ENHANCING SKILL-MIX IN COMMUNITY PHARMACIES

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Advisory Group
Abbreviations

ACT  Accuracy checking technician
BOS  Bristol online surveys
CCG  Clinical commissioning group
DMR  Discharge medicines review
GPhC General Pharmaceutical Council
HCA  Healthcare advisor
LPF  Local practice forum
MCA  Medicines counter assistant
MUR  Medicines use review
NHS  National Health Service
NVQ  National vocational qualification
OTC  Over the counter
RPS  Royal Pharmaceutical Society
SPSS Statistical Package for the Social Sciences
WCPPE Wales Centre for Pharmacy Professional Education
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 (additional clinical skills, 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.
Executive Summary

Background context
The role of the community pharmacy in the healthcare service is expanding. The change in the community pharmacy contractual framework in 2005 allowed pharmacists to provide services which were previously carried out by GPs and to delegate certain pharmacist tasks to other members of the pharmacy team. These developments have prompted growing interest in optimising the mix of staff (skill-mix) within community pharmacies. In addition to a pharmacist, the team can comprise pharmacy technicians, accuracy checking technicians (ACTs), dispensing assistants and medicine counter assistants (MCAs), amongst others. However, in community pharmacy there is no set requirement for the constitution of the pharmacy team.

The re-allocation of pharmacists’ and other team members’ tasks and responsibilities requires a shift in entrenched views on roles and duties and a change in the community pharmacy culture. Despite being willing to delegate parts of the dispensing process, pharmacists still carry out tasks which could be performed by pharmacy technicians or ACTs. From the research literature, factors influencing delegation and skill-mix optimisation include: staffing and workload, premises (size and space), resources (for training, funding and pay), management support, relationships (with GPs/others, trust in staff abilities), professional identity (leadership, isolation) and patient awareness and perceptions.

Aims
Our aim in this study was to report on barriers to skill-mix in community pharmacy and explore how they can be addressed so that skill-mix may be optimised. The objectives were to:
1. identify pharmacists’ understanding of the skills, competencies and responsibilities of members of the pharmacy team;
2. gauge pharmacists’ readiness to employ extended roles and responsibilities;
3. document perceptions of barriers and enablers to effective delegation;
4. provide case studies of exemplar team working;
5. develop learning groups for those considering enhancing skill-mix; and
6. make recommendations for skill-mix in community pharmacy.

Methods
The study adopted a mix-methods design in four main stages: a scoping exercise (face-to-face meetings with community pharmacy groups and literature review), a survey of community pharmacists across Great Britain (using a piloted postal questionnaire which was also available online), five case studies of diverse community pharmacies (observation and interviews with staff), and feedback (from our advisory group and events).

Survey results
We received 1209 returns (1119 paper-based; 90 online) representing a 9% voluntary sample. Most were from England (96%), were pharmacy chains (76%), commonly open 40-49 hours (43%), and dispensing fewer than 6,000 prescriptions per month (41%). Over half (51%) had between 5-8 members of staff. Of these pharmacies, a pharmacy technician was included in 46% of them and an ACT in 23%. Rarely did these pharmacies use a dispensing hub (6%) or a robot (2%). Most offered a prescription delivery service (86%). Larger pharmacies (seven or more staff) dispensed more prescriptions. Those employing pharmacy technician(s) offered significantly more commissioned professional services (p<0.01; χ²=14.444). Pharmacies with a pharmacy technician offered more services than those without (p<0.01; χ²=14.588).
From a factor analysis of responses to 26 opinion statements, we identified six factors. Those perceiving the skill mix to be ‘working well’ (factor 1) tended to be pharmacy owners and those from single businesses, dispensing fewer prescriptions and open for shorter hours. Pharmacy chains, open for longer hours, handling large numbers of prescriptions and those pharmacists in a manager position were more likely to be ‘feeling the pressure’ (factor 2). Views on ‘pharmacy technicians’ pay and conditions’ (factor 3) and the ‘pharmacy contract’ (factor 4) varied by business type (chain/single business) and pharmacist role. More pharmacy owners were uncertain about ‘scope of practice’ including extent of roles, responsibilities and legalities (factor 5). Those fewer years qualified or owners or those based in single business open for longer were more likely to recognise ‘room for improvement’ related to a diversity of aspects including leadership training, use of extended roles and staff turnover (factor 6).

The great majority of respondents (88%) reported feeling confident about delegating workload to other members of their team. The role of the pharmacy technician was valued by most: they were seen as having knowledge, skills and experience which enabled them to make valuable contributions to specific tasks and relieve the work pressure of the pharmacist. However, a minority viewed them as having limited value compared to dispensers.

Although a sizeable number of our respondents desired no change as their team was already working well, the majority wanted to make some change; most commonly cited changes were the recruitment of new staff, staff training, and developing team experience. Others commented on the need to improve staff attitudes. A variety of staff roles was identified by the near 50% of respondents who wanted to make a new appointment. These included ACTs (identified by 71% of those wanting to recruit new staff), MCAs (66%), dispensing assistants (NVQ L2) (65%), pharmacists (62%), pharmacy technicians (57%) and pre-registration trainee pharmacists (54%). Such new appointments were seen as easing workloads and releasing pharmacist time for services and allowing greater patient contact.

Barriers to developing roles and responsibilities included financial and budgetary issues, lack of time to train staff owing to high workload and insufficient staffing levels. Other barriers included uncertainty about scope of practice or regulatory guidelines. Enablers for developing roles and responsibilities included more staff cover, more time and funding for training of all team members and, improved pay.

Summary points from the survey include:
• The sample is diverse (single businesses/chains; managers/owners) and circumstances and opinions differ.
• Pharmacy chains open for longer hours, handling large numbers of prescriptions and those in a manager position seem to be feeling the pressure most.
• 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.
• Key barriers to developing roles and responsibilities are time and money.
• Training is part of the solution (scope of practice, legalities, leadership) but is challenged by lack of time and resources.

Summary points from the case studies
• All pharmacies were patient- rather than prescription-focused and offered a range of services. Staff members took pride in providing a good service to customers; staff seemed committed to treating people well.
• Staff described how they covered each other’s roles and adopted a flexible approach to managing workload.
• Strong leadership was evident and staff felt valued. Regular staff meetings were used to aid communication.
• The importance of staff development was recognised although the pharmacy leads were accepting that not all staff wished to develop their role.
• Three of the pharmacies have made a conscious decision to restrict retail to healthcare-related products only in order to enhance their image as a professional healthcare service. This may have contributed to staff feeling more like professionals rather than shop assistants and possibly had a positive effect on attitude and commitment.

Conclusions and recommendations
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. 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. Our survey findings on the 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). We also found some uncertainty about scope of practice amongst pharmacy owners.

The role of the pharmacy technician was appreciated by most and seen as relieving the work pressure of the pharmacist. However, survey responses raised questions about support staff’s scope of practice. Some members of the team were working beyond their qualification and training levels. Reasons for this are unclear but could include workforce pressures and available skills within the team, or lack of understanding of scope of practice. Such explanations may have influenced comments which questioned the value of the pharmacy technician relative to dispensers. That more wanted an MCA (66%) or dispensing assistant (65%) than a pharmacy technician (57%) could be linked to staff working beyond their qualification level and a lack of understanding of scope of practice. Despite a degree of uncertainty about role remit, less qualified roles were viewed positively and seen as easing workloads and releasing pharmacist time for services and greater patient contact.

The case studies provide illustrations of skill-mix ‘working’ and indications about why it works. 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.

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.
Background Context

The role of the community pharmacy in the healthcare service is expanding and attracting increasing attention. Highly accessible to the public, the last ten years has seen a huge growth in the services they offer, beyond the dispensing of prescriptions, and changes to what pharmacists and members of the pharmacy team are able to do. In 2005, the NHS Pharmacy Contractual Framework was introduced and consists of three levels of services: essential, advanced and enhanced.\(^1\) This allowed pharmacists to provide services which were previously carried out by GPs, such as vaccination services (“flu jabs” or travel clinics) and assessments (e.g. cardiovascular disease risk assessments, blood pressure checking and cholesterol testing), and to delegate certain pharmacist tasks to other members of the pharmacy team.\(^3\) The Health Act 2006 facilitated the development of further clinical services\(^4\) and collaborative partnerships with GPs and others.\(^5\) The Healthy Living Pharmacy (HLP) initiative in England increased community pharmacy’s role in healthcare. The framework allows commissioning of public health services to meet the needs of the local population and to help reduce health inequalities. Typical services include weight management, smoking cessation, alcohol awareness and medicines use reviews (MURs).\(^6\) The HLP framework is facilitated by workforce development, premises that are fit for purpose, and engagement with the local community and other health professionals (GPs, social care and public health professionals).

These developments have prompted growing interest in optimising the skill-mix within community pharmacies. Skill-mix refers to the mix of staff and the balance of different levels of responsibility.\(^7\) The community pharmacy team is complex and diverse\(^8\) and there are no set requirements for the composition of the pharmacy team. In addition to a pharmacist, the team can comprise pharmacy technicians, accuracy checking technicians (ACTs), dispensing assistants and medicines counter assistants (MCAs).\(^9\) Role enhancement, role substitution or delegation\(^3\) are all means of affecting the skill-mix. In pharmacy, two forms of role substitution initiatives have occurred: inter-professional (where pharmacists carrying out tasks previously undertaken by GPs) and intra-professional role substitution (e.g. where pharmacy technicians carrying out tasks previously performed by pharmacists).\(^1, 10\) A small body of work has been published on pharmacy technicians but this has mainly reported demographic data from an analysis of the General Pharmaceutical Council’s (GPhC) Register\(^11\). At the time of the Seston and Hassell’s\(^11\) survey in 2012, there were 21,361 pharmacy technicians registered with the GPhC and the majority of respondents were female (90%). Beyond this, it is difficult to find an accurate picture of the numbers and level of training of the pharmacy support team.

Workload

 Whilst the development of new roles and services has increased the profile of the community pharmacy and the relationship of the pharmacist with patients, it is set against a background of an increasing dispensing service.\(^1\) Between 2001 and 2011 the number of dispensed prescriptions by community pharmacists in England increased by almost 60%.\(^12\) Studies conducted after the 2005
community pharmacy contract concluded that the contract change caused an increase in workload in all three tiers of service (essential, advanced and enhanced).\(^2\), \(^12\), \(^13\), \(^14\) Observations of community pharmacies in Northern Ireland and London\(^15\), \(^16\) noted that pharmacists spent nearly half their time on professional activities (prescription coding and endorsing; accuracy checking; handing out prescription medicine/counselling; non-prescription medicines counselling). Semi-professional activities (assembling and labelling; administration and finance) accounted for around a quarter of their time. The majority of their remaining time was spent on non-professional store-related activities. McCann et al\(^17\) identified significant correlations between pharmacy workload characteristics and activities carried out. Pharmacists handling less than 1,499 prescriptions per month spent more time counselling patients on over-the-counter medications and discussing symptoms than those handling 1,500 or more per month. Similar results were reported by Bell et al.\(^18\) Pharmacists who worked alongside a pre-registration student spent less time assembling and labelling products than those who did not and pharmacists working alongside three or more team members spent less time on coding and endorsement of prescriptions than those in smaller teams.\(^17\)

Changes in the number of MURs provides good illustration of the changing workload.\(^2\), \(^19\) MURs are an advanced service where patients take part in a documented, face-to-face consultation with a community pharmacist.\(^20\) Community pharmacists must have received training and gained national accreditation in order to carry out MURs.\(^20\), \(^21\) The service is free at point of delivery and pharmacists are reimbursed by the NHS.\(^20\) The number of MURs increased by 589% between 2005-06 to 2007-08.\(^13\) The increase indicates a willingness to carry out extended roles and pharmacists who provided MUR services were three times more likely to be satisfied with their post-contract role.\(^2\) However, staffing resources and financial reward have been shown to be influential factors.\(^21\)

Training opportunities, motivation of pharmacists, support/communication from GPs, accreditation of pharmacy premises, confidence to perform MURs, or company policy are reported determinants of provision.\(^22\), \(^23\) MURs can be time consuming and difficult to incorporate into daily routine.\(^22\), \(^23\) Complicated paperwork and the duplication of work has also been noted.\(^24\), \(^25\) Further, the consultations require a designated consultation room which often meant a reduction in the retail area and a potential loss of retail income.\(^26\) Opportunities for offering healthy living advice may also be reduced as in their interviews with HLP team members Donovan and Paudyal\(^27\) found that most used pharmacy sales as a way to introduce public health activity, with far fewer making the link with their dispensing work.

**Impact of workload**

The expansion of services offered by community pharmacies and impact of workload changes has been researched. One study found that 57% of pharmacists they surveyed reported feeling stressed at work since the new contract, were working longer hours and had insufficient time for paperwork and other tasks.\(^2\) Another found that female employees, locums and proprietors reported pressure
from increasing workload. This was linked to inadequate staffing levels and conflicting priorities. More recently, Jacobs et al. reported that pharmacists’ perceived workload impacted on patient safety and the pharmacists’ well-being. They found links between areas of self-reported pharmacist stress (e.g. work-life balance, job security, etc.) and individual and organisational characteristics (including job role, age and gender). Gidman identified patient safety concerns associated with increased workload arising from extended services: pharmacists reported that the busy, multi-tasking environment increased the risk of errors.

Jacobs et al. identified workload pressures arising from demands to deliver services and meet targets, paperwork, dispensing volume, management responsibilities, insufficient staffing and profit-driven organisational cultures. Other studies report similar pressures: perceived patient pressure to deliver services quickly, task frustration, guilt at taking breaks and frustration at being unable to fully make an impact on patient’s healthcare as a result of high workload. Researchers suggest that factors such as staffing levels, skill-mix and the culture of the pharmacy should be taken into consideration when extending pharmacists’ roles to prevent added work-related stress.

Perceptions of role, skill-mix and delegation
Pharmacists’ desire for increased professional responsibility, more contact time with patients and a move away from a purely dispensing role were noted several years before the contract changes in 2005. While there is a paucity of evidence on pharmacists’ views on delegation post-contract, what there is suggests that while they enjoy working within a team, providing minor illness advice and MURs and are happy with the extra responsibility, they have concerns about maintaining professional boundaries. Morton et al. interviewed fifteen pharmacists about providing lifestyle advice to patients with cardiovascular disease. Opinions were divided; some felt such advice was an integral part of their role, while others questioned its place in community pharmacy. Reasons given against the role related to professional identity, remuneration issues, workload and confidence to carry out such consultations.

Early (pre-contract change) research conducted by Mullen et al. explored the role of support staff within community pharmacies. They found a series of distinct working patterns including “explicitly technician-led” and “implicitly technician-led”, “distinct roles”, “owner-run”, “united front” and “team spirit”. While some of these working patterns were efficient, they found cases where staff worked beyond their qualification level or in contrast, felt disempowered because more senior staff were reluctant to delegate work. The authors recommended not overlooking the role of pharmacy technicians.

Despite studies reporting mostly positive attitudes towards pharmacy technicians Schafheutle et al. found that community pharmacists were less supportive of role substitution than hospital pharmacists or the pharmacy technicians in their sample. The re-allocation of pharmacists’ and other team members’ tasks and responsibilities requires shifting entrenched views on roles and duties.
and changing the community pharmacy culture. Workload studies post the 2005 contract highlight that pharmacists have problems delegating to appropriate members of staff. Despite being willing to delegate parts of the dispensing process, pharmacists still carry out tasks which could be performed by pharmacy technicians or ACTs. On the other hand, pharmacy technicians performing substituted roles, express feelings of enhanced job satisfaction.

**Patient opinion**

Patient acceptability of role enhancement, role substitution or delegation may mediate or moderate how pharmacies optimise the skill-mix. Saramunee et al reported that while pharmacists were confident in their ability to deliver public health services, patients were not so convinced. Wilcock concluded that pharmacists believed patients saw them as largely unskilled, commercial retailers rather than health professionals.

Several small-scale studies exploring the views of participants attending pharmacies, those attending a GP practice and members of the general public all show similar patterns of opinions towards role enhancement/role substitution. While patients were found to be generally accepting of the extended roles of pharmacists, the literature also suggests that they lacked awareness of pharmacists’ expertise in health and illness beyond medicines provision. In an ethnographic study of two English pharmacies, patients reported feeling comfortable discussing their medication with the pharmacist, saw them as knowledgeable about medication and felt the encounter reassured them about their medication use. Other studies have reported that participants also considered it acceptable for pharmacists to carry out “low-risk” services (e.g. minor ailments service, smoking cessation) and provide healthy living advice. However, new “high-risk” services (e.g. chronic conditions management, antibiotic prescribing, or those necessitating access to medical records) were less often accepted. Ultimate authority over their medication was still seen to rest with GPs and some patients were concerned that any changes to their medication use would adversely affect their relationship with their GP. Yet, Krska and Morecroft found that the members of the general public that they surveyed rated the pharmacists’ role in screening for cancers as a high importance for public health.

Gidman and Cowley’s findings from a series of focus groups with the general public were mixed: some patients recognised pharmacists’ expertise in medicines and their first-line advisory role but others were less positive about their public health role (e.g. education, screening); a small minority believed pharmacists should limit their role to dispensing and medicine supply. Surveys of those attending American pharmacies offering advanced services found patients reported higher satisfaction and fewer service gaps than in traditional pharmacies.

Individuals’ lay knowledge and beliefs about health and illness, previous illness experiences and use of services and the influence of social and professional networks all affect patient acceptability of pharmacy use. Numerous system/institutional-based factors have been linked to public trust in
pharmacists. These include familiarity with traditional roles (i.e. medicine supply rather than extended health care services); familiarity with the GP and the practice; service setting (separation from the pharmacist in the store – often working away from the public area); the pharmacy as a commercial context; and hierarchies in healthcare (GPs as an established healthcare authority over pharmacists). Knowledge of GPs extensive medical education gives credibility and in contrast, less knowledge of pharmacists’ education leads to questions of trust.

**Influences on delegation and skill-mix optimisation**

While acknowledging that the literature comprises mainly self-report measures or relies on small samples, an array of factors have been shown to exert influence on delegation and skill-mix optimisation. We summarise them here and group them under headings.

**Staffing**
- Staff mobility and dynamics (staff turnover, older staff)[3, 6, 7, 8, 50]
- Operational factors (workload demands, staff shortages)[6, 32, 39, 40, 51-53]

**Premises**
- Organisational size[6, 8, 37, 54]
- Workspace factors (loss of retail space, privacy/confidentiality of consultation rooms, perception of rooms only used for methadone)[25, 49, 40, 53]
- Corporate business (commercial conflict or priorities)[54]

**Resources**
- Time/opportunities for training[2, 52, 53]
- Financial factors/reward (funding, remuneration for staff)[8, 34, 39, 40, 50, 53]

**Management**
- Management support/pressure (target-driven)[2, 3, 6, 28, 34, 37]

**Relationships**
- Trust in staff ability and legal responsibility[1, 3, 26, 34, 38, 51]
- GP/other healthcare support[6, 50, 53]

**Professional identity**
- Professional isolation and/or professional identity[3, 23, 26, 39]
- Characteristics of the pharmacist/leader[50, 53]

**Patients**
- Perceived/patient perception and acceptance of the pharmacists’ role[39-49]
- Patient awareness of services offered[1, 41, 47, 48]
Aims of the Study

As highlighted by Pharmacy Research UK and others, the role of pharmacy technicians within community pharmacy teams is not well understood. Research is needed to address barriers to increasing the skill-mix and teamwork within the community pharmacy team in order to optimise input into patient and public well-being.¹

Our research question is “How can barriers to skill-mix in community pharmacy be addressed and skill-mix optimised?” The objectives are to:

1. identify pharmacists’ understanding of the skills and competencies of members of the pharmacy team, the limits of responsibilities and lines of accountability;
2. gauge pharmacists’ readiness to employ extended roles and responsibilities;
3. document perceptions of barriers and enablers to effective delegation;
4. provide case studies of exemplar team working;
5. develop learning groups for those considering enhancing skill-mix; and
6. make recommendations for skill-mix in community pharmacy.

Approach

Design

We adopted a broadly “realist” approach.⁵⁵ The aim is to answer: “does it work, for whom, when and why?” where “it” refers to enhancing skill-mix through extending roles and responsibilities. We sought to reveal how desired outcomes are dependent upon the right circumstances and occur for certain practices. We are then able to make recommendations about how skill-mix improvements can be achieved in different contexts.

Method

The study adopted a mix-methods design in four main stages: a scoping exercise, a survey of community pharmacists, a set of case studies of community pharmacies and feedback events. Our project was guided by an advisory group of stakeholders. We obtained research ethics approval from Cardiff University (PGMDE/30.5.14). The mix of quantitative and qualitative data enables the reader to position the findings from a small number of case studies within a wider context.⁵⁶ By offering perspectives from all team members, the case studies aimed to provide broader and richer perspectives on the data gained from the survey on the barriers and enablers to enhancing skill mix.

Scoping exercise

The research team consulted with two groups of pharmacists (one from England and the other Scotland¹) via local practice fora (LPF) meetings. An award winning LPF was chosen in England and one of the five LPFs in Scotland. The intention was not to be representative rather to provide a face-

¹ We were unable to finalise a meeting with a group in Wales
to-face opportunity to scope the issues with members of the pharmacy community and better understand country-specific issues. This was an essential first stage that clarified terminology and assisted in the development of the questionnaire.

As a separate part of the scoping stage, a targeted review of the literature and policy developments was undertaken. The review searched relevant research databases for papers published post-contract change in 2005. Additional sources were gained from following up citations and recommendations from the advisory group.

Survey
A questionnaire survey of community pharmacists across Great Britain was issued to explore their views and understanding of the skills and responsibilities of different members of their team (including but not limited to pharmacy technicians) and perceptions of barriers and enablers to effective delegation. This method was chosen as an efficient way to collect data from a large number of participants across geographically dispersed locations. Further, questionnaires are a known familiar data collection tool within pharmacy.

The questionnaire design was informed by the literature and the scoping group discussions. Questions elicited data about the respondent, the pharmacy (including staffing profile) and opinions on skill-mix (see Appendix I). The Project’s Advisory Group (which included patient and public representatives) acted as our expert reference group and provided critical feedback on drafts. The questionnaire was piloted with a convenient volunteer sample of 10 local community pharmacists in Wales who provided feedback at a face-to-face meeting. Extensive consultation was also carried out with representatives from major pharmacy chains.

The questionnaire was developed for distribution via BOS (Bristol Online Surveys), which provides a secure means of gathering data and is not usually firewalled. As well as negotiating the distribution of the questionnaire via the internal emails systems of chains, the survey was promoted on social media (Twitter) and via personal contact by members of the research team, advisory group and LPF contacts. However, as the response rate was very low, a paper version was developed and mailed to every community pharmacy in England, Wales and Scotland listed on the GPhC database (pharmacies registered January 2015), marked for the attention of the lead pharmacist. The distribution included a covering letter and a pre-paid return envelope. Pharmacies in hospitals, prisons and within GP surgeries/clinics were excluded. Questionnaires were sent to 13,871 community pharmacies, 34 were returned as undeliverable. The survey data from the paper and online questionnaires were combined and analysed in SPSS using descriptive and inferential statistics.
Case Studies
The purpose of the case studies was to enrich our understanding of the benefits of enhanced skill-mix in community pharmacies and how barriers have been overcome. For this we purposively sampled five pharmacies recognised as managing skill-mix successfully. The pharmacies were identified through consultation with our advisory group who were invited to suggest pharmacies they knew that demonstrated good or innovative practice in the team, such as strong team leadership and suitable delegation to pharmacy technicians and other staff, which supports a variety of commissioned services. From their suggestions we drew up a long list from which we selected our quota of at least one from England, Scotland and Wales and pharmacies from independents and multiples. Where a selected pharmacy declined to take part, we chose an appropriate alternative from the list. Our final sample included one small chain from Scotland (where we visited two pharmacies), one large multiple and one independent from Wales, and one large chain and one independent from England.

One or two members of the research team visited each case study site. During the visit (lasting most of the day), individual members of the pharmacy team participated in one-to-one semi-structured interviews (see Appendix II for the interview schedule). With their consent, we recorded interviews with as many as the team members as possible who were working in the pharmacy on the day of the visit (41 interviews in total). We also took observation notes about the pharmacy and premises and collected leaflets. The interviews were selectively transcribed and coded using NVivo10 qualitative data analysis software. Key aspects of each case study were identified from a thematic analysis of data, using a coding frame shaped by the survey responses and developed as coding highlighted additional themes. In the report we have given each case study a pseudonym and present our analysis in the main body of the report. Short visual summarises were also prepared for each case study.

Feedback
The advisory group acted as a sounding board for our emergent findings. Early findings were discussed in meetings where questions for further analysis were raised and messages verified and explained. Additional one-to-one discussions were held on some occasions with individual members of the advisory group. We presented the results of our initial analysis of the survey data to a Royal Pharmaceutical Society (RPS) Research and Evaluation Evening and a Wales Centre for Pharmacy Professional Education (WCPPE) showcase event which helped us to verify findings and finalise recommendations.

Learning Groups
One of our aims was to develop learning groups but we struggled to gain sufficient commitment. Although there was interest in ways to make the most of skill-mix in community pharmacy, staff were challenged by the lack of time and resource to support attendance at learning meetings. The purpose of the group was described to potential participants as offering an opportunity to raise real skill-mix challenges, engage in thought-provoking debate with colleagues/peers and identify
solutions to issues. The intention was to hold an initial meeting (of not more than 1 hour) to explain the process and then two subsequent meetings (lasting up to 2 hours each) run by an experienced facilitator at a convenient venue and time. We also planned to share our early findings from our study.

**Survey Results**

**Respondent and pharmacy characteristics**

We received 1209 returns (1119 paper-based; 90 online) representing a 9% voluntary sample. The main respondents were pharmacy managers (59%) or owners (16%). Most commonly respondents had been qualified for at least twenty years (39%). For more detail see Appendix III.

Respondents were asked to provide a range of information on their main pharmacy. Most were from England (96%), pharmacy chains (76%), commonly open 40-49 hours (43%), and dispensing fewer than 6,000 prescriptions per month (41%). The pharmacy team size was most commonly six employees and over half (51%) had between 5-8 members of staff. Of the pharmacies employing 5-8 team members, a pharmacy technician was included in 46% of them and an ACT in 23%. Nearly all of the pharmacies (94% of 1186 responses) did not use a dispensing hub. Similarly, use of a robot in the pharmacy dispensing process was rare (2% of 1201). Prescription delivery services were offered by 86% (of 1197) of the pharmacies.

A significant relationship was shown between pharmacy size and the number of prescriptions dispensed per month: larger pharmacies (employing seven or more staff) dispensed more prescriptions per month ($\chi^2$=123.609, $p<0.001$).

**Professional services**

The vast majority of pharmacies responding to our survey offered commissioned professional services (Table 1). Pharmacies with a pharmacy technician offered more services than those without. The difference was most noticeable with pharmacies offering six or more services: this high number was offered by 27% of pharmacies with a pharmacy technician compared to 17% without. The differences were significant at $p<0.01$ ($\chi^2$=14.588). Of these services, 24% reported that pharmacists were carrying out three services while pharmacy technicians most frequently performed one commissioned service (48%). Commonly both pharmacists and pharmacy technicians carried out professional services.

<table>
<thead>
<tr>
<th></th>
<th>Overall frequency</th>
<th>With a pharmacy technician</th>
<th>Without a pharmacy technician</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 or fewer</td>
<td>43 (480)</td>
<td>38 (170)</td>
<td>46 (310)</td>
</tr>
<tr>
<td>4 or 5</td>
<td>36 (400)</td>
<td>36 (156)</td>
<td>36 (244)</td>
</tr>
<tr>
<td>6 or more</td>
<td>21 (235)</td>
<td>27 (118)</td>
<td>17 (117)</td>
</tr>
</tbody>
</table>

Table 1: Number of commissioned services offered in the pharmacy
Responses to views statements
Participants were asked to indicate their level of agreement or disagreement with a series of statements related to pharmacy skill-mix (Table 2). Over half of the respondents (52%) strongly agreed that they worked well as a team in their pharmacy. At least two-thirds of respondents agreed/strongly agreed with statements about good team leadership (90%, although 68% would welcome training), professional trust in team members (83%) and confidence in their abilities (76%), desire to see greater use of extended roles in their workplace (74%) and having the right people in the right jobs in their pharmacy (69%). However, workload pressures were recognised: over half strongly agreed that their workload (59%) and the workload of their pharmacy team (57%) was increasing. A notable proportion (83%) agreed or agreed strongly that there should be minimum staffing levels. Other statements were frequently agreed with but received a wider spread of responses. Of interest is the finding that 39% agreed/strongly agreed that team members worked beyond their qualification and training. Disagreement was strongest with the statements “I am not quite sure of the roles and responsibilities of different members of the team” (87% disagreed/strongly disagreed) and “staff turn-over is high in this pharmacy” (69% disagreed/strongly disagreed).

Table 2: Opinions on skill-mix within their pharmacy

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. We work well as a team in this pharmacy (n=1199)</td>
<td>1 (8)</td>
<td>1 (16)</td>
<td>4 (46)</td>
<td>42 (510)</td>
<td>52 (619)</td>
</tr>
<tr>
<td>b. Compared to dispensers, the financial reward is not great enough for the increased responsibilities of the pharmacy technician (n=1173)</td>
<td>3 (34)</td>
<td>16 (190)</td>
<td>30 (354)</td>
<td>35 (410)</td>
<td>16 (185)</td>
</tr>
<tr>
<td>c. We have the right people in the right jobs at this pharmacy (n=1192)</td>
<td>2 (20)</td>
<td>14 (166)</td>
<td>15 (180)</td>
<td>50 (600)</td>
<td>19 (226)</td>
</tr>
<tr>
<td>d. I am able to influence the number of staff required for this pharmacy (n=1199)</td>
<td>19 (227)</td>
<td>23 (283)</td>
<td>12 (143)</td>
<td>27 (319)</td>
<td>19 (227)</td>
</tr>
<tr>
<td>e. I feel I am able to offer good team leadership (n=1189)</td>
<td>0 (5)</td>
<td>2 (19)</td>
<td>8 (100)</td>
<td>60 (715)</td>
<td>30 (350)</td>
</tr>
<tr>
<td>f. I have confidence in the abilities of all members of this pharmacy team (n=1198)</td>
<td>1 (16)</td>
<td>10 (119)</td>
<td>13 (153)</td>
<td>49 (592)</td>
<td>27 (318)</td>
</tr>
<tr>
<td>g. There are members of this team who are working beyond their qualification and training levels (n=1198)</td>
<td>10 (116)</td>
<td>31 (369)</td>
<td>20 (235)</td>
<td>26 (317)</td>
<td>13 (161)</td>
</tr>
<tr>
<td>h. The workload of the pharmacy team is increasing (n=1199)</td>
<td>0 (5)</td>
<td>3 (32)</td>
<td>6 (70)</td>
<td>34 (414)</td>
<td>57 (678)</td>
</tr>
<tr>
<td>i. The staff level in this pharmacy is sufficient to provide pharmaceutical services without pressure (n=1195)</td>
<td>15 (180)</td>
<td>31 (368)</td>
<td>16 (198)</td>
<td>30 (357)</td>
<td>8 (92)</td>
</tr>
</tbody>
</table>

2 Although a high level of disagreement with this statement, we report later that responses varied by whether there was a technician within the team or not.
<table>
<thead>
<tr>
<th>j.</th>
<th>I am not quite sure of the roles and responsibilities of different members of the team (n=1200)</th>
<th>48 (571)</th>
<th>40 (474)</th>
<th>7 (89)</th>
<th>4 (53)</th>
<th>1 (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>k.</td>
<td>Career prospects for pharmacy technicians in community pharmacy are limited (n=1196)</td>
<td>3 (41)</td>
<td>18 (213)</td>
<td>24 (287)</td>
<td>40 (475)</td>
<td>15 (180)</td>
</tr>
<tr>
<td>l.</td>
<td>There should be minimum staffing levels related to the amount of business (n=1197)</td>
<td>3 (32)</td>
<td>5 (59)</td>
<td>9 (112)</td>
<td>43 (514)</td>
<td>40 (480)</td>
</tr>
<tr>
<td>m.</td>
<td>Job satisfaction levels of staff in this pharmacy are high (n=1191)</td>
<td>6 (76)</td>
<td>20 (234)</td>
<td>27 (323)</td>
<td>39 (458)</td>
<td>8 (100)</td>
</tr>
<tr>
<td>n.</td>
<td>I have professional trust in the other members of staff in this pharmacy (n=1201)</td>
<td>1 (11)</td>
<td>4 (54)</td>
<td>12 (145)</td>
<td>58 (695)</td>
<td>25 (296)</td>
</tr>
<tr>
<td>o.</td>
<td>My workload is increasing (n=1193)</td>
<td>1 (7)</td>
<td>1 (17)</td>
<td>5 (62)</td>
<td>34 (406)</td>
<td>59 (701)</td>
</tr>
<tr>
<td>p.</td>
<td>I am able to influence the skill mix required for this pharmacy (n=1192)</td>
<td>8 (93)</td>
<td>17 (204)</td>
<td>17 (210)</td>
<td>40 (473)</td>
<td>18 (212)</td>
</tr>
<tr>
<td>q.</td>
<td>The community pharmacy contract supports enhanced skill mix (n=1193)</td>
<td>10 (114)</td>
<td>22 (262)</td>
<td>34 (407)</td>
<td>29 (349)</td>
<td>5 (61)</td>
</tr>
<tr>
<td>r.</td>
<td>The community pharmacy contract encourages pharmacies to supply professional services (n=1198)</td>
<td>6 (69)</td>
<td>14 (173)</td>
<td>18 (214)</td>
<td>48 (572)</td>
<td>14 (170)</td>
</tr>
<tr>
<td>s.</td>
<td>I would welcome training in team leadership (n=1195)</td>
<td>3 (31)</td>
<td>9 (111)</td>
<td>20 (242)</td>
<td>45 (538)</td>
<td>23 (273)</td>
</tr>
<tr>
<td>t.</td>
<td>The pay for pharmacy technicians is satisfactory (n=1189)</td>
<td>7 (88)</td>
<td>25 (295)</td>
<td>36 (433)</td>
<td>27 (319)</td>
<td>5 (54)</td>
</tr>
<tr>
<td>u.</td>
<td>Staff turn-over is high in this pharmacy (n=1186)</td>
<td>36 (423)</td>
<td>34 (399)</td>
<td>15 (178)</td>
<td>10 (124)</td>
<td>5 (62)</td>
</tr>
<tr>
<td>v.</td>
<td>The skill mix in this pharmacy is being used to best advantage (n=1193)</td>
<td>2 (25)</td>
<td>16 (187)</td>
<td>21 (248)</td>
<td>49 (588)</td>
<td>12 (145)</td>
</tr>
<tr>
<td>w.</td>
<td>I would like to see greater use of extended roles and responsibilities in my workplace (n=1193)</td>
<td>1 (14)</td>
<td>4 (49)</td>
<td>21 (246)</td>
<td>53 (636)</td>
<td>21 (248)</td>
</tr>
<tr>
<td>x.</td>
<td>I am unsure of the legalities of pharmacy technicians’ scope of practice (n=1194)</td>
<td>13 (151)</td>
<td>34 (412)</td>
<td>28 (331)</td>
<td>22 (259)</td>
<td>3 (41)</td>
</tr>
<tr>
<td>y.</td>
<td>I think the registration requirements deter staff from developing into the registered pharmacy technician role (n=1194)</td>
<td>7 (84)</td>
<td>26 (308)</td>
<td>27 (325)</td>
<td>31 (373)</td>
<td>9 (104)</td>
</tr>
<tr>
<td>z.</td>
<td>Sufficient resources are available to improve staff skills (n=1194)</td>
<td>7 (85)</td>
<td>24 (282)</td>
<td>23 (277)</td>
<td>39 (462)</td>
<td>7 (88)</td>
</tr>
</tbody>
</table>

We used the chi-square test of statistical significance to analyse relationships between responses to the statements and whether or not the pharmacy had a pharmacy technician. Responses to four statements were found to be statistically significant. Compared with statistical expectations, greater numbers of respondents from pharmacies with a pharmacy technician: agreed that “career prospects for pharmacy technicians in community pharmacy are limited” ($\chi^2=12.847$, p<0.05); disagreed with the statements: “I am unsure of the legalities of pharmacy technicians’ scope of practice” ($\chi^2=11.150$, p<0.05) and “Compared to dispensers, the financial reward is not great enough
for the increased responsibilities of the pharmacy technician” ($\chi^2=12.784$, p<0.05). Those without a pharmacy technician were much more likely than expected to neither agree nor disagree with the statement “The pay for pharmacy technicians is satisfactory” ($\chi^2=20.592$, p<0.001).

We also conducted a factor analysis (using varimax rotation) on responses to these 26 opinion statements and identified six factors. We used respondent and pharmacy characteristics to explore responses and tested for statistically significant difference. Respondent characteristics included: role (manager/owner/second pharmacist) and years qualified. Pharmacy characteristics included: business type (chain/single), hours open and number of prescriptions dispensed (see Table 3).

Those perceiving the skill mix to be ‘working well’ (factor 1) tended to be pharmacy owners and those from single businesses, dispensing fewer prescriptions and open for shorter hours. Pharmacy chains, open for longer hours, handling large numbers of prescriptions and those pharmacists in a manager position were more likely to be ‘feeling the pressure’ (factor 2). Views on ‘pharmacy technicians’ pay and conditions’ (factor 3) and the ‘pharmacy contract’ (factor 4) varied by business type (chain/single business) and pharmacist role. More pharmacy owners were uncertain about ‘scope of practice’ including extent of roles, responsibilities and legalities (factor 5). Those fewer years qualified or owners or those based in single business open for longer were more likely to recognise ‘room for improvement’ related to a diversity of aspects including leadership training, use of extended roles and staff turnover (factor 6).

Table 3: Summary of statistically significant relationships between responses to the factors and pharmacy or respondent characteristics

<table>
<thead>
<tr>
<th>Factor</th>
<th>Significant relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working well</td>
<td>• We work well as a team in this pharmacy</td>
</tr>
<tr>
<td></td>
<td>• We have the right people in the right jobs at this pharmacy</td>
</tr>
<tr>
<td></td>
<td>• I am able to influence the number of staff required for this pharmacy</td>
</tr>
<tr>
<td></td>
<td>• I feel I am able to offer good team leadership</td>
</tr>
<tr>
<td></td>
<td>• I have confidence in the abilities of all members of this pharmacy team</td>
</tr>
<tr>
<td></td>
<td>• The staff level in this pharmacy is sufficient to provide pharmaceutical services without pressure</td>
</tr>
<tr>
<td></td>
<td>• Job satisfaction levels of staff in this pharmacy are high</td>
</tr>
<tr>
<td></td>
<td>• I have professional trust in the other members of staff in this pharmacy</td>
</tr>
<tr>
<td></td>
<td>• I am able to influence the skill mix required for this pharmacy</td>
</tr>
<tr>
<td></td>
<td>• The skill mix in this pharmacy is being used to best advantage</td>
</tr>
<tr>
<td></td>
<td>• Sufficient resources are available to improve staff skills</td>
</tr>
<tr>
<td>2. Feeling the pressure</td>
<td>• The workload of the pharmacy team is increasing</td>
</tr>
<tr>
<td></td>
<td>• The staff level in this pharmacy is insufficient to provide pharmaceutical services without pressure</td>
</tr>
<tr>
<td></td>
<td>• My workload is increasing</td>
</tr>
<tr>
<td></td>
<td>• Shorter hours</td>
</tr>
<tr>
<td></td>
<td>• Fewer prescriptions</td>
</tr>
<tr>
<td></td>
<td>• Single businesses</td>
</tr>
<tr>
<td></td>
<td>• Pharmacy owners</td>
</tr>
<tr>
<td></td>
<td>• Longer hours</td>
</tr>
<tr>
<td></td>
<td>• Larger numbers of prescriptions</td>
</tr>
<tr>
<td></td>
<td>• Chains</td>
</tr>
<tr>
<td></td>
<td>• Longer qualified</td>
</tr>
<tr>
<td></td>
<td>• Pharmacy managers</td>
</tr>
</tbody>
</table>
3. **Pharmacy technicians’ pay & career**
   - Compared to dispensers, the financial reward is not great enough for the increased responsibilities of the pharmacy technician
   - Career prospects for pharmacy technicians in community pharmacy are limited
   - The pay for pharmacy technicians is unsatisfactory

| Chains | Pharmacy managers; second pharmacists |

4. **The pharmacy contract**
   - I am unable to influence the number of staff required for this pharmacy
   - The community pharmacy contract supports enhanced skill mix
   - The community pharmacy contract encourages pharmacies to supply professional services

| Chains | Fewer years qualified | Pharmacy managers; second pharmacists |

5. **Scope of practice**
   - There are members of this team who are working beyond their qualification and training levels
   - I am not quite sure of the roles and responsibilities of different members of the team
   - I am unsure of the legalities of pharmacy technicians’ scope of practice
   - I think the registration requirements deter staff from developing into the registered pharmacy technician role

| Pharmacy owners |

6. **Room for improvement**
   - I am able to influence the skill mix required for this pharmacy
   - I would welcome training in team leadership
   - Staff turn-over is high in this pharmacy
   - I would like to see greater use of extended roles and responsibilities in my workplace

| Longer hours | Single businesses | Fewer years qualified | Pharmacy owners |

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### Confidence in delegation

Eighty-eight percent of respondents reported feeling confident about delegating workload to other members of their team; only 8% were not confident and 4% were unsure. There was no significant correlation between confidence delegating workload and the respondent’s job role or the length of time qualified. Open space was provided for respondents to outline what would help them feel *more* confident delegating their workload; 171 respondents provided comments. Suggestions included more highly trained staff that they were able to trust to work to a professional level, management support and relaxing of the legal responsibility for delegated work. A high workload and a lack of familiarity with the pharmacy team (locums or new staff members) negatively affected their willingness to delegate (see Appendix III).

### Value of a pharmacy technician

Space was given for respondents to note their view on the value of a registered pharmacy technician in the community pharmacy team (Table 4). The majority of respondents (n=929) provided a written response. We present the most common responses (those identified by at least 100 respondents). Comments made by fewer than 100 respondents included having a motivated, highly trained team member who approached tasks with confidence and a professional attitude. Pharmacists reported having more confidence in their skills and were thus more willing to trust them with delegated tasks. Delegation reduced the pharmacist’s workload, thereby increasing the capacity of the pharmacy. Contextual factors that also contribute to the pharmacy technician’s role were also acknowledged.
### Table 4: Perceived value of the pharmacy technician in the pharmacy team (most common responses)

<table>
<thead>
<tr>
<th>Perceived value of pharmacy technician</th>
<th>n</th>
<th>Illustrative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>They have increased knowledge, skills and experience.</td>
<td>199</td>
<td>“Signifies an accredited professional able to function fully across all pharmacy staff roles (non-pharmacist) and has experience/knowledge to perform and develop services.” Pharmacy owner</td>
</tr>
<tr>
<td>Related to specific tasks to which they can contribute.</td>
<td>176</td>
<td>“Apart from dispensing and showing competence in the running of an efficient dispensary, giving useful lifestyle advice to patients and identifying those suitable for MUR.” Pharmacy owner</td>
</tr>
<tr>
<td>Relieves the work pressure of the pharmacist.</td>
<td>125</td>
<td>“In a pharmacy of this workload and staffing levels they provide a vital support to the pharmacist and a pressure release.” Pharmacy manager</td>
</tr>
<tr>
<td>Valuable contribution to the team and running of the pharmacy.</td>
<td>106</td>
<td>“They are valued greatly and perform a vital role.” Pharmacy owner</td>
</tr>
</tbody>
</table>
| Unsure of their value compared to dispensers; of limited value. | 105 | “In my pharmacy as in my others little to differentiate them from dispensers, even though they may be more capable/knowledgeable.” Pharmacy manager  
“In some cases of no value as they are not using their skill set....” Pharmacy manager |

### Desired changes to the pharmacy team

Respondents were given open space to state what, if anything, they would like to change about their pharmacy team; 895 provided written comment. Changes that they would like to make included recruiting new staff such as ACTs, staff training and developing their experience, enhancing skill-mix and fostering a culture of flexibility in working. Others commented on the need to improve individual team members’ motivation or professionalism and a few wished to replace underperforming staff altogether. Some identified a wish to expand the number of advanced services that they provide, while others wished to make operational changes to manage their current workload more efficiently. Respondents wanted to see improved financial recognition for staff with extended roles and changes to the career pathways for pharmacy technicians and ACTs. They also highlighted regulatory constrictions. Most common responses are summarised in Table 5.

### Table 5: Changes respondents would like to make to their pharmacy team (most common responses)

<table>
<thead>
<tr>
<th>Desired change</th>
<th>N</th>
<th>Illustrative quotes</th>
</tr>
</thead>
</table>
| Recruit new staff. ACTs were the most frequently identified role (64). | 289  | “More staff to reduce the stress of the high work load.” Pharmacy manager  
“Increased staff levels. A minimum for the workload recommended by pharmacy bodies is needed.” Pharmacy manager |
| Training/qualifications /more experience of extended roles | 151  | “We need fully trained staff. I have to train them whilst doing my job which is stressful.” Pharmacy manager |
| No changes needed as their team is already working well. | 109  | “I’m happy with my pleasant team who are all working to their potential.” Superintendent pharmacist |
| More motivated, confident staff. Increased appreciation of the professionalism and responsibility required. | 99   | “Attitude. People think they are working in retail and not in healthcare. Staff need to understand importance of clinical and procedural requirements.” Pharmacy manager  
“I would like some of my team to be more enthusiastic towards dealing directly with patients and expanding their knowledge through learning.” Pharmacy manager |
Benefits of new appointments
When asked, just under half (47%) reported wanting to appoint new staff to enable them to develop or extend the skill-mix in their pharmacy while 35% did not (18% were unsure). Of those who wanted more staff, 79% were from chains, 44% processed between 2,200-5,999 prescriptions and offered three (18%) or four (17%) commissioned professional services. From a given list, respondents were asked to identify job-roles they would like to recruit (Table 6). ACTs (71%), MCAs (66%), dispensing assistants (NVQ L2) (65%), pharmacists (62%), pharmacy technicians (57%) and pre-registration trainee pharmacists (54%) were all identified as additional appointments that would benefit their pharmacy team. Respondents were given space to explain how each new appointment would benefit their practice. Responses are summarised in Table 6.

Table 6: Members of staff that respondents would like to recruit

<table>
<thead>
<tr>
<th>Staff Role</th>
<th>Yes % (n)</th>
<th>Benefit</th>
</tr>
</thead>
</table>
| Accuracy Checking Technician              | 71 (228)  | • Increased efficiency/safety in workload  
• Free up time for pharmacist, reduce workload in general  
• Free the pharmacist to deliver more services  
• Free the pharmacist to provide more patient contact/advice  
• Specific tasks  
• Knowledge/skills |
| Medicines Counter Assistant               | 66 (191)  | • Release/support other staff/share workload  
• Better customer service/OTC sales  
• Promote/do services, public health advice  
• Deal with patient queries |
| Dispensing Assistant (NVQ L2)             | 65 (174)  | • Share workload, ease pressure, team cover  
• Increase capacity, efficiency of pharmacy  
• Specific tasks  
• More experience/skills  
• Covering already existing vacancies |
| Pharmacist                                | 62 (167)  | • Allow advanced services to be carried out  
• Free up main pharmacist’s time  
• Specific tasks  
• Free lead pharmacist to spend more time advising customers  
• Independent prescribers  
• Liaise with GPs/outside services  
• Provide staff training |
| Pharmacy Technician (NVQ L3)              | 57 (144)  | • Free up pharmacist’s time  
• Improve efficiency in practice/team working  
• Specific tasks  
• Work on services  
• More skills/knowledge/responsibility  
• Train as ACT |
| Pre-registration Trainee Pharmacist       | 54 (126)  | • Ease workload, free up time  
• Bring fresh ideas/knowledge/up-to-date  
• Motivate team, bring enthusiasm  
• Contribute to future workforce, give practical experience, learning  
• Specific tasks  
• Contribute to advanced services  
• Reliable, professional help |
| Pre-registration Trainee Technician       | 18 (29)   | • Bringing/sharing new knowledge  
• Succession planning |

*Percentages calculated from the sub-set of respondents who indicated a desire to recruit that job role.*
Barriers and enablers to developing roles and responsibilities

Over one thousand responses (n=1039) were received to an open question asking about barriers to developing roles and responsibilities and in response to asking what would help overcome these barriers (i.e. ‘enablers’), 803 provided written comment. In Table 7 we summarise common responses (those identified by more than 80 respondents).

Table 7: Barriers/Enablers of developing roles and responsibilities

<table>
<thead>
<tr>
<th>Factor^</th>
<th>Barrier</th>
<th>Enabler</th>
</tr>
</thead>
</table>
| Training: 584 (Barrier:259/Enabler:325) | Insufficient training of staff, lack of time and budget to provide it:  
“Cost of training, both time and money increased workload for pharmacist.” Pharmacy owner  
“Some staff find it difficult to find time at home (mothers with children) to complete courses.” Superintendent pharmacist | Training staff (time/money), management training for pharmacist:  
“Better training and time available for staff to learn. Staff are just thrown in and told to swim.” Pharmacy manager  
“Management training helped me manage the staff better - this isn’t automatically provided to those in the pharmacy manager positions by the company.” Pharmacy manager |
| Financial/budgetary: 412 (Barrier:327/Enabler:85) | Financial constraints on payment of staff, changes to payments for services and money for training:  
“Limited resources - man hours, budget tight, wages low.” Pharmacy manager | Better pay for staff and funding for services:  
“Better pay and ways of rewarding staff for hard work.” Pharmacy manager  
“Guaranteed long term funding for additional pharmacist provided services. This will lead to utilisation of the pharmacy team.” Pharmacy manager |
| Time and workload pressures: 483 (Barrier:402/Enabler:81) | Lack of time. High workload arising from a high prescription turnover; too busy dispensing to carry out other tasks/services:  
“Lack of time, firefighting all the time.” Pharmacy manager  
“No time left after performing the basic minimum required to dispense prescriptions.” Relief pharmacist | More time - extra staffing hours, extra opening hours:  
“More time to do things outside dispensing or other services.” Pharmacy manager  
“More staff hours to share workload.” Relief pharmacist |
| Staffing levels limits opportunities: 175 (Barrier:87/Enabler:88) | Insufficient staffing levels to complete their workload. No opportunity to recruit additional staff:  
“Someone at head office decides what staff levels we should have not taking in to account holidays/long term sickness etc.” Second pharmacist | More staff to cover workload/holiday/sickness etc:  
“Increased staffing levels so not constantly just trying to keep our heads above water.” Relief pharmacist |

^We are aware of overlap between factors.

Barriers to developing roles and responsibilities included financial and budgetary issues, lack of time to train staff owing to high workload and insufficient staffing levels. Other barriers included...
uncertainty about scope of practice or regulatory guidelines. Enablers for developing roles and responsibilities included more staff cover, more time and funding for training for all team members and improved pay. Also noted, although less often were enablers related to better space and facilities and appropriate workloads. Staff attitude has the potential to be both a barrier and an enabler, as noted earlier. However, for this set of questions it appeared only as a barrier where respondents talked of a lack of professional attitude in their staff and a lack of interest in undertaking further training. A target-driven approach to business set by management along with having to gain authorisation from head office before making any changes were also seen as barriers by some to which no enablers were identified.

Conclusions
• The sample is diverse (single businesses/chains; managers/owners) and circumstances and opinions differ.
• Pharmacy chains open for longer hours, handling large numbers of prescriptions and those in a manager position seem to be feeling the pressure most.
• Being in a position to influence (e.g. experienced, small business owner) may make a difference
• Key barriers to developing roles and responsibilities are time and money.
• Training is part of the solution (scope of practice, legalities, leadership) but is challenged by lack of time and resources.

Case Studies
We present the five case studies over the following pages. Short summaries are given in Appendix IV. Table 8 provides a brief overview of the sites and the data gathered.

Table 8: Overview of case study sites and interviews

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<th>Case study (pseudonym)</th>
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<td>Independent</td>
<td>11 interviews – MD, superintendent pharmacist, four technicians, three ACTs, a dispenser and a delivery driver.</td>
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<td>2: Arrow Street</td>
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<td>Small chain (2 premises)</td>
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**Case study 1: Cyprafarm (Independent)**

**Location**
The premises are located on the outskirts of a large city centre’s main shopping area, at the end of a street populated with takeaways and convenience stores. There were no obvious local GP surgeries near the premises. Based on the 2011 census, the area has an Index of Multiple Deprivation (IMD) score of 37 (in the 5th quintile) and is classified as a “cosmopolitan, inner-city, multicultural student neighbourhood”.

**Staffing profile**
This independent employs a large number of staff (over 60, approximately 10 pharmacists, four of whom are prescribers). Staff are mostly technicians/ACTs, with only one MCA owing to low number of walk-in prescriptions/sales. A pattern of shift work is used to provide extended hours. Staff are encouraged to advance their qualifications.

**Services and facilities**
The Healthy Living Pharmacy is open every day, including public holidays, and provides extended hours (typically open around 13 hours from Monday to Saturday, 10 hours on Sundays and Public Holidays, and two hours on Christmas Day). In 2004, the business expanded their premises and updated equipment including the robotic dispenser. They also ceased sale of general retail items and now sell only healthcare-related items. The pharmacy mainly handles faxed/electronic prescriptions and the assembling of trays; a dedicated tray-assembling and checking area is located on the first floor. Walk-in prescriptions are relatively infrequent during the day but increase in frequency in the evenings after other pharmacies have closed. A delivery service is provided.

**What works well and why?**
This independent is owned by a consortium of pharmacists with small to medium investments. The pharmacy is not under pressure to turn over significant profits. This provides flexibility and funding for development. Providing a quality service is valued over financial returns. Staff members also have a nominal share in the company.

All pharmacists/managers are expected to lead by example. They actively look for ways to develop the pharmacy and were willing to experiment with the provision of new services or ways of working. When it worked out well, they then delegated to other appropriate staff. When it did not work out then they reverted to previous methods. The Superintendent Pharmacist described using the skill-mix within the pharmacy team to extend services:

“So what we have done is use skill-mix to provide I think greater range, and breadth of services and probably better quality because you know pharmacists have been deployed in a way that works in terms of them using their skills and knowledge and we have tried to input those who are more skilled and perhaps technical experience and technical side of things in that line really.” (Superintendent Pharmacist)
The Superintendent was described by others as good at bringing enthusiasm and motivation at the start of any changes. Managers encouraged delegation and accountability; they helped staff develop confidence and recognised success.

“We do delegate quite a lot of responsibilities like the methadone work, but I think we do it in a safe manner, it is safer to do it that way then expect pharmacists to be doing about 20 things at once. So the other side of it is you have got to have the staff that want to take on those responsibilities so you have got to train the staff and give them the confidence.” (Managing Director)

Training and development was encouraged and staff talked of feeling valued. Some staff (Pharmacy Technicians, Dispensing Assistants) work in both the tray hub and the dispensary downstairs. This varies their role developing different skills and was seen as a way of keeping their roles from “getting stale”.

As business managers they also had a responsibility to ensure staff were working in line with work flow plans. They explained how they were open to borrowing ideas from business models outside pharmacy.

“They have got to look at delegation and I think the pharmacist’s job is going to change dramatically over the next 10 years and they need to get their head around it really, they have got to create the time and it’s not easy to do and it probably can’t be done at the drop of a hat, you have got to train people but they need to perhaps go and spend some time with people that are managing to do it and have a look.” (Managing Director)

Interviewees reported a good relationship with the NHS. They worked in collaboration with GP surgeries who passed over some responsibilities to the pharmacy. The pharmacy provides a wide range of services: some of these are run by pharmacy technicians, where allowed (such as smoking cessation, camouflage make up service); others are run by the pharmacist (for example the independent prescribing pharmacist runs minor ailment and travel clinics). It was acknowledged that some of these services may not bring in high revenue but they were thought to enhance the pharmacy’s clinical reputation.

The pharmacy was described by our interviewees as having a good professional reputation with patients. Stocking a wide range of medication, being open long hours and being willing to go the extra mile for patients enhanced their reputation as a pharmacy. Interviewees reported that they were often used as a source of advice even for medication dispensed elsewhere.

“I think they do get a good service because we are all always willing to help, always there sort of, ‘oh we could try and do that for you’, or ‘we can do this for you’ and I think with our advance services I think that does sort of put us above a lot of places.” (Pharmacy Technician)

In carrying out their role staff members regularly interacted with GPs, patients, carers, care homes, and others.
Challenges
Within the current contract pharmacies are paid by volume of prescriptions dispensed, regardless of whether they have extended services or invested in their teams. This lack of financial incentive was noted by our interviewees at this pharmacy. The profitability of some systems was seen as insufficient and could entail the pharmacy using its own resources to sustain provision.

The interviewees told of limited protected time or money to support staff training; the system relies on the commitment of the employee. Opportunities for career advancement were also recognised as limited. The management had experienced the problem of training up staff to pharmacy technician or ACT level but then seen them leave to work in hospitals if there is not an available role for them.

With a large team and shift work, staff members identified problems ensuring that ability levels are consistent with roles and that all staff are up to date with information (internal business or training). Problems could arise when something goes wrong and not enough qualified staff are working that shift to deal with it. This could impact on workload later as the problem gets left until someone can remedy it. Difficulties in communication could arise from team size. The pharmacy currently issues a newsletter and includes notes with pay slips but the information is often out of date by the time it is received. At the time of interview, the pharmacy was moving to setting up an intranet to remedy this.

Key messages
- Prioritising quality services not financial return.
- Leadership that is always looking for ways to advance and willing to take risks with ways of working.
- Flexibility: staff work across the dispensary and tray hub.
- Staff felt that they were treated well and described a good working culture.
- Good reputation with patients.

Case study 2: Arrow Street (Large chain)
Location
The premises are located in a residential area on the outskirts of a small city. The store connects via an open archway directly into the waiting area of the health centre next door. There are a further two health centres nearby (one a few doors down from the pharmacy, and one across the street). The area was given an IMD score of 25 in the 2011 census (4th quintile) and classed as an area of “hard-pressed living and migration and churn” with a population of “hard-pressed European settlers”.
Staffing profile
The pharmacy team comprises nine staff members. Alongside the Pharmacy Manager the pharmacy team comprises one ACT, one Pharmacy Technician, five Dispensing Assistants (one of whom is completing an NVQ3) and one counter assistant who is currently registered on the MCA NVQ1. A regular Locum Pharmacist is also employed several days a week.

Services and facilities
The pharmacy was originally an independent, then became part of a large chain a few years ago. The retail area sells a variety of non-health care items alongside off-the-shelf health care items. Professional services offered within the pharmacy includes new medicines service and MURs. As well as walk-in dispensing tasks they also provide a dossett service, with a small area of the dispensing bench dedicated to tray assembly.

What works well and why?
Being part of a large chain was said to provide the opportunity to offer more services and management targets keep the team motivated. Interviewees reflected that when they operated as an independent they were more focused on just dispensing and finances (“getting money in the till”) with little chance to extend beyond a dispensing role.

The close proximity of, and good relationship with the three local clinics was seen as an enabler. The pharmacy technician talked of having a patient-focused culture and good relationship with their “regulars”.

“I suppose it’s knowing that the customers are happy. Yeah, we’re giving them the right service and treating them, treating the customers right”. (Pharmacy Technician 1)

This was aided by committed, enthusiastic team members.

“Actually my work is like my passion. I know it’s odd, but I love it.” (Dispensing Assistant 2)

Daily work plans are set out for each member of staff by the ACT. Staff adopt a flexible approach, carrying out tasks as and when they are needed during busy times. The work plans ensure all staff have experience in all roles.

“Everyone knows how to do everything which where I’ve worked before, like, you had one person on one job. So when you were off... it was horrible to be ill. It’s like ‘oh my god, I’m ill and no work is going to get done’, but here [pharmacist name] teaches everyone to do everything so if someone is off it doesn’t affect everyone.... Everything can get done.” (Dispensing Assistant 1)

Supportive, appreciative leadership was reported as an enabler - staff members talked of feeling like valued team members.

“I think it’s nice when [pharmacist name] says, you know, at the end of the day if we’ve done well. It’s nice to be told that, you know, you’ve done well. That makes a difference,
I think. Knowing that you’re appreciated because you need that sometimes.” (Pharmacy Technician 2)

The pharmacy manager also only employed regular locums that were a good fit with the pharmacy team, based on team members’ feedback.

Delegation of supervisory duties as well as clinical roles is also a feature. However, it was noted that care needed to be taken in selecting which staff members to train up; not all may be willing or capable and there was a danger the responsibilities would eventually fall back on to the manager. This form of delegation also provides a way to further develop staff members who had completed NVQ 3.

“So it was really just to provide some continued learning and development at that stage in their career, otherwise they hit a ceiling and there’s no way for them to go. So, if you’ve got people who want the opportunity or want to develop then I think you should be able to offer them something” (Pharmacist)

The pharmacists were also open to extending their own role within the pharmacy through the link with the local GP surgery: “I think it’s an interesting, exciting opportunity for me as an individual as it broadens my remit and gives me something different. A new challenge.” (Pharmacist)

Challenges
Opportunities for advancement were dictated by head office. It was noted that staff might complete training but have to wait until a suitable role became available.

Shift work changes teams and issues were identified regarding maintaining appropriate levels of knowledge and experience. Also, information may not be shared across shifts/roles and there was a reliance on informal information sharing.

The pharmacy was short-staffed at time of interview and were in the process of recruiting to roles that had recently been vacated. As a result at they were experiencing a higher than usual workload for existing staff members and were restricted in their capacity to provide services.

“I think at the moment because we’ve had a few people leave us and we’ve got new staff in that we’re needing to train and because of that we’ve been short-staffed on occasions as well. So that’s kind of stopped a lot of things that we could perhaps do as an extra, like the smoking cessation for example, but once we get up to speed with everyone and everyone’s trained up to where they should be then I think that is one thing that’s in the pipeline to start.” (Pharmacy Technician 3)

The team would like to offer more professional services. They were in discussion with GP surgeries and the local CCG to increase their links with the surgeries.
Key messages
- Leadership open to change, in both their own role and changing others’ roles.
- Training and development of the pharmacy team is encouraged.
- When opportunities for role advancement are not available (reached highest qualification level for role, qualified but no role to move into, etc.) other ways to extend staff roles are found (e.g. supervisory responsibilities).
- Committed team and patient-focused culture.

Case study 3: Evvons (Large chain)

Location
The pharmacy is situated within a large store in the centre of a busy city centre pedestrianised retail area. Although dispensing prescriptions issued from over a wide geographical area (around 200 surgeries), they reported good working links with local surgeries. As a non-residential area there was no IMD score available.

Staffing profile
There is a large number of staff who cover three shift profiles which support the store being open from 8am to 8pm. There are six pharmacists in total with three pharmacists working per shift. Another (small) store in the chain is also located in the town and staff sometimes provide emergency sickness cover but there is little other movement across stores in the chain.

Services and facilities
There are four pharmacist-led “departments”: upstairs houses the dispensing hub and care homes section; on the ground floor is the main pharmacy counter, behind which is the Medisure and walk-in sections. The skill-mix within the team was determined by the tasks carried out within each team. The hub is mainly staffed by around 10 ACTs whereas both the patient-facing walk-in area and care homes sections (6-8 staff members) are staffed by dispensers and pharmacists. They provide an extensive range of services including stop smoking, medicines review, emergency contraception, erectile dysfunction, hair retention and vaccinations.

“We do have good links with the close surgeries. They’re fully aware of the services that we offer and obviously if they can’t accommodate people that are travelling or that type of thing they obviously can refer patients to us, and obviously we’ve got good links with the GP surgeries in terms of repeat prescriptions that we order for patients as well.”
(Pharmacy Manager)

What works well and why?
The skill mix and appropriate delegation were valued:

“We went to university to use our clinical knowledge to help the patients, so why do we need to stand there all day every day just accuracy checking a prescription? We can do the clinical check for it quite easily. We don’t need to see that prescription again then.”
(Pharmacist 1)
Interviewees spoke of supportive leadership which fosters staff confidence in their skills and encourages discussion of career development plans.

“I think when I first started when they said, ‘can you give a customer advice on this?’ I was a bit, oh I’m not sure I can do that, but then the pharmacists talked me through what I had to say because it was part of my job role and made me feel more comfortable. So then I did develop my confidence with giving advice to the customers.” (Trainee Pharmacy Technician)

Interviewees highlighted the benefits of large teams. The size provided opportunities for flexible cover and a diversity of skills.

“Obviously in a smaller store you’re going to be asked to do other things much more …, and that’s the bit that we like and I think maybe that’s the bit that keeps that bond there because we are doing our thing rather than pulling us left, right and centre to do things.” (HCA)

“I mean to be fair we’ve got a pretty good setup already within the store and it is quite, you know, a diverse sort of skill-mix, shall we say. I think ACT certainly are key for the remote sort of areas like care homes, the hub and what have you, which then would free the pharmacists to actually deal with more patient contact within a walk-in setting.” (Pharmacy Manager)

Communication was thought to be effective within and between teams. Regular “huddles” (10 minute meetings) are held – daily in most departments – to communicate updates and problem-solve any issues.

“There is a good amount of communication between the three different areas, I mean even although we’re miles away upstairs and Medisure in their little room there’s still a lot of communication that goes on between the departments, so you always kind of know what’s going on. (ACT 1)

“I think what is good as well as a leadership team for pharmacy, we all sing from the same hymn sheet and we all have the same aspirations.” (ACT 2)

Interviewees spoke of how a strong professional culture was promoted; they told of their passion and pride in the work. Team members identified a strong sense of their own role within the team and what it entailed, vital in a busy environment. However, they also acknowledged flexibility and all “pitch in” if needed.

Patient safety/care is paramount and is part of the corporate culture. High workload and a large team working in limited space lead to concern that it increases the risk of dispensing errors, something that was being routinely monitored and addressed. ACTs monitor, report back on error rates and lead discussions on ways to improve with the team. Low rates of error inspire confidence and reassurance.
Staff report enjoying helping people. The pharmacists are usually based in patient-facing areas rather than in the hub (which is staffed by dispensers, ACTs, etc.). Trained Health Care Advisors also provide advice to customers.

Challenges
The team was said to be short-staffed and with a high turnover of staff and a number of trainees.

“Short staffed yeah and trainee, sort of, dispensers what have you because we have quite a large turnover of staff...” (Pharmacy Manager)

However, the Manager explained that the staff were trained to move between departments which ameliorated this challenge:

“We have in the past multi-skilled people so they basically rotate between the different departments so that in the case of staff shortage anyone can, kind of, move within the departments and be fully competent at working in each department.” (Pharmacy Manager)

Another identified future challenge was recruitment of more dispensers:

“I think future challenges at the moment is the recruitment of dispensers. I think there’s not many out there that are spare at the moment. So I think at the moment with pharmacists we’re pretty much saturated here in this area with but in terms of dispensers there’s not many out there to recruit. So I think that’s a bit of a problem at the moment which means pharmacists in this store are doing more in terms of the dispensing which is more than we’ve done in the past. So that’s what we’re finding is it’s hard to recruit dispensers to do all the jobs we want them to do which is kind of going backwards from where we want to be.” (Pharmacist 1)

They recognised a need to find a balance between numbers of trainees and experienced staff within the teams.

“Sometimes obviously people go, they move on. They move on and then sometimes you’re left with people who haven’t been there very long, or trainees, and then you’re like, okay they are good, but we need somebody with a little bit of experience.” (Trainee Pharmacy Technician)

Another area of challenge relates to how services are financed by the health authority. There have been changes such that previously an administrator was funded for paperwork and backroom tasks but such funding is no longer available. Now other staff have to cover these tasks. Also, not being affiliated with any particular surgery has implications for extension of services.

Premises space was at capacity which was beginning to restrict services:

“The space that we have is kind of limited and I know they are trying to look at that but sometimes, yeah, ... space restraints especially is quite difficult sometimes.” (ACT 1)
Key messages
- Corporate branding creates a culture of professionalism and drive amongst staff.
- Staffing roles and size of the teams are relevant to tasks and workload demands (i.e. hub versus dispensing staffing).
- The large staff team well managed by being separated into different sections, each with its own manager.
- Good communication across teams.

Case Study 4: Wetsands (Independent)

Location
The pharmacy is located outside a small city, opposite two General Practice clinics and within walking distance of a large general hospital. There is another (chain) pharmacy across the road. The rest of the surrounding area is mainly residential and close to a small retail park with a large supermarket. The pharmacy mainly receives walk-in patients leaving the clinics; the extended opening hours are coordinated with the clinics. The area has a WIMD rank of 202 out of 1909 from the 2011 census (higher ranking indicates higher levels of deprivation). The area was classed as a “multicultural metropolis” with a population of social-renting young families.

Staffing profile
A total of eleven staff members are employed in the pharmacy. They include dispensers (4), two technicians, two ACTs, one counter assistant and a regular locum. In addition, a qualified dispenser provides part-time administrative support and sickness/holiday cover in the dispensary as needed. A hearing test service is provided one day-a-week and is run by a visiting professional. Full-time staff work extended hours four days a week with one day off. No sickness pay is provided but team members can rearrange shifts to avoid losing pay. Seven members of staff work part-time, ranging from 8 to 23.5 hours a week. It is a stable team with some members of staff who have been there for many years.

Services and facilities
The premises contain off-the-shelf healthcare items and a very small amount of non-healthcare retail stock (e.g. shampoo). A remodelled-portacabin next to the premises acts as an office for the part-time administrator and houses the hearing test service one day-a-week. Hearing checks are free of charge and if needed, hearing aids can be either bought privately or provided by the NHS. Appointments are managed by staff members in the shop.

The full capacity of MURs and DMRs (400) are carried out and they also offered emergency contraception and asthma reviews. A repeat dispensing service is also offered; a GP authorises a six- or 12-month supply of prescriptions for stable patients (e.g. controlled asthma, diabetes) which are
handed in the pharmacy. These are picked up by patients when needed. It was explained that it usually takes a few months for patients to trust the system but then it works very well.

What works well and why?
The presence of another pharmacy means that efficiency of dispensing is a key driver. Delays could lead to patients opting to use the other pharmacy; quick turnaround, correct dispensing and maintaining good stock levels are seen as vital for repeat business. They monitor patient opinion with a customer survey. The extra services provided (MURs, repeat prescription services) stay close to the dispensing role. Long-term staff and regular patients has enabled staff to build up a good rapport and they keep an eye on older patients’ progress (for example, knowing when to switch to dosette boxes). Having good relationships with patients, the “personal touch”, was thought to encourage return. Staff members receive Christmas cards and gifts from regular patients.

Two ACTs and a locum are used in the team. There was high trust in the ACTs, who were long-term employees of the pharmacy. The Pharmacist owner explained how one came to be trained up for the role:

“... Rose came to me, she was just really enthusiastic. So she came to me and said I want to be an ACT and then I had to weigh things up. It’s going to cost me money, not to train you, but to pay you as an ACT, and I just reflected on that and decided it was worth it and I think it is really.” (Pharmacist/Owner)

A regular locum carried out in-house training and managerial responsibilities (including the rota). This was said to enhance efficiency, releasing the pharmacist owner to do other tasks. Efficient and safe dispensing was said to rely on a team that work well together and where everyone knows their role in the process.

“Say for example, that you have someone labelling the prescriptions, someone else would dispense it and obviously the ACT to check it, or the pharmacist if the ACT is not about, and the counter assistant then bags it. So it’s sort of like a conveyor belt then. If we didn’t work as a team it would all fall apart.” (Dispensing assistant)

This is aided by a weekly rota, designed by the locum, which distributes tasks across the team.

“We’ve got a rota system. Everybody knows what they’re doing every day. It’s not the same every day just to be fair and everybody just gets on with it. The work gets done and everybody goes home happy.” (ACT)

No staff member works all week. This was introduced to prevent burnout from their high workload and brings team continuity and flexibility to cover holidays and illness. Employees are given the opportunity to make-up time for sickness days taken in recent months or move their own days around. Staff members appreciate the flexibility. There is protected time every Tuesday for meeting/staff training (run by locum).

The manager-owner values the autonomy that comes from not being part of a chain. This s/he thought allowed them more opportunity to change things.
Challenges
The proximity of two clinics and a hospital resulted in a reported low demand for some extended services (such as flu jabs). Although they reported having a good relationship with local GP surgeries, the pharmacist-owner explained that it took the presence of a new GP with positive experiences of delegation to help overcome initial mistrust of their ability to carry out delegated services.

Some difficulties regarding staff training were discussed. The pharmacy had a history of training up staff who then left to work in the hospital. Some members of staff who have been working there for a long time were unwilling to take on more responsibility and this was noted was restricting further skill-mix development.

“I mean Meg, she’s 60 something. She’s been a dispenser since she was sixteen. She doesn’t want to do any training. She doesn’t want to go to any meetings. She’s very good at dispensing but, you know, she’s limited because she doesn’t want to have to do any more exams. She’s comfortable in what her role is and I accept that” (Pharmacist-Owner)

The pharmacist-owner recognised the benefits of taking on a pre-registration pharmacist but they had no time to recruit/supervise and was reluctant to potentially disturb the team dynamics by introducing a new staff member.

Key messages
• Willingness to delegate tasks to appropriately qualified staff (checking, administration).
• Team work and flexibility in working practices (tasks, working hours).
• No support staff member works all week - prevents burnout from high workload and supports cover for holidays/illness. Staff appreciate the flexibility.

Case study 5: Way-Side Pharmacies (Small chain)
Location
Case study 5 is a small, independent chain of 15 pharmacies. It mainly serves small village communities with high populations of “self-sufficient retired” and young families. Most of the stores are around the national average, managing around 3000-4000 prescription items and employing two to three staff.

For this case study, two pharmacies were visited, Scholaleigh and Foghill, both located within the vicinity of a small city. Foghill pharmacy is located in a small, old terraced parade of shops in a suburb of the city. The Foghill area scored 26.54 on the IMD scale (4th quintile). Scholaleigh pharmacy serves a seasonal student population which is atypical of the chain (no census data available).
**Staffing profile**
Most staff across the chain are employed to work in one pharmacy although there are also designated floating staff working across the regional clusters of pharmacies. This was seen as a way to manage sick and holiday leave and provided essential flexibility for the smaller pharmacy teams. The pharmacist and co-owner described the challenge of covering gaps as “one of the big puzzles of modern day pharmacy”. He continued, “Because we’re so service oriented, you can’t get away with not offering those services. It’s very challenging”.

At Scholaleigh the staffing comprises a job-share pharmacists both of whom are two of the three co-owners of the chain. One works 2-days and the other 3-days. On the day of the visit, we met one co-owner pharmacist who explained his company-wide role in supporting standards and professional development across the chain and his other interests outside the business, which include being an elected representative of the Royal Pharmaceutical Society (RPS), an RPS faculty member by portfolio and service development work in the Health Board. Other staff include 0.8 FTE “trainee dispenser” (although the pharmacist recognised that formally she is a pharmacy assistant), a trainee medicines counter assistant for one-day-a-week, and a rolling series of interns in the form of pairs of final year pharmacy students from the US who come for one month. They were described by the pharmacist as “forming part of our staff complement” which “gives us flexibility”. The pharmacist is therefore involved in the training of all members of the team. Until recently, the store also had 0.8 FTE medicines counter assistant but she was reassigned to another pharmacy. This is not a problem over the summer (when footfall in significantly reduced) and longer term, the pharmacist is looking to take on a pre-registration pharmacy trainee.

The Foghill pharmacy is run by a pharmacist employed by the chain. For two days a week there is a second pharmacist working there. There is flexibility across the two sections and staff sometimes move to provide cover for leave and sickness. The pharmacy manager had previously worked in other branches within the chain and recently, some members of the support team have been transferred to other branches.

**Services and facilities**
Most stores in the small chain provide public health services (smoking cessation and substance misuse). As Scholaleigh pharmacy serves students, it is a young, sexually active population with relatively high call on emergency contraception. In addition, a private travel clinic is run by the pharmacist. Foghill is a smaller, local pharmacy and is used by a wider range of ages with more diverse needs. There is a ‘tray hub’ on the premises separate from the dispensing area.

**What works well and why?**
The chain benefits from regional clusters working together, providing shared relief and a broad range of skills/experience.
Notable features at Scholaleigh include the pharmacist trainer, and the flexibility created by interns:

“To me it’s a reasonable proposition to have trainee people plugging gaps sometimes. You don’t get the 100% filling of the gap but you get maybe 60% or 70% and then they learn and the next time they come back they’re more capable.” (Pharmacist-owner)

The pharmacist-owner placed more value on the role of a Medicine Counter Assistant whose patient-focused skills provided better use of skill-mix than increasing technician or dispenser capacity, he thought. IN his view, dispensing and checking were technical skills that can be readily taught: “I can pretty much train anybody to do basic dispensing. Give me forty-eight hours and I’ll have them picking stuff off the shelves and sticking labels on boxes.” In contrast he believed that the Medicine Counter Assistant role involves interaction with the public and symptom assessment which requires a different level of skills and experience.

“To get somebody to the point where they can confidently triage a bunch of symptoms and they know when to refer onto to me, that’s quite difficult and I think in community pharmacy we need to start reassessing the level of importance that we put on different functions in the pharmacy.” (Pharmacist-owner)

The pharmacist-owner talked of adapting the services to fit around existing pharmacy duties, for example the initial travel clinic pre-assessments are carried out over the telephone rather than holding long appointments on the premises.

“We do a pre-assessment...We have time and space to do our research, make sure our recommendations are up-to-date, get outside advice if we need to. We’re good at keeping in touch with patients, make sure they know what’s going on. So that means we can be ultra-flexible with our appointment times as well. It’s very ‘GP-style’ in a way.” (Pharmacist-owner)

At Foghill, most of the staff have been with the pharmacy for some time, starting on the counter and progressing their role over time. This means that they have a good knowledge of all tasks within the shop and are able to cover the counter and other tasks as required:

“That’s the story with a lot of the girls in here, they’ve worked their way up gradually. So they’ll know what goes on on the counter and things like that, and it’s just about helping people out really. Helping each other out.” (Pharmacy Manager)

Although some staff cover a number of premises within the chain, usually at there is at least one full-time member of staff who has good knowledge of the pharmacy and its work/patients. There was a strong sense of team work:

“We’re all just kind of listening out to what’s going on and helping each other out really. That’s kind of how it needs to work. I mean, it’s not in this kind of shop, you can’t just say this is my job. This is all I do. You need to work as a team to, kind of, that, but yes, it’s dependent on what the patient is actually coming in for that will depend on who they’re seeing.” (Pharmacy Manager)

The intention was to “make it as hassle free for the patient as possible” (Pharmacy Manager).
Challenges
Despite being a relatively-low volume pharmacy, the Scholaleigh pharmacist discussed the mental drain of carrying out a range of services each day and the need for an effective support team to assist with day-to-day workload.

“As the number of services increase, the amount of different types of thinking and problem solving you need to do increases as well which is great if you’ve got the time for that and you’ve got good people behind you that can help you with it but that’s the challenge.” (Pharmacist-owner)

As the pharmacy takes on more professional work, he is looking at the skill-mix to support that and has decided to take on a pre-registration pharmacist trainee for six months. He thinks that this might “fit into our picture better”.

The Scholaleigh pharmacist described issues around retention of medicines counter assistants. He explained that this was a national issue as the wage structure is relatively low. However, there was an additional issue for this small branch because of the way the cluster of regional pharmacies “act as a team”. He explained:

“If we train somebody and they’re a good quality member of staff, there’s a chance, because we’re a small branch, they may actually be moved on to somewhere else in the company... As one of the company owners, I understand that.” (Pharmacist-owner)

At Foghill the pharmacist noted that the chronic medications service had not taken off as well as it has in other areas. She suggested that the level of engagement of GPs was a key factor.

Key messages
• Skill-mix is variable and dependent on the individual workload needs of the pharmacy.
• Creative use of student interns.
• Patient-focussed clinical skills to cover the front of shop counter roles were considered to be of equal value in community pharmacy as technical dispensing skills.
• Movement across different stores within the chain helps staff gain experience of different working practices and environments, patient demographics/demands, etc. They can then bring the best of those skills onto next place of work. But, there is often at least one full-time staff member in each team who has good knowledge of the pharmacy.
• The presence of a dispensing “hub” in one of the premises which assembles trays for other pharmacies within the chain.
• Importance of improving the patient experience – “hassle free” medication collections. Retail was still important in some local stores and the focus on serving the community extended to operating non-pharmacy services (also increases footfall into shop).
Summary of main messages from across the case studies

- All pharmacies were patient-focussed rather than prescription-focussed and offered more services than just dispensing.

- Staff members took pride in providing a good service to customers and the working culture supported this; staff seemed to be committed to treating people well.

- Most of the staff in these pharmacies were regular - even if the staff mix included a locum. They talked about covering each other’s roles and adopting a flexible approach to managing workload.

- Strong leadership was evident and staff felt valued.

- The importance of staff development was recognised although the pharmacy leads were accepting that not all staff wished to develop their role.

- In addition to the main dispensary, three of the pharmacies had at least another distinct part to the pharmacy, usually a tray assembly area.

- Regular staff meetings were used to aid communication. Good systems of communication were either in place or for one of the pharmacies, recognised as a current area for improvement.

- Three of the pharmacies have made a conscious decision to restrict retail to healthcare-related products only in order to enhance their image as a professional healthcare service. This may contribute to staff feeling more like professionals rather than shop assistants and possibly positively affect their attitude and commitment.
Main Messages

Opinions on how skill-mix ‘worked’ and for whom it worked seemed to differ. It was 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.

The role of the pharmacy technician was appreciated by most and seen as relieving the work pressure of the pharmacist. However, survey responses raised questions about support staff’s scope of practice. Some members of the team were working beyond their qualification and training levels. Reasons for this are unclear but could include workforce pressures and available skills within the team, or lack of understanding of scope of practice. Such explanations may have influenced comments which questioned the value of the pharmacy technician relative to dispensers. That more wanted an MCA (66%) or dispensing assistant (65%) than a pharmacy technician (57%) could be linked to staff working beyond their qualification level and a lack of understanding of scope of practice.

Pharmacists’ perceived workload and the multi-tasking required for the additional workload of extended services increased error and patient safety concerns.\(^{19, 29}\) For community pharmacy to continue to develop and optimise its services to patients and the public, whilst coping with the increased volume of prescription dispensing, it is imperative that an appropriate skill-mix is employed within the community pharmacy. Accuracy in dispensing is not the only patient benefit, evidence suggests that enhanced pharmacist roles can lead to improved patient outcomes (e.g. reduced blood pressure control, better diabetes control), reduced drug-related morbidity, improved medication regime compliance and patient satisfaction, and impact positively on patients’ quality of life.\(^{1}\)

How the skill-mix “worked” varied by specific pharmacy need. What stood out across the case study pharmacies was the positive influence of dynamic leadership. Motivating, supportive leadership and leading by example resulted in 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. Despite a degree of uncertainty about role remit, less qualified roles were viewed positively and 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). We also found some uncertainty about scope of practice amongst pharmacy owners. Training is part of the solution (scope of practice, legalities, leadership) but is challenged by lack of time and resources.

Limitations
Difficulties were experienced in generating a higher response rate to the questionnaire. After a lengthy, in-depth consultation with several of the large UK chains we received a very small response rate to the email invitations. We trusted that the chains disseminated the information to all their pharmacies but we have no way of knowing how many pharmacies actually received the emails or how many were read. A paper copy was distributed and proved notably more successful but owing to time and budgetary limitations we were unfortunately unable to send out a second wave of questionnaires or other forms of prompts. Attempts to raise the profile of the questionnaire relied on social media and personal networks which undoubtedly have a narrower reach than a complete re-mailing. The research team promoted the survey via Twitter, tweeting the link and a very brief explanation several times over a period, using appropriate hashtags (e.g. #communitypharmacy, #pharmacyskillmix, etc.) and including the Twitter accounts of relevant organisations (e.g. @PharmResUK, @ChemistDruggist, etc.). Members of the research team and advisory group were asked to retweet posts as they appeared.

One of our aims was to develop learning groups but we struggled to set these up for a number of reasons. Mainly, our links were supportive but finding mutually aggregable dates to run the learning groups was challenging. Generally communications were slow because this was not a priority and our contacts had other more pressing concerns. Further, when we suggested building a learning group into an existing meeting there was a perceived lack of interest amongst community pharmacists.

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.

Further Research
This study suggests the need for further research and development. The low survey response rate means that findings must be treated as preliminary and would benefit from repetition with a wider range of responses – particularly from Wales and Scotland. A direct reminder process (letters, emails, etc.) to the initial survey invitation is essential.

Developments relate to learning opportunities including leadership development and enhancing understandings of scope of practice. We suggest that the use of learning sets or a communities of practice model is worthy of further investigation. We need to experiment with different models and learn how to overcome barriers.

We described our study design as being informed by realist evaluation. We suggest that logic models could be drafted on the basis of this research and their applicability could be more widely tested. Such logic models would set out context-mechanism-outcomes (CMO) statements to describe what works, for whom, how and in what circumstances.

References


48. Kassam R, Collins and Berkowitz J. Comparison of patient’s expectations and experiences at traditional pharmacies and pharmacies offering enhanced advanced pharmacy practice experiences. 2010;64(5):1-10


Appendix I: The Questionnaire
Optimising pharmacy services

A research project commissioned by Pharmacy Research UK and supported by Company Chemists’ Association (CCA) and other relevant bodies

Dear Community Pharmacist,

Spend just 15 mins to help us optimise community pharmacy services

The government has seen the potential to deliver more services to patients from the community pharmacy. Whilst this is an exciting opportunity, the development may come with increased workload for the pharmacy team.

We at Cardiff University have been commissioned by Pharmacy Research UK to explore how the role and responsibilities of technicians and other members of the team can be enhanced and to consider ways to address barriers to developing the skill mix in pharmacies. A questionnaire, going out to community pharmacists across England, Scotland and Wales, is a key part of the study.

The survey takes about 15 minutes. It is entirely voluntary and all questions are optional. However, the more responses we receive, the more we can be sure that our research accurately reflects the voice of community pharmacists.

Please turnover and complete the survey and return it in the FREEPOST envelope (within 2 weeks of this notification).

If you prefer, the same questionnaire is available online at this link:

https://cardiff.onlinesurveys.ac.uk/pharmacy_skill_mix

We are most grateful to you for taking the time to do this. Your response is most important to us and the future of community pharmacy. A summary of the final report will be publically available and we will distribute alerts about where and how to access it.

Many thanks,
The Cardiff University project team.

Alison Bullock (BullockAD@Cardiff.ac.uk), Margaret Allan (AllanMJ@Cardiff.ac.uk), Karen Hodson (HodsonKL@Cardiff.ac.uk), Emma Barnes (BarnesEJ@Cardiff.ac.uk).

Tel: 029 208 75506

All responses are confidential to the research team based in Cardiff. No individual pharmacist, individual pharmacy, pharmacy type or pharmacy organisation will be identified and your individual responses will not be shared with anyone outside the immediate research team. Research ethics approval for the study has been granted from Cardiff University. Complete and return the questionnaire only once.
About you and this pharmacy

1. **In this pharmacy are you the** ... *(Please select the single most appropriate option)*
   - Pharmacy owner
   - Superintendent pharmacist
   - Pharmacy manager
   - Second pharmacist
   - Relief pharmacist
   - Locum pharmacist
   - Other

2. For approximately how many years have you worked as a qualified pharmacist?
   - < 5 yrs
   - 5-9 yrs
   - 10-14 yrs
   - 15 – 19 yrs
   - at least 20 yrs

3. **Is this pharmacy a single business (i.e. not part of a chain)?**
   - Yes
   - No

4. **Where is this pharmacy?**
   - England
   - Wales
   - Scotland

5. **What is the postcode of this pharmacy?** *(To retain anonymity, please leave off the last 2 characters. This information will only be used to eliminate duplicate responses from community pharmacies and for sampling review)*

6. **How many prescription items does this pharmacy process in a typical month?**
   - <2,200
   - 2,200 – 5,999
   - 6,000 – 8,999
   - 9,000 – 11,999
   - At least 12,000
   - I don’t know
   - I cannot say

7. **Is any or all of the dispensing processed via a dispensing hub?**
   - Yes
   - No

8. **Does the pharmacy use a robot in the dispensing process?**
   - Yes
   - No

9. **Do you provide a prescription delivery service?**
   - Yes
   - No

10. **For how many hours is the pharmacy open per week?**
    - <30 hours
    - 30 – 39 hours
    - 40 – 49 hours
    - 50 – 59 hours
    - 60 – 69 hours
    - 70 – 79 hours
    - 80 – 89 hours
    - 90 – 99 hours
    - At least 100 hours
    - I don’t know
    - I cannot say

11. **a) How many commissioned professional services are offered in this pharmacy?**
    - 0
    - 1
    - 2
    - 3
    - 4
    - 5
    - 6
    - 7
    - 8
    - 9
    - 10
    - 11
    - more

11. **b) Of these, how many are delivered by**
    - a pharmacist
    - a pharmacy technician
<table>
<thead>
<tr>
<th>Your views on skill mix in your pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Please indicate your level of agreement/disagreement with the following statements</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. We work well as a team in this pharmacy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. Compared to dispensers, the financial reward is not great enough for the increased responsibilities of the pharmacy technician</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. We have the right people in the right jobs at this pharmacy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. I am able to influence the number of staff required for this pharmacy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. I feel I am able to offer good team leadership</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. I have confidence in the abilities of all members of this pharmacy team</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g. There are members of this team who are working beyond their qualification and training levels</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h. The workload of the pharmacy team is increasing</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>i. The staff level in this pharmacy is sufficient to provide pharmaceutical services without pressure</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>j. I am not quite sure of the roles and responsibilities of different members of the team</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>k. Career prospects for pharmacy technicians in community pharmacy are limited</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>l. There should be minimum staffing levels related to the amount of business</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>m. Job satisfaction levels of staff in this pharmacy are high</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>n. I have professional trust in the other members of staff in this pharmacy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>o. My workload is increasing</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>p. I am able to influence the skill mix required for this pharmacy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>q. The community pharmacy contract supports enhanced skill mix</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>r. The community pharmacy contract encourages pharmacies to supply professional services</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>s. I would welcome training in team leadership</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>t. The pay for pharmacy technicians is satisfactory</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>u. Staff turn-over is high in this pharmacy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>v. The skill mix in this pharmacy is being used to best advantage</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>w. I would like to see greater use of extended roles and responsibilities in my workplace</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>x. I am unsure of the legalities of pharmacy technicians’ scope of practice</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>y. I think the registration requirements deter staff from developing into the registered pharmacy technician role</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>z. Sufficient resources are available to improve staff skills</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
13. In your view what, if anything, is the value of a registered pharmacy technician in the community pharmacy team?

14. Do you feel confident to delegate workload to make best use of the roles and responsibilities of the community pharmacy team?
   Yes ☐ No ☐ Don’t know ☐

   If No or Don’t know, what do you feel would help you to be more confident to delegate?

15. What, if anything, would you like to change about your pharmacy team?

16. In your view, what are the biggest barriers to developing the roles and responsibilities of your pharmacy team? (You might like to consider the statements in Q12 and some of the other questions)

17. In your view, what would help you to make better use of the staff in your pharmacy team?
### Staffing profile of this pharmacy

18. Please tell us about the staff members within this pharmacy in an average week:

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>For each type of staff, total number (head count, whole number)</th>
<th>For each type of staff, total number of hours worked in an average week</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Independent Prescribing Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Locum Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Relief Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Pre-registration Trainee Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Medicines Counter Assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Dispensing Assistant (i.e. performing at NVQ level 2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Accuracy Checking Technician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Pharmacy Technician (i.e. performing at NVQ level 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Pre-registration Trainee Technician</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. If there are any members of your pharmacy team not listed in Q18, please describe their role and give number (head count) and number of hours worked in an average week.

20. Are there any staff appointments that you would like to make to enable you to develop or extend the skill mix in this pharmacy?

   Yes ☐   No ☐   Don’t know ☐
21. If yes to Q20, which staff members would you like to appoint and how would they benefit pharmacy service delivery?

<table>
<thead>
<tr>
<th>Staff Member</th>
<th>How would they benefit the pharmacy service delivery?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Pharmacist</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>b. Pre-registration Trainee Pharmacist</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>c. Medicines Counter Assistant</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>d. Dispensing Assistant (NVQ L2)</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>e. Accuracy Checking Technician</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>f. Pharmacy Technician (NVQ L3)</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>g. Pre-registration Trainee Technician</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Please describe briefly.

22. If there are other staff members you would like to appoint, not listed in Q21, please specify post and how they would benefit the pharmacy service delivery.

Other comments

23. Is there anything else that you’d like to tell us about skill mix in your pharmacy? (Please continue overleaf if necessary)

A later part of our project involves case studies of a small number of exemplar pharmacy teams. If you would be willing to help with this part of the study and feel you are currently using your skill mix to optimise pharmacy services, please enter your email below.

(Your email will remain confidential to the research team and will not be shared with any other parties.)

This research has been commissioned by Pharmacy Research UK and undertaken by a team at Cardiff University

Please return the completed questionnaire promptly in the FREEPOST envelope provided.
Appendix II: Case Study Interview Schedules
Enhancing skill-mix in community pharmacies: Understanding barriers and proposing solutions

Case Studies – An Outline of Question Areas

Background
Please tell me about your current role?
How long have you worked here?
Management structure – who do you report to?
Have you extended your role/duties over the course of your career?

For those involved in making staffing decisions
What services are offered in the pharmacy?
The staffing profile: What staff members do you currently have? Are they full or part time?
Please tell me about how the numbers and skills of staff have developed and changed over time.
Probe – why this skill-mix? Benefits for patient services?
What helped/hindered establishing this skill mix? How were difficulties overcome?

Working here
How are you involved with patients?
What do you enjoy most about working here and why?
If you could describe in a few words what it feels like to work here, what words would you use?

Team work and services
How does your role fit with others? Do you feel your role is clearly defined (i.e. do you know what you can do in relation to what others do in the team?)
Do you feel you work as part of a team? In what way?
Tell me about how patients benefit from the ways of working in this pharmacy?
Are there any other services you would like to provide but are unable to due to lack of suitably qualified staff?

Future developments
Thinking about your team, if you could change one thing to improve your service to patients, what would that be?
Implications for training?
What advice would you give to community pharmacists who want to deliver more services, but find it difficult to find the time?

Anything else?
Is there anything else you think I should know about why things work well in your pharmacy?
Thank you
Appendix III: Further Details of Questionnaire Responses
Table A3.1: Respondents’ demographic information

<table>
<thead>
<tr>
<th>Their role</th>
<th>Frequency % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy manager</td>
<td>59 (700)</td>
</tr>
<tr>
<td>Pharmacy owner</td>
<td>16 (197)</td>
</tr>
<tr>
<td>Superintendent pharmacist</td>
<td>8 (93)</td>
</tr>
<tr>
<td>Second pharmacist</td>
<td>5 (60)</td>
</tr>
<tr>
<td>Locum pharmacist</td>
<td>4 (53)</td>
</tr>
<tr>
<td>Relief pharmacist</td>
<td>3 (35)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (57)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years qualified (n=1199)</th>
<th>Frequency % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>at least 20 yrs</td>
<td>39 (469)</td>
</tr>
<tr>
<td>15-19 yrs</td>
<td>9 (108)</td>
</tr>
<tr>
<td>10-14 yrs</td>
<td>11 (125)</td>
</tr>
<tr>
<td>5-9 yrs</td>
<td>17 (208)</td>
</tr>
<tr>
<td>&lt; 5 yrs</td>
<td>24 (289)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Single business or chain (n=1203)</th>
<th>Frequency % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chain</td>
<td>76 (914)</td>
</tr>
<tr>
<td>Single business</td>
<td>24 (289)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of the pharmacy (n=1202)</th>
<th>Frequency % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>96 (1154)</td>
</tr>
<tr>
<td>Scotland</td>
<td>2 (26)</td>
</tr>
<tr>
<td>Wales</td>
<td>2 (22)</td>
</tr>
</tbody>
</table>

Table A3.2: Pharmacy team size

<table>
<thead>
<tr>
<th>Team size</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 or fewer</td>
<td>66 (6)</td>
</tr>
<tr>
<td>4</td>
<td>80 (7)</td>
</tr>
<tr>
<td>5</td>
<td>141 (12)</td>
</tr>
<tr>
<td>6</td>
<td>168 (14)</td>
</tr>
<tr>
<td>7</td>
<td>139 (12)</td>
</tr>
<tr>
<td>8</td>
<td>152 (13)</td>
</tr>
<tr>
<td>9</td>
<td>106 (9)</td>
</tr>
<tr>
<td>10</td>
<td>93 (8)</td>
</tr>
<tr>
<td>11</td>
<td>57 (5)</td>
</tr>
<tr>
<td>12</td>
<td>42 (4)</td>
</tr>
<tr>
<td>13</td>
<td>26 (2)</td>
</tr>
<tr>
<td>14</td>
<td>22 (2)</td>
</tr>
<tr>
<td>15 or more</td>
<td>80 (7)</td>
</tr>
<tr>
<td>total</td>
<td>1172</td>
</tr>
</tbody>
</table>
### Table A3.3: Number of staff members within the pharmacy and their hours worked

<table>
<thead>
<tr>
<th>Staff member</th>
<th>n pharmacies</th>
<th>Total number (head count, whole number)</th>
<th>Mode (%)</th>
<th>Total number of hours worked in an average week</th>
<th>Mean</th>
<th>Full-time/Part-time % (total n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist</td>
<td>1128</td>
<td>1 (67%)</td>
<td>49</td>
<td>69 / 31 (1045)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispensing Assistant (i.e. performing at NVQ level 2)</td>
<td>1035</td>
<td>2 (29%)</td>
<td>62</td>
<td>28 / 72 (936)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicines Counter Assistant</td>
<td>1003</td>
<td>1 (33%)</td>
<td>48</td>
<td>16 / 84 (909)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locum Pharmacist</td>
<td>590</td>
<td>1 (73%)</td>
<td>16</td>
<td>6 / 94 (543)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Technician (i.e. performing at NVQ level 3)</td>
<td>474</td>
<td>1 (70%)</td>
<td>42</td>
<td>43 / 57 (440)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accuracy Checking Technician</td>
<td>322</td>
<td>1 (81%)</td>
<td>38</td>
<td>47 / 53 (292)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relief Pharmacist</td>
<td>273</td>
<td>1 (85%)</td>
<td>13</td>
<td>4 / 96 (252)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-registration Trainee Pharmacist</td>
<td>195</td>
<td>1 (95%)</td>
<td>41</td>
<td>94 / 6 (180)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-registration Trainee Technician</td>
<td>81</td>
<td>1 (89%)</td>
<td>37</td>
<td>64 / 36 (74)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Prescribing Pharmacist</td>
<td>42</td>
<td>1 (79%)</td>
<td>37</td>
<td>55 / 45 (33)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table A3.4: Factors influencing confidence delegating work (summary of most common responses)

<table>
<thead>
<tr>
<th>Confidence delegating</th>
<th>N</th>
<th>Illustrative quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>More training needed</td>
<td>46</td>
<td>“Confidence is there but capable staff cannot do some work because qualification required.” Second pharmacist</td>
</tr>
<tr>
<td>Pharmacist’s trust in the team members’ ability to carry out the tasks correctly</td>
<td>51</td>
<td>“There are some technicians that are not treating their job seriously and cannot be trusted with an important job due to their attitude and lack of care.” Pharmacy manager. “Currently a major divide between competent staff and staff who struggle. As a manager I can’t unfairly delegate all necessary work to competent staff only.” Pharmacy manager.</td>
</tr>
<tr>
<td>High workload</td>
<td>17</td>
<td>“I feel the team already has pressure to work to limits and fear asking more. Some members are struggling with updating knowledge regularly.” Pharmacy manager.</td>
</tr>
<tr>
<td>Legal responsibility</td>
<td>21</td>
<td>“I am confident, but that depends on the person to whom I’ll delegate. At the end of the day it will be my responsibility.” Pharmacy manager.</td>
</tr>
</tbody>
</table>
Appendix IV: Case Study Summaries
A14

**CYPRAFARM**

**Location**
Located on the outskirts of city’s main shopping centre.
No obvious GP surgeries nearby.

**Services & Facilities**
An independent business open every day of the year.
Services offered include truss & hosiery fitting, repeat dispensing, medicines supply and advice to care homes, pregnancy and other diagnostic tests.
Delivery service provided.
Small closed-off section for restricted medications requiring supervised consumption and needle exchange.
Spread over two floors (1st floor used for assembling and checking trays).
Open dispensary with staff visible.
Private consultation room.
Dispensing robot (out of customer view).

**Staffing Profile included**
Over 60 staff including:
10 pharmacists, many pharmacy technicians and ACTs, small number of MCAs and others.

**Interviews with**
1 Managing director
1 Superintendent
1 Pharmacist
4 Technicians
4 ACTs
1 Dispenser
1 Delivery Driver

**Key Messages**
Prioritising quality service not financial return.
Leadership that is always looking for ways to advance and willing to take risks with ways of working.
Flexibility: staff work across the dispensary and tray hub.
Overall, the staff felt they were treated well and described a good working culture.
Employees are encouraged to treat patients as they would like to be treated.

**Challenges**
With current contract pharmacies are paid as much for their volume of prescriptions dispensed as teams that haven’t invested in team development so no financial incentive.
With a large team and shift work patterns staff members identified problems ensuring that ability levels are consistent and up to date with information.
Problems if something goes wrong and there are not enough qualified staff to deal with it. Impacts on rest of work as it gets left until someone can remedy it.
Training – not much protected time or money to support staff training.
Career advancement is limited – problem of training up staff to pharmacy technician/ACT but they leave to work in hospitals if there is no available role.

**What works well and why**
Owned by a consortium of pharmacists. Staff have a normal share in the company.
There is flexibility and funding for development.
Providing a quality service is valued over financial returns.
A wide range of services is provided – some run by pharmacy technicians. Some may not be in high revenue but enhance the pharmacy’s clinical reputation.

"I think they do get a good service because we are all always willing to help, always there sort of. ‘Oh we could try do that for you or we can do this for you’ and I think with our advance services I think that does sort of put us above a lot of places." - Pharmacy technician

"I think it’s the fact that everyone tries to pull together. I mean that’s the thing that makes it work, and everyone feels responsible for what they are doing rather than just turning up and doing what they are told to do and nothing else." - Delivery Driver

The Superintendent motivates and enthuses and helps staff develop confidence. They are empowered through delegation and accountability.
All pharmacists/managers lead by example. But also have a responsibility to ensure staff are working in line with work flow plans.
Some staff work in both the tray hub and the dispensary downstairs. This varies the role and keeps things from getting stale.
Good relationship with NHS, which funds them to develop, collaborations with GP surgeries – delegating responsibilities to pharmacists.

10 Commandments of Pharmacy
1. Kindness
2. Empathy
3. Patience
4. Sacrifice
5. Politeness
6. Humour
7. Self-awareness
8. Fortitude
9. Hope
10. Confidence.
Location
The premises are located in a residential area on the outskirts of the city.
Two further health centres nearby.

Services & Facilities
Originally an independent, now part of large chain.
The pharmacy is open behind the counter with dispensing staff visible.
Professional services offered within the pharmacy include: new medicine service and MURs.
Off-the-shelf health care items, including non-health care items.
Small TV screen at cash register displaying pharmacy services available.
Private consulting room.
Connects via an open archway into the waiting area of the health centre next door.

Staffing Profile included
1 Pharmacist
5 Dispensers
1 Pharmacy Technician
1 ACT
1 MCA

Interviews with
1 Pharmacy Manager
1 Pharmacy Technician
4 Dispensers
1 ACT

Leadership open to change, in both their own role and changing others' roles.
Training and development of the pharmacy team is encouraged. When opportunities for role advancement are not available other ways to extend staff roles are found (e.g. supervisory responsibilities).
Committed team and patient-focused culture.

Key Messages

Challenges
Opportunities for advancement dictated by head office. Staff might complete training but have to wait until a suitable role becomes available.
Shift work changes teams. Also information may not be shared across shifts/roles and reliance on informal information sharing.

Short-staffed currently so there’s a higher than usual workload for existing staff members.
Would like to offer more professional services, in talks with GP surgeries and the local CCG to increase their links with the surgeries.

What works well and why
Being part of a large chain – chance to offer more services and targets keep the team motivated.
Have a good relationship with the three close local clinics. Also the pharmacy is attached to a surgery – means a guaranteed footfall.
Patient-focused culture with good relationship with "regulars".

Work plans are set out for all staff members by the ACT, outlining their roles. But, staff were also flexible in approach - all hands on deck as and when they are needed so the work plan ensures all staff have experience in all roles.

“Everyone knows how to do everything. -- [pharmacist name] teaches everyone to do everything so it doesn’t affect everyone... Everything can get done.”
Dispenser

“[pharmacist name] was good for me as he [pharmacist name] taught me everything. But then now I’ve moved on...”
Pharmacist

Committed, enthusiastic team members.
Supportive, appreciative leadership – staff members feel like valued team members. Staff development is encouraged. The pharmacy manager also only employed regular locum that was a good fit with the pharmacy team, based on team members' feedback.

Delegation of supervisory duties as well as clinical roles was also a feature. Provides a way to further develop staff members who had completed NVQ 3. Also develops team member's confidence. However, it was noted that care needs to be taken in selecting which staff members to train up, not all may be willing or capable and the responsibilities would eventually fall back on to the manager.

Pharmacist open to extending their own role within the pharmacy through the link up with the local GP surgery.
Location
Located within a large store in a busy city centre's main pedestrianised retail area. Much smaller store also in the town that staff sometimes provide emergency cover for.
Dispense prescriptions issued from a wide geographical area (around 200 surgeries).

Services & Facilities
Part of a large chain, this pharmacy has 4 "departments" - main pharmacy counter, medicines organisation section, dispensing hub, care homes. Each department organised its own operation but is headed up by one overall pharmacist manager.

Staffing Profile included
Large number of staff covering 3 shifts from 08.20 to 18.30.
6 Pharmacists in total with 3 pharmacists per shift.

Key Messages
Corporate branding creates a culture of professionalism and drive.
Skill mix and size of the teams are relevant to tasks and workload demands.
Large team separated into different sections with own managers.
Good communication across teams.

Interviews with
2 Pharmacists
1 Pharmacy Technician
1 ACT
1 Health Care Adviser
1 MCA
1 Trainee Pharmacy Technician
1 Pharmacy Manager

Challenges
High workload and a large team working in limited space increases the risk of dispensing errors. This is routinely monitored and addressed. ACTs monitor, report back on error rates and lead discussions on ways to improve. Low rates of error inspire confidence and reassurance.

The team was said to be short-staffed and with a high turnover of staff and a number of trainees. It is a challenge to find a balance between numbers of trainees and experienced staff within the teams.
Delegation of tasks was utilised but services were still mostly pharmacist led.
Less money coming in from prescriptions so need to focus on services, aided by using ACTs and pharmacy technicians to free up pharmacists' time.

What works well and why
Supportive leadership fosters confidence in skills. Staff value discussing their career development plans with their manager.
Promotion of a strong professional culture: passion and pride in the work.
Regular "huddles" (10 minute meetings) are held daily in most sections. This facilitates effective communication.

"We do have good links with the close surgeries. They're fully aware of the services that we offer and obviously if they can't accommodate people that are travelling or that type of thing then they can refer patients to us, and obviously we've got good links with the GP surgeries in terms of repeat prescriptions that we order for patients as well." - Pharmacy Manager.

"Sometimes obviously people go; they move on. They move on and you sometimes, you hit with new people who haven't been there very long. It's transient, and then you're like, okay they're good, but we need someone with a little bit of experience." - Pharmacy Technician.

Team members identified a strong sense of their own role within the team and what is expected of them. This is vital in a busy environment. However, they also acknowledged flexibility and all pitch in if needed.

The skill mix within the team was determined by the tasks carried out within each team. The hub is mainly staffed by around 10 ACTs whereas both the patient-facing walk-in area and care homes sections (e.g. staff members) are staffed by dispensers and pharmacists. Trained ICA's also on counters to provide advice.

Patient safety/care is paramount and is part of the corporate culture. Staff report enjoying helping people. Pharmacists usually based in patient-facing areas rather than in hub (staffed by dispensers, ACTs, etc) so are able to have a high level of patient contact (advice, services, continuity of care, etc).

Positive aspects were highlighted regarding the large size of the teams. The size provided opportunities for flexibility of cover and a diversity of skills.
WETSANDS

Location
Opposite 3 clinics and within walking distance of large general hospital.
Mainly walk-ins from local surgeries.

Services & Facilities
Family run independent business open 5 days a week.
Off-the-shelf healthcare items and small selection of non-health care stock.
Full capacity of MURs and DMRs.
Repeat dispensing offered.
Emergency contraception and asthma reviews.
Hearing service one day a week.
Open plan with small seating area and private consulting room.
Recent refit offers 4 times more dispensing space.
Linked portacabin used as office and for hearing service.

Staffing Profile included
1 Pharmacist
4 Dispensers
2 Pharmacy Technicians
2 ACTs
1 MCA
1 Regular Locum
1 Part-time Admin Support

Interviews with
1 Pharmacist/Owner
1 ACT
3 Dispensers
1 MCA

Key Messages
Willingness to delegate tasks to appropriately qualified staff (checking, administration).
Team work and flexibility in working practices (tasks, working hours).
No support staff member works all week - prevents burn out from high workload and brings flexibility for holidays/illness cover. Staff appreciate the flexibility.

Challenges
History of training up staff then leasing.
Two staff members embarked on training courses but failed to complete them. No protected time within working week.
Recognised benefits of taking on pre-reg but no time and reluctantly to potentially disrupt the team by introducing a new staff member.
Provision of private services, not part of commissioned services.
Located next to two clinics and a hospital impacts on demand for services (e.g. limited demand for flu jabs).
It took a new GP to develop good relationships and overcome previous mistrust.

What works well and why
Manager/owner values the autonomy that comes from not being part of a chain. Opportunities to change things.
Location is key. Another nearby pharmacy motivates prompt service: any delay means patients go elsewhere.
Good relationships with patients, "personal touch" encourages return (e.g. staff members have been known to hand deliver prescriptions after work if they have missed the delivery and know that they are needed).
Long-term staff and regular patients mean that they have built up a good rapport with patients and can keep an eye on the older patients' progress. They also monitor patient opinion with a customer survey.

 Mostly a stable team. Some members of staff have been there for many years.
There is high trust in the ACTs, who are mostly long-term employees so they work well as a team and have built up good relationships with patients.
A weekly rota is in place to distribute tasks across the team.
There is protected time for meetings/staff training.
Employees are given the opportunity to make-up time for sick leave days taken in previous few months or move their own days around. Staff members appreciate the flexibility.

"I mean Meg, she’s 80 something. She’s been a dispenser since she was sixteen. She doesn’t want to do any training. She doesn’t want to go to any meetings. She’s very good at dispensing but, you know, she’s limited because she doesn’t want to do any more exams or any exams. She’s comfortable in what her role is and I accept that"
Pharmacist/Owner
Way-Side Pharmacies

Location
Small, independent chain of 15 pharmacies. It mainly serves small village communities with high populations of elderly and young families.

For this case study, two pharmacies were visited, Scholailegh and Foghill, both located within the vicinity of a small city.

Services & Facilities
Scholailegh serves a student population which is atypical of the chain. It has a relatively high call on emergency contraception. In addition, a private travel clinic is run by the pharmacist.

Foghill pharmacy is located in a small, old terraced parade of shops in a suburb of the city and is used by a wider range of ages with more diverse needs.

Large hub in another part of the building.

Public health services such as smoking cessation and substance misuse are offered.

Staffing Profile included
Scholailegh:
Pharmacist/Co-owner
Dispenser
Intern (overseas students)

Foghill:
Part-time Pharmacists
HCA
Dispensers
ACT
Pharmacy Technician

Interviews with
Scholailegh:
1 Pharmacist
1 Dispenser
2 Interns

Foghill:
1 Pharmacist
1 Pharmacy Technician
1 Dispenser
1 ACT

Key Messages
Skill mix is variable and dependent on the individual workload needs of the pharmacy.

Creative use of student interns.

Patient-focused clinical skills to cover the front of shop counter roles were considered to be of equal value in community pharmacy as technical dispensing skills.

Movement across different stores within the chain helps staff gain experience of different working practices and environments, patient demographics/demands, etc.

Importance of improving the patient experience - "hassle free" medication collections.

What works well and why
Benefits of regional clusters working together, shared relief and gaining a broad range of skills/experience.

Foghill
Most of the staff have been with the pharmacy for some time and have a good knowledge of all tasks within the shop and are able to cover the counter and other tasks as needed if it’s needed.

Strong team work – patient sees the most appropriate contact within the team.

HCA acts as front line contact, making recommendations for straightforward cases & only referring more complex cases on to the pharmacist.

Challenges
Co-owner pharmacist criticised the current career development pathway of trainee members which he thought had a technical slant which did not suit needs.

Scholailegh
Despite being a relatively low volume pharmacy, the pharmacist discussed the mental strain of carrying out a range of services each day and the need for an effective support team to assist with day-to-day workload.

Foghill
Chronic medications service hasn’t taken off as well as it has in other areas. Suggested GIP’s are not fully engaged.

“Do it’s just a kind of a missed slant... as base free for the junior as possible...”
Pharmacy Manager

Scholailegh
Notable features: pharmacist as trainer, flexibility created by interns.

View that more dispenser capacity is not needed, rather patient-focused skills and more value placed on the role of a MCA.

Looking to take on pres-reg – to support services, support the “cognitive load”.
Adapting the services to fit around existing pharmacy duties.

“The interesting thing about technicians is that in community practice arguably they don’t add that much value... in community practice we’re not able to distinguish between a well-trained performing dispenser and a technician.”
Pharmacist/owner