

PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE

A positive future for pharmacy?

Over 200 pharmacists attended the PSNC's Community Pharmacy Conference and Exhibition at the International Conference Centre in Birmingham last week. Monika Polak reports

Minister looks forward to quality

David Lammy, Junior Health Minister, wants a quality-based contract for pharmacists. He told delegates at the PSNC meeting: "I firmly believe we have to move away from a piece rate system of remuneration. It is a relic of a past system that does not provide a sensible means of supporting investment and reform for tomorrow's services."

A new contractual framework was expected in 2003 but it now seems more likely to be 2004. Sue Sharpe, chief executive of the PSNC, said she had been disappointed by the lack of progress, but added: "A new contract is vital for us and we have got to get it right. We will not sacrifice speed for getting something that is right for the future."

Mr Lammy's speech also touched on supplementary prescribing, generic medicines, fraud, fitness to practice regulations, patient information leaflets and medication review.

The beginnings of a repeat dispensing pathfinder site

Repeat dispensing is an opportunity for community pharmacists to show they can contribute to a patient's National Health Service care plan, according to Mark Collins, East Lancashire Local Pharmaceutical Committee secretary.

He told delegates attending a repeat dispensing seminar at the PSNC conference: "We need to demonstrate to the National Health Service what we can do. Imagine it is the first rung of the ladder — then it is only a small step to medicines management, then to supplementary prescribing and to fully independent prescribing."

But Mr Collins said there were still "more questions than answers at the moment".

His primary care trust — Bury, Pendle and Rossendale — has successfully bid to become a repeat dispensing pathfinder site. Although local general practitioners are supportive, Mr Collins said there was some concern that the scheme could lead to a huge workload shift, from general practitioners to pharmacists. "It will be vital for GPs to select the right kind of patient, who needs to give their consent. If you have a GP who wants to offload all his repeat prescribing work on to your pharmacy it will fail," he said.

Under the repeat dispensing scheme, pharmacists will not be able to alter strength, dosage or interval of medication, but will need to refer patients back to their GP for any such changes. Paperwork may become an issue, as any medication changes will need to be faxed to the pharmacy by the GP in order to leave a paper trail that can be audited. This, together with patients' unsigned repeat prescriptions, will need to be stored somewhere in the pharmacy. With space already at a premium in many community pharmacies, the need to store more paper notes could further compound the problem. Furthermore, Mr Collins said there was always a possibility the scheme could increase PCT prescribing costs.

However, he remained positive, saying that the scheme would give pharmacists greater control over their workload and improve their stock control, while reducing both the number of items owing and patient waiting times.

He concluded: "We have to demonstrate, as community pharmacists, what we are capable of within the primary care team, and I think this is the first step along that road. Is it worth it? Time will tell."

Teamwork, taking risks and forgiveness can improve performance in the health service

Organising health care professionals to work in formal teams with clear objectives improves patient outcomes, according to Professor Michael West, director of research at Aston Business School, Birmingham.

The reason behind the positive association, he told delegates at the PSNC conference in Birmingham, is that individuals are much clearer about their goals and feel much more supported when they are part of a team, the optimal size being about six to eight people.

Professor West presented research illustrating how health care staff appraisal and training, and the percentage of staff working in formal teams, impacted on patient outcomes in 61 hospital trusts. Between 33 and 35 per cent of the variation in patient mortality between the trusts could be accounted for by variation in people management practices. Improvement in appraisal was associated with a 12.3 per cent reduction in deaths following hip fracture and having a quarter more staff working in teams was associated with 275 fewer deaths per 100,000 patients following emergency surgery.

The results mirrored those Professor West had also found in the manufacturing sector, where involving more of the workforce in teams resulted in greater productiv-

ity. "So we see very strong evidence from different sectors about the power of team working," he said.

Effective team working minimises stress and improves innovation and job satisfaction. However, once teams have been formed, there are other elements that will affect their performance. These include:

- Autonomy and responsibility — too much central control undermines teams
- Co-operation, trust and forgiveness — taking risks builds trust between teams and breaks down inter-group discrimination; lack of blame reduces hostility
- Optimism — aligning people around a central vision; optimism in a leader is critical
- Time — taking time out to think about what one is trying to achieve

Professor West believes it is because human beings have worked in teams ever since they evolved that they have managed to achieve so much. "Each of us has an ingrained knowledge of how to work in teams," he said. And the aim should be to create organisations where human needs are met, which in turn will improve performance. "It takes a courageous leader to do this," he concluded.