

UPDATE Practice Module 003

This module covers:

- What skill mix is and why it is so important for community pharmacy
- The advantages of skill mix and how to implement it in practice
- Conducting a skill mix review and how to identify changes to be made
- The delegation of tasks to pharmacy team members

March

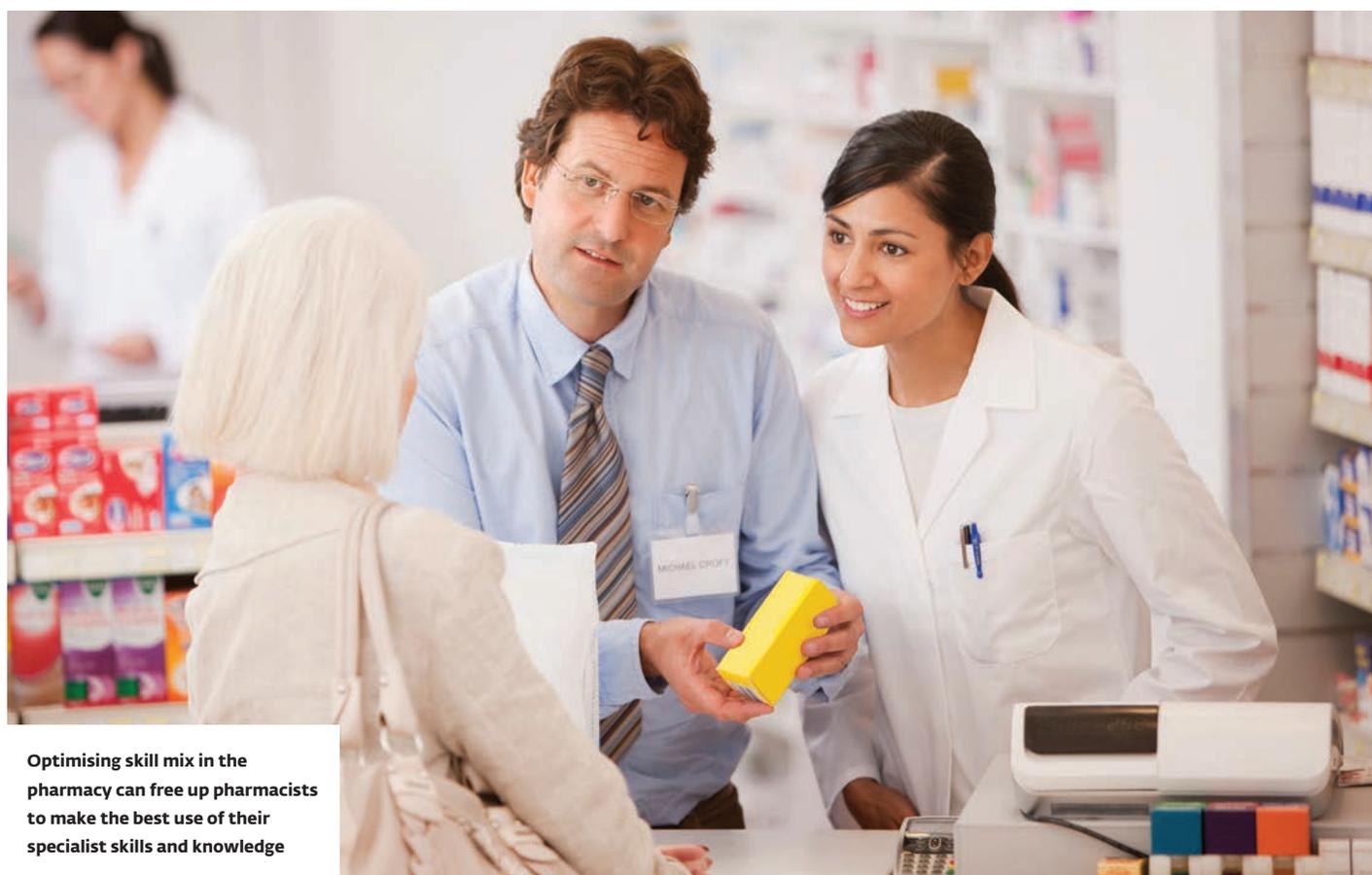
Clinical: Alternative remedies and interactions month

- CAM regulations March 7*
- Alternative therapies March 14
- Common drug interactions March 21

Practice: Skill mix in the pharmacy March 28

*Online-only for Update Plus subscribers

Skill mix in the pharmacy



Optimising skill mix in the pharmacy can free up pharmacists to make the best use of their specialist skills and knowledge

Ross Ferguson

The term skill mix is used to define the range of skills that can be called upon during the course of operating the pharmacy. Putting it simply, the more diverse the range of expertise, the better the team is able to adapt to the day's challenges.

The NPA defines skill mix as the skills and experience of staff, their continuing education and professional development, years of experience and how they bring these together to influence their professional judgement.

It goes on to explain that employing the appropriate skill mix in community pharmacy will lead to enhanced pharmaceutical care by making better use of the knowledge and aptitude of pharmacy support staff and pharmacists. Who could argue with that?

In the long term, it will mean your pharmacy is able to adapt to meet the challenges of the developing roles in community pharmacy and achieve the objectives and ambitions in documents such as *Prescription for Excellence* (the Scottish government's 10-year vision and action plan for pharmacy). Conversely, an inability

to adapt will surely leave pharmacy in the doldrums, so the significance of skill mix is far-reaching.

Implications for pharmacists

In essence, this means that for most of the time pharmacists keep making the best use of their skills and knowledge, and focusing on tasks that can only be performed by them. Putting away the wholesaler deliveries (while admirable and helpful) can easily be done by someone else, unlike counselling patients, doing MURs and holding prescribing clinics.

Dispenser and technician roles should equally be suited to them, and tasks that can be accomplished by less skilled – and lower paid – colleagues, such as counter assistants, should be delegated.

For example, looking at the current dispensing process, which usually takes up at least 60 per cent of most pharmacists' time, could the whole process be broken down – from receiving the prescription to handing out the dispensed product to the patient – into separate elements and those elements that do not need to be performed by pharmacists identified? Inputting information for the dispensing label, getting the products off the shelves and sticking on labels are some obvious examples.

Aside from the technical aspect of dispensing, there is prescription checking. Would you be happy to delegate this task to an accredited checking technician for those repeat prescriptions where a clinical check has previously been undertaken?

Changing the way we work may require significant changes to workflow, not to mention rethinking how we work, and this can be easier said than done. There are many examples of where proper use of skill mix has resulted in improved efficiency and reached the ultimate goal of freeing up pharmacists, so they can engage with patients and deliver full pharmaceutical care.

At Green Light Pharmacy (a London-based independent group – see *A guiding light*, p20) for example, the use of skill mix means pharmacists do not get involved in the dispensing process but hand out 80 to 90 per cent of prescriptions. This enables them to interact with patients and, where appropriate, undertake MURs or provide the new medicine service (NMS). Another opportunity for pharmacists to engage with patients with long-term medical conditions is while their prescription is being dispensed.

In the pharmacy, the dispensary layout has been adapted to enable a smooth workflow and follows the National Patient Safety Agency (NPSA) guidelines. Alistair Murray, clinical lead at Green Light, sees his role as co-ordinating his team of agile pharmacy staff rather than getting involved in every process. His team are capable and confident in providing the smoking cessation service and vascular health checks, for example. He says: "You need to use the appropriate person for the job and, while some elements of services have to be provided by pharmacists, staff can still be involved. If you break down each service into parts, the expensive pharmacist should be doing the job that only they can do."

Proper use of skill mix enables his pharmacy team to provide NHS health checks, chlamydia screening and treatment, and NHS vaccinations, as well as private services such as a travel health clinic and weight loss service. Staff undergo regular reviews and each has

a personal development plan. Because it is a close-knit team, the strengths and interests of the individuals are well known, which enables them to make better use of everyone's talents.

In other countries, the appropriate use of technicians has improved workflow and freed pharmacists to undertake other roles. For example, in some Scandinavian countries this can include accuracy checking prescriptions and, in some cases, undertaking medication reviews and providing counselling.

As well as pharmacy, other healthcare professionals can benefit from skill mix. In nursing, for example, the correct balance of skill mix has proven to have positive health outcomes for patients. GP practices could also make better use of skill mix; the Wanless review in 2007 suggested that up to 70 per cent of the work currently undertaken by GPs could be delegated to a general practice nurse.

An excellent example of how skill mix can enhance a profession is hospital pharmacy. In response to a shortage of pharmacists more than 30 years ago, the role of technicians changed to enable them to take on the responsibilities that had previously been the sole domain of pharmacists.

Today, some hospital dispensaries do not have any pharmacists and many services are technician-led. This means pharmacists routinely feature in ward rounds and have significant clinical input. There is also a clear career framework for pharmacists, who start in basic grade roles and progress to more advanced roles and specialisms and develop clinical relationships with both patients and other members of the healthcare team.

Compare this with community pharmacy, where pharmacists still spend the majority of their time involved in parts of the dispensing process, with few opportunities for career progression via clinical roles.

Recent developments, including automated robotic dispensing, have further enabled hospital and some community dispensaries to become more efficient. In Sunderland Royal Hospital, for example, the installation of a dispensing robot, changes to working practices and skill mix have improved patient safety, increased working efficiency and saved money.

How to implement changes

Firstly, it is essential to carry out a skill mix review, which has four stages:

1. Evaluate the need for change – define your current services and identify the problems
2. Identify the opportunities and barriers for change – what are the constraints on your flexibility and autonomy?
3. Assess the available resources (staffing, technology, information) and plan for change
4. Implement the changes over the predetermined time frame.

It does not end there, though, because the impact of the process will need to be ►

Inputting information, selecting products and sticking on labels are skills that can easily be delegated to trained staff.



True or false?

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evaluated, which in turn leads back to step one. It is an ongoing process.

So why would you want to conduct a skill mix review? Why is change needed? The aim is to enable you to provide health services in the most efficient and effective way possible. Other drivers for skill mix include:

- skills shortages
- technological innovation
- changes in professional regulation/legislation
- inappropriate use of skills
- establishing a new service.

So, how do you go about making the most of the expertise in your pharmacy? The first step is to determine what talents you already have in the pharmacy and the capabilities of each member of staff.

There are a number of approaches that can be taken to reviews, some of which are more formal - and expensive - than others. In an ideal world, the effectiveness of a skill mix would be defined by costs and by the effect on patient outcomes, but this can be very challenging.

In the community pharmacy setting, the most suitable approaches are professional judgment, job analysis interviews and role reviews, and group discussion. And assessing the mix may identify gaps in competencies and training requirements (see Box 1, right). For example, can your current members of staff be upskilled to become accredited checking technicians? Do you have personal development plans for them? Or do you need to recruit new team members?

Getting your staff on board with the process from the start is critical. The three most suitable approaches to skill mix described above all require input from staff, whether as part of a small group, structured individual interviews or group discussions. In each case their skills, activities and job roles will need to be identified.

Delegation is what you need

Letting go and delegating can be difficult, especially if you have become entrenched in the daily routine and ways of working, but for the whole team to reach its potential, the skills of each member need to be fully utilised. Delegation must be to a competent and appropriately trained individual.

The Royal Pharmaceutical Society (RPS) set up a commission in November 2013 on future models of care, chaired by Dr Judith Smith, director of policy at the independent charitable research foundation the Nuffield Trust.

The commission brought together expertise from across pharmacy, the wider healthcare sector, and patients and the public to develop practical ideas about how future models of care can be delivered through pharmacy. The subsequent report *Now or never - shaping pharmacy for the future*, suggests how policy makers, commissioners and the pharmacy



Box 1: Why do you need a training needs analysis?

A training needs analysis will identify any gaps between the skills you need in the pharmacy and the skills your staff have. The NPA identifies four key questions:

1. What training courses have they already completed?
2. What skills are they currently using?
3. Do they already have other skills or competencies?
4. What do you want them to be able to do in the future?

profession can put into practice such new models of care.

The report specifically indicates that the technical aspects of dispensing should be delegated to other trained members of pharmacy staff in order to free up pharmacists to provide other services based on patient care, such as the management of long-term conditions, minor ailments service and public health services. And if you remain unconvinced that change is needed and that the use of skill mix in community pharmacy is integral to that process, then the report has this stark reminder: "The NHS is engaged in an urgent search for ways to provide better standards of care in the face of unprecedented pressure on budgets and justifiably intense scrutiny of quality. Only by adapting to the needs of patients with long-term conditions and preventable illnesses can this be achieved. Pharmacists have a vital role in helping the NHS make the shift from acute to integrated care, and fulfilling the pressing need to do more for less."

Making better use of pharmacy skill mix was also identified as an objective in the NHS England document, *Improving health and patient care through community pharmacy - a call to action*, published in December 2013.

Further information

Better use of skill mix will ensure you get the

best from your pharmacy team and there are a number of resources available, including:

- The Centre for Pharmacy Postgraduate Education (CPPE) has an online distance learning course, which it says will enable pharmacists and pharmacy technicians to consider how skill mix can be taken forward in their pharmacy to ensure they have the right mix of skills and the best person for the job. The course introduces concepts such as skill mix review, the skill/will matrix (see *Practical Approach*, below), delegation, supporting change and developing a team spirit.
- The NPA has resources to help with conducting a skill mix review including information on training needs analysis, training matrix and the NPA skills escalator.
- The RPS has a number of useful documents on its website including *Now or never - shaping pharmacy for the future*.

References

- NHS England: A Call To Action: www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf
- Your Community Pharmacy: www.yourcommunitypharmacy.co.uk/Pharmacy/News/1034
- NPA: www.npa.co.uk/developing-teams-careers/studying-with-us/skill-mix-up-skilling-your-staff
- CPPE: www.cppe.ac.uk/programmes/l/skillmix-e-01
- Royal Pharmaceutical Society: www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf

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5 minute test

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Take the 5 Minute Test

1. The term skill mix defines the range of skills that can be called upon during the course of operating the pharmacy.

True/false?

2. *Prescription for Excellence* is NHS England's 10-year vision and action plan for pharmacy.

True/false?

3. The dispensing process usually takes up more than 85 per cent of most pharmacists' time.

True/false?

4. Inputting information, selecting products and sticking on labels are skills that can be delegated to trained staff.

True/false?

5. Prescription checking can be delegated to accredited checking technicians.

True/false?

6. In Scotland, accredited technicians carry out accuracy checking of prescriptions, medication reviews and counselling.

True/false?

7. A 2007 review found that about 45 per cent of the work undertaken by GPs could be delegated to a general practice nurse.

True/false?

8. A skill mix review includes evaluation, identifying opportunities for change, assessing resources and implementing changes.

True/false?

9. Drivers for skill mix review include skills shortages, technological innovations and establishing new services.

True/false?

10. Courses with information about skill mix can be found on the CPPE website.

True/false?

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Tips for your CPD entry on skill mix in the pharmacy

Reflect Why is skill mix so important for community pharmacy? What are the essential elements of a skill mix review? Where can useful information about implementing skill mix be found?

Plan This article discusses skill mix and its value to community pharmacy, now and in the future. It includes information about the advantages of skill mix, its relevance to pharmacy, carrying out and implementing skill mix reviews, the benefits of delegation and the training resources available.

Act Read the Update article and the suggested reading (below and right), then take the 5 Minute Test (above). Update Plus subscribers can then access answers and a pre-filled CPD logsheet at chemistanddruggist.co.uk/mycpd.

Read more about skill mix on the NPA website tinyurl.com/skillmix1

Consider completing the skill mix course on the Centre for Pharmacy Postgraduate Education (CPPE) website tinyurl.com/skillmix2

Carry out a skill mix review in your pharmacy, discuss with your staff what changes could be made and if they feel confident in taking on new roles

Research suitable training courses for your staff to improve the skill mix in your pharmacy

Evaluate Do you now have a good understanding of skill mix and its benefits to pharmacy? Could you now review the skill mix in your pharmacy and implement changes?

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