

Agenda Item No: **XXX**

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|--|---|------------------------------|--------------------------------------|--|----------------|--|
| SUMMARY REPORT | People, Equality and Culture Committee | | 23rd November 2023 | | | |
| | Report Title: | Pharmacy Services – Staffing | | | | |
| Executive/ Non-Executive Lead: | Frances Bolger, Interim Executive Nurse | | | | | |
| Report Author(s): | Dr Hilary Scott, Director of Pharmacy | | | | | |
| Report discussed previously at: | Not applicable | | | | | |
| Level of Assurance: | Level 1 | ✓ | Level 2 | | Level 3 | |

Risk Assessment of Report – mandatory section

| | | | | | |
|---|--|--|--|--|---|
| Summary of risks highlighted in this report | Failure to recruit, develop and retain staff, and inadequate leadership within pharmacy services to support high quality, safe, clinical care. | | | | |
| | Inability to deliver a comprehensive pharmacy services to Trust patients. | | | | |
| Which of the Strategic risk(s) does this report relates to: | SR1 Safety | | | | ✓ |
| | SR2 People (workforce) | | | | ✓ |
| | SR3 Systems and Processes/Infrastructure | | | | ✓ |
| | SR4 Demand/Capacity | | | | ✓ |
| | SR5 Essex Mental Health Independent Inquiry | | | | |
| | SR6 Cyber Attack | | | | |
| | SR7 Capital | | | | |
| | SR8 Use of Resources | | | | |
| Does this report mitigate the Strategic risk(s)? | Yes | | | | |
| Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? <i>Note: Strategic risks are underpinned by a Strategy and are longer-term</i> | No | | | | |
| If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register. | Failure to provide adequate, timely and high quality pharmacy services due to inadequate staffing, vacancy and sickness levels. | | | | |
| Describe what measures will you use to monitor mitigation of the risk | Audit, performance indicators, staff wellbeing, sickness and turnover. | | | | |

Purpose of the Report

| | | |
|--|--------------------|---|
| The purpose of this report is to update the People, Equality and Culture Committee on the current position in relation to staffing affecting the pharmacy service. | Approval | |
| | Discussion | ✓ |
| | Information | ✓ |

Recommendations/Action Required

| |
|---|
| The People, Equality and Culture Committee is asked to: |
| <ol style="list-style-type: none"> 1 Note the contents of the report 2 Request any further information or action. |

Summary of Key Issues

The People, Equality and Culture Committee received an update on the staffing position faced by pharmacy services at its meeting on 23rd February 2023. This paper provides an update on the actions taken and progress since then.

Steady progress has been made with recruitment since September 2022 with 34.1 whole time equivalent (WTE) appointments made. Although 14.4 WTE vacancies remain, 6.4 of these are subject to offers and expected to be filled by the end of February 2024. Currently¹, 23% of all pharmacist posts are vacant, a reduction from 53% in February. This figure increases to 30% for AfC bands 6-8a which are the mainstay of patient facing ward/clinic based activity, a reduction from 60% in February. Delivery of some aspects of pharmacy services continues to be challenging, particularly at ward level. Although the team has been working to its business continuing plan for some time, the range of activities which have been curtailed continues to reduce as staff come into post, and the backlog of tasks such as policy and procedure updates, formulary revisions and updating education and training materials has largely been cleared, or is underway.

Sourcing temporary staff to cover vacant posts has been time consuming and difficult, with agencies often offering candidates who will only work at rates above the assessed level of the role, are unwilling to travel, or lack suitable experience. However the agency position has improved over the last few months due to changes in the market for pharmacists and pharmacy technicians and the need for fewer locums as post are filled.

Further details are provided in the attached short paper, with more information available as appendices for those that want to understand the more detailed position.

Relationship to Trust Strategic Objectives

| | |
|--|---|
| SO1: We will deliver safe, high quality integrated care services | ✓ |
| SO2: We will enable each other to be the best that we can | ✓ |
| SO3: We will work together with our partners to make our services better | ✓ |
| SO4: We will help our communities to thrive | ✓ |

Which of the Trust Values are Being Delivered

| | |
|---------------|---|
| 1: We care | ✓ |
| 2: We learn | ✓ |
| 3: We empower | ✓ |

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:

| | | | |
|--|------------------------|--------------------------|-----|
| Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives | | | ✓ |
| Data quality issues | | | |
| Involvement of Service Users/Healthwatch | | | |
| Communication and consultation with stakeholders required | | | |
| Service impact/health improvement gains | | | ✓ |
| Financial implications: | | | |
| | Capital £ | | N/A |
| | Revenue £ | | |
| | Non Recurrent £ | | |
| Governance implications | | | ✓ |
| Impact on patient safety/quality | | | ✓ |
| Impact on equality and diversity | | | |
| Equality Impact Assessment (EIA) Completed | YES/NO | If YES, EIA Score | N/A |

Acronyms/Terms Used in the Report

| | | | |
|------|-------------------------|------|---|
| AfC | Agenda for Change | BCP | Business Continuity Plan |
| EEA | European Economic Area | ePMA | electronic Prescribing & Medicines Administration |
| GMC | General Medical Council | GPhC | General Pharmaceutical Council |
| NHSE | NHS England | NMC | Nursing & Midwifery Council |
| PSW | Pharmacy Support Worker | WTE | Whole time equivalent |

Supporting Documents and/or Further Reading

Lead

Frances Bolger
Interim Executive Nurse

PHARMACY SERVICES – STAFFING CHALLENGES**1. PURPOSE OF REPORT**

The purpose of this report is to update the People, Equality and Culture Committee on the challenges facing the pharmacy service in relation to staffing, and progress since the last report in February 2023.

2. BACKGROUND

- 2.1 At its meeting on 28th June 2022 the Executive Team received a paper (agenda item 9ii) setting out the critical position faced by the pharmacy service due to vacancy levels, a spate of resignations and sickness rates. The paper also addressed the need to align the pharmacy structure with Care Units to reflect changes to operational structures. The background to this situation was explained, dating back to decisions made during the first year of post-merger EPUT that required pharmacy to make a 15% financial saving, which resulted in the loss of a number of pharmacist and pharmacy technician posts. Despite these changes occurring in 2017/18 they continued to have an impact with demoralised staff trying to delivery an excessive workload, resulting in high absence rates and staff turnover. This impact would likely have materialised earlier if it had not been for the intervention of the COVID-19 pandemic which saw staff to pull together in a time of crisis.
- 2.2 The recommendations of the Director of Pharmacy to invest in pharmacy services to achieve greater alignment with operational services, enhance leadership and facilitate workforce development, recruitment and retention were agreed. Over the following three months, the Director of Pharmacy worked closely with the Senior Director of Organisational Development and Associate Director of Resourcing to develop and put in place an action plan of intensive support to help address the situation.
- 2.3 An update on progress was provided to the People, Equality and Culture Committee on 23rd February 2023.

3. PROGRESS WITH RECRUITMENT

- 3.1 Since September 2022, 34.1 whole time equivalents (WTEs) posts have been recruited to and the appointees have come into post. Vacancies equating to 14.4 WTE currently exist¹ (18% of establishment), of which 6.4 WTE are at conditional or unconditional offer stage. Despite being advertised repeatedly, 6.1 WTE posts (Agenda for Change band 3 – 8a) remain unfilled and continue to be regularly advertised. However, this represents a significantly improved position compared to February 2023 when 25.5 WTE posts were unfilled (32% of establishment). Details of the progress with filling posts is contained in **Appendices 1 and 2**.
- 3.2 Discussions with employment agencies about temporary cover occurs regularly, both directly and via the EPUT temporary staffing office; NHS Professionals has been unable to secure any temporary staff. Approval has been provided for grade inflation, using off framework agencies, and appointment outside Direct Engagement, however finding locum pharmacists who are willing and available to work at sensible rates has been a challenge. Unrealistic expectations raised by agencies of an individual's worth, and the rates that they can be paid for working in community pharmacy (up to £80 per hour), do not making this any easier. Although staff from employment agencies are considerably more expensive than permanent staff, the level of grade inflation agreed earlier in the year in order to fill posts has reduced, with some improvement in the 'seller's market' applying to pharmacy locums. Regular bank and agency staffing usage has reduced from 13.0 WTE in February 2023 to 7.6 WTE currently.

¹ as at 01/11/23

- 3.3 Recruitment at the two extremes of the Agenda for Change scale has proved most successful. Following regrading from Band 2 to Band 3, which is more representative of neighbouring trusts, all but one pharmacy support worker (PSW) post is now filled, and that one is due to turnover rather than an inability to recruit.
- 3.4 The succession of resignations seen in the first half of 2022 has not been repeated in 2023, with more than half of all leavers due to completion of fixed term training contracts.

| Post | AfC | WTE | Reason for leaving |
|--------------------------------------|-----|-----|---|
| Pharmacist | 7 | 0.5 | Retirement (although working bank shifts) |
| Medicines Management Technician | 6 | 0.2 | Work Life Balance (adult dependents) |
| Foundation Year Trainee Pharmacist | 5 | 1.0 | Completion of training period |
| Foundation Year Trainee Pharmacist | 5 | 1.0 | Completion of training period |
| Pre-Registration Pharmacy Technician | 4 | 1.0 | Completion of training period |
| Administrative Assistant | 3 | 0.6 | Better reward package |
| Pharmacy Support Worker | 3 | 1.0 | Equivalent employment closer to home |

It should be noted that trainee pharmacists are allocated to an organisation via a central clearing process (ORIEL²) which means that a proportion of the allocated trainees that EPUT receives have no interest in mental health or community health services as a longer term career choice. Although two of the 2023 cohort of trainee pharmacists chose to move on, the other two successfully applied for posts and will join the team in early 2024 subject to satisfactory exam results. These trainee pharmacists and one pharmacy technician have been retained on short fixed term contracts following the completion of their NHS England (NHSE) funded training contracts, until they move into substantive employment with EPUT. Foundation training places for pharmacists are currently fully funded by NHSE at AfC Band 5, however, it has recently been advised that from the 2025/26 intake this will reduce by approximately £10,000 per trainee resulting in a cost pressure on training posts.

- 3.5 Overall 23% of all pharmacist posts remain vacant currently, an improvement from 53% in February 2023. Across AfC bands 6, 7 and 8a, which are most directly involved in delivering patient-facing clinical care, the level remains higher at 30%, but this is also an improvement on the figure of 60% in February 2023. 15% of pharmacy technician posts are currently unfilled compared with 25% in February, with several under offer. Whilst some posts are filled with agency staff this has not been possible for all posts with some remain entirely unfilled. This continues to have an impact on the capacity of the team to provide adequate and consistent presence on wards which is important in providing oversight of medicines governance and a proactive contribution to medicines optimisation and the management of patients' physical health needs.
- 3.6 Although junior pharmacist posts are being advertised with automatic progression from band 6 to band 7, on demonstration of appropriate competencies, and with the availability of guaranteed funded postgraduate study, these posts remain difficult to fill. Job offers were accepted in spring 2023 by five 2022/23 foundation year trainee pharmacists who, if successful with their General Pharmaceutical Council exam in July, would become pharmacist registrants in August 2023. In the event only two of the five joined EPUT as pharmacists – two declined on registering due to other offers, and one deferred sitting the registration exam until November 2023 and will not now join the team until January 2024. Applications are already being encouraged from trainees due to register in January and August 2024 and if the opportunity arises more offers than actual vacancies should be made in recognition of this level of attrition.

² UK wide system for recruitment to postgraduate medical, dental, public health and foundation pharmacy training posts

3.7 The ability to offer financial incentives, being offered by more and more trusts, remains likely to assist with recruitment particularly for the difficult to fill location of Chelmsford. It should be noted that Suffolk and Norfolk Foundation Trust is now offering a £3,000 'joining premium' to assist with the recruitment of pharmacists.

3.8 In February 2023, the Executive Team agreed:

- a) Special permission be given for relocation expenses to be paid to pharmacists and pharmacy technicians as "hard to fill" posts.
- b) HRP57 to be updated to include Pharmacist and Pharmacy Technicians in the list shown at paragraph 5.4.2 which currently included all clinical roles with the exception of pharmacy.

As a result of being able to offer relocation expenses the team has recruited three pharmacists who have relocated to Essex from Ireland, the West Midlands and Bedfordshire.

3.9 In March 2023, the Trust Board approved the business case to restart implementation of electronic Prescribing and Medicines Administration (ePMA). The ePMA clinical lead, a pharmacist, was appointed in May 2023, and the minimum number of posts in the team necessary for a practical restart has been successfully appointed, although some posts remain vacant. The ePMA pharmacy technician post remains outstanding and has recently been regraded from AfC Band 5 to Band 6 to try and attract interest in this competitive area. In the meantime some input to the project is being provided by the Pharmacy Operational Business Manager and the Procurement and IT Lead Technician from the main pharmacy team.

4. MARKETING

4.1 During the early part of 2023 the Director of Pharmacy continued to work with colleagues from the EPUT marketing and brand team with the following outputs:

- Radio advertising campaign
- Digital advertising via radio, web, mobile and social media
- Dedicated Pharmacy Jobs page in the vacancies section of the EPUT public website
- Paid social media content on LinkedIn and Facebook targeting specific areas and demographics
- Use of a recruitment agency to seek candidates
- Display adverts on relevant websites
- Targeted recruitment emails via trade publications

4.2 A specific EPUT Pharmacy LinkedIn page has been used to showcase and promote the work of the team and has raised the teams profile resulting in applications. With the exception of the LinkedIn page, marketing activities have now been scaled back with vacancies at lower levels, but will be kept under review and revisited if necessary.

5. INTERNATIONAL RECRUITMENT

5.1 Each time an advert is placed for pharmacy support workers, applications are received from overseas qualified pharmacists, usually from outside the European Economic Area (EEA) living in the UK. The most recent PSW advert attracted 14 such applications. For nurses and doctors the process of registration with the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC) takes 3-4 months for overseas nurses and up to a year for overseas doctors depending on their primary qualification.

5.2 EEA qualified pharmacy professionals can apply to have their qualification recognised by the General Pharmaceutical Council (GPhC) in certain circumstances.

- 5.3 For non-EEA pharmacists the GPhC requires completion of a one-year full-time postgraduate diploma course (the Overseas Pharmacists Assessment Programme; OSPAP) at a UK university, followed by completion of a paid 52-week foundation trainee pharmacist placement in a GPhC approved training site. There are currently 4 universities which offer the OSPAP course, with fees between £11,000 and £16,700 and are beyond the reach of many overseas pharmacists working in other roles in the UK. Because allocation of foundation trainee places is via ORIEL it would be difficult to appoint locally to foundation posts without disadvantaging candidates by placing them outside the national training programme reducing their chances at the GPhC registration exam.
- 5.4 Overseas qualified pharmacy technicians are required to undertake a two year UK work-based knowledge and competency qualification before able to register with the GPhC as a pharmacy technician. This effectively means that they are required to undertake the same route to qualification as someone who has never worked as a pharmacy technician.
- 5.5 Given the long lead time for registration of non-EEA overseas qualified pharmacists and pharmacy technicians an international recruitment programme is likely to be impractical without significant investment from EPUT or a change to the regulator's requirement.
- 5.6 Two appointments so far have required EPUT sponsorship of a Skilled Worker visa, one recruited from Ireland and the other already working elsewhere in the UK.

6. CONCLUSION

- 6.1 The staffing position has improved and continues to do so, although currently 18% of establishment posts remain unfilled on a permanent basis. By early 2024, subject to exam results, it is expect that will have reduced to 11%.
- 6.2 In line with the pharmacy Business Continuity Plan (BCP), all pharmacy activity has been reviewed and placed in four categories – Continue (clinical), Continue (operational), Continue but under review and Stop (see **Appendix 3**). Since February 2023 there has been a significant reduction in the number of activities on the Stop list, with geographic differentiation applied as posts are filled across the service. The backlog of policy, procedure, strategy, guideline and formulary work, which there was no capacity to undertake at the beginning of 2023, has been largely resolved.
- 6.3 Due to vacancies remaining largely in junior pharmacist grades (AfC band 6/7) who have a greater presence in clinical settings, the focus remains on basic ward/clinic duties without ward round/MDT meeting presence yet having been reintroduced. The inability to deliver the full range of normal pharmacy activity continues to have an impact on the delivery of wider services and also serves as a source of frustration for medical and nursing colleagues but is considerably improved. The BCP status continues to be reviewed on a regular basis by the pharmacy senior management team.

7. Action Required

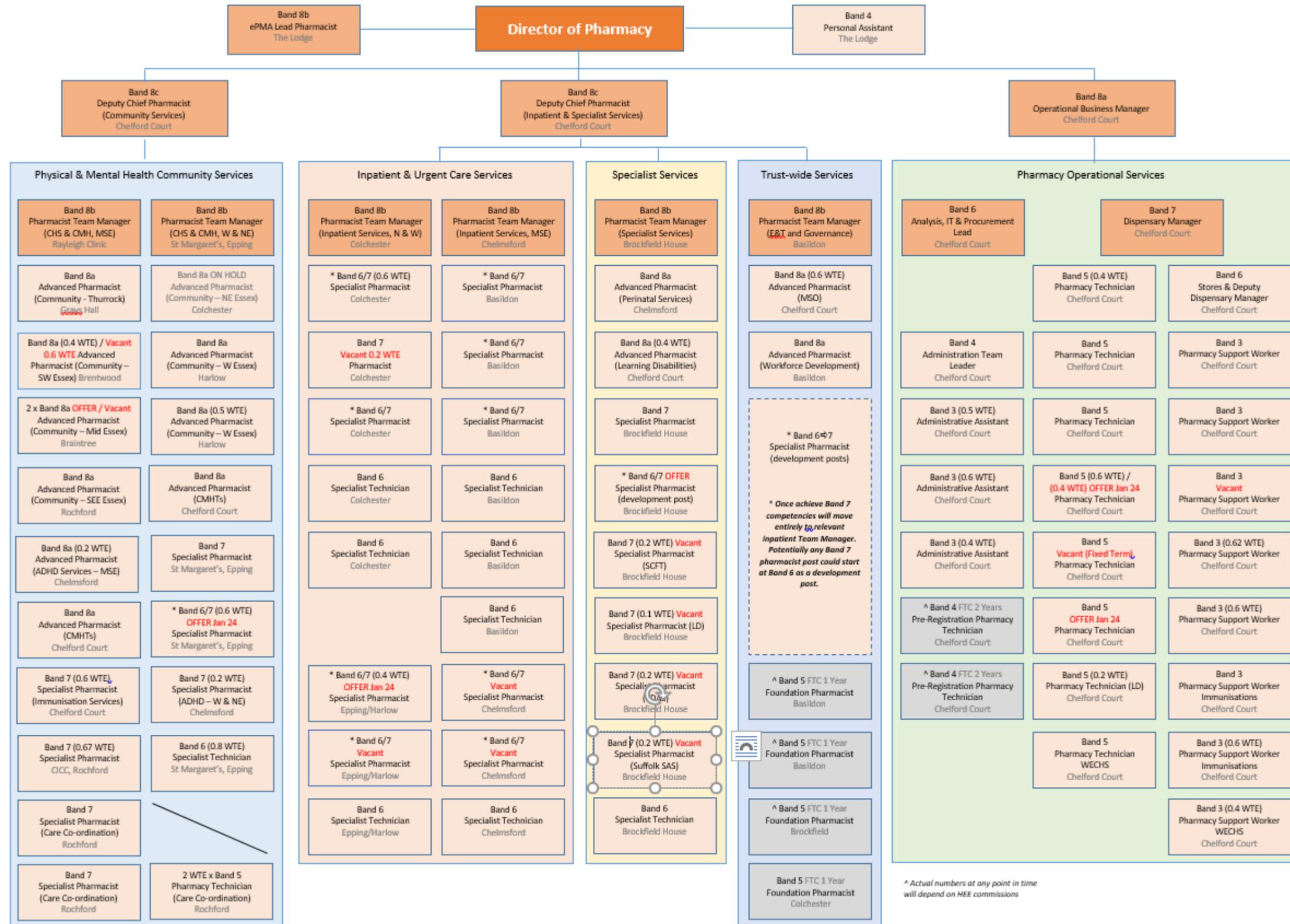
The People, Equality and Culture Committee is asked to:

- 1 Note the contents of the report
- 2 Request any further information or action.

Report prepared by

Dr Hilary Scott
 Director of Pharmacy
 1st November 2023

Appendix 1 – Future Pharmacy and Medicines Optimisation Structure



Appendix 2 – Progress with Recruitment

| Post | AfC Band | WTE | Base | Status | Comments |
|---|----------|-----|-----------------------|-----------|---|
| Deputy Chief Pharmacist (Inpatient & Specialist Services) | 8c | 1.0 | Chelford Court | Appointed | External appointment. Started 05/09/22 |
| Deputy Chief Pharmacist (Community Services) | 8c | 1.0 | St Margaret's, Epping | Appointed | Internal appointment. Started 01/12/22 |
| Pharmacist Team Manager (Inpatient Services, MSE) | 8b | 1.0 | Linden Centre | Appointed | External appointment. Started 23/01/23 |
| Pharmacist Team Manager (Inpatient Services, W & NE) | 8b | 1.0 | Colchester | Appointed | External appointment. Started 27/02/23 |
| Pharmacist Team Manager (Community Services, W & NE) | 8b | 1.0 | St Margaret's, Epping | Appointed | External appointment. Started 27/03/23 |
| Advanced Pharmacist (ePMA) | 8b | 1.0 | The Lodge | Appointed | External appointment. Started 29/05/23 |
| Advanced Pharmacist (Medication Safety Officer/LD) | 8a | 1.0 | Basildon | Appointed | External appointment. Started 05/12/22 |
| Operational Business Manager | 8a | 1.0 | Chelford Court | Appointed | External appointment. Started 02/12/22 |
| Advanced Pharmacist (Workforce Development) | 8a | 1.0 | Basildon | Appointed | Internal appointment. Started 05/12/22 |
| Advanced Pharmacist (South West Essex Primary MH Team) | 8a | 0.4 | Brentwood | Appointed | External appointment. Started 19/04/23 |
| Advanced Pharmacist (Community Mental Health Teams) | 8a | 1.0 | Chelford Court | Appointed | External appointment. Started 02/06/23 |
| Advanced Pharmacist (South East Essex Primary MH Team) | 8a | 1.0 | Rochford | Appointed | External appointment. Started 17/07/23 |
| Advanced Pharmacist (Community Mental Health Teams) | 8a | 1.0 | Chelford Court | Appointed | External appointment. Started 11/09/23 |
| Specialist Pharmacist (Immunisation Services) | 7 | 1.0 | Chelford Court | Appointed | External appointment. Started 01/04/23 Relocation expenses |
| Specialist Pharmacist | 7 | 0.6 | Colchester | Appointed | External appointment. Started 22/05/23 |
| Specialist Pharmacist (Inpatient MH Services) | 7 | 0.8 | Colchester | Appointed | External appointment. Started 26/06/23 |
| Specialist Pharmacist (Care Co-ordination) | 7 | 1.0 | Rochford | Appointed | External appointment. Started date 14/08/23. Skilled Worker visa / Relocation expenses |
| Specialist Pharmacist (Inpatient MH Services) | 7 | 1.0 | Colchester | Appointed | External appointment. Start date 04/09/23. Skilled Worker visa / Relocation expenses |
| Pharmacy Technician (Dispensary Manager) | 7 | 1.0 | Chelford Court | Appointed | Internal appointment. Started 02/02/23 |
| Specialist Pharmacist (Inpatient MH Services) | 6 ⇨ 7 | 1.0 | Basildon | Appointed | External appointment. Started 21/08/23 |
| Specialist Pharmacist (Inpatient MH Services) | 6 ⇨ 7 | 1.0 | Basildon | Appointed | External appointment. Started 04/09/23 |
| Pharmacy Technician (Medicines Management) | 6 | 1.0 | Linden Centre | Appointed | Internal appointment. Started 23/01/23 |

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

| Post | AfC Band | WTE | Base | Status | Comments |
|--|----------|-----|-----------------------|----------------------------|--|
| Pharmacy Technician (Medicines Management) | 6 | 1.0 | Colchester | Appointed | Internal appointment. Started 12/01/23 |
| Pharmacy Technician (Medicines Management) | 6 | 1.0 | Basildon | Appointed | Internal appointment. Started 17/04/23 |
| Pharmacy Technician (Medicines Management) | 6 | 0.8 | St Margaret's, Epping | Appointed (FTC) | Internal secondment (maternity leave cover). Started 07/02/23 |
| Pharmacy Technician (Deputy Dispensary & Stores Manager) | 6 | 1.0 | Chelford Court | Appointed | External appointment. Started 02/05/23 |
| Pharmacy Technician (Care Co-ordination Service) | 5 | 1.0 | Rochford | Appointed | Internal appointment. Started 05/06/23 |
| Pharmacy Technician | 5 | 1.0 | Chelford Court | Appointed | External appointment. Started 04/09/23 |
| Pharmacy Technician | 5 | 0.6 | Chelford Court | Appointed | External appointment. Started 11/09/23 |
| Pharmacy Technician | 5 | 0.2 | Chelford Court | Appointed | External appointment. Started 30/10/23 |
| ePMA System Manager | 5 | 1.0 | The Lodge | Appointed | Internal appointment. Started 11/09/23 |
| Personal Assistant | 4 | 1.0 | The Lodge | Appointed | External appointment. Started 28/11/22 |
| Administrative Team Leader | 4 | 1.0 | Chelford Court | Appointed | External appointment. Started 19/12/22 |
| Pre-Registration Pharmacy Technician | 4 | 1.0 | Chelford Court | Appointed | Internal appointment. Started 04/09/23 |
| Pharmacy Support Worker | 3 | 0.6 | Chelford Court | Appointed | External appointment. Started 04/01/23 Achieved internal promotion 04/09/23 |
| Pharmacy Support Worker | 3 | 0.6 | Chelford Court | Appointed | External appointment. Started 10/07/23 |
| Pharmacy Support Worker | 3 | 1.0 | Chelford Court | Appointed | External appointment. Started 24/10/23 |
| Administrative Assistant | 3 | 0.6 | Chelford Court | Appointed | External appointment. Started 03/10/22 |
| Administrative Assistant | 3 | 0.3 | Chelford Court | Appointed | External appointment. Started 16/11/22 |
| Administrative Assistant | 3 | 0.5 | Chelford Court | Appointed | External appointment. Started 31/07/23 |
| Advanced Pharmacist (Mid Essex Primary MH Team) | 8a | 1.0 | Braintree | Appointed (Conditional) | External appointment. Start date expected January/February 2024 |
| Specialist Pharmacist (Community Health Services) | 6 ⇨ 7 | 0.6 | Epping/Harlow | Appointed (Conditional) | Current EPUT trainee. Subject to successful GPhC registration exam in November 2023; start date January 2024 |
| Specialist Pharmacist (Inpatient MH Services) | 6 ⇨ 7 | 0.4 | Epping/Harlow | Appointed (Conditional) | Current EPUT trainee. Subject to successful GPhC registration exam in November 2023; start date January 2024 |

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

| Post | AfC Band | WTE | Base | Status | Comments |
|--|----------|-----|------------------|---------------------------|--|
| Specialist Pharmacist (Specialist Services) | 6 ⇨ 7 | 1.0 | Brockfield House | Appointed (Conditional) | Current EPUT trainee. Subject to successful GPhC registration exam in November 2023; start date January 2024 |
| Specialist Pharmacist (Inpatient MH Services) | 6 ⇨ 7 | 1.0 | Linden Centre | Interview pending | External applicant is Foundation Trainee. Subject to successful GPhC registration exam in July 2024; start date August 2024 |
| Pharmacy Technician | 4 ⇨ 5 | 0.4 | Chelford Court | Appointed (Conditional) | Current EPUT trainee. Subject to successful GPhC registration in January 2024; start date February 24 |
| Pharmacy Technician | 4 ⇨ 5 | 1.0 | Chelford Court | Appointed (Conditional) | External applicant is pre-registration technician so subject to successful GPhC registration in January 2024; start date February 24 |
| Pharmacy Support Worker | 3 | 1.0 | Chelford Court | Advertising | External applicants. Expected to fill |
| Advanced Pharmacist (Mid Essex Primary MH Team) | 8a | 1.0 | Braintree | Advertising | Closing date extended multiple times |
| Advanced Pharmacist (South West Essex Primary MH Team) | 8a | 0.6 | Brentwood | Advertising | Balance of part time appointment. Re-advertised |
| Specialist Pharmacist (Inpatient MH Services) | 7 (or 6) | 1.0 | Linden Centre | Advertising | Closing date extended multiple times |
| Specialist Pharmacist (Specialist Services) | 7 (or 6) | 0.7 | Brockfield House | Advertising | Closing date extended multiple times |
| Advanced Pharmacist (North East Essex Primary MH Team) | 8a | 1.0 | Colchester | Not currently advertising | Post currently frozen by community transformation team. |
| Specialist Pharmacist (Inpatient MH Services) | 7 (or 6) | 0.2 | Colchester | Not currently advertising | Balance of part time appointment. Discussions with staff member about extending hours |
| Pharmacy Technician (Fixed term to cover secondment) | 5 | 1.0 | Chelford Court | Locum cover | Unlikely to attract any interest in fixed term contract of less than six months duration |

Appendix 3 – Business Continuity: Pharmacy Activity

CONTINUE – Clinical Roles

Clinically screening prescriptions (on-site but less frequent & via pharmacy inbox)
 Pharmacy interventions (on-site but less frequent & via pharmacy inbox)
 Medicines Reconciliation – priority MHAUs
 Clinical queries - EPUT staff
 Medicines Reconciliation - CHS wards
 Medicines Reconciliation - Elderly wards
 Education & Training - delivery (using existing materials) but at reduced frequency
 Attendance at meetings - using judgement about relevance and importance
 Quarterly CD checks (linked to mandatory CD Occurrence Reports)
 6-monthly / annual SSHM checks
 Pharmacy weekly checklist
 CD Occurrence Reports
 Education and Training flu / imms - planned sessions
 MVP - update, adoption & sign off of vaccine NPs, PGDs, PSDs & SOPs
 Patient & carer's medicines education sessions
 Clinical queries – CCGs
 Area Prescribing Committee attendance
 Formulary & Prescribing Guidelines - safety critical only
 PGD Reviews
 Policies, procedures, strategy and guideline review/update unless safety critical
 MMG newsletters
 MSO / Medicines Incident Reports
 Education and training - preparation of new materials and updating existing materials (classrooms)

Education and training - preparation of new materials and updating existing materials (e-learning)
 Formulary & Prescribing Guidelines - minor updates
 Formulary & Prescribing Guidelines review and major updating (including SCPs)
 MDT review meetings (specialist services, Basildon/Rochford MH)
 New Drug Reviews
 NMP forum meetings
 Review of antipsychotic LAI holdings in CMHTs to prevent wastage
 Patient Counselling (high risk medicines only; Basildon/Rochford & Colchester MH)

CONTINUE – Operational Roles

Dispensing - all medicines
 Procurement of Medicines
 NMP registration, FP10 ordering and distribution
 Ordering and distributing vaccines – MVP
 Ordering and distributing vaccines – SAIS
 Ward visits for ordering stock medicines (PSWs)
 PolarSpeed (depot antipsychotic homecare) - invoice processing and record keeping
 Destruction of stock controlled drugs (authorised witness)
 Destruction of patient's controlled drugs (no authorised witness).
 2022/23 Annual Report

CONTINUE - for consideration if position deteriorates further

Dispensing - leave and discharge (consider switch to FP10s if needed)
 Ward visits for ordering IPD (ward staff to email orders between visits if less frequent)
 Medicines Reconciliation - other wards (specialist services)
 On-call (
 Participation in investigations (Datix / complaints etc.)
 Filling of Domette boxes – but may need to introduce additional requirements / restrictions

STOP until staffing position improves

Clinical trials - setting up, monitoring, reviewing SOPs, closing down.
 MDT review meetings (West Essex, Mid Essex MH)
 Medicines Management Audits
 Patient Counselling (non-high risk medicines; West Essex, Mid Essex MH)
 Roll out of Discharge Medicines Service
 Sorting returned medicines for reuse
 Ward rounds

18/09/2023 v6