



## Interim NHS People Plan: the future pharmacy workforce

### Our vision

As set out in the *NHS Long Term Plan*, patients and the public will increasingly rely on clinical care provided by pharmacy professionals across all healthcare sectors. Clinical pharmacist prescribers will be a central part of multiprofessional teams across primary care networks, delivering care to patients in general practices and residents in care homes. Clinical pharmacy technicians will also support this new part of the primary care workforce.

Community pharmacy teams will deliver consistent, high-quality care for patients with minor illnesses and support the public to live healthier lives. New training will be needed to support this. Community pharmacists will have greater freedom to deliver more clinical care, as we support and encourage pharmacy technicians to practise at the top of their licence and as new technologies transform medicines dispensing and supply processes. This will also help to reduce pressures on general practice and secondary care. Hospital pharmacists will continue to be part of specialist teams but will extend their practice into primary care, including providing consultant pharmacist support. They will work closely with patients and carers to personalise care and achieve better outcomes and value from medicines, on which the NHS spent £16.4 billion in 2017/18.

Safety will be improved, wastage reduced, and medicines optimised through structured medication reviews led by clinical pharmacists. This will lead to a more rational approach to medicines use, including prescribing antibiotics appropriately. Clinical pharmacists in all sectors will increase their activity in clinical research into new and existing medicines and professional interventions. We will enable this by introducing a new approach to cross-sector pre-registration and postgraduate clinical training pathways for pharmacy professionals to assure high-quality care. These professionals will also learn how to analyse and use data better to improve health outcomes for patients and local populations. We intend to underpin this by establishing a common foundation programme for all newly registered pharmacists. A professional framework for clinical pharmacy technicians in primary care networks will be needed too. We will also work with the professional regulator, the General Pharmaceutical Council, to reform undergraduate and preregistration training to align with this vision.

We will develop further our interim plans as part of the full People Plan later this year.

## **Clinical and professional leadership**

Consistent delivery of these goals throughout the NHS will require clinical and professional leadership across the health and care system. Appointment of senior and experienced NHS pharmacists as clinical directors of pharmacy and medicines in each integrated care system is likely to be an important part of the clinical and professional leadership system and we will pilot and evaluate these roles to develop a sustainable approach. These important roles will then be responsible for overseeing NHS-funded pharmacy services, enhancing medicines optimisation and value, and overseeing the development and deployment of clinical pharmacy staff.

## **Promoting pharmacy as a career**

Given the opportunities described in the *NHS Long Term Plan*, and as set out above, we intend to strengthen the image and reputation of pharmacy teams to attract a larger and wider pool of people to the future pharmacy workforce