Midlands and East of England Pharmacy Workforce Event

Agenda for the morning

Health Education England

		Time	LEAD
1	**Arrival, coffee and Registration**	9.45am	
2	**Welcome** **Regional & National Update**	10.30am	Rosalyne Cheeseman
3	**Clinical Pharmacy Ambassadors**	10.40am	Gerald Ellis & Judith Atherton
4	**Rotational Posts**	11.00am	Michelle Lad
5	**Topol Review**	11.20am	Paul Gilbert
6	**Pharmacy Technicians Update**	11.40pm	Mel Boughen
7	**Innovation sharing session**	12.00pm	Rosalyne Cheeseman
8	**CPPE Insight**	12.15pm	Caroline Barraclough & Nick Butler
9	**Clinical Fellow Posts**	12.25pm	Neha Ramaiya
10	**Summary**	12.50pm	Rosalyne Cheeseman
11	**Close**	1.00pm	

Our Purpose

"Health Education England exists for one reason only: to support the delivery of high quality healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place."

HEE core business

Workforce planning and intelligence

Education support

Quality

Workforce transformation

Delivers according to:

- **Workforce elements across Sustainability Transformation Partnerships**

- **HEE Mandate (lead by Department of Heath and Social Care)**

Doctors in Training

Return to Practice: AHP, HCS

Human Factors

Nursing Associates

Advanced Clinical Practice

NHS
Health Education England

Learning and Development Agreement

Workforce Planning and Intelligence

Technology Enhanced Learning

Health Careers

Piloting Improvements to Surgical Training

E-learning for Health

Dementia

Values Based Recruitment

Leadership

Medical Education Reform

Care Certificate

Training Hubs

Genomics

Clinical Academic Careers

Recruitment

Quality

Sepsis Awareness

Shape of Caring Review

Library and Knowledge Services

Fellowships

Trainee Information Systems

Learning Disability

Population Health

NHS 111 Workforce

Post graduate Medical and Dental

Talent for Care and Widening Participation

Endoscopy

Transforming Nursing for Community and Primary Care

International Office

Shape of Training

Antimicrobial resistance

Training Hubs

Apprenticeships

Non surgical cosmetic procedures

Doctors in Training

Return to Practice: AHP, HCS

Human Factors

Nursing Associates

Advanced Clinical Practice

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International Office

Shape of Training

Antimicrobial resistance

Training Hubs

Apprenticeships

Non surgical cosmetic procedures

Workforce

NHS
Health Education England

Cancer Workforce Plan
Phase 1: Delivering the cancer strategy to 2021

NEXT STEPS O
NHS FIVE YEAR

Developing people for health and healthcare

...rsonalised maternity care - findings...

Stepping forward to 2020/21:
The mental health workforce plan for England
July 2017

Facing the Facts, Shaping the Future
A draft health and care workforce strategy for England to 2027

GENERAL PRACTICE
FORWARD VIEW
APRIL 2016

veloping people
r health and
althcare
w.hee.nhs.uk

NHS Long Term Plan
www.longtermplan.nhs.uk
#NHSLongTermPlan

Public Health England

#GPforwardview

How does pharmacy fit into the priority areas?

NHS
Health Education England

Pharmacists
Pharmacy Technicians
Pharmacy Support Workforce

1. ED Pharmacist Report, NHS 111 Career Framework

2. PHE Report AMR Evidence

3. ACP Framework

4. Skills for Health

5. NHS Long Term Plan GPFV
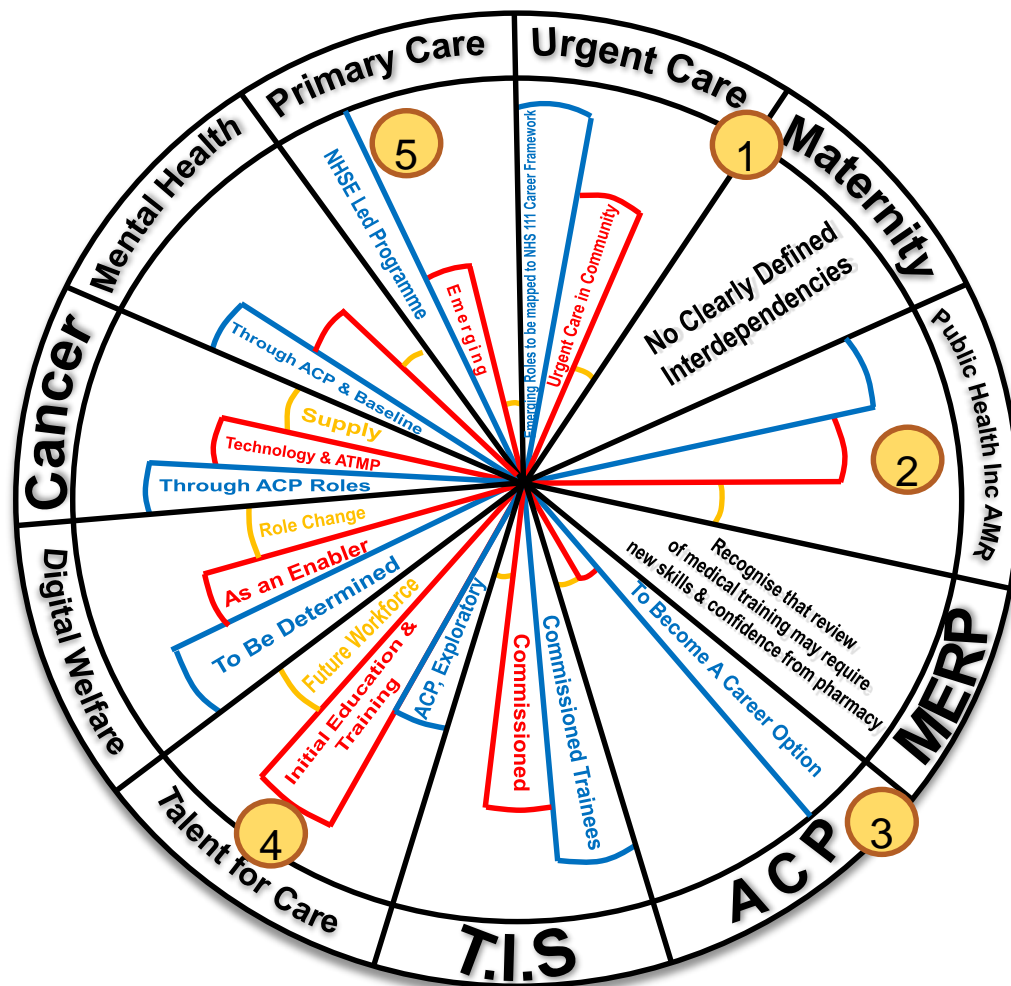
Midlands and East Overview

- Delivery of regional aspects of the National Recruitment and Selection Scheme

- Established Interim Post Graduate School of Pharmacy and Medicines established

- Implemented demand scoping for pre registration pharmacists across NHS Trusts/ Health and Justice

- Programmes delivered as part of priority workforce areas:
  - Primary Care:
    - Joint Pre registration Pharmacist, Rotational Post, CPA
  - Mental Health

- Strategic education engagement with HEIs through Head of Quality forums

- Tutor training in 2018/19 delivered

NHS Staff & Learners'
Mental Wellbeing Commission
Update

The Mental Wellbeing Commission

Academic review

- A review of published literature working with academic partners with field expertise, culminating in an interim report to inform Commission deliberations

Evidence Hearing

- Expert Commission Panel evidence sessions, site visits and interviews >100 hours.
- Panel included NHSI, NHS Employers, Samaritans, Universities, RCPsych, NHS providers, GMC, Universities and patient reps
- Evidence heard from frontline staff, employers, students and learners, professional bodies and families bereaved by suicide

Wider stakeholder engagement

- 7 week online engagement platform and survey
Input from learners, staff at many levels and others, 3300 engaged, 738 formally responded
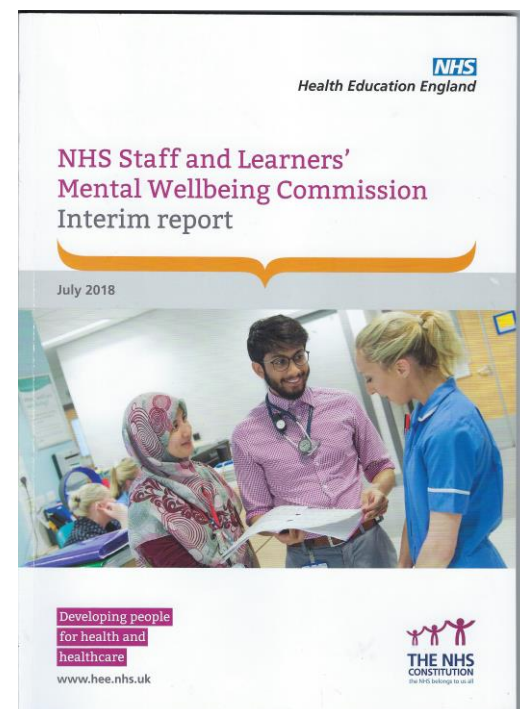
Emergent themes

- Value of self-care & central role of this in curricula
- Transition points
- Culture -presenteeism & learned bad behaviours
- Simple hygiene factors
- Stigmatisation of mental ill-health and impact on disclosure
- Role of language (mental wellbeing/ mental health)
- Transfer of information
- Bereavement by exposure/ experience
- Isolation from support systems and networks

Recommendations
33 in total, key recommendations;

Culture and wellbeing

- Wellbeing guardian and wellbeing leaders
- Self care in all curricular
- Wellbeing check-ins
- Community spaces and facilities (rest and on call)
- Proactive Occupational Health

Support

- Post-incident support and preventative therapeutic interventions
- Response to deaths by suicide
- 24/ 7 NHS 'Samaritans' style service
- Fast track referral for NHS staff from OH or GP
- Specialist psychological support

Recommendations
ALB/Policy led

NHS Health Education England

Recommendation: 16 The *Department of Health and Social Care and the NHS should implement a service which will 'ensure rapid access' referral pathways* for NHS learners and NHS employees based upon a prioritisation request from either a primary care or occupational health clinician. *It is additionally recommended that, services must be flexible enough to ensure access for those clinical staff that have additional barriers to accessing local services. Examples might include doctors in the same NHS provider body or healthcare professionals with mental health problems, or addictions and other conditions that may be better served by a more confidential service. Services should be commissioned to ensure safe, confidential and timely access.*	DHSC & NHSE
Recommendation: 23 *A national charter should be developed, working with patient groups, clinical professionals and their representative bodies, and regulators of the professions that seeks to examine the way that reflections, complaints and comments from patients and the public are handled in the NHS. This should feed into a root and branch examination of how complaint handling can be speeded up without compromising the rights of patients and staff members.*	NHSE/ clinical professional representative bodies, regulators
Recommendation: 30 A national NHS 'Samaritans –style' service should be developed with the aim of providing a complete emotional support service to NHS staff and those learning in the NHS	NHSE
Recommendation: 31 All NHS staff should have self-referral access to a practitioner psychological treatment service. Additionally, services must ensure access for those that have additional barriers to accessing local services through a nationally provided service	NHSE/ NHSI
Recommendation: 32 *The NHS will endorse an approach which ensures rapid access referral pathways for NHS learners and employees if requested as a priority from either a GP or an occupational health clinician – 'an NHS for the NHS' Additionally, services must ensure access for those that have additional barriers to accessing local services such as doctors in the same provider or healthcare professionals with addictions. These services should ensure safe, confidential and timely access.*	NHSE/ NHSI

Recommendations
All NHS Organisations

Recommendation 1: The NHS Workforce Wellbeing Guardian
It is recommended that the NHS should establish an NHS Workforce Wellbeing Guardian in every NHS organisation (where appropriate such as primary care this may be at a locality level) and that the Wellbeing Guardian should be authorised to operate within the nine principles

Recommendation 2: The NHS Workplace Wellbeing Leader. *It is recommended all NHS organisations appoint a Workplace Wellbeing Leader to work with and report to the Workforce Wellbeing Guardian.*

Recommendation: 12 *When capital allocation to NHS bodies is being considered, there should be evidence that estate development plans will also enhance or create space for staff and those who are learning in the NHS.*

Recommendation: 20 *The recommendations from the Government review, Thriving at Work, should be fully implemented across all NHS bodies.*

Recommendation: 21 *All staff should have suitable, accessible, psychologically safe and confidential spaces in which to socialise, share and discuss experiences and to rest.*

Recommendation: 22 *All organisations should provide dedicated time for all NHS staff to periodically access a reflective learning space, such as clinical supervision. For staff that experience the emotional or psychological impact of a specific clinical incident, organisations should ensure access to debriefing and support in timely and confidential fashion.*

Recommendations
All NHS Organisations

NHS Health Education England

Recommendation: 24 *NHS service managers should develop incident protocols for when staff are placed in a situation that would disproportionately impact on their wellbeing.*
Recommendation: 25 *The Workforce Wellbeing Guardian in each NHS organisation must ensure that relevant elements of Nice Guidance 105 (suicide prevention) , as they apply to NHS staff and learners, are implemented.*
Recommendation: 26 *In implementing Nice Guidance 105 (suicide prevention), the NHS should initially focus on the professional groups that are most at risk including nurses (especially female nurses). Specific mental wellbeing challenges within the paramedic workforce have been identified by the Commission, which should also be addressed as a priority.*
Recommendation: 27 *It is recommended that a national NHS protocol is implemented in every NHS organisation to independently examine the death by suicide of any member of NHS staff or a learner working in the NHS and that the findings will be reported through the Workforce Wellbeing Guardian to the board.*
Recommendation: 28 *The NHS should ensure there should be clear organisational protocols for response to deaths by suicide. This should include targeted psychological support for colleagues.*
Recommendation: 29 *All employees should have ready access to a proactive occupational health service that promotes staff wellbeing.*
Recommendation: 33 *The work of the NHS Social Partnership Forum with NHS Employers on 'Promoting a positive culture to tackling bullying' along with the accompanying tools and resources should be adopted by all NHS service providers.*

Recommendations
NHS Provider organisations

Recommendation: 5 *Healthcare providers (such as GP practices, hospitals, and care home operators) on a local (STP or ICS) footprint should create* *a schools' work experience bureau service.*

Recommendations
Education specific

NHS Health Education England

Recommendation	Responsible body
Recommendation 3: The NHS Careers Service and the wider NHS should *recalibrate the job and career advice* currently provided to schools, pupils and parents.	NHS Careers service (HEE) & all NHS organisations
Recommendation: 4 The NHS should publish and update regularly its advice on the *flexibility in education and training entry routes* and career journeys into NHS careers.	NHS Careers service (HEE)
Recommendation: 6. *The Commission recommends that published UCAS and university support and guidance for undergraduates with learning difficulties should be reviewed with schools, colleges and pupils with learning difficulties to ensure it conveys the right and supportive information around this most important transition point.*	UCAS/ HEIs
Recommendation: 7 *Training in self-awareness, self-care, support signposting (for self and peers) and suicide risk awareness and prevention should be explicitly incorporated within each healthcare undergraduate and postgraduate curriculum.*	GMC, NMC, HCPC & HEE
Recommendation: 9 *Educators, assessors and placement supervisors within NHS provider organisations should be trained and give clear guidance on support procedures for students with mental distress to allay their fears of any detrimental impact of this disclosure upon future career prospects.*	HEE and All NHS provider organisations
Recommendation: 10 *Higher education providers and NHS placement providers should recognise and proactively provide support for the transition stresses that students may face at course commencement, entering each clinical placement and on taking up their first graduate role.*	All NHS provider organisations and HEIs
Recommendation: 11 *The Commission feels that universities offering healthcare courses should undertake further work, in partnership with their students, to consider the financial and wellbeing impacts of clinical placements and rotations. This should include travel and travel time commitment, the additional burden of cost for some students associated with a need for placement accommodation, and the impact on students from disruption of formal and informal networks.*	Council of Health Deans/ HEIs

Recommendations
Education specific

NHS Health Education England

Recommendation: 13 *A wellbeing 'check-in' should be provided to all postgraduate trainees (within two weeks) of starting the placement and on each placement. The personal wellbeing tutor must have sufficient dedicated, protected time in their job plan, which is audited and reported.*	HEE & All NHS organisations
Recommendation: 14 Educational *and clinical supervisors within NHS provider organisations should give clear guidance on their local support for postgraduate learners with mental distress.*	All NHS organisations
Recommendation: 15 *Trainees working on an on-call service must be provided with rest spaces and 'designed for purpose' on-call rooms that enable rest and sleep either during, before or after on-call shifts.*	All NHS provider organisations
Recommendation: 17 *The Enhancing Junior Doctors Working Lives changes must be fully implemented and should be applied to all postgraduate trainees, not just doctors.*	HEE & All NHS provider organisations
Recommendation: 18 *HEE, medical schools, United Kingdom Foundation Programme Office and Medical Royal Colleges need to work with Medical Students and Doctors in Training to agree an allocation system that is both just and more humane.*	HEE, medical schools, UKFPO,Medical Royal Colleges
Recommendation: 19 NHS employers must ensure timely provision of post-incident support for those learning in the NHS which may include peer group support, or a formal debriefing such as the ambulance service Trauma Risk Management programmes (TRIM) and post-trauma counselling	All NHS employers

Next Steps

- Long Term Plan Workforce Implementation Plan

- The NHS as a great place to work group

- Collaborative development of programmes of work to support implementation across system partners

19/20 priorities

NHS
Health Education England

- **Rec 1 & 2** Introduction of Wellbeing Guardian (and Leader) in every NHS Trust
- **Rec 13** A wellbeing 'check-in' should be provided to all postgraduate trainees (within two weeks) of starting the placement and on each placement. The personal wellbeing tutor must have sufficient dedicated, protected time in their job plan, which is audited and reported.
- **Rec 27** National NHS protocol is implemented in every NHS organisation to independently examine the death by suicide of any member of NHS staff or a learner working in the NHS
- **Rec 21** All staff should have suitable, accessible, psychologically safe and confidential spaces in which to socialise, share and discuss experiences and to rest.

HEE

- **Rec 28** Clear organisational protocols for response to deaths by suicide including targeted psychological support for colleagues.
- **Rec 14** Clear guidance on local mental health support
- **Rec 22** Clinical supervision

Clinical Pharmacy Ambassadors

Gerald Ellis, Judith Atherton

NHS
Health Education England

Introductions – Judith Atherton

- Senior General Practice Clinical Pharmacist (Burton Upon Trent)

- 14 Years experience in General Practice

- Independent Prescriber

- Prescribing Adviser North Nottinghamshire

Introductions – Gerald Ellis

- Clinical Pharmacy Programme manager

- 5 years experience working with Clinical Pharmacists

- Experience of independent sector Healthcare and NHS England

- Lead for programmes in Mid Notts, NCGPA, NW, NNE, Rushcliffe

New Roles and workforce transformation:

- Supporting workforce transformation

- Helping to upskill pharmacists

- Help to facilitate transition of pharmacists into General practice

I'm not just a pharmacist.
I'm advancing
the science of
health care.

Introductions – role of the Clinical Pharmacy Ambassador

- Appointed Jan 2019 12 months

- Education and training

- Workforce communications

- Engagement with local practices and other local successful bidders

- Represent the interests of General Practice pharmacists local/national

- Work with stakeholders from other professions across Primary Care

- Support Pre-registration programmes

- Identify and develop innovative projects to support growth of GP workforce

- Understand and maintain contacts with regional and national networks

- Identify strategies to market and promote innovative project work

Why is the Clinical Pharmacy Role Important?

- Support GPs in Primary Care delivery

- Provide quality service for patients

- Professional development opportunities for Pharmacists

CP In Nottinghamshire

- **Progress**

  - Assistance with bid compilation, led some bids

  - Mid Notts CCG Programme 41 Practices (17 WTE)

  - Nottingham City CCG 25 Practices (11 WTE)

  - Nottingham North and East CCG 3 practices (3 WTE)

  - Rushcliffe CCG 7 practices (3 WTE – expanding to 6 WTE)

  - Pilots in 2 areas, Waves 1 to 8

  - Working with Federations and provider organisations

  - Recruited 33 Pharmacists

- **Recruitment of Clinical Pharmacists**

- **Recruitment of GP Practices**

CP In Nottinghamshire

- Outcomes

  - Embedded professionals as part of the GP Team

  - Patient satisfaction overwhelmingly good

  - Patient understanding and concordance improved

  - Improvements in safety

  - Improvements in quality

  - Improved medication management – 56% changed

  - Lowering of costs – e.g. de-prescribing

  - Quality of life for GPs…

How Pharmacists can enrich General Practice skill mix

- Increasing demand for Primary Care – growing older, LTCs

- Increasing need for medicines expertise

- Medication reviews and medicines optimisation

- Management of LTCs

- Provision of specialist clinics

- Prescribing

- Medication queries

- Secondary care discharges

- Care homes and housebound visits

- General support MRHA alerts, audits, patient education

NHS
Health Education England

What has been achieved so far

- Support to practices for funding

- Support to federations in recruitment and practice agreements

- Support to Primary Care Networks

- Offer of Clinical Sessions to support/demonstrate role

- Securing funding for upskilling pharmacists

- Exploiting funding opportunities for upskilling pharmacists

- Training seminars

- Mentoring and support

- Promotional videos for CP roles

- Pharmacist Network meetings

Benefits of Clinical Pharmacists in General Practice

- Increasing Capacity and access to appointments

- Free up GP resources for more complex patients

- Improve patient understanding and concordance

- Improve quality of patient care

- Reduce medication waste

- Provide expertise for complex medication issues

- Provide valuable links from general Practice to Community Pharmacy

- Provide a more comprehensive primary care service to benefit patients

Thank you

Any questions?

gerald.ellis@nhs.net
judith.atherton5@nhs.net

Rotational multi-sector pharmacy technician scoping project

HEE 'head space'

Michelle Lad – Project manager
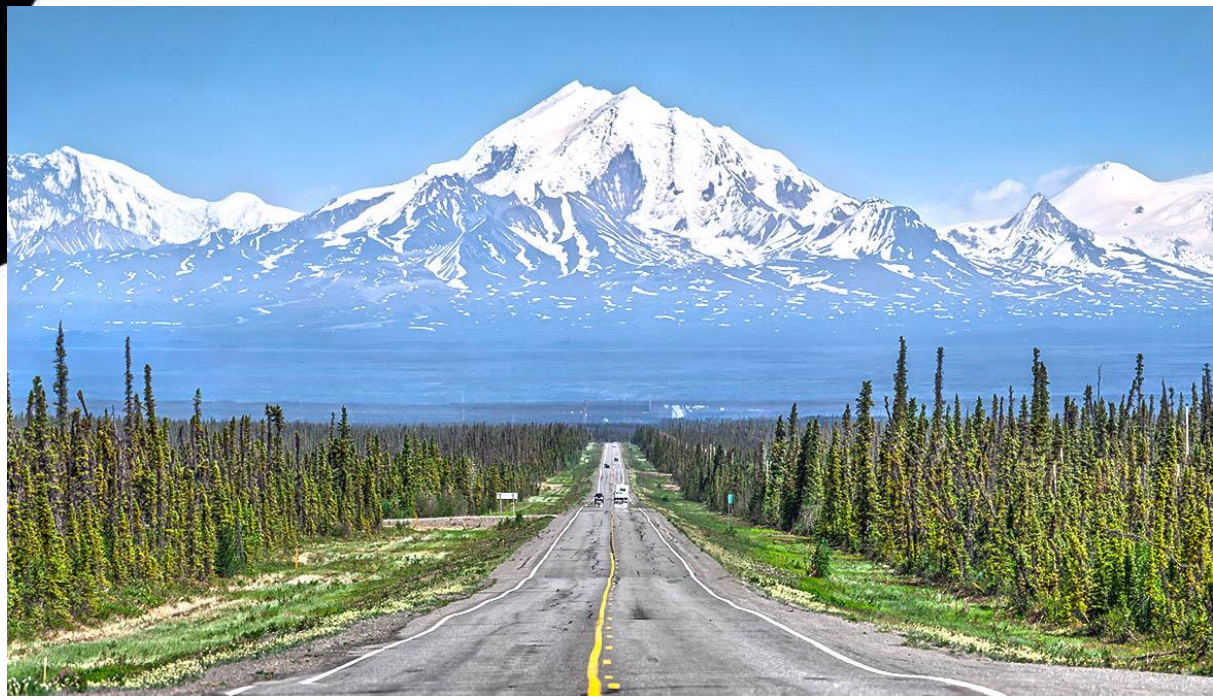
Action Plan for HEE Derbyshire STP Rotational Techs

Project Objectives

- Define the roles and responsibilities of the pharmacy technician within the different sectors, including but not exhaustive to GP surgeries, acute hospitals, community hospitals, care homes and mental health.
- Ascertain where funding for posts and management of project will be delivered from.
- Develop a clear training program to ensure pharmacy technicians are equipped with the right skills and expertise to work cross-sector and within multidisciplinary teams.
- Develop a reactive and sustainable pharmacy workforce than can support current and future healthcare needs
- Evaluate project milestones and demonstrate cost effective value around recruitment and retention of pharmacy technicians within the Derbyshire STP, improved patient outcomes and medicine optimisation.
- Produce a final report to HEE and Derbyshire STP on the feasibility of the project and achievement of outcomes.

Time frame	Desired outcome	Comments/Questions	What achieved	Jobs	
November	Identify and link in with key stakeholders	Develop project plan Who are key stakeholders in STP? Is everybody engaged with concept? What is the core aim of the project/rotation? Clarify is qualified staff (most likely) or apprentices?	Removed contact details	Currently doesn't appear community pharmacies are involved in project – need to establish where primary care rotations would occur? Need to adapt MOU supplied by ▭ for pharmacy technicians and circulate to stakeholders as a start of the discussions.	

The Topol Review

Preparing the healthcare workforce to deliver the digital future

Paul Gilbert – Regional Facilitator Midlands and East
Pre-registration Pharmacists in General Practice Project

Welcome

The Topol Review

- The Topol Review, led by cardiologist, geneticist, and digital medicine researcher Dr Eric Topol, explores how to prepare the healthcare workforce, through education and training, to deliver the digital future.

The Topol Review

The questions:

1. How are technological developments likely to change the roles and functions of clinical staff in all professions over the next two decades?

2. What are the implications of these changes for the skills required?

3. What does this mean for the selection, curricula, education, training and development of current and future NHS staff?

NHS

The Topol Review

Preparing the healthcare workforce to deliver the digital future

An independent report on behalf of the Secretary of State for Health and Social Care
February 2019

THE NHS CONSTITUTION

The Topol Review

The Review has been predicated on the following pre-suppositions:

1. Patients are at the centre of new technologies
2. Improve the accuracy of diagnoses and treatments, the efficiency of care, and workflow
3. Patients empowered to take greater charge of their care using digital tools
4. 'Gift of time' in the patient-clinician relationship
5. Education and training of the clinician workforce and the public

The Topol Review

Preparing the healthcare workforce to deliver the digital future

An independent report on behalf of the Secretary of State for Health and Social Care
February 2019

The Topol Review

This Review proposes **three principles** to support the deployment of digital healthcare technologies throughout the NHS:

1. Patients included as partners and informed about health technologies

2. The healthcare workforce needs expertise and guidance to evaluate new technologies, grounded in real-world evidence.

3. The gift of time: wherever possible the adoption of new technologies should enable staff to gain more time to care

NHS

The Topol Review

Preparing the healthcare workforce to deliver the digital future

An independent report on behalf of the Secretary of State for Health and Social Care
February 2019

THE NHS CONSTITUTION
the nhs belongs to us all

Themes

Genomics

Artificial intelligence and robotics

Digital medicine

Organisational development

Activity

- Working with the person next to you for 3 minutes:

- Come up with one technological innovation that you think will change your **current role**

- Write it on a post it and stick it on my flip chart

Top technologies

Technology (**Digital Medicine**, **Genomics**, **AI & Robotics**)

Proportion of workforce affected

| | 2020 | 2025 | 2030 | 2035 | 2040 |

1. Telemedicine
2. Smartphone apps
3. Sensors and wearables for diagnostics and remote monitoring
4. Reading the genome
5. Speech recognition and natural language processing (NLP)
6. Virtual and augmented reality
7. Automated image interpretation using AI
8. Interventional and rehabilitative robotics
9. Predictive analytics using AI
10. Writing the genome

Arrow heat map represents the perceived magnitude of impact on current models of care and, by inference, on the proportion of workforce affected.

- <20%
- 50%
- 80%
- >=80%

The Time Turner

- In Harry Potter and the Prisoner of Azkaban
- Hermione uses a time turner to give herself the gift of time to sit more clases
- The Topol Review is all about using technology to give us the gift of time

The Gift of Time

- Wherever possible the adoption of new technologies should enable staff to gain more time to care
- More time to interact directly and deeper with patients
- Enhancing the patient-clinician relationship
- Improving the patient experience and patient safety
- Likely improvements in the wellbeing of the healthcare workforce

7.3.1 Telemedicine (Example 1 in Figure 1 – Chapter 3): Brighton and Sussex University Hospital Trust Virtual Fracture Clinics

Virtual fracture clinics, as described in Chapter 3, have been shown to be effective, improving several key clinical performance parameters and potentially providing substantial cost-savings for local Clinical Commissioning Groups (CCGs).[123] If these clinics were introduced nationally, they could potentially deliver very large savings for the NHS.

Annually, there are approximately

7.6 million

trauma and orthopaedic outpatient appointments[124]

At least

50%

of fracture clinic appointments could be virtual[93,125]

Virtual fracture clinic appointments reduce the total number of appointments needed by

15%[126]

If scaled up, this would equate to a time saving approximating

570,000

15-minute outpatient appointments

Equivalent annually to approximately

142,000

hours of outpatient clinic time

80

healthcare professionals' time back for clinical care

Education and training needs

> *"Today, we need to prepare students for jobs that have not yet been created, to use technologies that have not yet been invented, and to solve problems that we do not yet know will arise"*
>
> **Andreas Schleicher**
> **Director for Education and Skills, OECD**

Activity

- Individually, add to a post it note a current technology you want to more out of.

- Add it to the flip chart

The Current NHS Educational Challenge

- 1.4M staff
- Wide ranging roles
- Many jobs have a digital element
- Current training is often one size fits all
- Impact and effect mostly unknown
- Crammed into already busy schedules

The New NHS Educational Challenge

- 1.4M staff
- More than 50% of today's workforce will be working in the health service in 2032
- Within 20 years 90% of all jobs will require digital skills
- New professional roles
- Personalised learning
- Comprehensive learner profile
- Enable and support returners
- Make learning fun, exciting and (even) addictive

Education and training needs

Educating the future workforce

- Communicate the excitement and diversity of the future of healthcare practice

- Support high aspirations in all young people

- Articulate the knowledge, skills and professional behaviours needed

Education and training needs

Next steps – existing workforce

The NHS, HEE and employers will need to:

- Develop a programme of digital education

- Provide educational provision that is appropriately personalised

- Ensure that education is valued by providing time for staff to learn and train

- Develop a cadre of skilled educators

Next steps – future workforce

The NHS, HEE and employers will need to work with:

- Schools

- FE and HE institutions

- Alternative education providers

- Professional and regulatory bodies

Educational

Culture of learning

NHS organisations will need to develop an expansive learning environment and flexible ways of working that **encourage a culture of innovation** and learning. To do this:

- NHS organisations will need to: have a strong workplace learning infrastructure; cultivate a reputation for training and support; develop learning activities which are proactive rather than reactive; **allow staff dedicated time for development** and reflection on their learning outside of clinical duties. (E1)

- Each NHS organisation should adopt a **multi-professional learning collaborative approach** supporting staff to learn about genomics and digital technologies. (E2)

Supporting the educators

Delivering the education and requirements of the NHS workforce over the next five years will be challenging. In order to achieve this:

- the NHS and local organisations should support the development of a **cadre of educators** and trainers who can lead the educational programme to ensure timely upskilling of the NHS workforce. (E3)

- these organisations also need to put in place systems to identify **and develop talented, inspiring new educators** within the workforce. (E4)

Education and development of the whole workforce

Staff should have the opportunity to access information about genomics and digital technologies adopted by the NHS and develop the necessary skills. To achieve this, within five years:

- HEE should establish a new NHS Digital Education Programme to oversee the implementation of a national digital education strategy. The programme will complement the Genomics Education Programme. (E5)

- Employers must ensure that support for staff to develop and enhance digital literacy is **built into training programmes**, career pathways and placements. (E6)

- Professional, Statutory and Regulatory Bodies (PSRBs) and practitioners need to identify the knowledge, skills, professional attributes and behaviours needed for healthcare graduates to work in a technologically enabled service, and then **work with educators to redesign the curricula** for this purpose. (E7)

- Organisations responsible for employing and training must ensure that current and new staff are supported to reach an **appropriate level of digital literacy** for their career stage. (E8)

Educating the future workforce

Within five years, we need to make sure that the education and training for future employees equips them to achieve their full potential as staff in the technology-enhanced NHS. To equip the future workforce:

- *Education providers should ensure genomics, **data analytics and AI are prominent in undergraduate curricula for healthcare professionals**. Future healthcare professionals also need to understand the possibilities of digital healthcare technologies and the ethical and patient safety considerations. (E12)*

- *Education providers must ensure that **students gain an appropriate level of digital literacy** at the outset of their study for their prospective career pathway. (E13)*

- *Education providers should both offer opportunities for healthcare students to intercalate in areas such as engineering or computer science, and equally attract graduates in these areas to begin a career in health, **to create and implement technological solutions that improve care** and productivity in the NHS. (E14)*

"It really will be transformative that eventually… the patient will be truly at the centre."

Eric Topol, MD

Your Personal Digital / Technological Pledge

Stay in touch

Visit https://topol.hee.nhs.uk/

Download the report
Films, blogs, resources
Weekly Tech bulletin

Any Questions?

The Future of Pharmacy Technician Training in HEE Midlands and East – A Summary

NHS
Health Education England

Melanie Boughen, Pharmacy Technician, Project Professional Lead
Roz Cheeseman, Pharmacy Dean, HEE Midlands and East
Sheila Hawkins, Project Manager

Pharmacy assistants and pharmacy technicians – What's the difference?

NHS
Health Education England

Pharmacy Assistant (Non-regulated)

- Assist with the provision of a pharmacy service to meet individuals' Needs
- Assist in issuing prescribed items
- Order routine pharmaceutical stock
- Aseptic units (assist)
- UPK NOT sciences or Actions & Uses

(Shared)

- Assemble prescribed items
- Receive Rxs
- Receive & maintain stock
- Health and Safety
- Assist in the sale of medicines and products
- Undertake in-process check (self check)
- Contribute to the effectiveness of teams aseptics

Pharmacy Technician (Regulated)

- Reflect and develop own practice
- Effective & responsive pharmacy service
- Confirm validity of Rxs
- Process pharmaceutical queries
- Extemps
- Processing Rxs for payment
- UPK for Sciences, actions and Uses of drugs

NB. Assistant tasks carry less responsibility and no accountability e.g. assist and there is significantly less UPK

New GPhC PTPT Initial education & training standards (sample LOs)

Person centred

- **Medicines reconciliation**
- **Assess PODs and order & supply medicines to patients**
- **Accuracy check of dispensed Items**
- Principles of audit and quality improvement strategies & implementing recommendations
- Leadership skills
- Raising concerns
- Safeguarding
- Responding to Medical emergencies (first aid)

Number of PTPTs recruited in Midlands and East
(last three years)
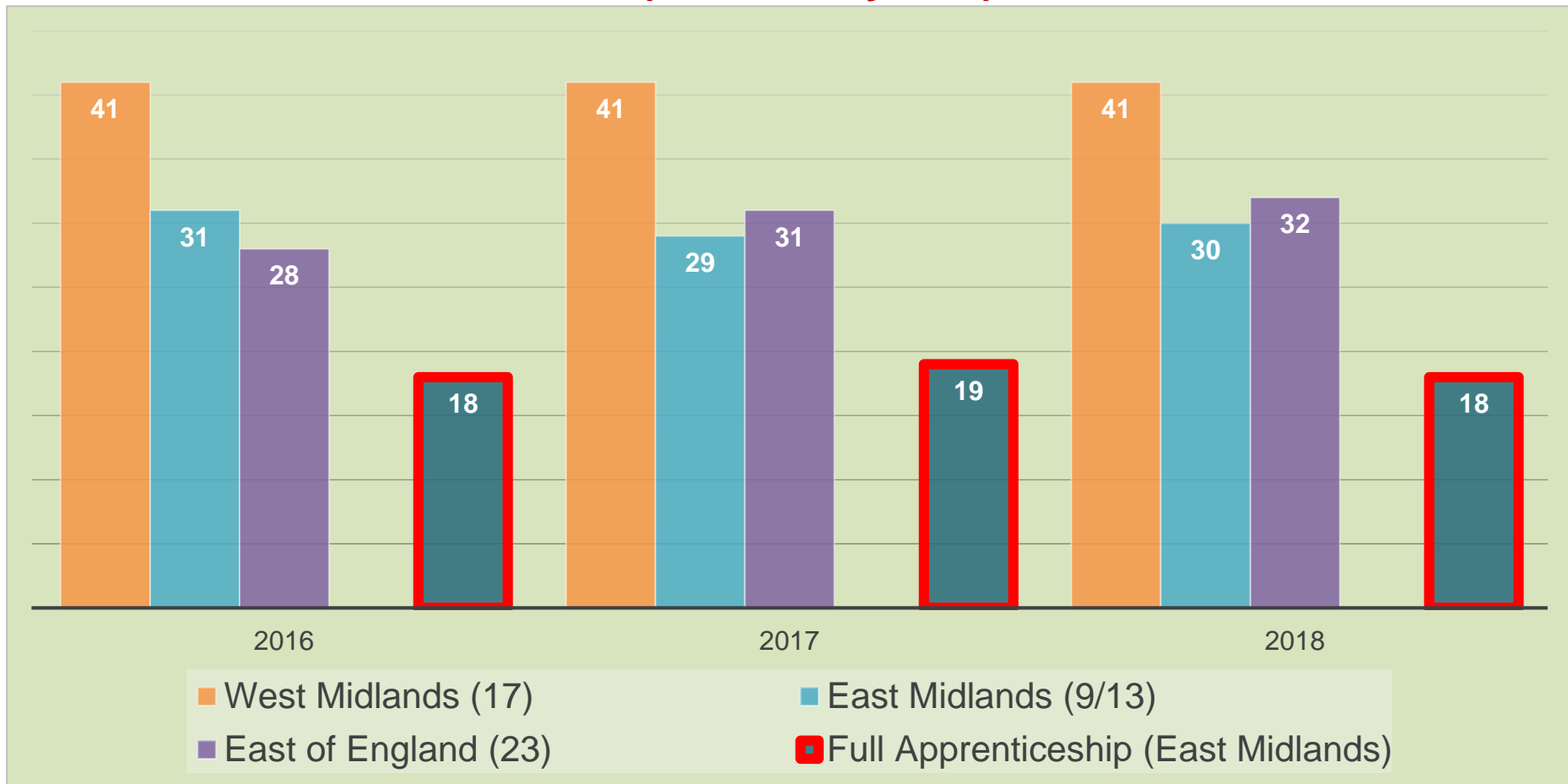
Future PTPT training in the Midlands and East

NHS
Health Education England

1	**Are enough PTs trained in Midlands & East to meet workforce demand and changing PT roles?**	• No
2	**What are the barriers and enablers of PTPT training in meeting workforce demand?**	• **Barriers**: Funding; recruitment; geography • **Enablers:** Apprenticeships, Workforce infrastructure, long term R & R, careers events at schools, work experience
3	***a.* Would you like to see collaborative x-sector training?** ***b.* Which sectors?** ***c.* How could this be facilitated?**	• Yes. • Community, hospital, aseptics • Provided by a collaborative training approach similar to Pre-reg pharmacist

Communications Strategy

NHS
Health Education England

Who are the key stakeholders?

NHS Trusts	CCGs & GP Practices	Educational Providers	Local Schools	Private Sector	Apprenticeship Leads	Industry & Armed Forces

What do they need to know?

Promotion of roles	Funding	Definition of a PT role (qualifications, career pathways)	Workforce planning issues

What's the best way to reach them?

Newsletter	Networking events	Social media	Updates and advertising

What is the best way to antagonise them?

Overload of information	Constant emails assumptions of knowledge

Where do we go from here?

To capture the good practice across the Midlands and East of England
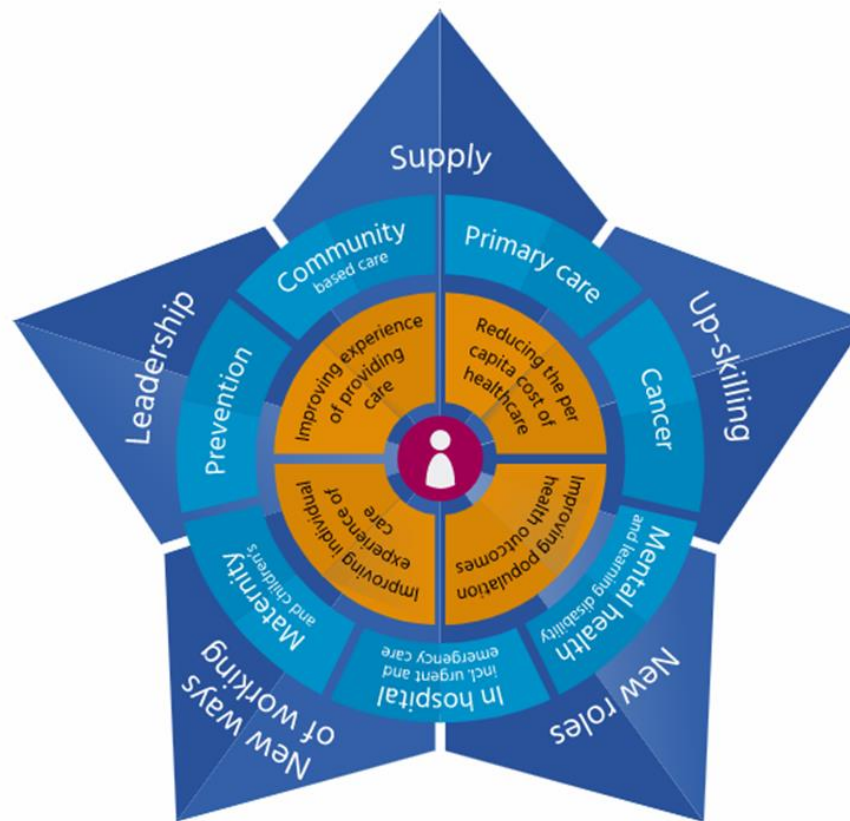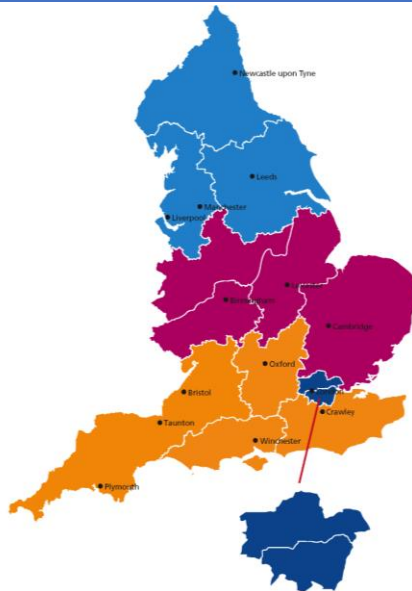
Welcome to the Pharmacy Blood Pressure training webinar

Midlands & East

Our webinar roadmap
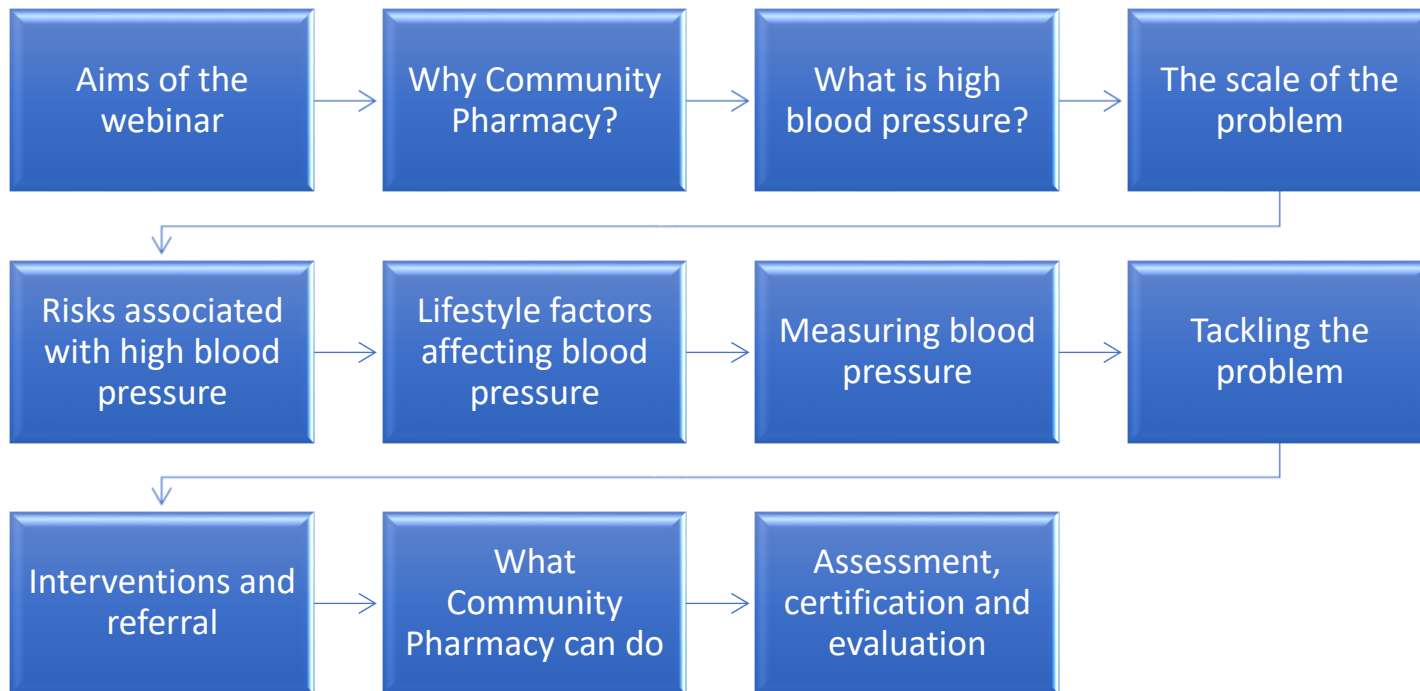
Aims

To develop:

- awareness of blood pressure risks
- knowledge on lifestyle behaviours that may contribute to high blood pressure
- measurement technique to ensure up-to-date with practise and consistently measuring blood pressure appropriately
- knowledge on when to refer
- effective communication of risks

Scale of the problem

Cardiovascular disease (CVD) is the leading cause of death worldwide

In England, CVD causes

1 in 4 deaths

which equates to
1 death every 4 minutes

High blood pressure affects **more than 1 in 4** adults in England

High blood pressure is the **3rd biggest risk factor** for premature death and disability in England after smoking and poor diet

168
100

...om the most deprived areas in ...re **30%** more likely than the ...rived to have high blood pressure

At least half of all heart attacks and strokes are associated

---

Diseases caused by high blood pressure:

Stroke £850m

Vascular dementia £320m

Cost the NHS over **£2.1bn** every year

£200m

Chronic kidney disease

Coronary heart disease £750m

More than 5.5 million people in England have undiagnosed high blood pressure

For every 10 people who are diagnosed with high blood pressure,

A further 7 people remain undiagnosed and untreated

HIGH BLOOD PRESSURE

Measuring Blood Pressure

Pharmacy's contribution to hypertension management

✓ Encourage and measure blood pressure at appropriate intervals
- Opportunistic
- Planned

✓ Refer as appropriate

✓ Recommend and provide blood pressure monitors

✓ Support patients to take their own blood pressure correctly

✓ Support patients on anti-hypertensives to take their medicine as intended – medicines optimisation

✓ Engage in healthy conversations

✓ Raise awareness of risk and risk factors

✓ Provision of services to reduce risk, e.g. healthy weight and diet, stop smoking

Salt

- Adults and children over 11 - no more than 6g per day
- Younger children, even less

Mental health

- Anxiety and stress can increase hormones like adrenaline and cortisol which impact on blood pressure and heart rate

Smoking

Sleep

- Sleeping fewer than six hours a night could be linked to increased blood pressure

Webinar Registrations
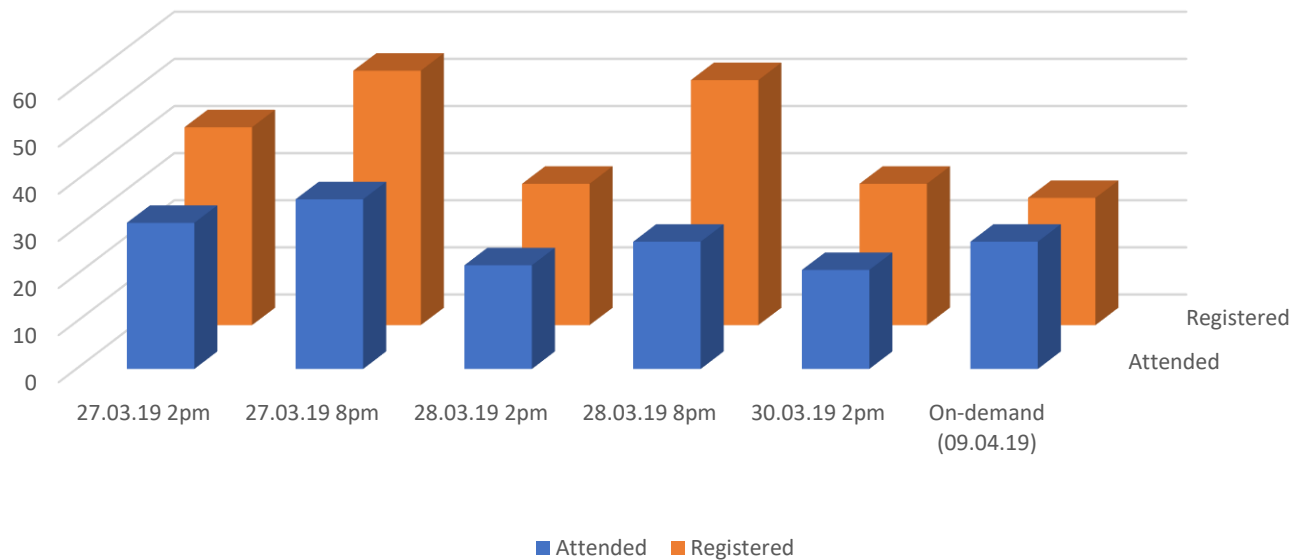
Registrations
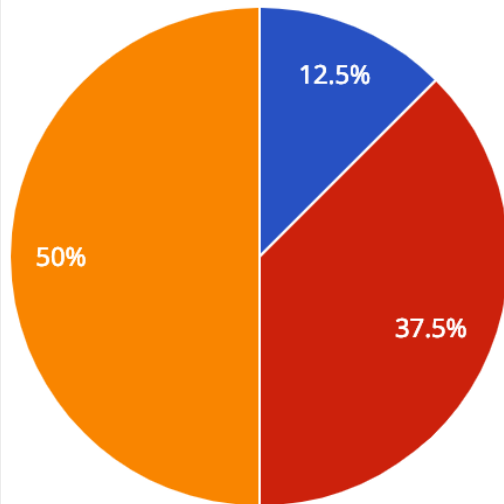Live events: 208
On-demand: 27

Attended
Live events: 137
On-demand: 27

pharmacy Complete

Pharmacy Blood Pressure Training Webinar
BP Measurement Confidence

How confident do you feel about taking someone's blood pressure accurately?
Poll Results
All Dates

- Not confident
- Slight confidence
- Moderate confidence
- High confidence

12.5%
37.5%
50%

How confident do you feel now about taking someone's blood pressure accurately?
Poll Results
All Dates

- Not confident
- Slight confidence
- Moderate confidence
- High confidence

15.4%
15.4%
69.2%
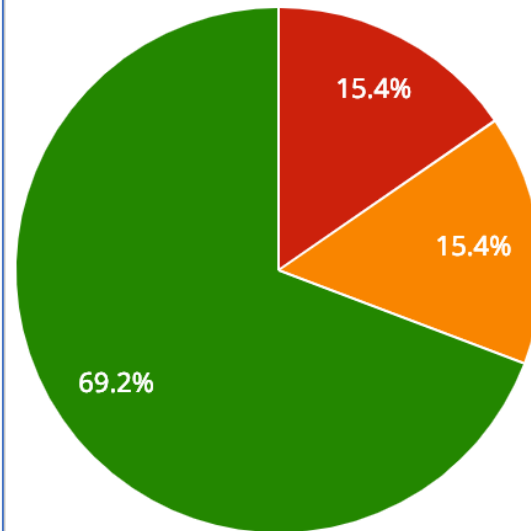
pharmacy
Complete

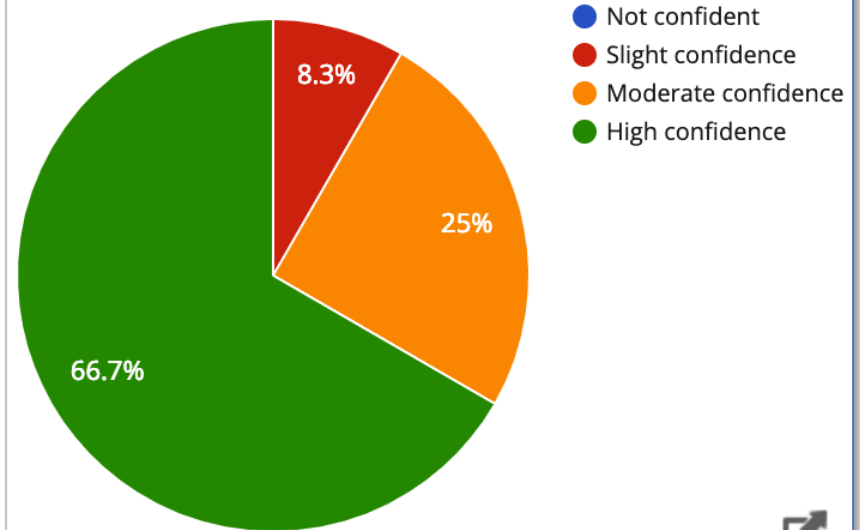# Pharmacy Blood Pressure Training Webinar Conversation Confidence

How confident do you feel about having a conversation with an individual about the risks associated with high blood pressure?
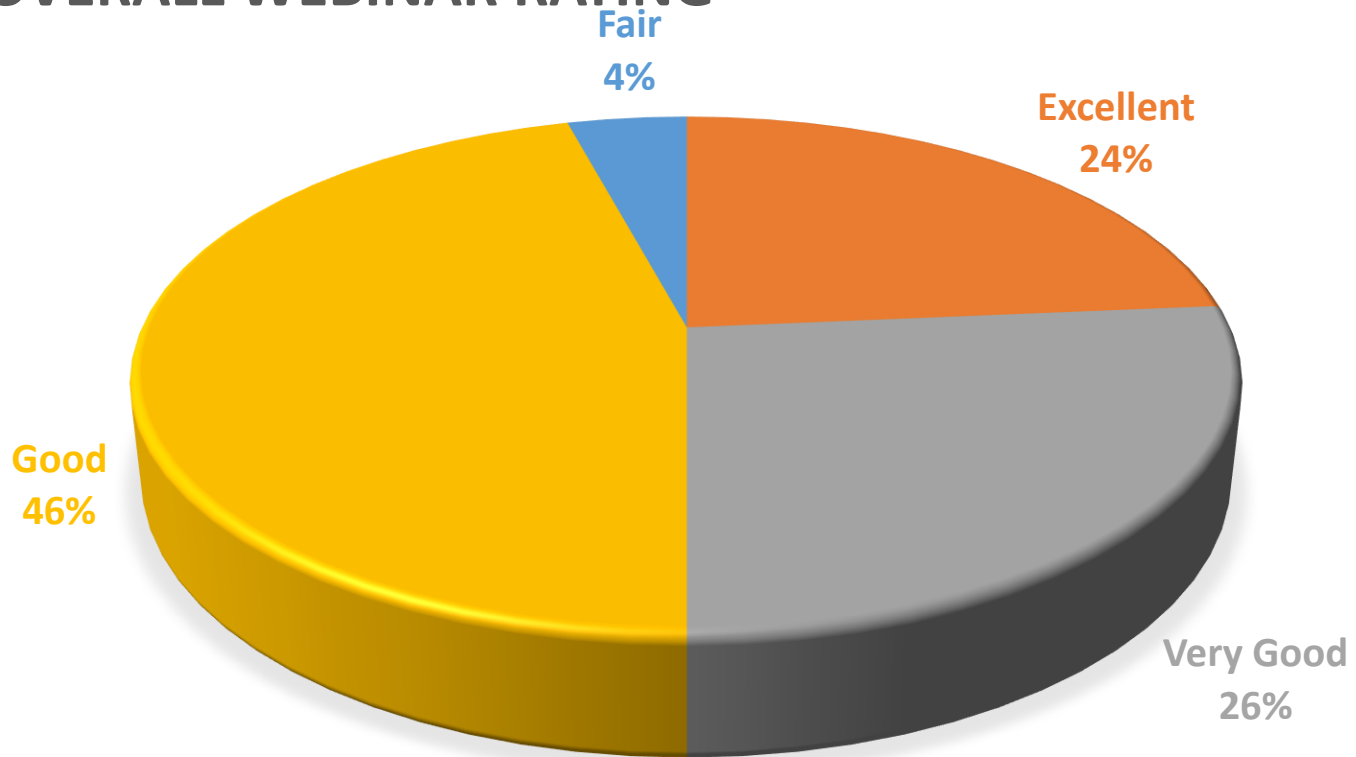Poll Results
All Dates

- Not confident
- Slight confidence
- Moderate confidence
- High confidence

8.3%
25%
66.7%
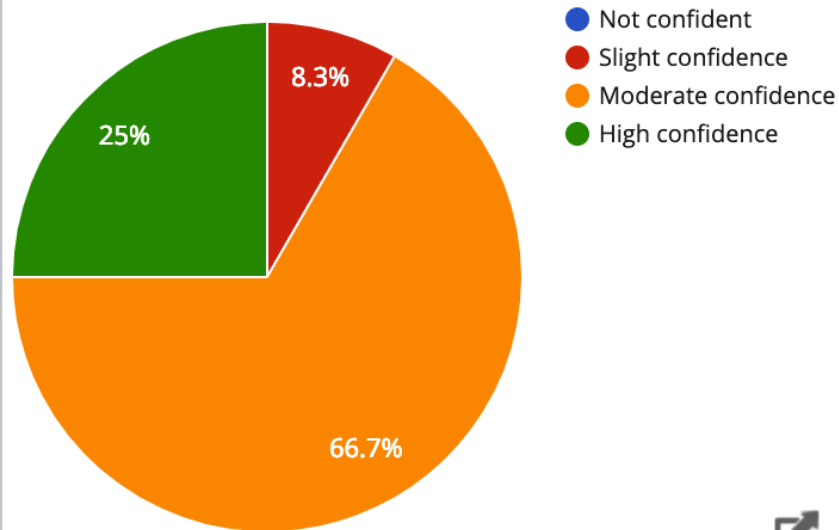
How confident do you feel now about having a conversation with an individual about the risks associated with high blood pressure?
Poll Results
All Dates

- Not confident
- Slight confidence
- Moderate confidence
- High confidence

8.3%
25%
66.7%

pharmacy
complete

OVERALL WEBINAR RATING

Fair
4%

Excellent
24%

Very Good
26%

Good
46%

pharmacy Complete

Supporting Workforce Development

- The contribution CPPE makes
- Examples of role development in general practice
- Collaboration

Supporting workforce development

Pathways

- facilitating workplace-based learning

- support from an educational supervisor

Foundation pathway

General practice

Care homes

Bespoke local support in

future?

Supporting workforce development
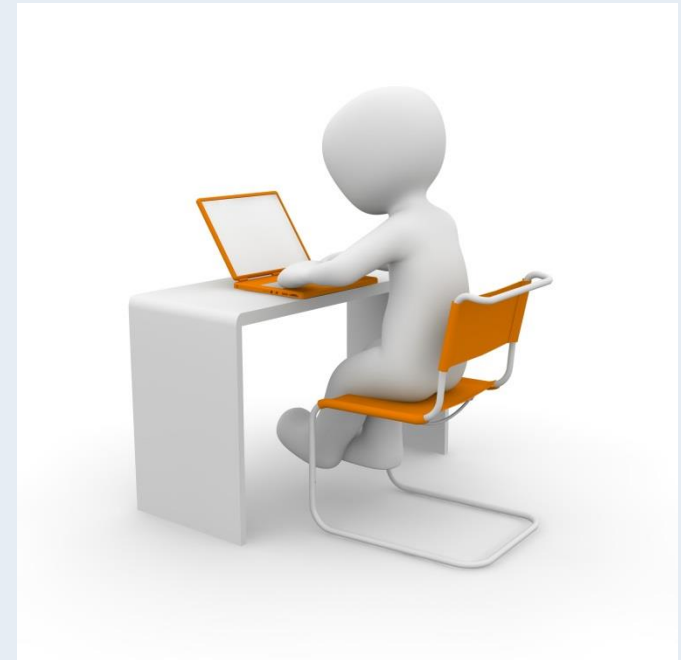
On-line

Individual sessions/ modules

Longer courses

(e.g. fundamentals of general practice)

E-assessments for CPD

or specific services

(e.g. declaration of competence)

Supporting workforce development

Face to face (off-site)

Well known

One-off events

Programmes (e.g. Leading for Change and Chief Pharmacists programme)

National coverage with local delivery

Learning needs and patterns changing
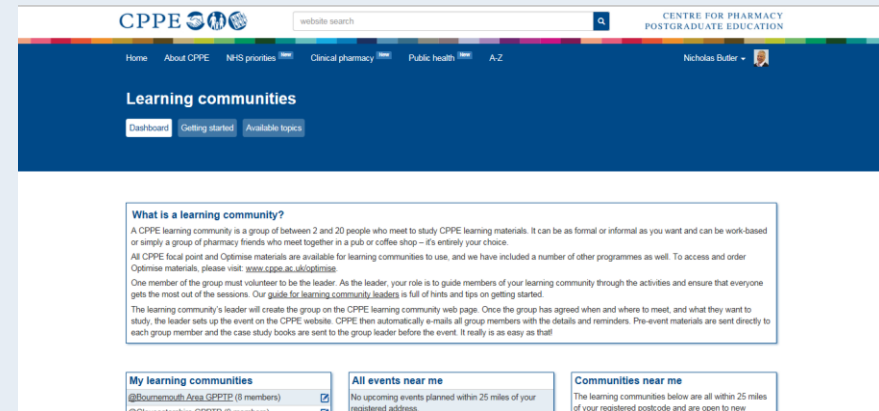
Supporting workforce development

Face to face (in the workplace)

Learning Communities

Learning sets

Optimise (secondary care)

Bespoke events

Examples of collaboration

RoSPA Falls workshop- available nationally but allowing local collaboration

RPS - specific workshops supporting pharmacy professionals on their revalidation journey

Working with Clinical Pharmacy Ambassadors

- supporting new initiatives
- GP Clinical Supervisor Training

How the role has developed

A senior clinical pharmacist now runs joint clinics with the nurse consultant in the practice for their frail elderly patients

- They can offer a 'one-stop shop' and a patient-centred approach
- The pharmacist has developed clinical assessment skills especially for dementia, and the nurse has developed her consultation skills about medicines and become more confident at de-prescribing

How the role has developed

Running clinics for people with mental health conditions including:

- titrating down benzodiazepines, optimising SSRIs etc.

- Giving the opportunity to develop a long-term therapeutic relationship with patients and talk in detail about medicines where needed
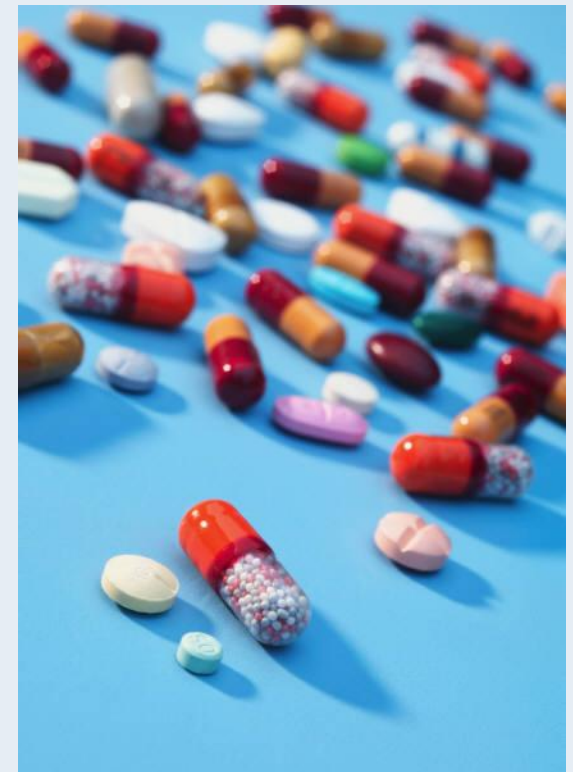
How the role has developed

A pharmacist working in a rural dispensing practice has:

- Used his experience of managing a community pharmacy to improve safety, quality, and staff morale in the dispensary

- And developed a patient facing role running clinics for people with diabetes
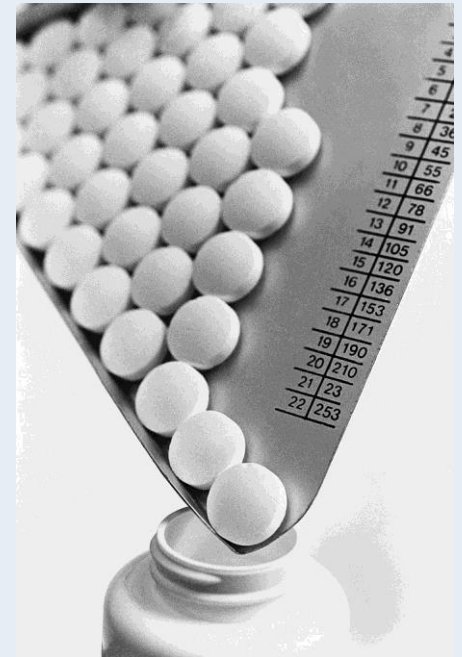
How the role has developed

A Federation in the Midlands developed a care homes team with:

- One pharmacist covering all the homes in a locality

- Having remote access to GP records to advise and prescribe as needed

- Effectively doubling the clinical visits each week (one from the GP and one from the pharmacist)

- Incorporation into the clinical team within the home

Leadership development

Leading for Change – a leadership programme available for those working in primary care, secondary care and health in justice settings

Feedback from previous attendees

"Using the project planning tools to plan my next project - particularly stakeholder engagement"

"I have already started two further projects at trust level and am using what I have learnt about planning and collaborating with others."

"Realised importance of proper project planning and engagement... so many useful tools!"

Questions

Happy to answer your questions

But can we leave you with one?

The learning we offer can and should compliment yours – so how can we work together more effectively? (e.g. signposting learners to what we all offer)

NHS
Health Education England

MANCHESTER
1824
The University of Manchester

General
Pharmaceutical
Council

Reflections and Learnings of a Clinical Fellow

The Chief Pharmaceutical Officers Fellowship Scheme

10/04/19

Neha Ramaiya
CPhO Clinical Fellow
General Pharmaceutical Council

2018/19 Cohort

Chief Pharmaceutical Officer's Clinical Fellows

What is the Chief Pharmaceutical Officer's Clinical Fellow Scheme?

- Facilitated by the Faculty of Medical Leadership and Management

- Sponsored by Keith Ridge, CPhO

- Apprenticeship style model

- Work with senior pharmacy leaders in national NHS & healthcare related organisations

- Leadership, management, strategy project management & health policy.

- Develop and lead on projects

CFS Background

| 2015 1st Fellow | 2016 6 Fellows | 2017 9 Fellows | 2018 12 Fellows | 2019 13 Fellows |

Personal Gains & Development

- Opportunity
- Career enriching
- Professional Development
- Alternative view of the profession
- Exposure to NHS activities
- A chance to learn about the NHS and health policy
- Confidence building
- Navigate through complex or political issues
- Appreciation of networking

What have I learned?

- Structure of the wider NHS

- Pace of change

- Role of the regulator

- Other Arms Length Bodies and organisations associated with healthcare

- Extension of pharmacy roles

- Skills: time management, organisation, networking

Support & Learning

- Shadowing Senior Leaders
- Host organisation days + others
- National & regional meetings
- Learning days FMLM & NHSE
- Action Learning Sets
- 360 Appraisals

Benefits to the employer

Skills	Knowledge
- Time management	- Wider NHS
- Decision making (VUCA leadership)	
- Strategic Thinking	- Roles and responsibilities of organisations
- Project Management	
- Proposal and Business Case Writing	- Awareness of resources, tools programmes and groups
- Confidence	
- Relationships & Networking	- Current and future priorities and initiatives in pharmacy

Encouraging your staff

- 19/20 cohort recruitment

- Open, honest conversations from the start

- Skills & learning

- Keep in touch

Look out for …

- CPhO Alumni

- Linked in (Chief Pharmaceutical Officer's Clinical Fellow Alumni)

- Twitter

Midlands and East of England Pharmacy Workforce Event