

A FOOT IN TWO CAMPS

— *cross-sector working*

By DEBBIE ANDALO

Newly qualified pharmacists are often unsure of which branch of the profession they wish to practise. It is possible, however, to spend time working in other sectors before deciding



Stuart Chandler finished his pre-registration training in hospital pharmacy, but was still unsure if that was the correct path for him to take. He had never worked in the community and wondered whether he was missing out. Then he read about an innovative scheme at a hospital in Essex which would allow him to work in both sectors. It seemed like the ideal solution to his career dilemma. Now, nearly a year after taking part in the initiative, he has no regrets and is its greatest ambassador. "I have recommended the scheme to others. At the end of the two years I felt that I had got as much as I could out of community pharmacy, while other pharmacists on the scheme felt the other way around. I feel that the scheme can help people make that career decision."

The integrated trust and community rotation initiative was developed by pharmacists at Southend Hospital and Basildon and Thurrock General Hospitals NHS Trust in Essex. The scheme was the natural successor to an integrated preregistration project — where pharmacy trainees gain experience both in the community and in hospital on a three-month rotation — which was already up and running and had proved to be a success.

Director of pharmacy at Southend Hospital, Steve Nice, said the idea to offer cross-sector rotations was to help attract more qualified pharmacists to the district at a time

when recruitment was difficult. "The big issue for us, like other hospitals, is that locums cost a lot and are not as effective as having full-time pharmacists. Offering cross-sector rotation was one way we thought we could improve our recruitment and at the same time show the rest of the staff applying for other jobs in the pharmacy and across the trust that we were innovative and flexible."

The scheme was also attractive to community pharmacists who faced different problems. Although community pharmacists did not have the same recruitment crisis, the big issue for them was finding locums to cover annual leave. The rotation scheme seemed an ideal solution to the difficulties in both sectors. It was also agreed that pharmacists on the scheme would be given protected education time to study for a certificate or diploma in pharmacy or community pharmacy practice during the two-year period. Including guaranteed continuing education meant that the initiative attracted funding from the South East Education Consortium which agreed to contribute 25 per cent of the salary bill.

At Southend, two new pharmacist posts were created to work as a pair across both sectors, as part of the initiative. The idea was that one of the pharmacists would work for six months in the community while their scheme partner worked in the hospital; they would then swap places for the next six months and keep the rotation going for the next two years. As part of the deal, the pharmacists were expected to provide locum

cover for the employer, when working for him or her in the community.

Stuart Chandler said that for such a scheme to work it is vital that the partnership is guaranteed for the two years and that the community pharmacists can afford to finance the scheme and want to take time off. "It won't work if the community pharmacist is there all the time.

"It is also essential that both people involved in the partnership are committed to finishing the scheme — if one of them pulls out it is going to cause problems because they have to swap between community and hospital and with each other.

"I was fortunate with my partner because we used to meet socially quite regularly and we also used to have regular meetings with the other pharmacists at the hospital and the community every three and six months which helped to iron out any problems."

One issue which had to be solved at the outset was pay. The Consortium agreed to contribute 25 per cent of the cost, but there was a dilemma because of the difference in pay scales between hospital and community. The trust went to the Local Pharmaceutical Committee for advice. Steve Nice said: "The problem was that the hospital paid around £18,000 *per annum* while the community paid around £30,000 *per annum*.

"What we agreed eventually was that both posts would carry an annual salary of £25,000. The trust decided to contribute the equivalent of a B grade salary (£18,000)

Ms Andalo is a freelance journalist

Panel 1: Key to success of cross-sector working in hospital and community

- 1 Both sectors must trust each other
- 1 Negotiate through the Local Pharmaceutical Committee
- 1 Ensure funding is available from both sides and for duration of contract
- 1 Employment contract should be held by hospital trust because the administration structure is already in place
- 1 The hospital trust should invoice community pharmacists every quarter for their share of the salary
- 1 Include protected time for study towards a diploma or certificate but ensure both sectors find out details of what is required
- 1 Ensure pharmacists working together are committed to the contract and will not leave before it expires

and the Consortium money topped it up to £25,000."

The community pharmacists participating in the scheme contributed around £25,000 which was seen as a good investment for guaranteed locum cover. "In fact, the two community pharmacists involved pooled their income for locum cover for the two years to fund the post," he said.

The hospital pharmacy readily accepted the cross-sector working arrangements because the department was used to regular staff changes, while the community pharmacists, who are often single-handed, had to get used to the idea of working more closely with colleagues.

Steve Nice added: "I think the community pharmacists enjoyed the experience — once they got over working with new people. At the start, the pharmacists on our scheme would work alongside the community pharmacist but then, after one-to-one training, they would be given enough reign to work on their own."

Both the community and hospital sectors have reaped rewards from cross-sector rotation working. There are obvious advantages for the community pharmacists because they no longer have to worry about chasing locum cover but the profession as a whole has also benefited.

Steve Nice said: "I would encourage those in other areas to follow our example because you create a much closer working relationship with the community pharmacists. This is good for promoting understanding. I think hospital pharmacy has been a bit distanced in the past and I think that community pharmacy has made strides in the way it provides primary care today rather than always being commercially driven. That is my perception which I think I have reached by having a greater involvement with the community"

The scheme has also helped promote a greater professional awareness about the

pathway of the patient through the NHS across primary and secondary care. Stuart Chandler opted to stay in the hospital sector at the end of two years and now works as dispensary manager at Southend Hospital. He said "It definitely gave me a better knowledge of what happens to the patient after they leave hospital.

"I learnt a lot about the differences in talking to GPs compared with hospital doctors and, also, I discovered that the way you talk to patients in the two sectors is different. Patients are much more demanding in the community and GPs are a lot more demanding than

hospital doctors.

"In the community I felt I had to use my initiative a lot more while in hospital that did not happen — there was always somebody to go to for advice.

"I learnt that working with GPs is not easy — they are probably the hardest group of people to deal with because they are rushed all the time and they do not necessarily like being asked questions. That made it a lot easier for me to deal with hospital doctors. I also felt that my communication skills with patients improved because in the community you spend a lot of time with them."

The Essex scheme is put forward as an example of best practice in the Department of Health document "Improving working lives in the pharmacy team" published last year which proposes more flexible working to boost recruitment and quality of pharmacists.¹

The report concludes that more integrated working in health care gives staff a broader perspective on how services are delivered and highlights the differences in prescribing policies. Pharmacists in Essex have quickly shown the benefits that cross-sector working can bring to pharmacists in primary and secondary care as well as the profession as a whole.

— INDUSTRY

But is cross-sector working so successful when it is established with industry? The experience of hospital pharmacists involved in such a scheme in Surrey would suggest that it is much more difficult to make a success of cross-sector working in that area. Three years ago, the pharmacy department at Frimley Park Hospital created new junior specialist posts where pharmacists were contracted to work 50 per cent of their time in hospital and 50 per cent for the drug company, Novartis. The thinking behind the scheme was that both sectors

could learn from each other about medicines information. The initiative ran for two years before it was wound down about a year ago. Liz Howells, principal clinical pharmacist at Frimley Park believes the reasons it failed were the difference in ethos between Novartis and the hospital, and the practical problems that the pharmacy faced having two pharmacists switching sectors halfway through every week.

She said, "From our point of view, it was quite difficult to manage with a crossover after two or three days. There was also on call to arrange. I think in the end we realised that the benefits we gained from the scheme were outweighed by the hassle it created".

Mrs Howells believed, however that the scheme did give the pharmacists a perspective on the pharmaceutical industry, which would not have been available otherwise, and drug information knowledge across the pharmacy department improved. "We learnt a lot about the different drugs about dosages and side effects," Mrs Howells explained.

"It also gave the pharmacists involved a flavour of what it is like to work in the pharmaceutical industry."

Novartis accepted the scheme was attractive because it helped sectors that both faced recruiting problems, helped pharmacists to make a more informed career choice, and improved cross-sector relationships.

However, Novartis always believed that the pharmacists taking part saw the initiative as a temporary training position rather than a long-term opportunity because of the need for separate contracts and pensions, and the difference in working conditions.

Jo Taylor, corporate affairs director, Novartis, said, "We saw the initiative as a good opportunity for pharmacists who were undecided about whether to pursue jobs in industry or the NHS, to experience both environments before making their career choice. At the same time, Novartis and Frimley Park Hospital would benefit by filling posts that previously had proved difficult to fill and build better relationships between the NHS and industry".

Despite their differences, both Novartis and Frimley Park Hospital believe that cross-sector working can be a success.

Novartis said that it would be keen to build on the experience with Frimley Park and "remains open to the prospect of further initiatives of this kind".

Mrs Howells said that she would be happy to discuss the scheme in detail with any other hospital pharmacy department that was thinking of setting up a link with industry. She added: "I am sad that it did not work for us, but I think it could be made to work."

REFERENCES

1. Department of Health. Improving working lives for the pharmacy team. London: DoH; 2001. www.doh.gov.uk/iwl/iwlparmacy.pdf