

After cuts and mergers, primary care pharmacists are staying firmly put

Debbie Andalo describes how pressures and recent changes in the primary care sector have affected its job market

Pharmacists working in primary care have been at the centre of the financial cuts, organisational mergers and reorganisation of commissioning services that have dominated the sector for the past 12 months. Many have lost out in the scramble for jobs brought about by the mergers of primary care trusts into larger organisations. For some it has meant settling for a job on the same salary but with less status — this has contributed to a feeling of low morale in some new PCTs. The pressure on these new PCTs to balance the books and clear inherited deficits, which in some cases have run into millions of pounds, has damaged morale further. This has been especially acute in those PCTs where pharmacists have been told to spend their time on finding ways of slashing prescribing costs rather than concentrating on other elements of the job such as medicines management or patient concordance.

All these factors have had a direct impact on recruitment — few new jobs are being advertised and those pharmacists who have managed to hold on to their posts in the maelstrom are staying put for the time being.

Uncertainty over how new models of commissioning services will work, as PCTs relinquish their provider role, is also having a damaging effect on recruitment. Pharmacists working for PCTs are worried that they will no longer be needed as practice-based commissioning becomes established with GPs looking for alternatives for obtaining their pharmaceutical advice. There are fears that the traditional pharmaceutical adviser role, historically provided by PCTs, will no longer be required as GPs look to other groups of pharmacists for that support. This lack of security about the future means that those

pharmacists who have survived the latest round of job cuts are also not moving, bringing further stagnation to the jobs market.

Helen Chadwick is deputy chief pharmacist at Milton Keynes Primary Care Trust, a PCT which escaped the round of mergers in October last year that created 152 new PCTs out of the existing 303. Ms Chadwick, who is secretary of the Pharmaceutical Advisers Group in England and Wales says: “The general feeling that we have is that morale is through the floor. Pharmacists have been displaced. They have been told that their jobs are at risk because of the PCT mergers, but even now after the reorganisations which happened last October, people have been left hanging on still not knowing what is happening to their job.”

Some PCT pharmaceutical advisers have lost their jobs through compulsory redundancy while others have volunteered for redundancy instead. Nigel Barnes, chairman of the group and head of medicines management at the strategic health authority NHS West Midlands, reckons that only a handful of advisers fell victim to compulsory redundancy. He says: “There were only a few and then there were others who wanted to take redundancy. In the West Midlands where PCTs came together there was a competitive process for the senior posts.” Those who failed to secure their old job within the new organisation often ended up in a new post, a band below their old job but on the same salary. For pharmaceutical advisers, for example, this meant becoming a deputy pharmaceutical adviser or taking on a more general medicines management role within the team.

Pharmacists working in GP practices appear to have escaped most of the upheaval

which has beset those pharmacists in more senior positions in the PCT team. They are being taken on and employed by groups of GP practices working together to deliver practice-based commissioning. But the introduction of practice-based commissioning is bringing a level of job insecurity to other members of the PCT pharmacy team who are uncertain if they will still be needed as PCTs move away from providing services.

Ms Chadwick says: “Most PCTs are keeping the pharmacy team together; the thinking being that there will be a service-level agreement from the commissioning PCT with the provider organisation created through practice-based commissioning. We think that pharmaceutical advisers will still continue to provide a service even if the PCT divests itself of its provider role. The consequences of all this, if you look at recruitment, is that people are holding onto their jobs at the moment and not looking to move. Just one look at the job adverts tells you that the jobs just aren't there in primary care because so many people have been displaced.”

Nigel Barnes, on the other hand, is more optimistic about the security of pharmacy jobs within PCTs as practice-based commissioning takes hold. He thinks that PCTs will expand the number of pharmacists that they have — even if the way they are organised may change. He says: “As PCTs divest themselves of their provider arm I think the employment potential for primary care pharmacists is improving.”

Another factor which is influencing recruitment in primary care is the impact of changes brought about through Agenda for Change; the redefining of NHS (including pharmacy) job descriptions, responsibilities

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and pay scales to try and create a more uniform national picture. In practice, however, the rebanding has not been as uniform as it was meant to be.

Some PCTs that have merged have had similar jobs attracting different banding. These differences are still being sorted out, which has helped to bring more stagnation to the jobs market. "There are still people going through appeals against rebanding at the moment, which is disappointing. There have been different bands for the same job in different PCTs, which is exactly what Agenda for Change was meant to sort out," said Ms Chadwick.

It is unclear how long pharmacy recruitment will remain in the doldrums. Nigel Barnes thinks that all the uncertainty created by mergers, commissioning and cuts is now firmly behind PCTs. He says: "I think we went through a difficult patch about 12 to 18 months ago as we worked up PCT reorganisation, which came into effect in October. Most PCT reorganisation and most redundancies are behind us now." He is optimistic that new career opportunities will start to appear through practice-based commissioning with pharmacists working within PCTs to provide "clusters" of practice-based commissioning groups with the medicines management support they need, possibly on a sessional basis. This could create the need for more pharmacy posts within PCTs. Alternatively he predicts some pharmacists

could get together and provide the same support as "stand-alone" teams contracted to the practice-based commissioning clusters. He says: "It's shifting sands — I think we shall see various models which will exist for a number of years. Pharmacists must make contact with their practice-based commissioning clusters so that they can lead the agenda in those clusters and adapt to changing conditions. They need to be able to provide what the clusters are commissioning. If PCT medicine management teams provide what the local GPs want they will continue to survive."

Shailen Rao shares this optimistic vision for the future for primary care pharmacy and the new career paths and job opportunities on the horizon. Until January this year, Mr Rao was joint head of medicines management at Hillingdon Primary Care Trust in west London. Budget cuts that were brought in to balance the NHS books meant that one of the posts had to disappear. Mr Rao decided to take voluntary redundancy. "I felt it was time to move on and my colleague wanted to stay, so we reached an amicable solution." Mr Rao is also chairman of the Primary Care Pharmacists' Association and has a national view of the changes taking place across the sector. "Lots of people have lost their jobs and are being slotted into new jobs, but many are at different stages in that process," he observes.

He admits that the current recruitment market is "very stagnant" as pharmacists de-

side to stay put, thankful that they have survived the changes. "But people are also feeling demotivated by what has been happening and are therefore less likely to be effective in the workplace."

Mr Rao, however, believes the "contraction" which the market is experiencing will be short lived and there will be new career opportunities and a buoyant recruitment market fuelled by the changes to pharmacy brought about by practice-based commissioning. But, like Mr Barnes, he thinks that pharmacists who are resistant to change will get left behind.

During his early days of redundancy he set himself up as a company with the intention of offering medicines management support to a practice-based commissioning group. The idea is that he, and not a PCT, would be contracted and paid by the group to provide medicines management support. It is a model he believes has the seeds of success. He says: "PCTs are principally in the market of making savings — I think it is time for pharmacy and medicines management to break away from that and move with the times. I now need to persuade a group of GPs to see this vision and the benefits it would bring to them. In my case I have seen the fear and felt it. I have lost my job and got beyond the fear. It is my belief that change can create opportunity. I think those new opportunities will start to appear around a year from now."

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