

The new community pharmacy contract: implications for pharmacy workload and satisfaction

Alison Blenkinsopp, Christine Bond, Gianpiero
Celino, Jackie Inch, Nicola Gray

Workload pressures and the pharmacy workforce
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**The
Pharmacy
Practice
Research
Trust**



The effect of the new community pharmacy contract on the community pharmacy workforce

*A monograph based on a subset of data from the evaluation of the community
pharmacy contractual framework*

Prepared for the Pharmacy Practice Research Trust

June 2008

Christine Bond, Alison Blenkinsopp, Jackie Inch, Gian Celino, Nicky Gray



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Outline

- Summary of evaluation brief & methods
- Key findings from the pharmacists' perspectives
 - Workload
 - Workforce
 - Satisfaction
- The future?

The brief from the Pharmacy Practice Research Trust (PPRT)

- **Evaluation goals**
 - “scoping study **exploring early implementation**”
 - “to **inform continued development** . . . rather than provide generalisable and representative evaluation
- **Key areas**
 - Advanced/Enhanced services (extent of implementation, barriers and facilitators, addressing local health needs)
 - **Outcomes for staff (role satisfaction, skill mix, inter-professional working)**
 - Quality issues: monitoring and clinical governance
- **Our additions**
 - Essential services
 - Patients



Survey of SHAs + WAG (86% response)

Survey of PCOs (n=31; stratified by
SHA and Welsh region)
Response rate 94%

Community pharmacist survey
(All 1080 pharmacies in the 31 PCOs)
71% response, n=762

CP diaries

PCO Case study sites (5 PCOs; 73 participants)

Document
analysis

PCO staff
(22)

CPs
(24)

GPs
(19)

Patients
(10)

Multi-Stakeholder workshop (n=33)

Questionnaire Topics

- Pharmacy & pharmacy demography
- Level of participation in new contract
- Expectations, experiences and attitudes towards individual components of CPCF
- Job satisfaction (Warr-Cook-Wall scale)
- Pressure at work
- Workforce patterns
- Relationship with GPs, other PHCT and PCOs
- Training

...With closed and open questions and Likert scales

Response Rate and Demography

- Overall 71% response rate (*543 survey +219 telephone interviews*)
- 52% under 44 years
- 58% male
- 58% have post-graduate qualification (12%MSc/PhD)
- 62% employees
- 47% worked for large multiples (>31 stores)
- 40% managers, 20% owners, 19% locums & 20% pharmacists
- 54% Pharmacies dispensed 2,000-6,500 Rx per week

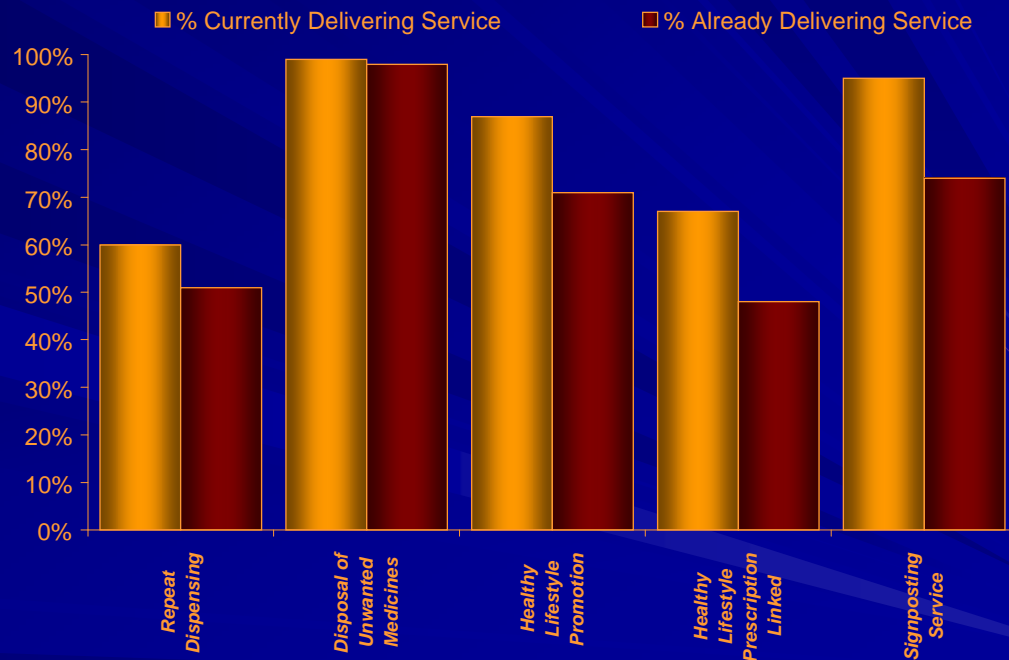
...broadly representative of UK

Overview of Service Provision

- Substantial changes have occurred since CPCF
- Essential services
 - Implementation of most ES is well underway or complete
 - Most pharmacists provided most services
 - High variation by PCO

Essential services

- Disposal of unwanted medicines, campaign-related health promotion activities and signposting provided by > 86%
- More innovative services, e.g. repeat dispensing & prescription linked healthy lifestyle interventions provided by 60/68%
 - RD: 84% <50 items per week
 - 0.68% of all prescription items



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- **Advanced services**
 - **59% providing MUR service**

Advanced Services

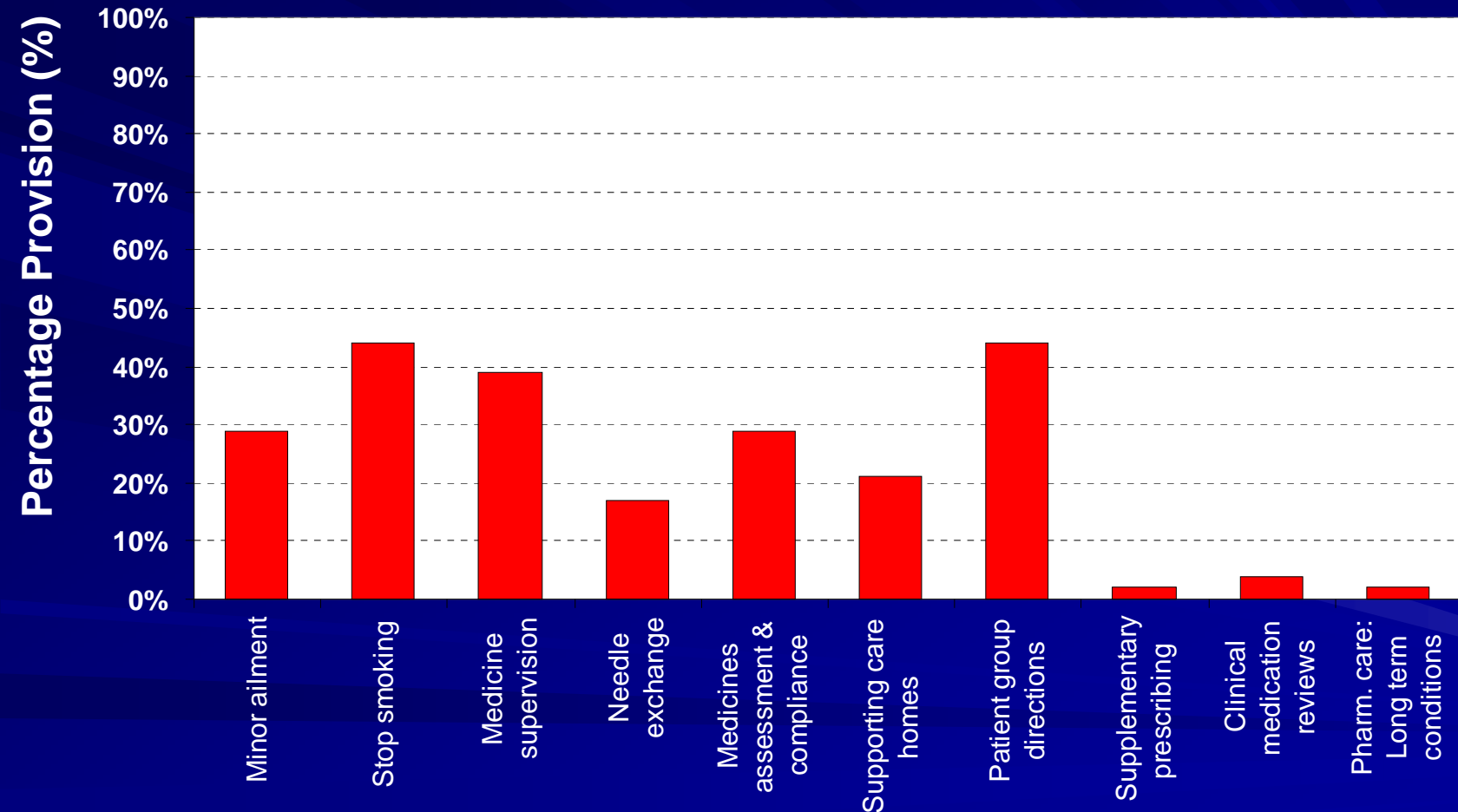
- 75% pharmacies have a consultation area meeting MUR requirements
- 59% providing MUR service
- Average 63 MURs completed per pharmacy
- Average time taken 51 mins: (*preparation 14 mins, face to face 22 mins, paperwork 15 mins*)
- 23% specifically employed a locum for MUR provision
- More provision by multiples

- Increasing with time-April 2007 up to 25% capacity; 64% of all pharmacies;
- 113.6 MUR per pharmacy

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 - 59% providing MUR service
- **Enhanced services**
 - **40% provide 3 or more services**
 - **87% of pharmacies are providing at least one enhanced service**

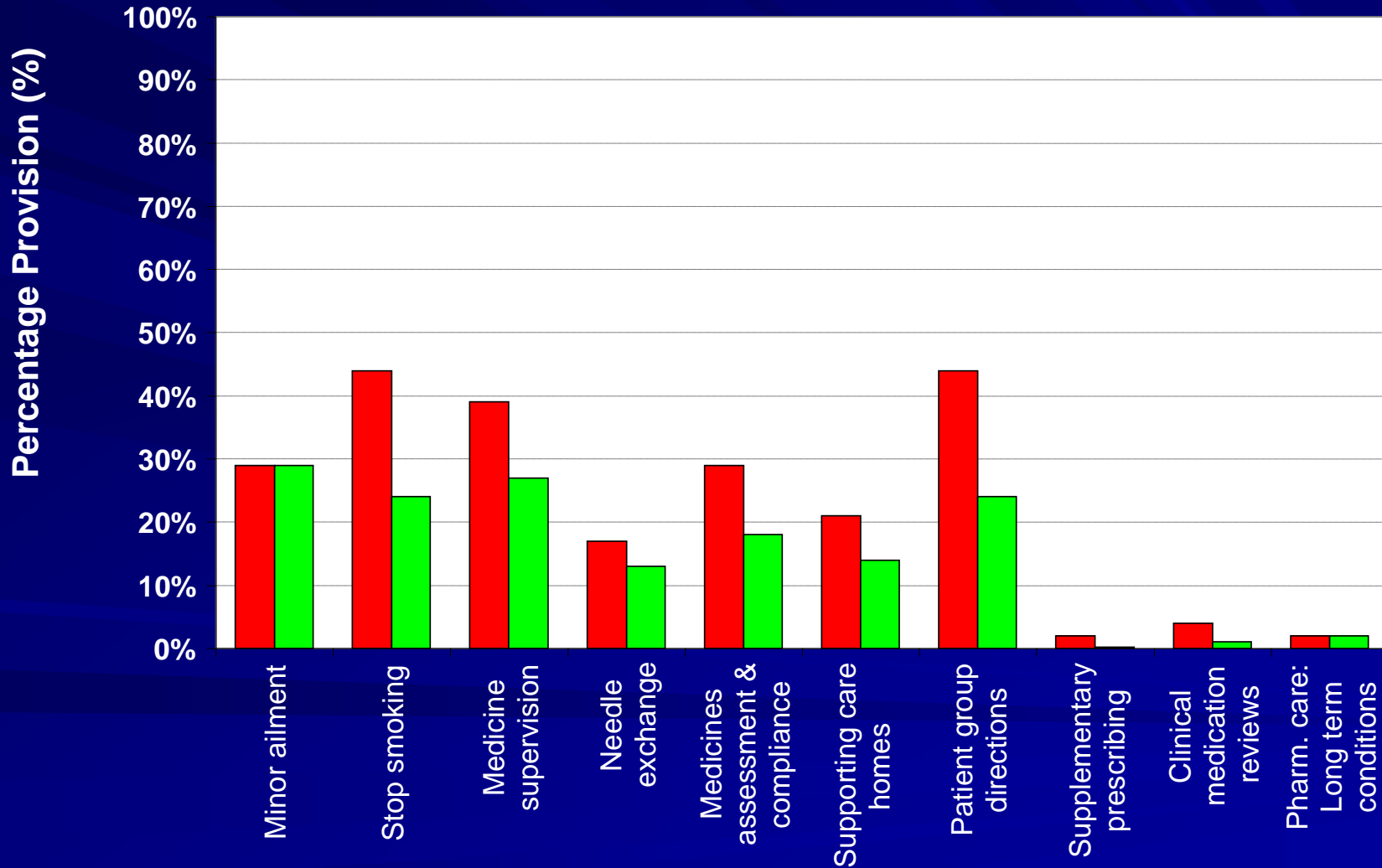
Enhanced services: percentage of pharmacies providing



40% provide three or more services

Provision of ES before and after New Contract

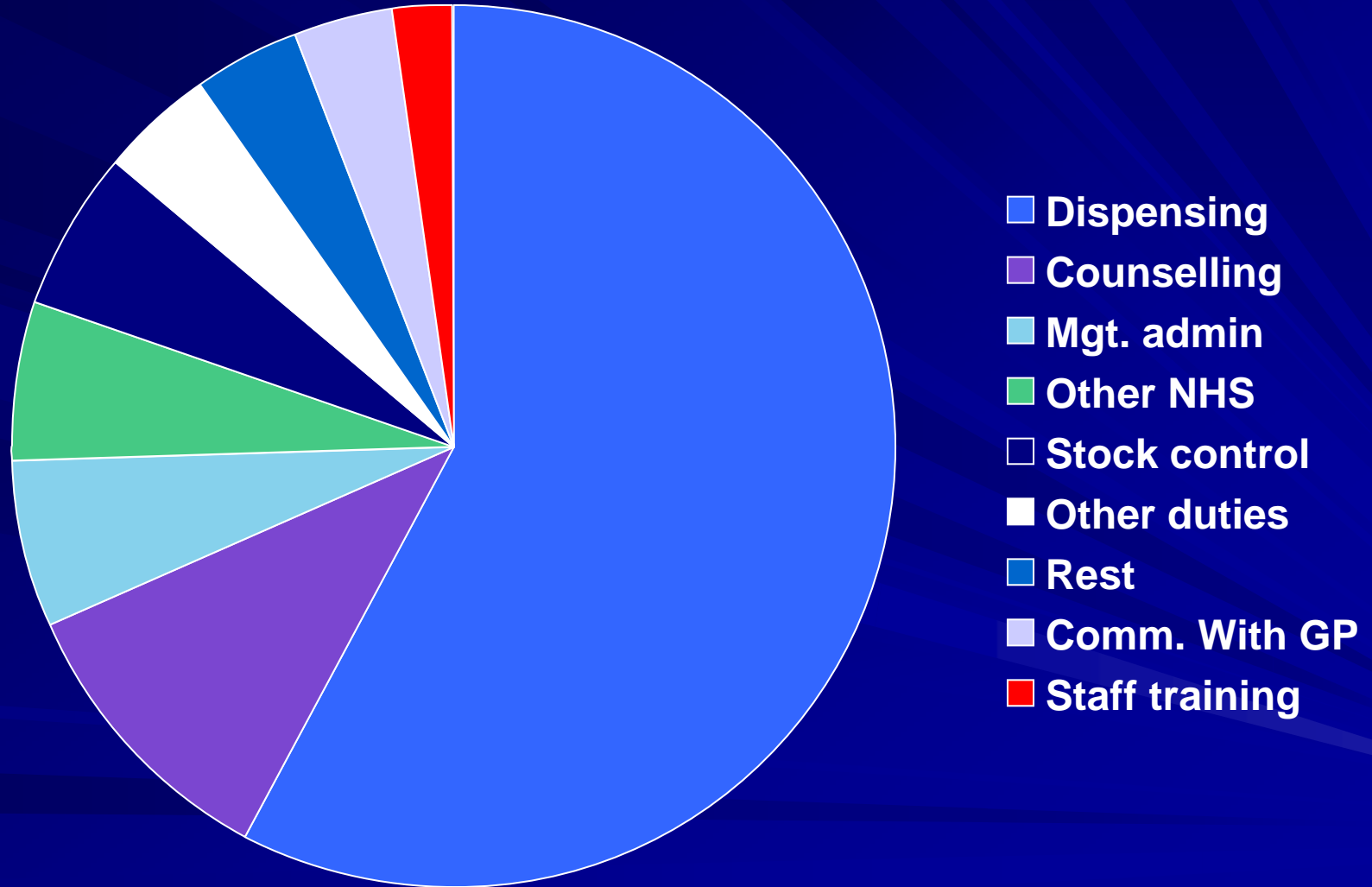
■ % Currently delivering service ■ % Already delivering service before new contract



Work & Workload

- 32% engaged in other pharmacy related work eg GP practice
- 24% working longer hours since introduction of new contract
- 47% of respondents worked >40 hours per week, only 12% worked <30 hours
- Respondents who worked in independent single outlets most likely to work >40 hours per week

What they did all day?



- *Well I think the main thing was that the workload didn't decrease i.e. the dispensing process and the volume of prescriptions have continued, and in my opinion for less money, and then we have been given the additional services so, in effect, it felt like money was being taken away in one hand and then we have had to work really hard to earn it back in the other hand. Having said that, I have had a lot of job satisfaction from doing things like MURs, because it has helped me to get to know my patients better, but it's finding time within the working day that's been the most difficult thing.*

[D: Pharmacist]

■ *I feel I have been taken advantage of. People are asking me to do more and more things, and I have less and less time to do things in... People who don't work in pharmacies, I don't think they have any comprehension about how much we actually have to do during the course of our day.*

[B: Pharmacist]

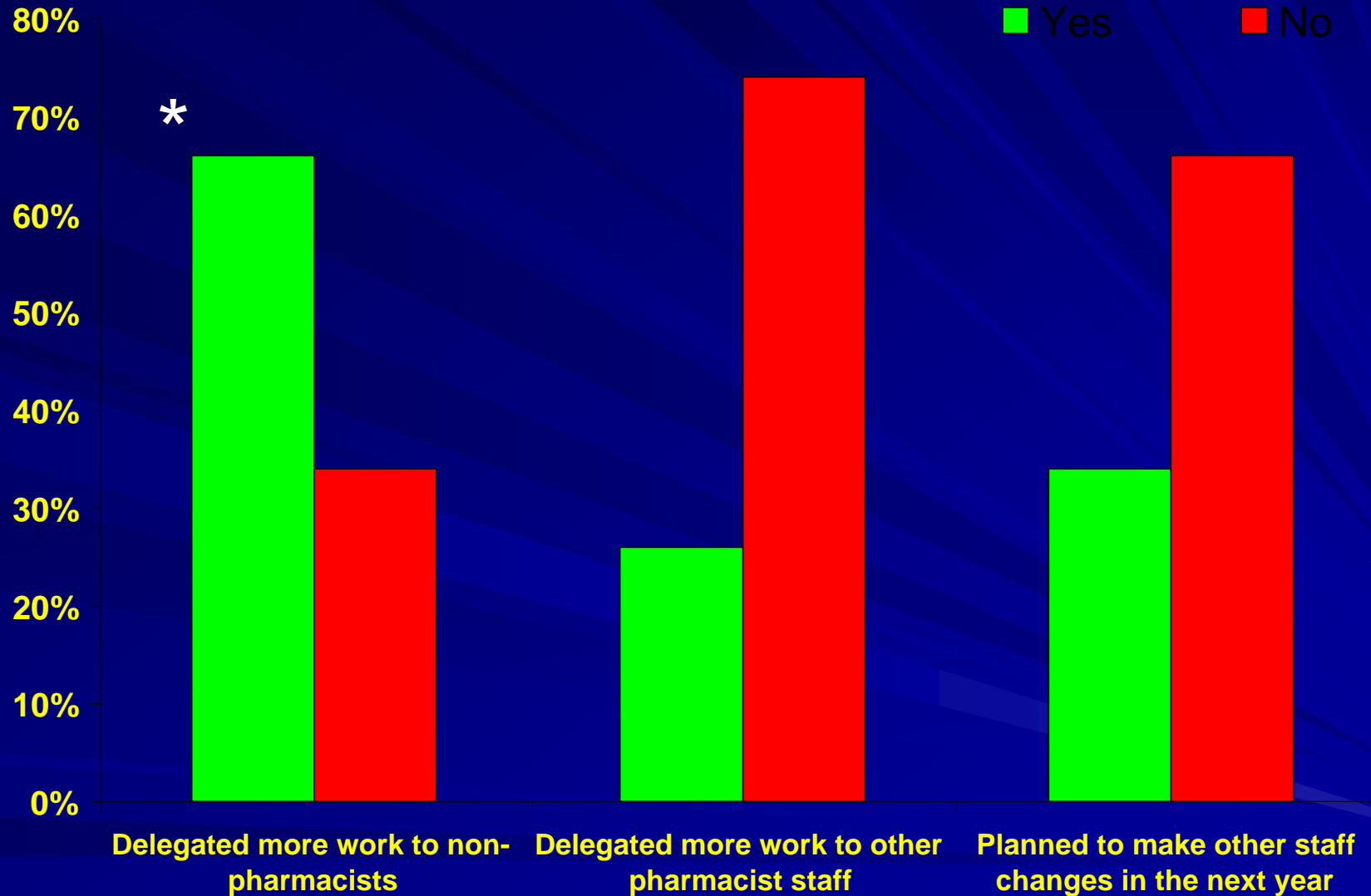
- *I think they are very, very busy, and obviously I sit in a room and I see what, 20 patients in a morning, but I have got four or five other doctors going at the same time, and so there is 100 patients...plus all the nurses and some people going through for prescriptions...and I am sure that they are absolutely snowed under in the morning, so I have got complete sympathy with them for their workload.*

[D: GP]

- *One of the things I have about the contract is that it still involves being paid on volume. So although all these additional services are on board, the pharmacists are expected to keep up the volume of prescriptions and increase that, plus do all these additional things. And that is huge for them, I think.*

[A: PCO staff]

Workforce

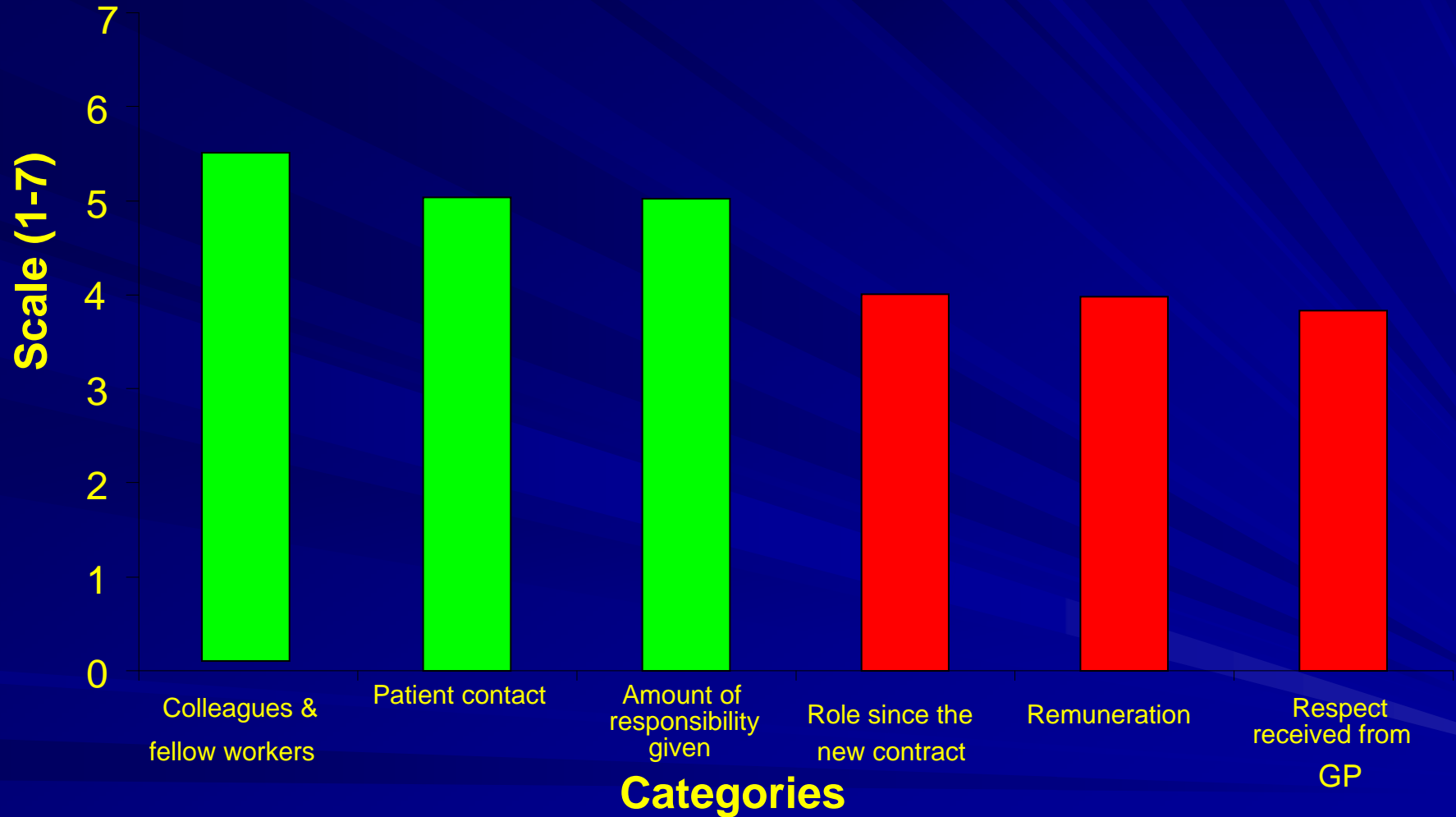


* Respondents who provided MURs most likely to delegate work to non-pharmacists

■ *I have trained my staff. My assistant does the filing and I do the posting and sending of MURs to GPs. She helps me a lot with smoking cessation: she knows exactly what products we give, and who the patient is. So I have trained my staff a bit more after the new contract.*

[C: Pharmacist]

Job Satisfaction



What pharmacists thought about GPs

GPs have no interest in new services. I tried to recruit for repeat dispensing but everyone has been turned down



Lack of enthusiasm from local Doctors to MURs

GPs blocking enhanced services and PCT using money elsewhere

Contract seems to have been developed in isolation although supposed to increase collaboration

Job satisfaction

- 17% overall more satisfied than before the new contract
- More satisfied if:
 - Locum or 'pharmacist'
 - Providing MURs
 - Younger
- Multivariate
 - MUR provision and late responders

Open Question Quotes

What do you enjoy most about your job?

- *‘Giving professional advice and medicines interventions. Last week recognised a patient had skin cancer, referred her to GP and specialist removed cancer one week later!!’*
- *‘Patient contact. Good team environment. Having a good effect on people, their medication and health’*

What do you enjoy least about your job?

- *‘More workload and no remuneration’*

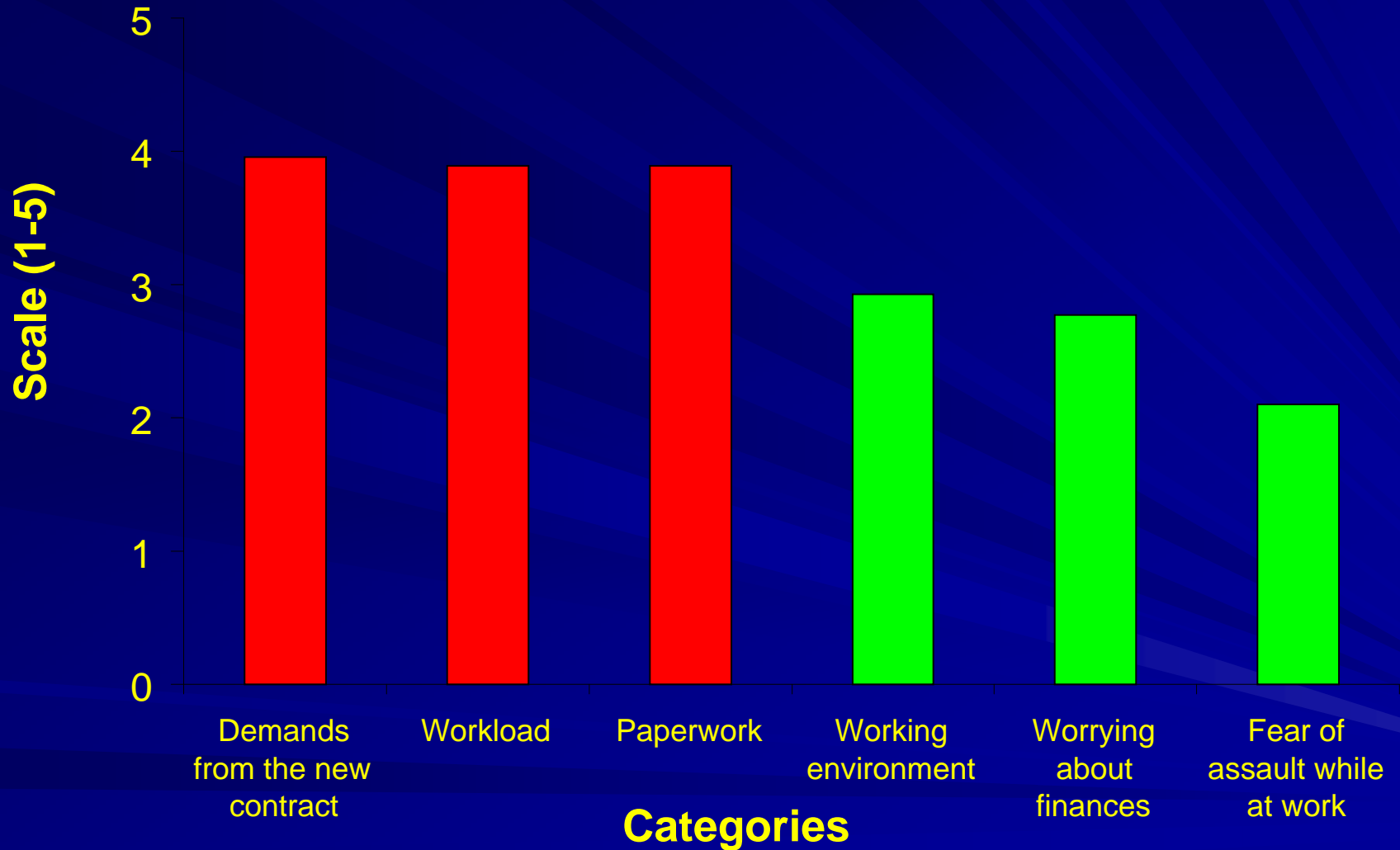
Satisfaction with Finances

- 45% consider the 'CPCF' is less fair than the previous contract
- 57% feel their pharmacy is financially worse off

Illustrative Quote:

'Time consuming, too much work, too much paperwork not enough patient interaction. Ticking boxes more than helping patients. Loss of money/profits as the cost of providing a service is more than what is gained'

Pressure at Work



Illustrative Quotes...

- *I can't keep track of the paperwork that keeps coming through, and I am fed up of taking it home. As an independent you have to take so much home, and it is really getting to me now. I cannot do what I need to do in my working day, and I object to having to take the computer home at a weekend to write up audits or whatever else has to be done. So I am going to use the MURs to fund the locum, so I have got time to do it that morning, on the premises. That is my reason, not for money-making (from the fees for MUR) but just to cover the extra cost of the contract.*

[B:Pharmacist]

Stress at Work

- Only 7% of respondents never stressed about job
- Most pressure resulted from 'demands of new contract', 'workload' and 'paperwork' (all 3.9 on scale 1-5)
- Least pressure from 'fear of assault' or 'worry about finances' (2.1/2.8)
- 19% of respondents more likely to stay in community pharmacy
- 52% of respondents likely to still be in community pharmacy in next five years, 15% highly unlikely
- 33% of respondents likely to still be in community pharmacy in next ten years

What did community pharmacists think about the contract in general?

- Positive aspects are increased patient contact and improved relationships with patients
- Negative aspects are additional workload, time pressures and increased recording / paperwork
- Job satisfaction
 - Little effect of CPCF for many pharmacists, BUT
 - 30% less satisfied and 25% less likely to stay in community pharmacy
- Lowest satisfaction related to
 - Role since introduction of CPCF
 - Remuneration
 - Respect received from GPs

Conclusions

- CPCF negative effect on job satisfaction so far
- Respondents often stressed by daily demands of work
- Pressure from increased workload & paperwork
- Many perceive no financial reward from new contract
- Changes to skill mix could have positive effect on stress levels
- Important to track changes over time

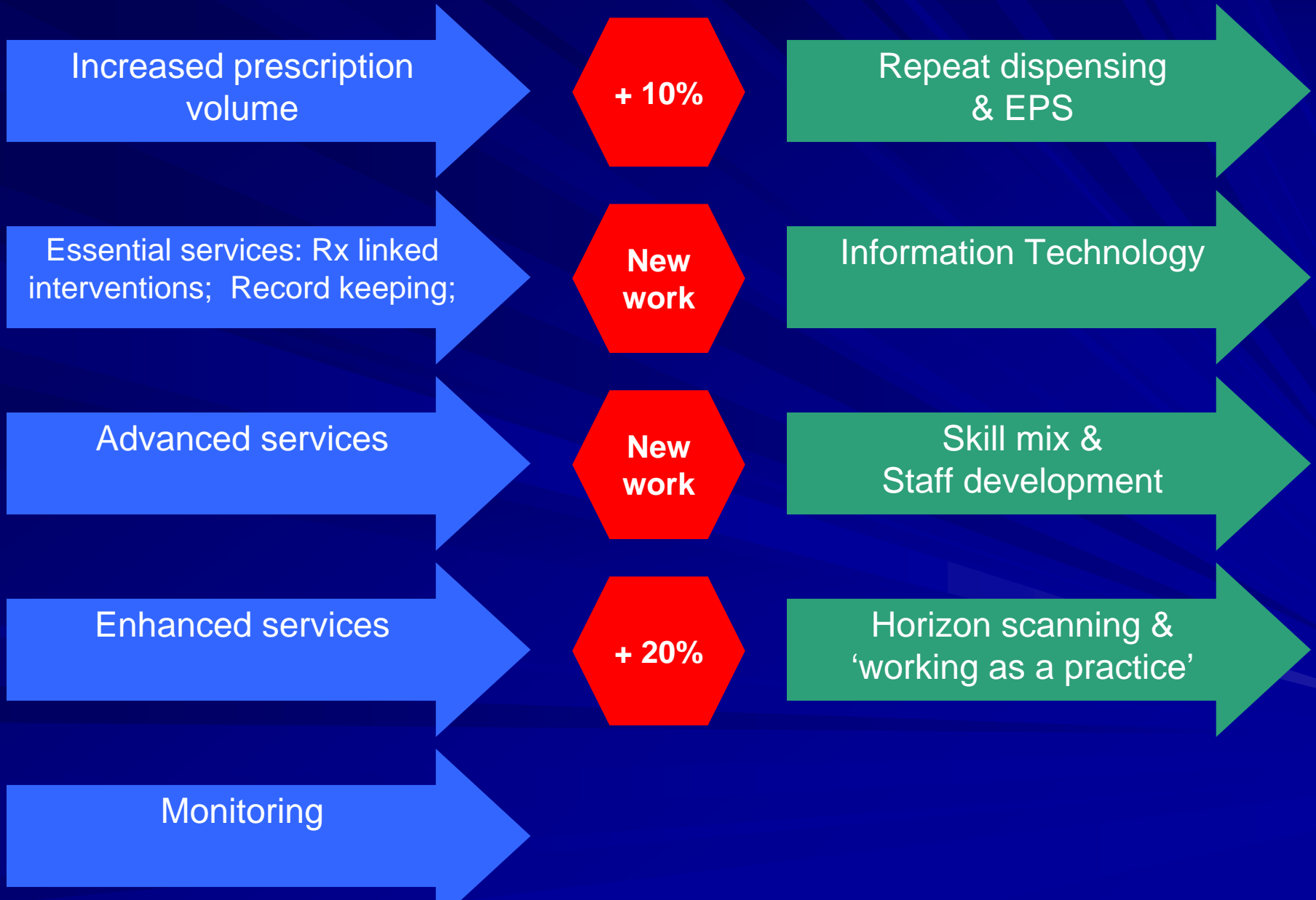
No less of this?



But much more of these?



Workload pressures and capacity



The future?

- Changes since evaluation?
- Comparison with RPSGB on line survey
 - Subgroup analysis by sector
- Repeat survey
- Lessons from Scotland?
- How to use the evidence to address the challenges
- ‘No quick fix but some quick wins’ (*S.Churton 2009*)
- No pain no gain

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