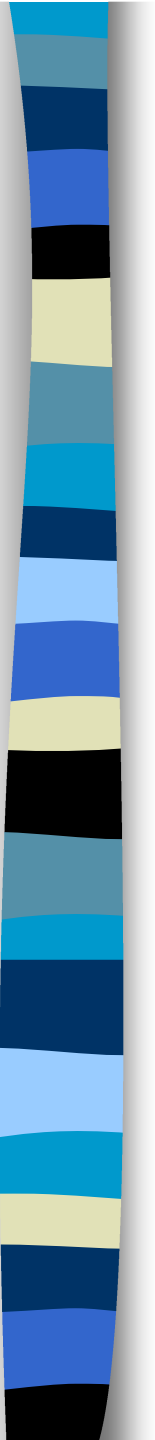


Pushing the Boundaries of Skill Mix

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What is Skill Mix?

“Having the right grades of staff, with the right levels of competence to complete all required task in the working environment”

What is Competence?

- S – Skills
- K – Knowledge
- A – Attitude
- T – Training
- E – Experience



SKATE!



What is the Key to Competence in Today's NHS?

- The Knowledge and Skills Framework (KSF). This will allow us to describe what competence looks like for each post within the NHS
- We need to consider SKATE for each post to determine the grade of staff required
- Skills Escalator principle.



The Relationship Between A4C Banding, Skills Escalator and KSF

- A4C provides the framework to determine the grading for each job
- KSF (which is an integral part of A4C) provides the framework of competencies to allow personal development for current role and preparation for future roles
- The Skills Escalator is simply understanding the relationship between the two



Directorate Pharmacy Teams, Background

- Started pre Hospital Medicines Management Collaborative (HMMC)
- Low pharmacist support in Surgery
- No Medicine Management Technician's (MMT's) in surgery
- Pharmacists swamped by supply work
- Review of pharmacy tasks at ward level' Assistant's → Medicines Management Assistant's (MMA's)
- Job Description was produced



Directorate Pharmacy Teams

- Compiled a list of tasks undertaken by Pharmacists / MMT's on wards
- Recorded on spreadsheet with other jobs which were required but often not done
- Added columns for different grades of staff
- Decided which jobs could be done by which staff – based on competency assessments

Skill Mix Analysis

Tasks	MTO1?	Disp Asst?	MMT	Pharmacist
Self medication			X	X
Order stock items	X	X	X	X
Dispense TTO's	? after pc by pharmacist	? after pc by pharmacist	X	X
Check for expired stock	X	X	X	X
Order temp. stocks	X Depends on definition of temp stock - varies with site		X	X
Ensure stock rotation	X	X	X	X



Skill Mix Analysis

- Scope for expanding spreadsheet!
- Measuring average times for each activity?
- Benefits / Added Value?
- Cost?
- Has the potential to be a business planning tool!



HMMC Programme Aims

- To increase multidisciplinary involvement in medicines management and make best use of skills of pharmacy team
- To develop medicines management approaches that increase the clinical and cost effective use of medicines, thereby improving service efficiency and reducing waste whilst keeping the patient's needs uppermost



HMMC Objectives

- **Objective 1** – To reduce pharmaceutical waste returning from ward
- **Objective 2** – To improve the patient experience of medication, including better education and a reduction in the number of complaints
- **Objective 3** – To reduce the number of missed doses
- **Objective 4** – Increase the number of patients who have all their medicines at the point of discharge



Drivers

- High volume of returns
- Duplicated dispensing
- Out of hours stock requisitions
- Missed doses
- Medicines not following patients
- Wastage of part packs
- Over-involvement of pharmacists and MMT's in supply issues
- Discharge delays



Objectives for Introduction of MMA at Ward Level

- Increase pharmacy skill mix at ward level
- Improve supply element of medicines management
 - Daily top up - not weekly!
 - Ensure medicines follow patients
 - Check returns to ensure no longer required on ward(s)
 - Recycle part packs into ward stock cupboard
 - Ensure medicine reaches patients locker
- Free up pharmacist / MMT time
- Reduce missed doses → reduce length of stay
- More time for patient counselling → reduce readmissions
- Free up nursing time
- Reduce dispensary workload (through reduction in duplication / stock requisitions)



Results

- Greater job satisfaction for ATO's, MMT's and Pharmacists
- Financial savings
(£7.00 / patient from avoidable waste - waste audits)
- Reduction in duplication
(duplication audit)
- Release of Nursing time
(approx 5 hours / ward / day - feedback from ward staff)
- Reduction in dispensary / replenishment workload
(50-80% reduction in stock requisitions)
- Organisation of medicines - now routinely available when required
- ? Reduced length of stay
- ? Reduced readmissions



Difficulties

- Lack of appropriate data
- Too much focus on ££ by Managers!
- Insufficient training infrastructure
- Slow recruitment process
- Lack of resources for robust audit
- Attractive to dispensary based assistants



The Future

- Redeployment of staff following Automation (April 06)
- Seek further investment from directorates to expand service
- Review of job descriptions
- Introduce competency framework and appropriate formalised training
- Spread understanding of indirect savings



Thank You for Listening!

Any Questions?

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