td>
</tr>
<tr>
<td>Working conditions/breaks i.e. lunch and tea breaks</td>
<td>5</td>
</tr>
<tr>
<td>Reinstall the minor ailments scheme</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Lack of independent representation</td>
<td>2</td>
</tr>
<tr>
<td>Relations with contractor</td>
<td>1</td>
</tr>
<tr>
<td>Technician registration</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>
3.6 Key themes

3.6.1 The results were very similar, with common themes emerging from both questions regarding key factors and barriers to delivering services.

3.6.2 Funding, adequate remuneration and new contract
Respondents expressed grave concern that the current level of funding is not capable of providing fair and reasonable remuneration to pharmacy.

‘Fair fees for work done’
‘Huge cut to reimbursement for dispensing’
‘A fair salary would improve staff morale’
‘Reduced funding for dispensing’
‘Not enough funds to provide extra services now necessary’
‘Sensible contract with department - patient focused’

3.6.3 From the qualitative data, respondents reported that in response to the current financial situation, pharmacy overheads have had to be reduced which has resulted in a reduction in staff, doing more work with less staff and less remuneration in terms of salaries. This situation has seriously impacted on the morale and health and well-being of many community pharmacists.

‘Resolution to the current financial impasse with the DOH to establish satisfactory payments to provide for a robust level of pharmaceutical care in our local community’

3.6.4 Staffing levels
Survey respondents identified increasing staffing levels as a key factor that would help improve the delivery of services to patients. The reduction in ‘support staff’ and the lack of a ‘second pharmacist’ were highlighted as contributing to workload, stress and impacting on services to patients.

‘More staff to free up time to deliver service and my full attention to patient’

More retail staff so I wasn’t covering tills too’
‘Dangerously low staffing levels’

3.6.5 Training
The investment in training has significant and long term benefits for pharmacies, staff and their patients. Limited time to dedicate to training staff and the lack of qualified staff was highlighted as an issue for some respondents in the survey.
3.6.6 Time and workload

‘Not having enough time’ and heavy workload were cited as impediments to delivering services to patients.

- ‘Lack of time to dedicate to service provision’
- ‘Time constraints due to lack of funding’
- ‘Very limited time to spend with patients with more complex needs’
- ‘Nobody to manage dispensary/check prescriptions when I am counselling patients, therefore reduce time spent with patients’

3.6.7 Less bureaucracy

The level of administrative and regulatory demands on pharmacists’ time was reported by some respondents as unnecessarily burdensome and was also identified as a barrier to developing new pharmacy services.

- ‘Less Paperwork/Prescription handling’
- ‘Less admin e.g. coding prescription despite 2d bar code’
- ‘Too many SOPs preventing me from doing things quicker and efficiently’
- ‘Lack of incentive to provide new services as it will result in more targets’

3.6.8 Relationship with healthcare professionals

Some respondents in the survey called for greater cooperation with GPs and identified barriers in this area. Improvements in IT and technology, communication and access to patient information were highlighted as key to enabling the community pharmacist deliver services to patients.

- ‘Better access to health centre records’
- ‘Better IT closely linked and integrated with the prescriber’
- ‘Better access to patient information’
3.6.9 Better facilities i.e. consulting room
For many respondents, better facilities are needed in order to deliver effective services to patients. Improvements to working space, in particular, consulting rooms were identified. Up to date equipment and IT infrastructure improvements were also mentioned.

‘Feel extremely dissatisfied working in community pharmacy. Expected to do more and more work with less support staff. Premises and equipment outdated with no hope of there ever being a badly needed refit. Cannot do any additional services which are poorly funded anyway due to no adequate consulting room’

3.6.10 Relations with Department, HSC Board and Minister
Some respondents commented on the Department of Health, Social Services and Public Safety, the Health and Social Care Board and the Minister. Respondents described a lack of trust, poor recognition and support from these government bodies in relation to community pharmacy in Northern Ireland.

‘Demotivation due to the lack of understanding from those leading in Pharmacy of the difficulties on the coal face. We have always striven to deliver a quality service, but over the years the number of key services that were of patient benefit are scrapped without real consideration of patient benefit e.g. minor ailments recently.’

‘Always being the target for cost cutting by the board’

‘The ability to feel like DOH actually cares about pharmacy’

‘Overworked, underpaid, the Board expects more while all the time cutting our funding. Very stressful.’

‘Unfortunately I would have strong reservations due to the direction Pharmacy is being driven by the Department of Health.’

3.6.11 Employer/employee relations
Some respondents described a lack of support from employers and management in some instances particularly with regard to lunch and tea breaks and staffing levels.

‘The demands employers are making on their pharmacy team as a result of funding cuts are unreasonable, and may/could result in serious dispensing errors taking place.’

‘Bosses can force us to work unsafe hours as there are too many unemployed pharmacists looking work. The job has now become bad for your health.’
4. **Job satisfaction and morale**

4.1 This section examines the levels of job satisfaction and morale among respondents.

---

**Key findings**

- Overall, respondents were less likely to be satisfied and with different aspects of their job.

- Overall dissatisfaction with workload scored highly with 81.6% of respondents reporting that they were ‘very dissatisfied’ (31.2%); ‘dissatisfied’ (33.0%) and ‘moderately dissatisfied’ (17.4%) with workload.

- In relation to career progression, overall, 59.3% said they were ‘dissatisfied’ with career progression.

- 63.8% of respondents expressed their overall dissatisfaction with their earnings/salary with a quarter (24.5%) expressing that they were ‘very dissatisfied’.

- An overwhelming majority 82.6% said they would not recommend pharmacy as a career.

- Overall, 80.5% of respondents felt dissatisfied with the opportunity to expand the role of pharmacy and expressed frustration with being able to drive improvements in patient care.
4.2 Levels of satisfaction

4.2.1 Respondents were asked to assess their level of satisfaction, from ‘very dissatisfied’ to ‘very satisfied’ in five areas. Overall, respondents were less likely to be satisfied and with different aspects of their job.

4.3 Workload

Overall dissatisfaction with workload scored highly, with 81.6% of respondents reporting that they were either: ‘very dissatisfied’ (31.2%); ‘dissatisfied’ (33.0%) and ‘moderately dissatisfied’ (17.4%) with workload.

The qualitative data found several sources of stress including frustrations around no breaks, training and taking on more roles and services with the same or less staff.

‘In Northern Ireland pharmacists face unemployment or working in an environment close to "slavery" or meltdown.’

‘I have a very intense workload. I am responsible for over 100 medidose patients in the pharmacy. I must ensure this is done to the required standards as well as continue with the everyday work in community pharmacy. The majority of my patients really need this service. However it is very difficult to continue with such a workload for the remuneration given to pharmacy. This really needs to be addressed by the department.’

‘Demoralised staff due to lack of recognition for current workload’

Overall satisfaction levels were low in relation to workload.

11.4% of respondents expressed overall satisfaction with workload with only one respondent (1/282) stating that they were ‘very satisfied’ with the workload; 5.3% stated that they were ‘satisfied’ and 5.7% ‘moderately satisfied’ with workload.
4.3.1 Career Progression

In relation to career progression, overall, 59.3% said they were ‘dissatisfied’ with career progression: 27% were ‘very dissatisfied’; 20.6% ‘dissatisfied’ and 11.7% ‘moderately dissatisfied’.

‘I am seriously considering a change of career at the age of 44. For 4 years there has not only been no pay increase but I have suffered a 20% voluntary decrease even before taking into account inflation’.

‘Ever reducing pay and increasing work load - poor prospects for career progression.’

Overall satisfaction with career progression was 18.8%: 7.1% ‘moderately satisfied’; 9.6% ‘satisfied’ and 2.1% ‘very satisfied’.

Respondents were also asked if they would recommend pharmacy to others as a career. An overwhelming majority 82.6% said they would not.

‘Pharmacy is no longer a career I will direct my children towards despite having a long established family pharmacy.’

‘Feelings towards Pharmacy - would change career if I could.’

‘It is impossible to make plans for the future with such uncertainty hanging over one’s career and job security.’

‘Diversity of the role is limited, working conditions are poor and in many cases illegal.’

‘I most definitely would not suggest community pharmacy to anyone in fact I would dissuade someone contemplating a pharmacy degree, in essence a dogs body/Cinderella profession.’
4.3.2 Earnings/Salary
63.8% of respondents expressed their overall dissatisfaction with their earnings/salary with over a quarter (24.5%) expressing that they were ‘very dissatisfied’ with their earnings/salary.

22.3% said they were ‘moderately dissatisfied’ and 17.0% said they were ‘moderately dissatisfied’.

27.7% of respondents were broadly satisfied with earnings/salary. However, only 0.7% were ‘very satisfied’ and 10.3% of respondents were ‘satisfied’ with earnings/salary.

'I experienced a 20% cut in my daily wage I feel this is extremely unfair but since I’m a self employed locum I had no choice but to accept it or face unemployment."

‘My level of pay is unacceptable (I am now earning the same salary as I qualified on almost ten years ago!) and it is only because we are massively oversubscribed as a profession that my employer can get away with it. I hate my job and spend every day looking for alternative work.’

'I am facing insolvency unless adequate funding is provided... I simply do not receive enough remuneration to earn a salary similar to my technician at present - this is from a practice with no major debt to satisfy. This is how bad it is at present.’

'I have never experienced in my 27 years experience worse in terms of poor salary. Employer manipulation. Reduction in salary taking me back ten years. Opportunistic behaviour due the knowledge of the lack of other jobs.’

4.3.3 Number of pharmacy graduates
Respondents also cited as a reason for not recommending pharmacy as a career, the number of undergraduate pharmacy places. Concern was expressed that the number of graduates leaving pharmacy schools has outweighed the number of vacancies. Some respondents called for the reduction in the number of undergraduate places, to ensure the number of pharmacists does not exceed available posts.

‘Lack of opportunity; over-production of pharmacists; de-professionalisation of role.’

‘Too many graduates are resulting in saturation, affecting their ability to achieve employment.’

‘Too many pharmacists being trained not enough jobs and salary has decreased’
4.3.4 Ability to drive improvements in patient care

Respondents were asked to rate how they perceive they are recognised and valued by patients; the wider community; employer/organisation; other healthcare professionals; the DHSSPS and the HSC Board.

Overall, respondents felt highly valued and recognised by their patients and the wider community. (See chart below). The DHSSPS and the HSC Board were rated low in this regard.

Respondents expressed their frustration and dissatisfaction with regards to the ability to drive improvements in patient care, with 30.1% ‘very dissatisfied’; 29.1% ‘dissatisfied’ and 20.6% (58/282) ‘moderately dissatisfied’.

Chart 1

As a healthcare professional, do you feel recognised and valued by:

- Your Patients: 5.85
- Your Wider Community: 5.33
- Your Employer/Organisation: 4.41
- Other Healthcare Professionals: 4.24
- The Department of Health and Social Services and Public Safety (DHSSPS): 2.22
- The Health and Social Care Board (Commissioner of Services on behalf): 2.25

Satisfaction rating
4.3.5 Opportunity to expand the role of pharmacy

Overall, 80.5% of respondents felt dissatisfaction with the opportunity to expand the role of pharmacy. This included, 35.8% ‘very dissatisfied’; 31.2% ‘dissatisfied’ and 13.5% ‘moderately dissatisfied’.

‘There is no sign of pharmacists being able to use their skills to deliver services (other than dispensing) in fact I feel I am becoming de-skilled as I cannot deliver the services I have been trained to do.’

Overall, 6.1% reported being ‘satisfied’ that there was an opportunity to expand the role of pharmacy: 1.1% ‘very satisfied’; 2.5% ‘satisfied’ and 2.5% ‘moderately satisfied’.
5. **Health and well-being**

5.1 In this section, respondents were asked questions in relation to work/life balance, their health and well-being and the impact of their career in pharmacy on personal and professional relationships.

**Key findings**

- Two thirds of respondents did not feel that they had an appropriate work/life balance.

- Respondents experienced negative impacts on personal relationships and health as a result of their career in pharmacy over the past year.

- 67.3% of respondents described the amount of work related stress as ‘heavy but manageable’; qualitative data however indicates that this is rapidly becoming excessive and unmanageable.
5.2 65.1% of respondents did not feel that they had an appropriate work/life balance.

‘Stress was having a severe impact on my health to the point at which I could not go on working in community pharmacy. My home life suffered as I got home late from work and was extremely tense and unhappy. In work the usually harmonious staff relationships were strained and pushed to the limit.’

‘Everybody seems to be under a lot of stress and at times, it feels like someone is going to have a breakdown.’

‘Worry/anxiety/stress/not sleeping properly/recent borderline BP check/my life/work balance no longer exists.’

‘I am 27 and attended GP for high blood pressure and mild depression due to work life balance.’

5.3 In the past year, 54.3% of respondents reported a negative impact on their health and 48% a negative impact on personal relationships.

58.6% reported no change with regards to professional relationships.

Table 5.3.1 In the past year have you experienced any change to the following as a result of your career in the pharmacy profession?

<table>
<thead>
<tr>
<th></th>
<th>Negative</th>
<th>No change</th>
<th>Positive</th>
<th>Not applicable</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your health</td>
<td>54.3%</td>
<td>45.4%</td>
<td>0.0%</td>
<td>0.4%</td>
<td>269</td>
</tr>
<tr>
<td></td>
<td>(146)</td>
<td>(122)</td>
<td>(0)</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>Your personal relationships</td>
<td>48.0%</td>
<td>50.2%</td>
<td>1.1%</td>
<td>0.7%</td>
<td>269</td>
</tr>
<tr>
<td>(i.e. family and friends)</td>
<td>(129)</td>
<td>(135)</td>
<td>(3)</td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>Your professional relationships</td>
<td>34.7%</td>
<td>58.6%</td>
<td>5.6%</td>
<td>1.1%</td>
<td>268</td>
</tr>
<tr>
<td></td>
<td>(93)</td>
<td>(157)</td>
<td>(15)</td>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>18.4%</td>
<td>43.9%</td>
<td>0.0%</td>
<td>37.8%</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>(18)</td>
<td>(43)</td>
<td>(0)</td>
<td>(37)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>269</td>
</tr>
</tbody>
</table>
5.4 67.3% of respondents described the amount of work related stress as ‘heavy but manageable’; 19.0% described this as ‘excessive and unmanageable’

‘Manageable for the minute but I worry about how things are becoming more difficult in pharmacy and if it will become unmanageable in the near future.’

‘Rapidly becoming excessive and unmanageable’

‘The anguish and uncertainty is unmanageable’

‘Work related stress is between heavy but manageable and excessive and unmanageable. If you call working virtually all your free time to do all that is expected for the pharmacy and other commitments e.g. vat, PAYE, book-keeping, CPD etc etc. then it is manageable but many in the public sector seem to achieve the opposite.’

Table: 5.4.2 Do you feel that the amount of work related stress you experience is:

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive and unmanageable</td>
<td>51</td>
<td>19.0%</td>
</tr>
<tr>
<td>Heavy but manageable</td>
<td>181</td>
<td>67.3%</td>
</tr>
<tr>
<td>Acceptable for the job</td>
<td>35</td>
<td>13.0%</td>
</tr>
<tr>
<td>Minimal or none</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

269
6. **Patient safety**

6.1 The survey did not measure or collect information specifically related to patient safety issues. However, explicit comments were made in relation to the impact of the current working environment and its potential impact on patient safety.

6.2 Respondents gave stark warnings and expressed genuine concerns that if the current environment and associated working practices continue, patient safety will be compromised. Key variables identified by respondents as potentially compromising patient safety included staff shortages; long hours and increased workload.

- ‘*Patient safety at risk due to increased script volumes and reduced staff.*’

- ‘You always have the feeling that you have missed something at work. This thought can remain until you go back to work and find everything has been ok or not. Mistakes made at very busy times can knock confidence.’

- ‘The majority of employee pharmacists do not get their legal entitlement to a work break during day and are expected to be responsible for the pharmacy from opening time to closing time. This is detrimental to the health of the pharmacist and puts patients at risk of harm. The requirement to have a legal rest break during the day should be enforced by the Regulator to protect the public and pharmacists. The Regulator appears to consider this issue to be a contractual one.’

- ‘It is only a matter of time before a patient is seriously harmed, or a pharmacist suffers a serious breakdown - maybe even suicide. Perhaps then the decision makers will come down from their ivory tower and recognise what they're doing to our profession, and by extension to the patients they claim to serve.’

- ‘I am concerned that the excessive workload is impacting on patient safety & putting the public at risk. I do all I can to mitigate this, but as rx volume increases, staffing is falling due to lack of profit from the NHS.’

- ‘In 18 years, I have never worked in an environment which I regard as dangerous to me or the public. Since September, I regularly work in the pharmacy alone which is dangerous for me. Since January, I have worked on at least 6 occasions which I consider to be unsafe to the public - all due to insufficient staff. Someone is going to die or be badly injured. Professional sanctions, as a precursor to criminal prosecution, must be taken against HSC and DHSSPS ‘professionals’ who have acted in such an amateur and reckless manner. This whole fiasco is criminal.’
7. Conclusion and recommendations

Professional disillusionment and demoralisation
There are a number of variables that affect levels of job satisfaction. One of the most important elements is job security. Funding cuts, cash flow concerns and a dwindling employment market have created a deep sense of uncertainty and anxiety with regards to the future of community pharmacy in Northern Ireland. Community pharmacists feel demoralised, believe they are being ‘deprofessionalised’ undervalued, and actions by the Department of Health, Social Services and Public Safety and the Health and Social Care Board in relation to funding is perceived as not recognising the very valuable role and contribution of community pharmacy in Northern Ireland.

Inability to deliver proposals in ‘Transforming Your Care’
‘Transforming your Care’ presents some genuine key opportunities for community pharmacy to enhance its role and service provision in health promotion, a greater role in medicines management, delivery of care at home and a reduction in hospital waiting times for non-urgent operations.

There is a will and the skills are there for community pharmacists to deliver the proposals outlined in the Compton report, in relation to pharmacy. Although the recognition of the potential role of community pharmacy is very much welcome, the proposed changes, if introduced in the current environment without a stabilisation of the remuneration for current services and additional funding for new services, will introduce new and additional risks to patients and pharmacists. The impact of such additional changes to the practice of community pharmacy could lead to increasing levels of stress, and ultimately compromise patient safety.

Around 80% of respondents said overall they were currently dissatisfied with the opportunity to expand the role of community pharmacy and with the ability to drive improvements in patient care. As the survey findings show, the appropriate IT infrastructure and capacity does not exist within community pharmacy in terms of staffing and resources to deliver the enhanced role and services required by the Compton report.

Patient Safety
No profession is without risk. However, given the harmful effects of errors if they occur in community pharmacy, patient safety is paramount. The findings from the survey are very concerning and suggest not only are pharmacist’s health, well-being and performance affected by large workloads, but detrimental effects could also be observed on patient safety. Growing demands, increasing workload, low staffing levels and long hours are all factors affecting performance, the health and well-being of the professional and is detrimental to patient safety. The findings of the survey should act as a stark warning and the pharmacists’ desperate pleas for something to be done to improve the current situation must be addressed.
Recommendations
The Pharmacy Forum proposes three broad recommendations for policy and decision makers.

1. **Resolution to the community pharmacy contract dispute**
The Pharmacy Forum calls for the resolution to the dispute over to the new contract for community pharmacy.

An urgent solution must be found, so the community pharmacy workforce can be stabilised and future planning can take place in a much improved atmosphere.

The Pharmacy Forum views this as an important and critical factor in improving morale within the sector; restoring confidence and providing certainty with regards to the professional development of new services, and the future direction of community pharmacy in Northern Ireland.

2. **Workforce planning review into community pharmacy in Northern Ireland**
The Pharmacy Forum welcomes the DHSSPS workforce planning review into community pharmacy. The planning group must look at the current community pharmacy landscape, as it is today, taking full account of the proposals contained in ‘Transforming Your Care’ in relation to new services, the protection of the public and the development of new roles within community pharmacy.

The Pharmacy Forum will engage on behalf of all pharmacists and welcome the opportunity to contribute and be involved in this group.

3. **Transforming Your Care**
The Pharmacy Forum welcome the opportunities for the expanded role for community pharmacy, proposed in Transforming your Care.

A viable and effective community pharmacy network is an invaluable resource which the HSCB can utilise to help achieve the goal set out in ‘Transforming Your Care.’ However urgent action is required to ensure that this resource is nurtured and cultivated to enable the pharmacy profession and the HSCB to deliver the desired services. The Pharmacy Forum emphasise that early and open engagement to enable professional development and training needs can be met to facilitate the development of services.
For further information please contact:

- **Julie Greenfield**
  Pharmacy Forum Manager
  73 University Street
  Belfast BT7 1HL
  Julie.greenfield@psni.org.uk

- **Gráinne Magee**
  Policy Advisor
  028 9032 6927
  grainne.magee@psni.org.uk