NHS England South West

South West Inclusive Pharmacy Practice Manifesto

Introduction and background

NHS England, the Royal Pharmaceutical Society (RPS), alongside the Association of Pharmacy Technicians UK (APTUK), has published a 'Joint national plan for Inclusive Pharmacy Practice (IPP)' in England.

IPP focuses on embedding inclusive pharmacy professional practice into everyday care for patients and members of the public to support the prevention of ill-health and address health inequalities within our diverse communities. This includes making the workplace more inclusive for pharmacy professionals, with senior leadership that reflects our workforce and diverse communities. It involves open conversations and meaningful actions to improve the experience of both patients and pharmacy professionals.

IPP is about engaging with local communities, helping to improve their health, and addressing the inequalities that people, particularly those from ethnically diverse backgrounds, can experience. For example, COVID-19 had a disproportionate impact on people from ethnically diverse backgrounds.

Regional Context

The South West (SW) Leading for Inclusion: Our Strategy was published by the South West Regional Leadership Community in January 2023. The overall vision is to improve the future for generations, so they feel they belong in the South West health and care system – it is a great place to work, delivering outstanding care, outcomes, and experience for all and supporting the work to reduce health inequalities.

Available workforce data does not give a full accessible range of protected characteristics, but it includes ethnicity data, which permits comparison of pharmacy workforce ethnicity in the region with the England data. The launch of the Pharmacy Workforce Race & Equality Standards (PWRES) will be a springboard to more attention on the data across all characteristics. Meanwhile, individual Pharmacies need to focus on improving locally. This might be ethnicity, LGBTQ+, gender, disabilities etc. Each organisation will look different but can apply the same principles outlined in the manifesto.

> **"From my own experience as being neurodivergent which is covered under the equality act it would be even better to know that neurodiversity is also seen as an asset which will bring various positives to the organisation (e.g. attention to detail, being curious, having a high aptitude to learn and remember facts, logical thinking; just to name a few which are characteristic for people with autism spectrum condition)."**

Purpose of the SW IPP Manifesto

The SW IPP Manifesto has been developed to support employers and leaders across the region with the practical implementation of the principles set out in the national IPP plan. The manifesto aligns with the wider SW Inclusion Strategy and the **NHS equality, diversity, and inclusion improvement plan** and provides a set of principles and recommendations for Pharmacies and Pharmacy Departments in the SW to benchmark against and to support pharmacy leaders to meet their commitment to the principles.

Developing culturally sensitive and competent healthcare teams is vital to reducing health inequalities within our communities, preventing ill-health, increasing vaccine uptake and protection from serious disease, and managing long-term conditions which are often of higher prevalence in Black, Asian and Minority Ethnic communities for example.

This manifesto has been designed with a focus on developing inclusive pharmacy practice within the pharmacy workforce and its leadership in the first instance. A further piece of work exploring the impact and potential of the implementation of the manifesto on reducing health inequalities within our SW communities is planned at a later stage.

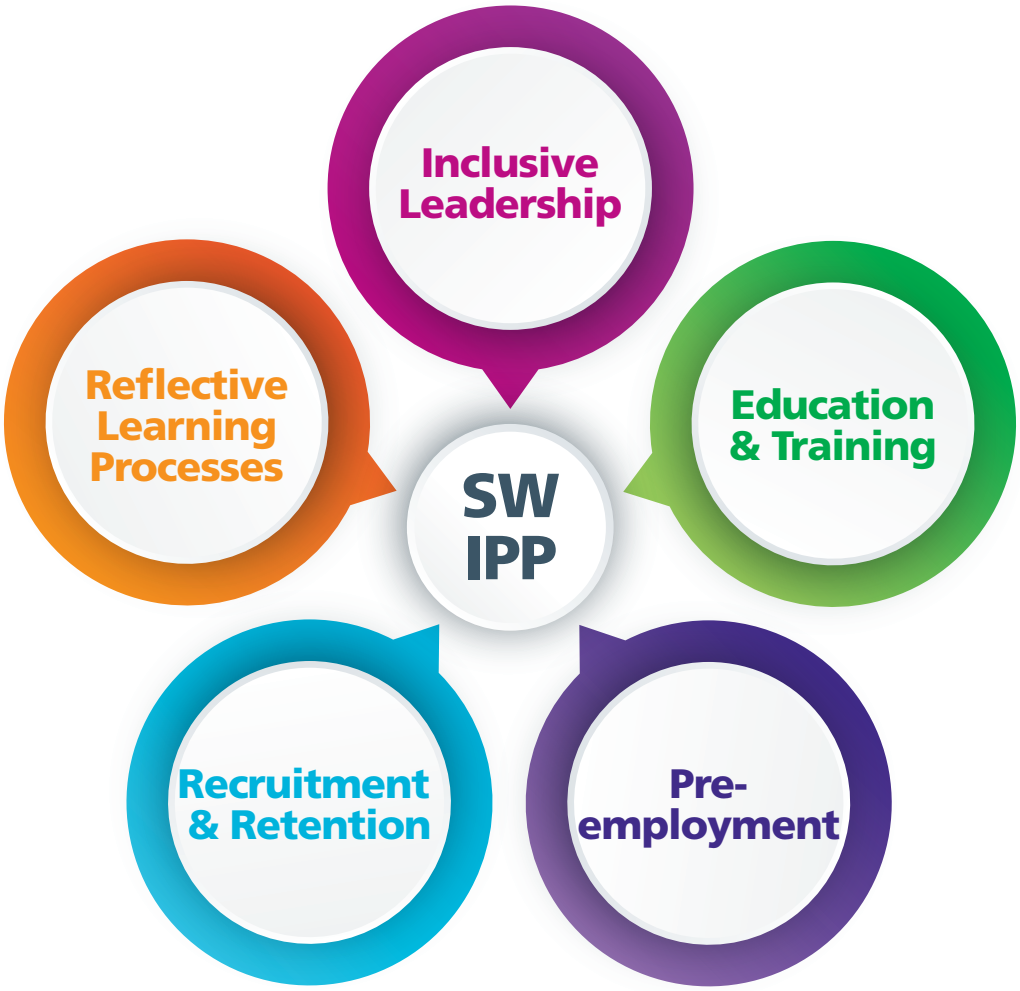
The recommendations set out within the manifesto will support employers to:

- Create a culture where our people feel valued, heard, and able to be their best selves at work.
- Develop our leaders to be compassionate and inclusive in all they do.
- Recruit, develop, and retain a diverse workforce to ensure equitable representation
- Support the creation of diverse leadership in Pharmacy that is reflective of our workforce and the populations we serve.
- Improve staff experience across all protected characteristics to ensure the South West NHS is the best place to work.
- Align with the requirements of the NHS Long Term Workforce Plan.

The principles within the manifesto can and should be applied to all protected characteristics. Pharmacy leaders should strive to understand which areas are most relevant to their teams and the populations they serve and implement the recommendations accordingly.

“I think it is good to highlight education and training as sometimes attitudes are a certain way due to ignorance but can changed with education.”

Principles underpinning the SW IPP Manifesto



SW Inclusive Pharmacy Practice Manifesto Principles

Culture of belonging → Championing inclusive leadership → Challenge barriers to inclusion and diversity

Royal Pharmaceutical Society – Inclusion & Diversity Strategy

Leadership → Culture and Policy → Accountability

Leading for Inclusion – SW Strategy

Summary of the SW IPP Manifesto

These principles have been developed and agreed to support SW pharmacy employers with fostering a culturally sensitive environment which attracts and develops a representative and diverse workforce.

Pharmacy leaders are encouraged to commit to the principles and invited to implement those recommendations that would enhance and improve current local practices.

Inclusive Leadership

We will commit to ensuring all team members are treated equitably, feel a sense of belonging and value, and have the resources and support they need to achieve their full potential.

Recommendations that could support meeting this commitment:

- Ensuring that Inclusive Pharmacy Practice is explicitly included as part of any Pharmacy Strategy document. This should include all aspects of the themes within this manifesto.
- Ensuring reflective representation in senior leadership positions across the system (and being loud and proud about this. This includes having sight of these roles as 'faces' of the organisation; "You can't be what you can't see."
- Commitment to a PWRES plan of action, including positive action for talent management/ leadership development.
- Ensuring staff in leadership positions have received training in inclusive leadership.
- Ensuring key Pharmacy Senior Team meetings should have representation that is inclusive - 'one inclusive culture', via inclusive recruitment and/or inclusion champions.
- Having improved visibility of staff in leadership roles from LGBTQ+, ethnic minority and disability backgrounds and empowerment for these staff to openly share and represent their diverse characteristics.
- Creating a safe psychological environment for staff to be comfortable discussing discrimination in the workplace and 'calling it out'.
- Ensuring key Pharmacy Senior Team meetings will have a standing agenda item around inclusivity, with meaningful discussions around this subject.
- Baselining ESR information on departmental workforce makeup Pharmacy Workforce Race Equality Standard to be monitored by the Pharmacy Leadership Team at regular intervals with active actions around identified areas of improvement.
- Ensuring that Pharmacy Staff interested in membership of Staff Inclusion Network(s) or to be 'EDI Champions' are supported in this and given the appropriate forum within Pharmacy to share learning.

University Hospitals Plymouth NHS Trust Pharmacy hold regular webinars for all staff. Staff Network Chairs have been invited to these webinars to raise awareness and there is a representative from Pharmacy on these networks that champions its work. There is also a regular EDI focus on this webinar celebrating key events and inviting speakers to share stories. So far this has included sessions in Diwali, Breast cancer and melanoma awareness, neurodivergence etc.

For further information, contact Kandarp Thakkar, Chief Pharmacist & Clinical Director of Medicines Optimisation on **k.thakkar1@nhs.net**

- Including regular education and celebration departmental EDI sessions e.g., presenting on topics around the multi-faith as part of any Pharmacy communications or celebrating PRIDE. This could be new sessions or embedded within other staff meetings. This should include learning outcomes for each session and EDI metrics you wish to measure from sessions over time e.g., Feedback, engagement from staff members, number of people attending.
- Commit to specific support, e.g. the balance App: **balance-menopause.com** which gives quick access to evidence-based information relating to the perimenopausal/ menopausal symptoms and treatments.
- Having a noticeboard (physical or virtual via Microsoft Teams) where EDI is celebrated, and experiences can be shared. This can be Pharmacy specific or linked into the wider organisational structures.
- Encouraging use of inclusive language. This can be done through various ways including, but not limited to:
    - Awareness of unconscious bias the impact of language on inclusivity and sense of belonging, for example the use of pronouns.

“As I need to pray during the day, the pharmacy team have been very flexible around this. Many times colleagues have covered my dispensary slot for 10 minutes to allow me to go to the chapel and pray on time.

As Christmas is not a holiday that I commemorate as a Muslim, I am happy to work over this period to help annual leave across the rest of the team. In return the team are very accommodating when I request leave during the hold month of Ramadan as well as on the days of Eid as this is important holidays for me.”

At Dorset Healthcare University NHS Foundation Trust, following a discussion about valproate policy, it was recognised that ‘inclusive language’ should be considered within the policy and more broadly in Trust/System documentation. It was decided to remove ‘she/her’ and replace with ‘they/them’.

NHS Digital provides information about inclusive content. service-manual.nhs.uk/content/inclusive-content/sex-gender-and-sexuality that is helpful in supporting open discussions around language and inclusion.

For further information, contact Natasha King, Chief Pharmacist on **natasha.king@nhs.net**

- Share the concept of including pronouns in email sign offs as a measure to support an inclusive environment.
- Encouragement of any gendered language to only be used when necessary / certain, feedback in meetings and appraisals. As an example, use the word spouse instead of husband/wife.
- Encouragement of not referring to age (old or young) unless necessary.
- Awareness about language that it is appropriate to use when talking to or about persons with disabilities and encouraging application of the 'people-first' language principles, as outlined in the **Disability-Inclusive-Language-Guidelines.pdf (ungeneva.org)**
- Avoidance of any assumptions in relation to gender of individuals or their partners.

Many of my colleagues often arrange events outside of work that doesn't always include drinking alcohol. They do ask if it would be something I would go to first, rather than expecting me to go just because it is an alcohol free event."

- Having clear mechanisms to cascade EDI concerns – this can be directly to the Chief Pharmacist / Responsible Pharmacist / Superintendent or forums such as FTSU/wider organisation/GPhC/ICB.
- Ensuring that departmental values place an emphasis on respecting and understanding the diverse backgrounds, cultures, and experiences of all members of the pharmacy team.
- Ensuring that the cultural and religious differences within teams are acknowledged and respected when organising any departmental social events. Social events should aim to be inclusive and the views and needs of different members of the team should be considered in the planning. Avoid making assumptions about what colleagues may or may not want to take part in.
- Consider organising specific departmental events that celebrate the diverse cultures and backgrounds reflected with the team e.g., foods of the world.
- Ensure social events or team away days are moved around with regards to times and venue to allow different people to attend. Consider the venue for access and facilities.
- Signing the RPS Pledge for Inclusion and Wellbeing (**Pledge for businesses.pdf (rpharms.com)**) including creating three actions to work on when signing the pledge.

Education & Training

We commit to providing a development environment for learners that embodies the diverse backgrounds of all and guide our workforce to become culturally competent members of the healthcare team in providing care to people from all backgrounds.

Recommendations that could support meeting this commitment:

- Ensuring all staff complete training on cultural competence e.g. CPPE (for all Pharmacy professionals) or the e-learning for health module (**www.e-lfh.org.uk/programmes/cultural-competence**) accessible by anyone who has a NHS email address.
- Where appropriate, considering other training for staff such as unconscious bias training, privilege, Race equality (WRES), Active bystander, Allyship, neurodivergence training, particularly for supervisors, identifying department advocates and champions where appropriate.
- Ensuring equity of access to training and development support, regardless of contract type (part time, full time, rotational, fixed term etc).
- Ensuring that those who need to work flexibly are not disadvantaged in terms of progression, so as not exclude those with families or other parental commitments.
- Encouraging leadership development training for all staff in management or mentorship positions (ensuring ED&I addressed within the course content).
- Improving delivery of religiously, culturally sensitive counselling of patients including more awareness of e.g., porcine derived medicines that have become standard in many hospitals and how to navigate this with certain religious or cultural beliefs.
- Ensuring all managers receive appropriate training in how to respond to racial harassment and bullying complaints or incidents.
- Striving to ensure diversity is reflected in Educational Supervisor/lead positions, ensuring training teams are representative of the workforce they support.
- Improving knowledge around transitioning and medicines that may be affected e.g., talks to be delivered to staff from persons who have transitioned, to improve awareness.
- Ensuring equity of access to relevant and appropriate training and education for all staff groups, including funding, supervision, and support, regardless of professional status or banding.

> **Data will be poorly underestimated as many ethnic minority groups who have experienced discrimination in the workplace do not speak up due to fears of ostracization and the stigma that comes with whistleblowing."**

Pre-employment

We will ensure that any pre-employment activities carried out have inclusion at the heart and engage with our most under-represented communities to ensure a diverse talent pool at recruitment stage.

Recommendations that could support meeting this commitment:

- Having an active outreach plan to local schools of pharmacy and training providers, with a focus on inclusion; ensuring this is fair and equitable to encourage all to apply.

Devon ICS has commissioned Pathway CTM to do work with schools across Exeter, Plymouth and Torbay to raise the profile of Pharmacy within Devon schools, particularly aligned to the opening of the new School of Pharmacy in Plymouth. Using deprivation proxy markers such as free school meals, the inclusion agenda is targeted.

For further information, contact David Bearman, Devon ICS Workforce Lead on **david.bearman@nhs.net**

- Considering representation and access to mentoring' Regional minority mentoring programme; enrolment onto NHSLA Step-up programme.
- Reverse/reciprocal mentoring of the senior team by someone in the team with protected characteristics.
- Engaging in the creation of roadshows showcasing 'life in the southwest' like the training hub initiatives for recruiting GPs/junior docs into the southwest from other areas of the UK.
- Having a digital and social media presence showcasing the inclusion work around the SW / individual ICSs, for those looking to work in the southwest.
- Demonstrating innovation around where we do recruitment e.g., stands away from traditional recruitment fares – e.g., Pride, cultural events etc.
- Widening job advertisements in order not to exclude those from a particular sector of pharmacy but this would apply to all the protected characteristics. Advertise jobs through wider networks e.g., specialist groups such as UKBPA, BIMA.

Recruitment & Retention

We will commit to following best practice around inclusive recruitment and retention to ensure a diverse staff group at each grade, reflective of our wider organisational workforce and population.

Recommendations that could support meeting this commitment:

- Retiring gender marking in job titles, roles, and descriptions (**gender-decoder.katmatfield.com/about**).

The Inclusive Pharmacy Practice Delivery (NHS England) and NICE have developed a recruitment checklist. Traditional recruitment techniques are susceptible to influence from biases, with behavioural science identifying that job descriptions dissuade applicants from some demographics from applying. The checklist covers best practice in job description/person specification, advertisement, shortlisting, and interview.

For further information, contact David Hutchings, NICE on **david.hutchings@nice.org.uk**

- Considering introduction of interview panellists with pronouns.
- Considering having an observer/inclusion champion on interview panels to provide objective feedback to the panel, this is to ensure the interview is fair and highlights areas of bias. An inclusion champion represents the diversity of the Trust and its community, and asks questions related to values and EDI. They aim to challenge and encourage.
- Ensuring that all panellists have had the right inclusion training. This could include EDI, active bystander, unconscious bias, hidden disability etc.
- Ensuring inclusive interview panels; to think differently during the process and challenge decisions where they feel these are biased or disregard cultural differences and by including questions that highlight the organisations EDI values and commitments and explore the candidates' approach to EDI.
- Ensuring that HR/recruitment systems routinely anonymise candidates during the electronic short and long listing stages.
- Supporting equity of access to opportunities for all pharmacy professionals across the sectors to participate and engage with research. e.g., is almost impossible for community pharmacists with this interest to participate in research easily in the current landscape.
- Developing more collaborative working with Higher Education Institutes (HEIs) to involve current workforce in research – this is almost impossible for community pharmacists with this interest to participate in research easily in the current landscape – collaboration with HEIs could support this.

Gloucestershire Hospitals NHS Foundation Trust has a Values Based Recruitment toolkit for recruiting managers. This includes sample interview questions related to EDI, both towards all candidates and towards candidates for management specific roles. The recruitment policy asks that within the recruitment and selection process, all recruitment panels should aim to have one Inclusion Champion. For interviews at Band 8a+, and 6-7 feeder roles identified through model employer plans, it is mandatory to have an Inclusion Champion.

For further information, contact Bilal Topia, Deputy Chief Pharmacist on **b.topia@nhs.net**

- Developing mentoring schemes for UG students, diverse panels, action plan to support local high deprivation area recruitment and net zero (as disproportionate impact on lower income/ minorities). This would be to support local careers promotion and recruitment in areas of high deprivation.
- Agreeing a SW inclusivity statement to include in all adverts.
- Considering using platforms away from NHS jobs to advertise and direct to NHS jobs to maximise a diverse group of applicants.
- Engaging with existing workforce on what will be helpful for inclusive recruitment.
- Encouraging a culture of appreciative inquiry to break down barriers.
- Working towards 'flexible working as standard' approach e.g., hybrid working for staff groups etc. at all grades and in all roles to encourage and support ongoing progression and development.

Reflective learning processes

We will ensure that we are in a continuous cycle of learning and improvement from all the data and intelligence we gather around inclusive pharmacy practice.

Recommendations that could support meeting this commitment:

- Ensuring we learn from exit interviews via a thematic analysis and action plan. Consider, where possible, a specific question in exit interview questionnaires on inclusivity – feedback explicitly actioned.
- Offer flexibility with exit interviews e.g., who to have the interview with, digital anonymous forms, etc.
- Improving methods of gathering information on how people are feeling. More openness from senior pharmacy staff on interpretation of e.g., workplace surveys – not to be challenging and defensive, but listen to the issues staff are facing and work with them to find a pathway through.
- Promoting the Freedom to Speak Up Guardian (FTSUG) role with a focus on ensuring staff know this includes offering help if they encounter racism, discrimination, or bullying.
- Commit to ensure FTSUGs do an annual visit to the department/staff meeting to make their roles more understandable.
- Encouraging the use of advocates and champions within the department who can support and speak on behalf of colleagues where this is helpful, for example, wellbeing advocates, mental health first aiders or neurodiversity champions.
- Ensuring we learn from any additional data or surveys including HEE trainee and other surveys, NETS, HEE Exit surveys, NHS staff survey, community pharmacy survey, PWRES reports, etc.
- Encouraging participation in national roundtable discussions e.g., GPhC, RPS, APTUK
- Link in with inclusion leads and the work that is already being done locally, at system and beyond.
- Commit to supporting people to feedback as it is recognised that representativeness of data is impacted by engagement.

SW IPP Group

Name	Role	Organisation
Kandarp Thakkar	Chief Pharmacist & Clinical Director of Medicines Optimisation	University Hospitals Plymouth NHS Trust (Chair)
Umeh Ali	Pharmacy Clinical Fellow	NHS England
Vernise Daji	Pharmacy Clinical Fellow	NHS England
Paul Foster	Clinical Director of Pharmacy	Torbay, and South Devon NHS Foundation Trust
Nick Haddington	Pharmacy Dean, SW	NHS England
Uzoma Ibechukwu	Director of Pharmacy & Medicines Optimisation	Royal United Hospital Bath NHS Foundation Trust
Matthew Kaye	Director of Pharmacy Services	North Bristol NHS Trust
Natasha King	Chief Pharmacist	Dorset Healthcare University NHS Foundation Trust
Farzana Mohammed	Pharmacy Clinical Fellow	NHS England
Bisola Sonoiki	ICB Medicines optimisation pharmacist, PCN clinical primary care pharmacist, consultant community pharmacist	NHS Bath and North East Somerset, Swindon, and Wiltshire ICB
Sarah Steel	Highly Specialised Clinical Pharmacist & Lead for CAMHS	Avon and Wiltshire Mental Health Partnership
Bilal Topia	Associate Director of Pharmacy – Business & Operational Services	Gloucestershire Hospitals NHS Foundation Trust
Ellen Williams	Director of Regional Pharmacy Training	Pharmacy Workforce Development South