

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP60 : Ymateb gan: Cymdeithas Fferyllol Frenhinol Cymru | Response from: Royal Pharmaceutical Society Wales



Dear Russell,

RE: RPS Consultation Response: Inquiry into the future of general practice in Wales

Thank you for the opportunity to contribute to the committee's inquiry on this important issue. Over the past decade or so the role of pharmacists within general practice has evolved significantly. They are now a central part of multidisciplinary teams in practices across Wales. Pharmacists are typically employed in one of two roles:

- **Cluster pharmacists:** Employed by the Health Board on behalf of the cluster, working across a group of practices.
- **Practice-based pharmacists:** Directly employed by and working within an individual GP practice.

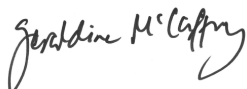
In both roles, patients and the wider healthcare team benefit from pharmacists' expertise in medicines and prescribing. The specific responsibilities of pharmacists can vary across practices and clusters, depending on local needs, but generally include:

- Reviewing patients with complex medication regimens, ensuring safety, efficacy, and cost-efficiency.
- Supporting patients with chronic conditions.
- Assisting patients with medication adherence.
- Leading condition-specific clinics.
- Acting as the primary point of contact for all medicine-related queries.
- Conducting medicines audits and providing education.

Our response below is structured to align to the inquiry's terms of reference. To help inform our response, we issued a survey to our members working in general practice focused on the themes in the terms of reference.

We hope these insights will be helpful and would be glad to provide further information at an evidence session.

Kind regards



Dr Geraldine McCaffrey
Chair, the Royal Pharmaceutical Society's Welsh Pharmacy Board



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1. Challenges threatening the sustainability of general practice, including:

a) the funding model for general practice and current financial pressures,

We understand that the committee will be examining the broader funding model and financial pressures affecting general practice. However, our survey revealed several key themes regarding the funding of pharmacists working within general practice that we believe are important to highlight.

Long-term cluster funding

While cluster funding has been a valuable model for supporting the integration of pharmacists, its increasingly conditional nature has raised concerns about the long-term sustainability of this resource. Several survey respondents highlighted that, although cluster funding has been beneficial, it is not guaranteed and may be challenging to maintain over time.

Funding for pharmacists at different career stages

Our survey highlighted concerns that in some cases, practices struggle to balance competing financial demands and the need for pharmacist expertise. As a result, they may:

- a) be unable to employ a pharmacist with the required experience, or
- b) fail to provide the professional support needed for a less experienced pharmacist.

In such situations, a less experienced pharmacist could be placed in a position where they are asked to work independently without adequate support, leading to a high level of responsibility but limited professional oversight.

One respondent reflected that:

“When I moved to the surgery I was already practicing at an advanced level having been supported to do that in my previous post. If I had come to the post without that, experience I would not have been able to substitute for GP work without additional support or training”.

In summary, adequate funding and workforce planning is needed to ensure practices can afford experienced pharmacists or provide proper support for less experienced pharmacists.

Funding of more pharmacy roles

There were also comments suggesting that pharmacists could have a more significant role in improving general practice care if there was more investment in other pharmacy staff, such as employing pharmacy technicians to support the workload and enable pharmacists to take on more clinical duties. At present, due to financial constraints in some practices,



pharmacists are not empowered to work at the top of their license and are mostly involved in reactive problem-solving rather than proactive care.

b) Working Environments; physical spaces, facilities and digital infrastructure

Physical Space

Several respondents to our survey reported that physical space in their general practice is a major concern. A common issue is the lack of clinical rooms, which can result in pharmacists having to share spaces with other healthcare professionals or deliver consultations in less-than-ideal environments. In some cases, pharmacists are forced to work from home or use non-clinical spaces, such as meeting or tea rooms, for telephone consultations.

Several respondents mentioned the difficulties posed by working in older buildings, with issues like dampness, cramped spaces, poor temperature control, and the challenge of maintaining cleanliness.

On the positive side, some respondents reported that their practices have more suitable physical spaces with sufficient room. It must be noted that these were typically in newer buildings.

The availability of suitable equipment was also raised, with some pharmacists having to negotiate for basic office furniture or equipment.

Digital Infrastructure

The development of the first-ever Shared Medicines Record for patients in Wales and the introduction of the Primary Care Electronic Prescription Service currently in development and being rolled out as part of DHCW 'digital medicines programme' is very welcome. Undoubtedly, they will lead to improved patient experience and safety and there was widespread optimism around their implementation in our survey.

However, many respondents to our survey noted that there is still a need for ongoing investment in digital solutions to improve efficiency and better integrate with clinical systems. One respondent emphasised that:

"In 2025, efficient health care cannot be delivered without digital solutions, which are increasingly expected by patients (for e.g. self-booking, texting, remote consulting, online communications/advice). These digital solutions are becoming a necessity to deliver the GMS contract at often considerable expense to practices".

- 2. The general practice workforce, including workforce planning, the recruitment of new staff into general practice, the retention of experienced staff, staff workload and wellbeing, training and continuing professional development, and the growth of the multidisciplinary team;**



Workload

The responses to our survey about workload for pharmacists in general practice paint a worrying picture. When asked to describe their current workload, responses included; “high”, “*incredibly high and unsustainable*”, “excessive” and “enormous”.

In some cases, the workload is so high that they have no option but to catch up during protected learning time or personal time.

These responses are very much in line with the results of our 2024 pharmacy workforce wellbeing survey, where the Wales-specific results revealed that a worrying 88% of pharmacy team members are at high risk of burnout. Key contributing factors including inadequate staffing (73%), lack of work-life balance (46%), financial pressures (45%), and insufficient protected learning time (49%).

Retention and recruiting

The biggest challenges in recruiting and retaining pharmacists in general practice, according to the responses in our survey, centre around several key factors:

1. Workload and Burnout:

Linked to the section above, a significant challenge is the high volume of work and the risk of burnout. The lack of support and peer review due to the isolation of the role contributes to the difficulty in managing the workload.

2. Financial and Career Concerns:

Many pharmacists cited a lack of alignment with the Agenda for Change pay scales, which are offered to hospital colleagues, as a deterrent. This, coupled with a lack of clear career progression and opportunities for professional development in general practice, can make the role less attractive.

3. Integration and Recognition:

The role of pharmacists is sometimes not fully understood or respected within general practices, with some GPs and practice managers not recognizing the value pharmacists can bring to the team. This lack of integration and possible unclear expectations further complicates recruitment and retention.

4. Training and Development:

The lack of training, professional supervision, and career development opportunities was highlighted as a barrier. Pharmacists in general practice



often lack access to protected learning time and the ability to develop into advanced clinical practitioners, which limits their long-term professional satisfaction and career growth.

Multidisciplinary working

Our survey results painted a mixed picture of multidisciplinary team (MDT) working in general practice. On the positive side, many respondents reported that MDT working is effective in their practice, with good communication, understanding of roles, and collaborative discussions. Daily catch-ups, regular team meetings, and clear recognition of individual team members' skills and competencies were highlighted as positive aspects.

On the other hand, several respondents pointed out challenges that hinder the effectiveness of MDT working. A recurring issue is the lack of understanding or awareness of the pharmacist's role within the team. This includes misunderstandings about the level of training pharmacists have undergone and their ability to manage chronic disease or take on specific clinical tasks.

Some respondents also felt that the allocation of patients to the most appropriate healthcare professional is not always done effectively, with other staff members, like receptionists, not fully recognizing what pharmacists can do. In addition, some pharmacists reported that their skills were not being fully harnessed within the team, with much of their time spent on administrative tasks or dealing with supply issues rather than contributing to chronic disease management or specialised clinics.

To improve MDT effectiveness, there should be greater education and communication about the pharmacist's role and skills within the general practice team. Enhanced collaboration, such as case-sharing meetings or interdisciplinary learning sessions, could also help foster stronger working relationships and ensure that patients are allocated to the most appropriate professional.

3. The patient experience of general practice, including equitable access to care, effective management of patient demand, the quality of care, and public trust in the services provided;

A recurring theme in the responses as to what would improve patient experience was for an increase in the number of pharmacists and support staff, as well as better funding under the General Medical Services (GMS) contract. A key issue identified is the current lack of adequate cover, with some practices only having one pharmacist for a large patient base, such as one for every 10,000 patients.

A key benefit of increasing the number of pharmacists working in general practice would be to ensure that all patients with comorbidities and complex medication regimens who are at high risk of adverse reactions would be able to receive regular pharmacist-led medication reviews. Increasing the number of such reviews would have a number of benefits including:

- Ensuring that patients avoid harm get the maximum benefits from their medicines.



- Reducing the number of medicines-related hospital admissions (they account for around 11% of unplanned adult hospital admissions, rising to 18% in some hospitals).
- Improving medicine optimisation, promoting best-value prescribing, and supporting appropriate deprescribing to reduce waste.

Additionally, providing protected time for peer support sessions and promoting collaborative working between pharmacy teams (including technicians and junior pharmacists) could help expand the scope of practice and improve the overall patient experience.

Patients understanding of role of pharmacists

A recurring theme in our survey that needs highlighting is that patients' understanding of the role of pharmacists in general practice is varied. In some practices, patients are familiar with and appreciate the role of pharmacists, particularly when they have had long-term exposure to their services. In these cases, patients often prefer to consult with a pharmacist for medication-related issues.

However, for many patients, there is still a lack of awareness about what pharmacists do in a general practice setting. Some patients continue to see pharmacists as part of community pharmacy or as professionals primarily brought into general practice as 'cost-saving measure', rather than understanding the full scope of their clinical responsibilities.

To improve patient understanding, greater efforts are needed to promote the pharmacist's role within general practice. This could include clearer communication about the services provided and public education campaigns to ensure patients recognise pharmacists as integral members of the healthcare team.

We would envisage that other professionals such as nurses and allied health professionals face similar challenges.

4. Opportunities to improve general practice to make it fit for the future and take a more preventative approach to care.

The sections above covering the other parts of the inquiry's terms of reference has touched on the opportunities related to pharmacists and medicines use that can improve general practice to make it fit for the future. These opportunities are summarised below:

- **Medication Reviews and Chronic Disease Management:** Increasing and building greater capacity the number of pharmacists would allow for more proactive medication reviews, particularly for patients with complex medication regimens or diagnosed with chronic conditions. This would help prevent adverse reactions, optimize medication use, and reduce hospital admissions related to medications.



- **Pharmacist-Led Clinics:** Pharmacists could run more condition-specific clinics (e.g., for diabetes, hypertension, or respiratory conditions), focusing on prevention through education, early intervention, and medication management.
- **Pharmacy Support Staff:** Investing in pharmacy technicians and support staff would free up pharmacists to focus more on preventative, patient-facing roles rather than administrative or reactive tasks.
- **Clearer Role Recognition with the MDT:** Educating other healthcare professionals on the pharmacist's role in general practice—particularly in prevention, chronic disease management, and medication optimization—would lead to more effective team-based care.
- **Raising Awareness of Pharmacists' Role among the public:** Linked to the point above, educating patients on the benefits of consulting with pharmacists for medication management and chronic disease support will lead to improved pharmacist-patient dynamics and will help alleviate the burden on GPs and improve
- **Adequate Physical Space and Equipment:** Ensuring that pharmacists have access to appropriate clinical spaces and equipment is essential for providing high-quality care.
- **Protecting Learning Time and Peer Support:** Ensuring that pharmacists have access to protected time for learning and peer support will help reduce burnout and increase job satisfaction. This is especially important as the workload in general practice increases.
- **Continued Investment in Digital Solutions:** Ongoing investment in digital tools like the Shared Medicines Record and electronic prescription services will improve the efficiency of care delivery, reduce medication errors, and enhance coordination across teams.

5. Community Pharmacy

It is important to note that community pharmacy faces many of the same challenges as general practice, particularly in terms of funding, workforce pressures, and the need for clearer career pathways and support.

We encourage the committee to consider undertaking a similar inquiry into community pharmacy in the future. Such an inquiry would help highlight the key issues facing this essential sector, which is integral to the delivery of healthcare services in Wales, and ensure that it receives the support needed to thrive alongside general practice.

