

ENHANCING SKILL-MIX IN COMMUNITY PHARMACIES: Main Messages

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Main Messages

- Opinions on *how* skill-mix 'worked' and for *whom* it worked seemed to differ.
- It looked more likely to be perceived as working well by pharmacy owners and those from single businesses, dispensing fewer prescriptions and open for shorter hours.
- Respondents in a position to influence (perhaps exemplified by the experienced, small business owner) may have felt more empowered to affect change and make a difference.
- In contrast, workload pressures seemed to be felt more intensely by those in pharmacy chains, open for longer hours, handling large numbers of prescriptions and those pharmacists in a manager, rather than owner position.
- Such workload pressure could be alleviated by delegation and indeed, the great majority of respondents were confident to delegate to other members of their team.
- Although the role of the pharmacy technician was valued by most and could relieve the work pressure of the pharmacist, the value of their role relative to dispensers was questioned by some. These less qualified roles were also seen as easing workloads and releasing pharmacist time for services and greater patient contact.
- Key barriers to delegating and developing staff roles and responsibilities chimed with existing literature and included resources (funding, time for training, pay), staffing and workload, and relationships (within the team and with GPs/others).
- There was some uncertainty about scope of practice amongst pharmacy owners and evidence in some pharmacies of team members working beyond their qualification and training.
- What stood out across the case study pharmacies was dynamic leadership, staff feeling valued and taking pride in their work, a strong patient-focus and a systematic but flexible approach to managing workload where staff roles could be covered by more than one staff member.
- Training is part of the solution (scope of practice, legalities, leadership) but is challenged by lack of time and resources.

Recommendations

1. Skill-mix optimisation is about using people in the right role for the task in hand. Workload pressures can be eased for pharmacists where they are able to delegate tasks. Consideration should be given to all members of the team, not just those who are most qualified.
2. Making best use of the skill-mix takes leadership and needs support from the management. Appropriate leadership and management training should be made available to all those in senior positions.
3. More training opportunities in enhancing understanding of scope of practice are needed but these should be properly resourced in terms of time and funding.
4. Interest in learning groups for those considering enhancing skill-mix needs to be established. We had difficulty in rallying interest in participation in such learning groups but is something we continue to explore.
5. A patient focused approach is a good driver which can motivate staff and enhance commitment. Patients should be emphasised in any review of the pharmacy mission and strategy.
6. The importance of affective factors needs wide recognition: attitudes matter and teamwork is enhanced where there is trust– in staff abilities and the trust of others (notably GPs) in pharmacists.