



*Improving Working Lives
for the Pharmacy Team*

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Introduction

The Improving Working Lives initiative

Improving Working Lives (IWL) is an initiative aimed at helping ensure sufficient numbers of well-qualified and motivated staff are in place to deliver the standards of healthcare envisaged in the NHS Plan. The IWL Standard summarises the expectations placed on NHS employers to support staff, promote their welfare and development, and respect their need to achieve a healthy and productive balance between work and life outside work.

The Standard has 3 stages and progress by employers will be kite-marked. All NHS employers are required to achieve Practice status by April 2003, and will have to provide evidence that they are delivering improved working lives for their staff – and that they have a clear, time-limited action plan to tackle any gaps.

The IWL Standard can be found at www.doh.gov.uk/iwl

Learning from example

Improving working lives is both a policy issue for employers and an attitude of mind about relationships between staff and the organisation they work for. Across the NHS there are many examples of good practice which have produced significant improvements in morale, efficiency and the quality of services offered to users. Some of these are recorded in existing packs, published as part of the IWL campaign (see Bibliography).

This pack looks at pharmacy in particular. It comprises a series of examples of good practice, grouped around key themes. The examples are not always unique, they are often representative of what may be happening in many other places; nor are they intended as prescriptive models for others simply to follow. The intention is to stimulate ideas and discussion among staff about how they work, and how conditions and systems could be improved. This pack is not a management briefing; it is intended to be of interest to all pharmacy staff, and may help to generate fresh perceptions about possible ways of working together.



The motives for change may vary from one situation to another, but there is a consistency in the gains that can be achieved:

- ◆ improvements in services to users
- ◆ improvements in recruitment and retention of staff
- ◆ improvements in professional competence and job satisfaction
- ◆ improvements in day-to-day working environment

Pharmacy in the Future

The pack fulfils a commitment made in the Pharmacy Programme, *Pharmacy in the Future: Implementing the NHS Plan*, to produce an IWL tool-kit, specifically dealing with pharmacists and pharmacy support staff. However, not only do the examples of good practice demonstrate how the working lives of pharmacy staff can be improved, they also show how the changes advocated in the Pharmacy Programme to modernise pharmacy services can be delivered: changes to re-engineer hospital pharmacy services around patients, to provide more support to patients in using medicines, and to make the most of skill mix and new technology.

Pharmacy differs from other health professions in that far more qualified staff are employed outside the NHS than within it. There is competition for staff in many areas. The 'fallow year' of graduates caused by the new 4 year degree course has intensified that competition.

Some of the examples in this booklet may suggest ways in which your organisation can more successfully attract and retain the right calibre of staff. It's a characteristic of many of them that the initial ideas have come from staff themselves. If you would like to know more, the 'contacts' named at the end of each example are happy to provide more background and share their experiences in getting the initiative off the ground.

Working flexibly

Working flexibly can take a variety of forms: part-time, job sharing, term time working, annualised hours, self-rostering... The examples given here have been chosen because they demonstrate that it is possible – and desirable – to construct viable and robust pharmacy services in which significant numbers of staff have flexible working patterns. It is probably a pre-requisite for the extension of pharmacy services towards a 24/7 model. This section looks at the range of options for working flexibly.



Within pharmacy departments across the country there are countless examples of informal flexible arrangements adapted to the circumstances of individual staff. The most common is probably the slightly-late start or end-of-school-day finish for mothers with younger school-age children.

However, these informal arrangements can cause problems. Other members of staff may feel that they are put under extra pressure by the 'privilege' extended to the late-starter or early-leaver. The norm remains that of staff working a conventional '9 to 5' day. The concept of working flexibly is seen more as a necessary evil than something to be endorsed within the Department's culture.

Across the team, the perception may also be that moving into part-time work will restrict access to further professional development, and means putting their professional career on hold.

These examples also demonstrate that it is quite feasible for pharmacists, technicians and assistants to move through various patterns of working during their careers and still continue to make a contribution, right up to the most senior levels. This contribution may be lost altogether if people leave the service because their changing work/life balance can not be accommodated within flexible working patterns.

Team working in a busy hospital

Sheffield Northern General Hospital

The Pharmacy Department at Sheffield Northern General dispenses over 550,000 items each year, with some 10% as out-patient prescriptions. In the 17 years since Ron Purkiss became the Chief Pharmacist, the numbers employed in the department have grown. The staffing number now is 107 people, split almost evenly between pharmacists, pharmacy technicians, and assistants and clerical staff.

Not only have the numbers increased, so have the patterns of working among staff. There are several term-time contracts. Staff at all levels work less than full-time with shorter working days, shorter working weeks, or 'twilight' periods to support the residency service in to the evening. In Ron Purkiss's view the arrangements make perfect sense – for the service and for staff. "Our workload goes down in the summer which is when the term-time staff are away. A 9.30am–3pm day helps us out during the consistently busiest period of the day. The evening shift suits the people who do it; and week-end shifts are popular because plenty of people like having time off in the week."

Christine Lamb is a Checking Technician who appreciates the flexibility: "Flexible working hours are ideal as I could work around my husband's shift pattern, so I was able to return to work. My line manager knows a year in advance of my hours and wherever possible I can work extra hours when the department is short of staff."

The department is fully staffed with low turnover. Ron attributes this to the teamworking principles adopted over the last few years. "People are working in teams of about a dozen, where they can take ownership of what they do and recognise each other's contribution. The teams have a professional

and clinical focus, they build closer relationships with other hospital staff in these areas, and it's not unusual to hear them talking about 'our patients'". "The team approach works very well, mainly due to good communication, a flexible approach and a clear understanding of the distinct role of each member," adds Sarah Coates, Clinical Pharmacist for the renal unit.

The technician teams rotate on slightly staggered shifts: 8.30am–4.45pm and 9.00am–5.30pm. The early starters mean services are available earlier in the day. The later starters cover the traditional late-afternoon rush. Most staff prefer the early start, but appreciate the fairness of the rotation.

The department also encourages continuing professional development, sponsoring staff through university courses who return to work during the vacations – helping to fill the absence of term-time staff. (One Pharmacy Technician has completed a degree and is now studying for a doctorate in biomedical sciences during her 10 years with the Department.)

"We have the elements in place here for a 24/7 clinical service, available to patients when they need it," says Ron. "Flexible working helps us achieve it. It means better services for patients, and – managed sensibly – it's popular with staff."

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A 'virtual department' in primary care

Vale of Aylesbury PCT

In an area where the principle of portfolio working had already been accepted by the Trust – and where there is a limited pool of pharmacists – the pharmacy services team have developed a service in which team members are able to work flexibly, meet family and other personal commitments, and still have professionally challenging posts.

Modular posts have been designed that can be combined or split to meet different circumstances of individual staff. These include:

Prescribing Adviser (Grade G)

- ◆ one full-time post made up of three part-time posts reporting to the community trust and each PCG
- ◆ one session a week is committed to clinical work in mental health
- ◆ general management responsibilities include being the mental health lead for the two PCGs

Mental Health Pharmacist (Grade D)

- ◆ 0.6 full-time post to specialise in mental health and learning disabilities
- ◆ manages pharmacy which is open from 13.00–16.00
- ◆ combines clinical work with dispensary management

Palliative Care Pharmacist (Grade D)

- ◆ 0.2 full-time post clinical post
- ◆ pharmacist agrees with the hospice the hours to be worked each week
- ◆ hospice has experienced, specialist input at agreed times for a reasonable cost

Nursing Home Inspection

- ◆ sessional posts created out of the old standard contract
- ◆ two pharmacists currently engaged in this work, mainly in school term time

Practice Pharmacists

- ◆ sessional posts created
- ◆ one part-time pharmacist has now increased her hours to fill one post. The others are filled by the Nursing Home Inspection pharmacists

The pharmacy department has become a virtual department, with all pharmacists working as integral parts of multi-disciplinary teams. Individual training programmes are designed around specific needs, and staff have a teaching commitment for other professions.

The structure has been successful in attracting pharmacists with young families who want to return to work on a part-time basis, and those approaching retirement who want to reduce their working hours. These include ex-industry and Department of Health pharmacists. All are encouraged to maintain a clinical base either in community or hospital pharmacy.

One result of the flexible culture has been the willingness among staff to take new initiatives in such areas as care of the dying, training for nurse prescribing, and classes in preventing constipation. These innovations offer fresh professional challenges and increase the scope for further flexibility.

Jane McVea has led the development of this 'virtual department'. She is convinced it has played an important part in improving services and increasing the professional job satisfaction of the team members. "All of us have had to cope with illnesses and crises in the family in the last year, yet the service has remained robust in a way that it could not have done, had we had more traditional models of working. And it has been more fun."

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My flexible career: a brief diary

Jenny Dorey is Chief Pharmacist at Oxford Radcliffe Hospital NHS Trust. Her career has involved periods of part-time work and not working at all – other than as a mother. This is a short summary of her career, in her own words, with reflections on what made it possible and what threatened to stand in its way.

My career as a pharmacist and mother (no great plan, it just happened)

I qualified in 1971 and became Deputy Chief Pharmacist at the Whittington Hospital in North London in 1973. I was Acting Chief Pharmacist for six months in 1974. From 1975-77 I took a MSc in Pharmacology (North East London Polytechnic). My eldest child, Stephen, was born in March 1978.

I had no clear plans for a future career and imagined myself buying a knitting machine and working part time. I moved to Oxford with my husband, Chris, and Stephen in September 1978. No vacancies in hospital pharmacy in Oxford at that time. I worked one day per week as second pharmacist in Boots while my parents, who lived 20 miles away, looked after Stephen.

On September 29th 1979 (my 30th birthday) I started working one afternoon and one full day in the newly opened John Radcliffe pharmacy. I had been contacted by the assistant district pharmaceutical officer, who arranged a place for Stephen in the hospital nursery for the afternoon. I had to start again as a basic grade, though at the top of the scale.

My parents continued to look after Stephen on Tuesdays until my mother became seriously ill at Christmas that year. The nursery was then able to give Stephen an afternoon place on Tuesdays, after a short period where I had to shuttle with him between our home, work and my brother's college room 10 miles away.

My second child, Lizzy, was born prematurely in May 1980. I was admitted to hospital for six weeks because of concerns that she was 'small for dates'. The nursery were very supportive, giving Stephen a temporary 5 days per week nursery place, so Chris could look after him while I was in hospital and still go to work. I returned to work part time, every morning, when Lizzy was 4.5 months old. She went to a childminder for the first year, as did Stephen for a few months until he had a place every morning at nursery.

I took on the role of establishing a drug information service and producing two editions of the hospital formulary. I joined the weekend and on call rota which was obligatory for all staff. However because I was working part time, I was not regraded to staff pharmacist level until 1984.

I started studying for a clinical diploma in Birmingham in 1985, with one day per week day-release for 2 years. Our third child, Robert, was born in May 1986. I returned to work when he was 4.5 months old. He went to a child minder initially, then to Churchill nursery. I gradually increased my hours to 30 per week, and took on the additional role of purchasing pharmacist. A hospital holiday play scheme enabled me to juggle holidays and working.

In July 1988 I was asked to take on the role of Deputy Chief Pharmacist. I increased to 35 hours per week, which meant I could still collect children from school at 3.00pm.

The post of Chief Pharmacist at John Radcliffe was advertised in January 1989 – not an ideal time – but I recognised the opportunity may not come up again for a long time. I applied and was appointed to start in July. I started working full time in September 1989.

Introduced flexitime working to Pharmacy in 1990 – the first formally recognised scheme in the hospital. Robert went to nursery full time and when he started school in 1981 he was one of the first children to attend the newly formed after school club. I was involved in the steering committee to set up and run it.

In December 1993, when the John Radcliffe and Churchill merged to form the Oxford Radcliffe NHS Trust, I was appointed overall Chief Pharmacist, and also became Director for Clinical Support Services. This meant I was a member of the Hospital Board, so became involved in Trust-wide issues, often involving meetings which went on into the evening. I took a keen interest in working families and helped organise the working parents network in the Trust.

In 1997 I took on the role of Honorary Secretary to the Association of Teaching Hospital Pharmacists, which has involved attending an increasing number of meetings involving over night stays.

What has made it possible

- ◆ Hospital nursery which the children all loved
- ◆ Holiday play schemes
- ◆ After school club
- ◆ Living very close to work: no long journeys, always close if children become sick, flexibility to go to school assemblies, etc
- ◆ Flexitime scheme
- ◆ Supportive children and husband
- ◆ Since Oxford Radcliffe was created, Hospital Board and other meetings have tended to avoid half term and school holidays
- ◆ The support of other working parents in Pharmacy and more widely in the Trust

What didn't help

- ◆ Unsupportive rules re maternity leave in place in late 1970's and early 1980's
- ◆ Refusal to regrade me while in a part time post
- ◆ Long hours culture – this is still an issue
- ◆ Evening meetings arranged around consultant availability, but which are not family friendly
- ◆ When our children were small there was an assumption that the children were their mother's responsibility – still to some extent, though Chris has taken time off to look after them when they were sick and I had unavoidable commitments

What has been hard

- ◆ No time for myself
- ◆ Guilt of the working mother – especially when my youngest child was diagnosed with dyslexia, and when they came home and no-one was there
- ◆ When the children were sick
- ◆ Learning to accept a less than perfectly clean and tidy house
- ◆ Having to bring work home or work at weekends, just to keep up
- ◆ Helping the kids with A-level homework, when you have had a really busy day at work

Would I do it again?

Yes, I think so. But I hope it would be easier starting now than twenty years ago; and I would be more disciplined about long hours and taking work home.

I have been very lucky to have the opportunity for a family and a career where I felt I was able to influence things, both in hospital pharmacy and more generally for working parents.

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Guidelines for flexible working

There are a variety of forms of flexible working: part-time, flexitime, term-time, annual hours, self-rostering. More information is available in the resource packs listed in the Bibliography. The key principles involved in considering the introduction of flexible working patterns are:

- ◆ to consider the wider interests of patients and users, other team members, and the organisation, as well as individual members of staff
- ◆ to consult with staff about work patterns they prefer and consider their ideas carefully
- ◆ to be aware of contractual implications for staff and the possible impact on earnings, pension provision and other benefits
- ◆ to link changes in working patterns to wider questions of skill mix and re-engineering of services
- ◆ to be clear about what patterns are introduced, the rights and responsibilities of team members, and provision of adequate cover at all times

There are examples of hospital pharmacy departments where only 10 staff out of a total establishment of 30 or more work a conventional full-time pattern, and where only two or three of the full-timers are pharmacists. There is also a steadily increasing incidence of working from home for some specific tasks, enabled by email and computer-based communications technology. These might include formulary development and writing patient group directions. Whatever the pattern adopted, success in introducing flexible and reduced hours depends on consultation with staff, open communication and the involvement of all team members.

Some brief definitions

Term time working: staff contract to work during school term times only. They can work during holidays periods if available, but this is optional. Salary is paid evenly over 12 months, or may be paid in the working months only.

Self-rostering: systems where staff as a team organise their own working patterns, subject to criteria such as skill mix, staffing levels in core hours, and individual limits on time owing or owed.

Annual hours: staff contract to work a total number of hours per year, giving the flexibility to reduce and increase activity during the course of each year.

Flexitime: ability for staff to vary actual working hours outside certain core times each day, and build up credit hours which may be consolidated as a half-day or day off

For more information, see *Working Lives, Programmes for Change* (Bibliography).

Flexing retirement

Various options exist for staff approaching retirement age who may not want to give up work completely. These options will not reduce their pension entitlements, and may help to increase their overall income in retirement:

to wind down:

instead of retiring completely, staff can move into part-time working. Pension benefits for part-time staff are calculated on the whole time equivalent pay, so their level of pension will not be affected. The time they spend working part-time will add to their eventual pension entitlement.

to step down:

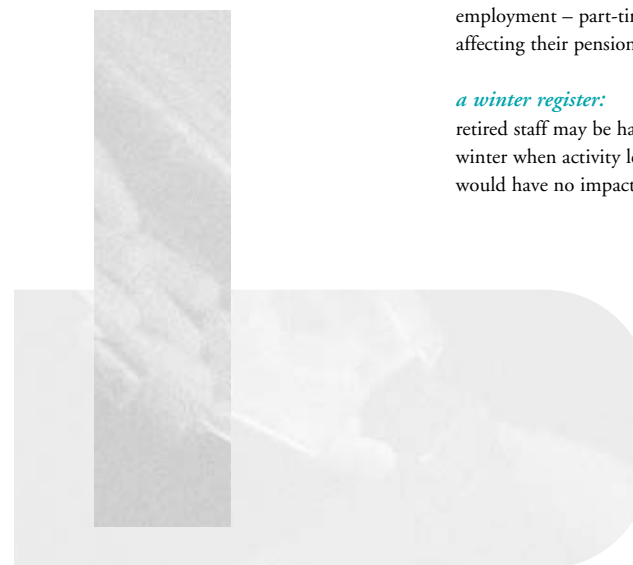
staff with key skills and experience can, with the consent of their employer, step down into more 'junior' roles at lower rates of pay while having their eventual pension entitlement protected at the more senior level. Guidance on pensions flexibility for staff and managers has been published as part of the IWL programme. See Bibliography: 'Flexing Retirement'.

to retire and come back:

in most circumstances, staff who retire can subsequently resume employment – part-time, full-time, or seasonally – without affecting their pension.

a winter register:

retired staff may be happy to work for limited periods, especially in winter when activity levels are at their peak. These periods of work would have no impact on pension entitlement.



Working environment

The environment in which we work, and the systems which determine how we work, have a profound influence on our attitude to the jobs we do. This section shows how people's working lives can be improved in a variety of ways by addressing these issues.

Whilst pharmacy staff may spend varying amounts of time out on wards or alongside patients in other settings, a lot of their time is spent within their own departments. So the working conditions here are significant – from basic issues of health and safety through to considerations of user comfort and efficiency.

Much of the work, especially for technicians and assistants, involves standing or sitting in one place, reading computer screens or packaging and labelling, checking and cross-referencing information. Staff need good lighting, a comfortable height of bench to work at, and relative calm in which to concentrate.

Set against these requirements are the constant pressure of requests for medicines, the unpredictability of work flow, and premises which have not expanded spatially in line with growth in throughput.

The examples in this section range from major investment projects – usually linked to larger scale re-organisations or moves to new premises – to smaller scale initiatives which simply try to improve conditions for staff on a day-to-day practical level. They all demonstrate that by re-appraising existing ways of working, and listening to the ideas that staff themselves generate, better solutions can be found.



A staff-initiated improvements package

Salisbury District Hospital

The working day for the 36 strong team in the Pharmacy Department of Salisbury General Hospital has improved after a range of small but significant changes in their environment. In most cases, the initiatives have come from staff themselves.

Daylight lighting

Concern about headaches developing as the day wore on prompted stores staff to wonder whether the lighting among the racks and shelves was as good as it could be. They proposed that the conventional fluorescent tubes should be replaced with the same daylight tubes as are used in operating theatres. The light fittings themselves could remain unchanged. The result is a much cleaner, better dispersed light that is more attractive to work in and makes identifying products easier. The headaches have gone, and the use of the daylight tubes has been extended to the aseptic area which, like the stores, has no windows to let in natural light.

Pressure mats

A member of staff came in one day clutching a catalogue about pressure mats. These, it promised, would ease pressure and relieve aches in the feet, legs and backs of people who had to stand for long periods. To put it to the test, one mat was ordered. "It's like an outsize plaster on the floor," says Sally Tomlin, Chief Pharmacist. "The thin perimeter strip helps stop people tripping on it. The central area provides the pressure relief." Such was the response among staff that the Pharmacy now has five pressure mats positioned at work benches where people regularly stand.

Sitting comfortably

Comments from staff working at laminar flow cabinets in the aseptic area showed that some experienced numbness as they sat with their legs under the cabinets for long periods. The hospital's own occupational health team was asked to make an assessment. They advised that new multi-adjustable chairs be provided, and that staff be properly trained in their use. The seat height, the angle of the seat and the chair back can all be independently adjusted to suit the person using it. All staff have been taught how the chairs work and why finding their own correct sitting position matters; all new staff are trained as part of their induction. "There's no point in having the proper kit if people don't know how to use it properly," according to Hailey Edmonds, Senior Technician.

Other minor but worthwhile initiatives include a motorised grille at the front entrance to the department which saves people having to wrestle with the heavy metal frame at the start and finish of each day.

"None of it is rocket science," says Sally, "just simple, practical ways of improving things by listening to staff."

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Taking pressure off the dispensary

Cheltenham General Hospital

During year 2000, Dispensary Services at Cheltenham General underwent a programme of changes to cope with increased workload, and respond to pressures to reduce turnaround times. One of the simplest of these changes has also proved one of the most effective in improving productivity and staff morale – the introduction of a ‘bunker’ through which all calls from wards are channelled.

The Pharmacy Help Desk, as it is formally known, is located at the end of the dispensary and equipped with the two incoming call lines, two computer terminals linked into the dispensary and hospital network, and one printer. It is staffed by a pharmacy technician whose priority is to take all calls, and a pharmacist to whom the technician will transfer a call if clinical advice is needed. Between calls the technician will process the orders received by telephone and ward requisitions. The pharmacist will be carrying out clinical checks.

The aim of the system is to protect the rest of the dispensary staff from the constant interruptions of answering the phone, or the distraction of leaving it to ring while a vital task is completed. It allows clinical checking of prescriptions prior to dispensing to take place in an atmosphere conducive to concentration. Clinical checking ensures that dispensing is more efficient and technician checking can be part of the whole process. “When it was first discussed with staff, there was concern over the potential pressures involved in the ‘bunker’ activities” says Jacqui Liddle, Pharmacy Operations Manager. “But now most staff look forward to their stint. A technician will spend two hours at a time, a pharmacist up to three hours.”

“Because you know your first priority is to answer the phone, you feel more relaxed and confident than when you’re trying to do two things at once,” says Pharmacy Technician, James Palmer. “And it adds variety to the working day.”

The system has improved workflow and freed staff in the dispensary from unnecessary pressure. It is part of a package of initiatives using new technology at the Pharmacy, including computer tracking of prescriptions, a website for the Department, and email access for pharmacists and senior technicians. The introduction of voicemail in the medicines information unit has also made life easier for staff and users of the service.

A spin-off from the system has been the feedback from the wards. Because their calls are answered so promptly, ward staff have become much more appreciative of the dispensary service and treat it responsibly. The time it saves them waiting for their call to be answered can be better spent in more useful forms of patient care.

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Equipping for a flexible team

Stoke Mandeville Hospital

The Pharmacy Department at Stoke Mandeville Hospital comprises a team of 35 people who work anything from one day a week to all week. There will also often be at least one locum, usually from abroad. Any issues around workbenches and department layout for this flexible team are made easier by a furniture system which is easily adjustable in terms of height of surfaces, shelf separation and storage.

It comprises a set of robust free-standing metal frames, mounted on wheels, on which shelves and workbenches can be hung at virtually any height. Changing the height involves simply lifting out the shelf or bench and re-positioning the supporting arms. Typically the work surfaces are moved for someone who prefers to stand, rather than sit, or to give a comfortable working height for their size. The ability to change shelf storage is particularly useful to accommodate new pack sizes or shifts in patterns of usage.

The frames can be moved to any position and then the wheels are securely locked. A similar system can be used to hang storage units, shelves and work surfaces on walls, with trunking to carry electrical wiring. The system has been in place for 10 years, but is fully demountable. If the pharmacy department does relocate as part of a new hospital building project, they will have the option of taking this system with them.

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Making space and time to do the job better

Robotic dispensing system
St Thomas's Hospital, London

In 1998, the Pharmacy Department of St Thomas's Hospital faced the prospect of at least a 15% increase in throughput of work as a partial merger with neighbouring Guy's Hospital came on stream. The department was already, according to its manager, Tony West, "cramped and noisy, with staff continually bumping into each other as they moved around". There was an urgent need to improve working conditions before the additional workload arrived.

A visit to Germany where robotic dispensing devices are in widespread use in community pharmacies convinced Tony that they provided part of the solution: "Pharmacists there told me that the machines created more space and time in which to work, and increased their level of job satisfaction."

The devices can be loaded by unqualified staff. Bar code scanning tells the system what each pack contains before it is stored ready for automatic retrieval. Robotic arms and conveyor belts do all the picking and preparation of patient packs. The pharmacist can use this time for counselling users on the management of their medication. "We're here to help patients get the best from their medicines," says Tony. "The robotic device enables us to give them more of our time."

Floor space is saved because the storage units are 3 metres high rather than the 1.6 metre maximum required where people need to be able to see and reach the products. And stocking density is increased. The units can be located almost anywhere to suit the operational needs of the department and improve interface with patients.

There have been other changes. A new layout helps reduce patient queues. A shift system provides extra coverage for the early evening, with staff working one 'late' about every 14 days. And skill mix has been re-assessed. The result is that the Department has coped with the increased workload whilst having slightly fewer pharmacists than before. An increase in pharmacy assistants, assisted by elimination of the tedious picking of products, has matched the growth in demand.

There have been obvious gains for staff, as well as patients. The department is much quieter, relatively calm, and a more agreeable place to work. The possibility of error in storage and retrieval is virtually nil; and staff are spared the anxiety and stress that mistakes can cause.

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IT: pooling investment and experience

There is considerable potential for computers and other IT systems to make an impact on the working lives of the pharmacy team, particularly in communications and the elimination of repetitive tasks for which specific software programmes can be developed.

In this respect, pharmacy departments can proceed on two fronts:

- ◆ to optimise integration with other systems in the hospitals and trusts which they serve
- ◆ to combine with neighbouring pharmacy departments to commission software solutions specific to their needs

Examples of how IT can increase efficiency and improve the working atmosphere include:

- ◆ prescription tracking systems integrated into the wider hospital network so wards can check the status of prescriptions on screen
- ◆ voicemail systems to prevent interruption but allow the caller to leave a message rather than have to call again
- ◆ creating the capability for people to do work whilst outside their normal working environment, e.g. at home, or attending meetings elsewhere
- ◆ email capability to transmit documents between different locations, and remote access for users

With specific reference to resident pharmacists, IT links in the on-call room can enable connection to the pathology network to access test results, and to the pharmacy network so residents can deal with some issues in situ. A laptop for on-call pharmacists allows access to necessary medicines information sources and databases without having to come in from home to the pharmacy department. A TV and video player in the resident pharmacist's on-call room will also help to pass the time between calls.



Professional development

At every level of the pharmacy team, the potential exists for staff to develop their skills and knowledge further. Continuing professional development helps not only to improve the quality of service provided to patients, but also to retain staff and attract people back.

The scope for professional development within the workplace can be a distinct advantage for staff within the NHS, when compared with some community pharmacy roles. These are examples of how this potential may be realised.



STEP change for junior pharmacists

South East London Health Services

The STEP (Structured Training and Experience for Pharmacists) programme was conceived as a response to severe problems with recruiting and retaining junior pharmacists in South East London, and providing suitably skilled staff to meet demand for senior specialists. The programme recruits basic grade pharmacists to a 3-year structured rotation, comprising training in all aspects of acute trust pharmacy at one of four hospitals over a period of 18 months, followed by three 6-month 'electives' at other NHS organisations in the area. A mentorship scheme has been established for all participants, and practice-based training and development is linked to formal postgraduate qualifications.

It is the outcome of a 9 month development project, involving 6 acute trusts, 2 community trusts, 2 mental health trusts and 3 health authorities. The South East London NHS Education Consortium provided funding to support the development, and a director to manage the programme for the first year. The first advertisement for the programme attracted a high number of applicants.

For newly-qualified pharmacists, the programme offers a wider range of training than the usual hospital basic grade rotation, and the chance to sample different areas of practice without having to change employer each time. This ability to explore options in a 'safe' way should assist staff with their career planning, and will produce pharmacists with a wide range of skills, including primary and community care. Entrants into the programme from other sectors can have their previous experience taken into account, and may not have to go through the full foundation training programme.

In the long run, the programme may act as a local agency to encourage pharmacists to stay within the local health economy. Certificate, diploma and masters are offered to all trainees. As far as possible, learning is in the workplace, directly linked to the work being done; and the potential for on-line tutorials is also being explored. Development of a modular diploma offers trainees the opportunity to do individual diploma modules (linked to their placements) without undertaking the full course.

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International exchanges and career breaks

Worthing and Southlands Hospitals

Since 1989, Pharmacy Services at Worthing and Southlands Hospitals have operated an exchange scheme with the Pharmacy Department at Massachusetts General Hospital in Boston, USA. The scheme started through informal contacts made by the then head of the department, and is open to pharmacists and technicians.

The four week exchange would be divided between time spent looking at differences in systems and procedures between the hospitals, and then a specific investigation of an issue common to both – for example, medicine regimes for HIV patients. Candidates for an exchange would be asked to make a submission identifying the topic they wished to investigate. On their return they would make a presentation to other staff.

The department pay for the flight, and accommodation is provided by the host hospital. Staff pay their own living costs, and with part of the exchange treated as study leave they are allowed to add some holiday time at the start or finish of the exchange.

'An amazing experience' has been the typical reaction of people on the exchange. The arrangement with Boston lapsed in 1999, but Worthing and Southlands is looking to strike a similar arrangement elsewhere. "We timetable the exchange to avoid peak periods and holiday times, but otherwise there are no major problems," says Steve West, Head of Pharmacy Services. "For reasons of registration, visiting pharmacists can observe but not 'work', but the experience is valuable and gets picked up on by other staff. Prospective employees also comment on the idea."

In addition, the department has initiated a career break scheme – now adopted as policy across the Trust – enabling staff to work for up to two years in developing countries and then return to their existing job. It started with a junior pharmacist working for 3 months in the street clinics of Calcutta. Currently another pharmacist is in an isolated rural hospital in Tanzania helping to develop local people in pharmacy services. She keeps in touch regularly with the Department who have been able to provide advice and even some old IT equipment to be used in the hospital pharmacy.

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Saturday Assistants

Frenchay Hospital, Bristol

Three years ago, Frenchay Hospital Pharmacy Department, took on a work experience student from the local school. At the end of her two weeks, which had been preceded by the introduction of Saturday morning opening for the pharmacy, the student came up with the proposition that she could come in as an ATO each Saturday. It would supplement the rest of the team and further her own interest in pharmacy work. She would also be happy to come in on a 'bank' basis when needed at Christmas, Easter and during summer holidays.

That schoolgirl went on to become a student technician who plans to make her career in pharmacy. Following in her footsteps at Frenchay are two more school students working as pharmacy assistants on Saturday mornings and during holiday periods.

For the current pair, the department advertised the vacancies through the Trust recruitment network and conducted a selection procedure from the number of applications received. The aim is to recruit students who have a genuine interest in the work and who will learn from their experience. They are paid at ATO grade for the hours they work.

Typically, the work involves picking and assembling packs ready for checking, and general 'housekeeping' around the dispensary. Initial training was an issue because Saturday rotation means full-time staff change from one week to the next. But this was planned for in the induction programme.



"There's no guarantee that our school assistants will go on to work in this area," says Pete Spurr, Principal Pharmacist. "Our current students plan to go to university and are considering medicine and pharmacy as subjects. But, whatever they go on to do, they will have a better understanding of what pharmacy is about, and are a useful asset for our department."

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Split-level rotations for junior pharmacists

Lister Hospital, Herts

As a result of work done on managing career progression for junior pharmacists, Lister Hospital offers two rotation programmes. They were conceived as a means of attracting and retaining staff who might otherwise go to the major London hospitals. The initiative was supported by the Clinical Director and HR Director, and funds made available.

The programmes are at two levels:

1. Grades A/B/C. A rotation through dispensary, production, clinical and medicines information. Ward commitments are organised to allow junior pharmacists to develop skills across a variety of specialities, and programmes are designed around previous experience and individual training needs. For example, pharmacists joining from the community would follow a different programme to those who had completed a hospital pre-reg.

There are defined criteria for progress through the grades, and participants are expected to undertake certificate studies and encouraged to progress to a diploma.

2. Clinical rotation, Grades C/C**/D. This programme covers medical/elderly/oncology/HDU, and may also cover mental health and ITU. It includes directorate work, teaching and audit. Having a diploma is not a prerequisite, but progress of participants through the programme depends on achieving a diploma and meeting personal targets.

Pharmacists in the more junior rotation can move into the higher programme if a vacancy appears and they have the necessary skills. The programmes allow junior pharmacists to progress without specialising too soon, which may be useful if they move eventually into a Chief Pharmacist role.

Kevin Hazelwood is a Clinical Support Pharmacist on the higher rotation programme. "I came here for the post-graduate development package which I had been promised elsewhere but it hadn't been delivered. Here the programme has been adapted to what I wanted to achieve and matched to service need. We sit down at the beginning of each stage to discuss my targets and what's expected of me. Then it's followed through. I enjoy new challenges. Each rotation has been fulfilling, but at this stage I like to move on to something different. It gives me a bigger picture."

The rotations are part of an active professional development programme at the hospital which includes regular lunchtime meetings to discuss clinical issues, journals and case studies.

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Attracting returners

North West Region

A 'return to practice' project for pharmacy staff in the North West region has demonstrated a significant level of interest among pharmacists and technicians in moving from community to hospitals and primary care. Over 100 people attended open evenings at hospitals around the region, where the content of courses and placements was outlined. As a result of the subsequent courses and work placements, 4 technicians and 5 pharmacists have been offered posts, and a further 10 participants have indicated a desire to pursue a career in healthcare pharmacy within the immediate future.

A full account of the project is available (see bibliography). Since most of the participants were already working in the community, the courses were delivered in the evenings, at hospitals conveniently located for those who had expressed an interest. Direct mail was used to flag up the open evenings to pharmacists on the Royal Pharmaceutical Society

mailing list in the region, along with some local advertising aimed at technicians. More intensive advertising may have produced greater numbers of technicians, but this was limited by budget considerations. The course content and opportunities for work placements were shown to be successful and could be repeated in future initiatives.

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Pre-reg scholarships

Royal Cornwall Hospital

A Scholarship scheme has been introduced at Royal Cornwall Hospital to attract pre-registration students and retain them for a minimum of 2 years as practising pharmacists after qualification. The scholarship award of £2,000 is made to students in the final year of their degree programme. Once they have qualified and started to practice, the scheme also puts participants on a fast-track for post-graduate clinical diploma.

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Cross-sector working

The model of more integrated, seamless health care assumes that staff have a broader perspective on how services are delivered. It will be useful for people working in acute trusts to have some experience of primary care. It will be especially useful, for example, for pharmacists to have an appreciation of the differential effect of prescribing policies in primary and acute care. Links between NHS pharmacists and community pharmacists or the pharmaceutical industry can improve understanding and communication. Crossovers between practice and education can benefit both sides.

A recently-published resource pack offers detailed guidance to managers and staff considering the establishment of cross-sector posts. 'Cross-sector pharmacist posts; a practical guide to developing pharmacist posts across organisational boundaries' was commissioned by London Region, Hertfordshire & Essex Pharmacy Education & Training Purchasing Team, and sponsored by London West Sector Education Consortium. The evidence suggests that cross-sector working has positive attractions for staff as well as gains for services.

Cross-sector posts may be established for a variety of different reasons, and the same principles apply for technicians and support staff as for pharmacists. The actual posts are also very different because of sectors they cross (e.g. acute trust/health authority or acute trust/academic unit) and factors such as job content, employment issues and the local context. These examples, taken from the report, show how cross-sector working can enhance working lives for pharmacy staff by extending their professional horizons.

Integrated Trust/Community rotation for junior pharmacists

Southend Hospital and Basildon & Thurrock General Hospitals

A group of pharmacy managers from South Essex have, for some time, established a forum to discuss issues of common concern. Their first practical step was to establish an integrated pre-registration training programme. As a natural development of this initiative, a cross-sector rotation programme for junior pharmacists has been set up.

Pharmacists join the programme paired on a two-year contract that involves a series of 6-month rotations between hospital and community pharmacy. The training aspects are prioritised: the posts are designed so that 25% of the time is specifically for training – a mix of workplace-based learning and protected time for formal postgraduate programmes.

The first pair to participate in the scheme feel the experience has enriched their practice: "We have developed a more holistic approach from seeing patients in both primary and secondary care. Patients behave differently inside and outside hospital. In hospital, patients are more likely to follow instructions, but outside they are more likely to make up their own minds and have other problems to cope with."

Both pharmacists felt they had gained confidence in making decisions and taking responsibility for the outcomes. They particularly felt more skilled in communicating with GPs.

The participating employers are Southend Hospital NHS Trust, Basildon & Thurrock General Hospitals NHS Trust, and local community pharmacists. The junior pharmacists are employed by the NHS trusts, using existing posts. Funding to cover time spent in community pharmacy is provided by the community pharmacy managers, from savings made in locum costs. The South Essex Education Consortium also contribute 25% of the salary costs, in recognition of the training element of the posts.

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A truly multidisciplinary community rehabilitation team

Brent local health authority



Kouser's objectives are set by the rehabilitation team manager, who is a physiotherapist. Sue Eccles, Joint Pharmacy Manager at the Trust, realised that clinical support could be problematical: "When the post was created, we were aware that being the only pharmacist on a multidisciplinary community team could lead to professional isolation. To address this, clinical support is provided by colleagues in the local hospital using a system of peer review and I act as Kouser's mentor."

Kouser finds her role rewarding: "Being part of a multidisciplinary team is particularly stimulating. I now have an insight into the workings of the therapy professions, and I think that my presence as a pharmacist in the team has raised the profile of drug therapy within rehabilitation."

Because of the success of the Brent post, another area covered by Parkside Health NHS Trust, North Westminster and North Kensington, is about to include a pharmacist as a permanent member of their community rehabilitation team.

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In 1999, Parkside Health NHS Trust took the decision to close one of their elderly care units and to manage the needs of their patients in the community. The project team responsible for establishing the best way to meet their patients' needs decided to create a multidisciplinary community rehabilitation team. Following discussion with pharmacy managers, a pharmacist was included as a permanent member of this team.

Kouser Chaudry has been in post since January 2000. Her main roles in the rehabilitation team are domiciliary visits to patients who have been referred to her for pharmaceutical advice (by other team members, GPs or local hospitals) and working with the team in a training and education role to raise other members' awareness of the pharmaceutical issues they may encounter with any patients.

Joint Trust/Industry appointment in medicines information

Frimley Park Hospital

There is not often a shared job focus between a trust and a pharmaceutical company. The exception is in the area of medicines information where a crossover of knowledge and experience can be important. A junior specialist post at Frimley Park Hospital comprises a 50% involvement in the medicines information department of a neighbouring pharmaceutical company.

The post is intended to improve professional development by offering two different organisational perspectives on pharmacy. In addition, the exposure to commercial pressures and focus on customer relationships adds a new dimension of personal experience, and gives a wider awareness of the diversity of opportunities within pharmacy. The appointment was first established in 1997, with post holders staying for a year to 18 months. Some have moved into more senior roles in the hospital sector, others have been promoted within the pharmaceutical company.

The joint post carries separate contracts of employment with each organisation because of the corporate governance requirements of the pharmaceutical company. Sekhar Pillai, Senior Pharmacy Manager at Frimley Park, believes that this post has helped the acute trust to recruit into clinical pharmacy by offering a unique training and development experience. He also thinks that it has helped to raise the profile of the pharmacy department more generally.

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Guidelines on developing cross-sector posts

There are a range of important issues to take into account when developing a cross-sector appointment. These include:

- ◆ is the contract of employment with one organisation or more?
- ◆ are the pension and other benefits of the appointee protected?
- ◆ how is management responsibility for the post to be handled?
- ◆ is funding for the appointment assured, and for how long?
- ◆ are the longer term career interests of the appointee being considered?

That said, there is huge scope for cross-sector working, where it makes sense to share the human resource of qualified people in the interests of services to users and the professional development of staff themselves. There are examples of links between

trusts and supermarket retailers, giving pharmacists the chance to move between community and clinical environments. There are many examples of pharmacy staff working in joint appointments with universities, primary care, and other sectors.

As the model for health care continues to move towards a genuinely multi-disciplinary team, the experience of cross-sector posts will contribute important information as to how these teams work best, and the different roles of individuals within them.

Making the most of skill mix

Finding the best skill mix is an important step towards helping people find fulfilment in their work. If people are working in roles which they feel competent to perform and which also test their skills and knowledge then not only will they have a sense of achievement, there will also be the optimum use of the human resource within the service.

What follows is one example of a skills mix project in the pharmacy department of a district general hospital. It is not unique; nor is it a model that applies to all pharmacy departments. But it provides an account of why and how a skills mix review may be undertaken, and what the outcomes have been for the staff involved.

The second example demonstrates how switching to a patient-centred hospital pharmacy service – and making better use of the contribution of pharmacy technicians to patient care – can also help improve working lives.



A strategy for job enrichment

Doncaster Royal Infirmary

Faced with increasing demands in workload, and an impetus to extend both the scope and timetable of pharmacy services, the Pharmacy Department at Doncaster Royal Infirmary, decided to look again at the skill mix in the team.

A stocktake of available staff resources showed constraints were being felt by all groups:

- ◆ pharmacists wanted to extend their clinical activities in the hospital but felt 'department bound'
- ◆ pharmacy technicians were well-trained and experienced, but under-utilised in terms of what they could do
- ◆ support staff of clerical staff and assistants had untapped experience and potential

From this review, the project team set three targets for re-engineering skills within the Department:

- Pharmacists should have primarily patient-focused roles, dealing with:*
- ◆ appropriateness of prescribed therapy – safety, efficacy, cost effectiveness
 - ◆ optimising individual patient's drug therapy
 - ◆ product selection, including formulation

Technicians should have more product-focused roles, dealing with:

- ◆ availability, preparation and supply
- ◆ fitness for purpose
- ◆ technical aspects of storage and use

Support staff should handle all roles not covered by the criteria for pharmacists and technicians

It was decided from the start that although the exercise should have benefits for the service in terms of efficiency and coping with increases in demand, the main focus was patient care. It was also agreed that the process was not function-led (questions of who? what? and when?), but a cultural shift in encouraging and enabling staff to fulfil more of their potential.

The extended scope of pharmacy technicians was the key to freeing more pharmacist time for clinical and advisory work. These extended technician roles included:

- ◆ dispensing accuracy checks
- ◆ authorising repeat supplies of in-patient medication
- ◆ approving patients' own medicines
- ◆ patient counselling
- ◆ managerial tasks
- ◆ staff training

As a crude measure of the outcomes, pharmacist time dedicated to clinical duties has increased from 19% to 68% of available hours. Indirectly, the process has also enabled an extension of the times during which pharmacy services are available. Outside the core hours of 9am to 5pm, the Department now has 1 dispenser, 2 extended role technicians and 1 resident pharmacist on duty until 7.30pm each weekday evening, with the resident on duty until 9.00pm, and on-call after that.

How the switch to a patient-centred service helps improve working lives

Weekend services are also provided:

Saturday 10am-2pm:	2 dispensers, 1 extended role technician, 1 ATO, 1 senior pharmacist, 1 resident pharmacist
Saturday 2-5.30pm:	1 dispenser, 2 extended role technicians, 1 resident pharmacist (on duty until 6.00pm)
Sunday 10am-2pm:	1 dispenser, 1 extended role technician, 1 resident pharmacist
Sunday 2- 6pm:	1 resident pharmacist

A resident pharmacist is on call outside these times.

The strategy depends on developing the competencies, skills and knowledge of everyone in the Department, but the key to the project has been the development of junior pharmacists and the 'extended role technicians'. Junior pharmacists join a structured 3 year programme with 10 week rotations, predominantly in clinical experience. A training and accreditation package has been developed for the extended technician role.

In both programmes, as much as possible is taught in-house, strengthening the mentoring relationships between staff.

The project has had a few unforeseen outcomes. Although the extended role pharmacy technicians were originally seen as a means of relieving pressure on 'hard-to-recruit' pharmacists, the number of pharmacists has now increased by 25% – attracted by the new clinically-focused roles. And the decision to extend the Department's working hours has attracted two part-time technicians who prefer the late shifts, and alternate with each other, one week on, one week off.

The skill mix review has been integrated into a long-term strategy for the development of pharmacy services, supported by other groups within the hospital and shared with staff. This has allowed planning for future workforce requirements; for example, more student technicians are trained in-house in anticipation of future needs for pharmacy technicians.

Since the review, the Department has had little problem with recruitment or retention. Recruitment processes identify staff who are keen to enter extended roles, and care is taken to ensure they receive the level of development and support these roles require. If staff do leave, it is usually to take up more senior roles elsewhere.

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The introduction of a patient-centred pharmacy system in the Medical Directorate at Queen Elizabeth Hospital, Gateshead has improved the quality and speed of medicine services to patients. But a direct consequence of the system has been greater job satisfaction for pharmacy staff and a sea-change in the working relationships with nursing staff.

The system has been introduced in 10 wards – over 200 beds in the 550-bedded hospital. A pharmacy technician works in partnership with a clinical pharmacist to go out on to the wards, checking stocks and individual patient packs. Use of patients' own drugs (PODs) has been optimised and pharmacy requisitions for in-patient use and discharge are generated by the pharmacy team, facilitating one-stop dispensing. Ward visits are completed by the end of the morning and orders are then processed. Involvement of pharmacy staff at ward level has reduced the late afternoon rush of orders from wards which put extra pressure on pharmacy staff, and caused friction with nurses and patients. The impact of the new system on the wards is evidenced by comments in a survey conducted after the service had been in operation for 3 months.

From Coronary Care Unit: "The new system is a vast improvement. Nurses used to call at pharmacy to collect medication or deliver orders as often as 10 times per day. Now more time can be given to patient care. Nursing and pharmacy staff have a much better appreciation of each others' roles, improving working relationships. It is good to see pharmacy staff counselling patients about their medication, freeing up nursing time."

From Ward 5: "The system is 100% better. Discharge prescriptions are ready much quicker, allowing patients to be discharged almost immediately. Seeing the same pharmacy staff members on a daily basis has allowed us to get to know them better. Nursing staff can discuss

Queen Elizabeth Hospital, Gateshead

medication problems with the pharmacy teams at ward level. They are easy to access via the paging system."

Setting up the new service involved a re-engineering of roles, and recruitment of one pharmacist and two assistants over the previous establishment. New roles for assistants in the pharmacy store and ward top-up freed two experienced technicians to go out on to the wards. These two technicians, who had demonstrated competency to check, acted as team leaders in setting up the new service, including training in the use of PODs. Although pharmacists and technicians work as a team, they are not 'joined at the hip'. The pharmacist has more time to fulfil a patient counselling role, while the technician ensures availability of medicines. Feedback from staff has been that they enjoy the greater scope of their new roles.

Alison Clayton is a lead technician in the new scheme: "My job satisfaction has improved immensely. I'm really made to feel welcome on the wards and my better understanding of clinical issues has much improved my confidence speaking to doctors, nurses and patients. It is good to provide a service which our users clearly value."

"When people feel they're being blamed unfairly for delays, it can soon lead to resentment and loss of morale," says Janet Bass, Pharmaceutical Services Manager. "And having to stay on at work night after night because orders come in late doesn't help. So this new system is important. It means not only a faster, safer service for patients, but increased respect between nursing staff and the pharmacy team."

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Talking points

It makes more sense to ask people how they think their working lives can be improved rather than try to tell them. So, rather than compiling a checklist of initiatives to be ticked off, it may be more useful to have a set of questions about the state of affairs in your department or unit.

These are some of the questions that should be asked, by managers and staff. They can act as the launching pad for debate about what is being done, what more should be done, and why. In some instances, typical answers are given to add further direction to the discussions. The desirable factor is that the debate be open and open-ended. This in itself should begin the process of improving working lives.

Q1. What is your policy on part-time and flexible working?

Typical answers might be:

We don't have a policy, but we do consider requests from staff

We have a policy of enabling flexible working and all staff are aware of this policy

We have a policy of discouraging flexible working
Is there a case for change?

Q2. What childcare facilities do your staff have access to?

Options include: a nursery open to children of Trust staff, holidays play schemes, and childcare coordinators to advise parents on childcare options. If provision is inadequate, what practical steps can be taken?

Q3. How many of your more senior staff work less than full time?

Actions speak louder than words in terms of establishing a culture that endorses flexible working patterns

Q4. Does your Department/Unit regularly experience a late afternoon rush in demand for medicines, and if so how do you deal with it?

Options include: you trust that people will stay late to finish the orders, you have staggered the end of the working day for staff, or you allow staff to accrue time owing and take time off in lieu. Or you in some way change the system to avoid the late rush

Q5. As staff approach retirement age what information are they given, and what options are discussed?

Are older staff aware of their pre-retirement and retirement options?

Q6. How would you characterise the physical working environment in your Department/Unit?

What's the staff view and who has ideas for making it better?

Q7. When was the last time that any significant money was spent on improving the immediate working environment for staff?

Matters for debate include establishing priorities and making the business case for improvement

Q8. Typically, how many times will a phone ring in your Department/Unit before being answered?

A ringing phone is a distraction... and an irritating waste of time for whoever is trying to make the call

Q9. What access to IT and other information systems does your staff have?

Regular, uncomplicated access to email and wider hospital and information networks should be available to all staff for whom it will be of use

Q10. What proportion of your staff are currently engaged in a structured professional development programme?

All staff are expected to have personal development plans, but how is this put into practice?

Q11. Which of the following are available to your staff?

- Support with diploma/degree/higher degree courses
- Career breaks
- Work exchanges

Q12. What initiatives do you take to attract interest from potential pharmacy staff of the future?

Possibilities include: contact with local schools offering work experience and Saturday jobs; and contact with schools of pharmacy with offers of vacation experience

Q13. How many of your staff have experience in working in more than one of the following sectors: acute, community, primary care?

It may be worthwhile making deliberate efforts to broaden the experience base

Q14. Are any cross-sector posts currently associated with your Department/Unit?

Q15. When did you last review the skill mix in your Department/Unit?

If it was more than two years ago, there may be a case for another review

Q16. How many technicians in your Department/Unit are accredited to check dispensed medicines?

Q17. In what ways are you making better use of staff to deliver a patient-centred service?

Options include: pharmacy technicians approving patient's own medicines; pharmacy assistants topping-up ward stocks; and pharmacy technicians counselling patients

Q18. What proportion of the time of pharmacists in your Department/Unit is spent on clinical duties?

Experience suggests this is a key indicator in successful recruitment and retention of pharmacists

Q19. What is the ratio of pharmacists to pharmacy technicians to assistants on your staff?

A fairly even split across the three groups usually indicates good use of pharmacists and more motivating jobs for all staff

Q20. Are you aware of broader IWL initiatives within your Trust or organisation?

It will probably be useful to share ideas and experience. Contact your HR/Personnel Department to find out more

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