



- Clinical checking of new inpatient prescriptions within 24 hours - improved from 30% to 65%
- Supply of new medicines within 24 hours - improved from 43% to 83%
- Medicines Reconciliation within 24 hours of admission - improved from 63% to 72%

Skill Mix Solutions in an Acute Hospital Pharmacy Service

Pharmacy, Lancashire Teaching Hospitals NHS Foundation Trust

Variability in services and use of staff

The Trust clearly identified Pharmacy as having a key role in ensuring safe care of patients. However, prior to the service and skill mix changes, many issues were identified, including:

- Variable service availability and performance across the trust
- Variable pharmacy staffing levels and mixes across different divisions and hospital sites
- Inconsistent use of skills - staff at different banding levels were performing same core roles across the trust
- Failure to meet some of the department's own Key Performance Indicators

In order to understand how services were currently being provided, the Pharmacy Operations Manager process mapped the key functions, reviewing the skill mix undertaking the different activities.

Specific objectives were developed for the key functions, with corresponding measures.

Skill mix changes for core processes

- New skill mix input to core processes, in the wards and in the dispensary
- Processes supported by Standard Operating Procedures
- Defining the roles of Clinical Pharmacists, Medicines Management Technicians and Pharmacy Assistants
- Agreeing levels of pharmacy staff cover to meet activity and complexity of patients in each ward area

The new model

A new staffing model, enabling greater pharmacy staff presence and integration into the ward team, was developed which incorporated the above requirements. This used a simple calculation for service demand with regard to workload demands and differing levels of 'perceived pharmaceutical risk'.

The new staffing model included Lead Divisional Pharmacists for Medicine, Surgery and Specialist Services; Medicines Management Technician Team Leader and

Dispensary Team Leader posts, to provide leadership and drive integration. A training needs analysis identified new skills required within the department.

The results

From the start date of July 2013, the following benefits have been identified:

- All patients admitted to hospital for greater than 24h have a medicines reconciliation completed by pharmacy staff – from 63% to 72% (6 months)
- All new in-patient prescriptions are clinically checked within 24h (weekday) - from 30% to 65% (6 months)
- Supply of new medicines within 24h of prescribing (weekday) - from 43% to 83% (6 months)
- Time to process and dispense discharge prescriptions improved from 68% to 80% dispensed within 90 minutes.
- 'Dispensing error rate' maintained at best practice target