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Review of the Community Pharmacy Collaborative Lead (CPCL) roles

Executive Summary

1. Research aims and methodology

1.1 The Internal Research Programme (Knowledge and Analytical Services, Welsh Government) was commissioned by the Primary Care (Pharmacy and Prescribing) Branch to undertake a review of the Community Pharmacy Collaborative Lead (hereafter referred to as CPCL) roles (hereafter referred to as 'the leads' or 'the lead roles') across all clusters across Wales.

1.2 The CPCL roles were created in April 2021 with the aim of providing leadership and representation for pharmacies within each cluster. The creation of the roles aimed to address the inconsistent approaches to community pharmacy representation within clusters across Wales, to support collaborative working between different healthcare professions and to further integrate community pharmacy within clusters.

1.3 A review was required of the scheme to understand the experiences of the leads in their first 12 months and assess the process of recruitment to the role. The Internal Research Programme (IRP), an in-house research and evaluation unit, was approached to undertake this work. Working with colleagues in Pharmacy and Prescribing (Welsh Government), the review explored;

- The process of recruitment of the leads within the role and understanding the purpose and remit of the role.
- Barriers and enablers to developing relationships with stakeholders within the cluster.
- Which aspects of the role and the support provided to the leads facilitated good relationships with other stakeholders within the cluster including community pharmacies.
- How the role developed over time e.g. what improved and what was not so effective.
- The process and effectiveness in forming relationships with other Pharmacy Leads and other key stakeholders.
- The outcomes of the first 12 months of the Pharmacy Lead posts, what potential outcomes should be considered for the roles and how outcomes may be measured using monitoring data.

1.4 Findings were used to understand whether the remit of the roles and the funding to support them were a viable model that could be replicated in other primary care contexts, such as in equivalent lead roles in the optometry and dental professions.

1.5 The review was made up of 12 qualitative interviews with current leads. Interviews took place over Microsoft Teams and lasted between 30 mins and 1 hour. Leads were asked about various aspects of their experience in the role, including; recruitment to the post,

developing relationships within the cluster, developing cross-cluster relationships, training and development and ways in which they felt the role could be developed in the future. The researchers aimed to gain an even spread of leads across on Local Health Boards (LHB). Despite targeted recruitment efforts, no leads were interviewed from Swansea Bay, and there is less representation from Cwm Taf, Hywel Dda and Powys LHBs when compared to other health boards.

1.6 Data were recorded and transcribed using the automatic function on Teams, used with the consent of participants. Data were analysed using MaxQDA, a qualitative data analysis software package.

1.7 The review also included a theory of change workshop with internal Welsh Government staff and external stakeholders to discuss the intended outcomes of the scheme. A simplified version of the logic model that resulted from the workshop can be found in the full report. This was undertaken to assist a future evaluation of the impact of the scheme, as well as potential roll out to other primary care settings.

2. Key findings

Recruitment to the role

2.1 Motivations for leads' taking up the role included wanting an opportunity to improve the levels of communications between pharmacists to identify issues and solve problems. However, some noted that they took the role on due to lack of interest or availability from other pharmacists in their area. The role was felt to be suitable for those in the early stages of their career as opposed to more experienced pharmacists, for whom it would offer experience in networking and leadership.

2.2 By far the biggest challenge for leads in taking on the role was the time available to fulfil the requirements of the role. Leads often cited that it was a struggle to attend all meetings and keep up with the day-to-day requirements of their role, meaning they were spread thinly. Most suggested an increase in allocated time and the corresponding funding would be beneficial to perform the role competently.

2.3 Most leads reported that COVID-19 had had a negative impact in terms of availability to obtain backfill to cover sickness and having less time to spend on the role. The move to remote working received a mixed response. The pandemic had had a somewhat negative impact in that it prevented them for forming relationships with others in the role due to the lack of interaction afforded in Teams meetings. However, some leads reported that having to use Teams for meetings was a positive outcome of the pandemic, as it meant that time was saved and that it was possible to have evening meetings that could be attended virtually from home.

2.4 A final challenge that some leads identified was the lack of direction provided in the role. Whilst some felt that the independence to shape the role as they wanted was a positive, others were unsure whether decisions made were the right course of action.

2.5 The majority of postholders felt supported by colleagues in their LHB and by those at Community Pharmacy Wales (CPW).

Developing relationships within the cluster

2.6 Key enablers to developing good relationships within the cluster included the opportunity to build links with other pharmacies and health professionals. This helped perform the key objectives of the role effectively and ensuring other stakeholders understood the benefits of the lead roles. The pharmacy lead WhatsApp group was also a good resource for advice and problem-solving.

2.7 The main barrier to relationship-building in the lead role was the feeling that pharmacists lacked parity with other primary care professions within the cluster. This was sometimes

evident in the perceived dominance of GPs within cluster meetings, although parity of views within these settings often improved over time, and was reported in a minority of interviews with leads.

2.8 A small number of leads stated that distance between pharmacies or having a large number of pharmacies made developing communication more difficult. Another barrier to developing relationships was that the use of Teams was reported as being more challenging than if the meeting were held face to face. This was because often people left their cameras off, making interaction difficult. In addition, some leads stated it was often difficult to commit to everything falling under the remit of the role due to staff shortages as a result of COVID-19 and the general lack of time available.

Developing cross-cluster relationships

2.9 The leads consistently reported that the quality of communication and support from CPW was very good, particularly the meetings they facilitated, which were cited as a good opportunity to network.

2.10 Some felt that it would be more beneficial to have more regular contact with leads who worked in clusters which were geographically close, or who operated within the same health board. This was felt to be useful for understanding whether they were experiencing the same issues as nearby clusters and whether they could work together to produce a solution beneficial for all.

2.11 Barriers identified in developing cross cluster relationships included difficulties in getting to know others e.g. leads and individuals who could provide support, and the lack of face-to-face meetings. Again, as with other aspects of undertaking the role, the lack of time available and staffing constraints meant that leads were not able to devote as much time as they liked to building professional links outside of their cluster.

Personal Development

2.12 Those who had undertaken training reported that it had been helpful, including training on how to use Microsoft Teams. The leads were aware of the HEIW online leadership platform, but most had not accessed it due to time constraints. The small number of leads that had accessed this training thought it had been useful.

2.13 The barriers to undertaking training and development were attributed again to lack of time; some leads highlighted that they would have benefitted from protected time to devote to learning and development to prevent it being an activity that was side-lined in favour of other tasks.

2.14 In terms of informal support, leads highlighted the benefits of networking when they had had the opportunity to undertake it.

Development of the role into the future

2.15 The following themes emerged when discussing how the role could be developed into the future;

- **Improving links with others in the cluster**; a number expressed the wish to build better links with other pharmacists in their cluster so as to better understand the main issues they faced and whether there is commonality in the issues faced.
- **Improving processes**; leads had identified areas in which processes could be made more efficient, for example, taking some responsibility from GPs, as some of their work fell within the pharmacy remit. This would reduce burden on GPs e.g. on smoking cessation.
- **Improved ICT**; leads often reported that there was a lot of security in the NHS IT systems which often posed a barrier to communicating effectively. Resolving these issues would improve efficiency.

- **Increased time devoted to the role;** the most frequent response when asked about improvements to the scheme was more time allocated to performing the requirements of the role, including learning and development.
- **Increased funding;** specifically more funding available to cover the cost of backfill that reflects the price of locums currently. One lead suggested that the role could be improved by funding going directly to the pharmacists, as this then gives them more flexibility to choose whether backfill or working in their own time is more appropriate.
- **Getting feedback;** some leads explained they would like to get feedback from CPW on whether the approach being taken by leads is what is required. This may be facilitated through more regular informal knowledge sharing sessions, which would provide an opportunity for this.

3. Conclusions/Recommendations

3.1 The following recommendations for adjusting the scheme and rolling out to other primary care professions were made;

Recommendation 1: Welsh Government should consider reviewing the allocated time and funding for the pharmacy lead roles. An option could be surveying the leads to get a clear understanding of the time spent on the role and adjusting time and funding expectations accordingly. Relatedly, the communications around the relationship between the funding provided and what this covers should be reviewed to clarify the view of many leads of the funding equating to a certain number of hours.

Recommendation 2: Welsh Government should consider exploring whether providing funding for the role to the individual leads themselves rather than to the pharmacy would allow for greater flexibility in how the roles are conducted.

Recommendation 3: The quality of support provided for the role has been a strength of the scheme. This support could be developed to include a clear consistent set of objectives for all leads, and to provide an opportunity for leads and their clusters to feedback more formally on the roles.

Recommendation 4: Welsh Government should consider building in protected time for specific development needs of the individual taking up the role. This should include regular signposting to specific training courses and their learning outcomes, to facilitate the navigation of the large number of training opportunities provided.

Recommendation 5: Those supporting pharmacists in the CPCL role should provide some guidance on the capability of the technology used to carry out the role, and explore the feasibility of digital support. For example, varying security measures implemented by some employers of pharmacists makes accessing Microsoft Teams and other functionality more challenging. Making leads aware of this in advance, as well as methods for overcoming these issues would make meetings and other duties run more smoothly.

Recommendation 6: Welsh Government should consider what support the leads need to enable them to have more inclusive meetings with healthcare professionals in their cluster. Increasing the awareness and understanding of the expected benefits of the lead roles amongst other healthcare professionals could help to raise the profile of the leads in their clusters.

Recommendation 7: Welsh Government should take steps to implement an evaluation framework to provide a structure for assessing the implementation and impact of this scheme and equivalent schemes for the optometry and dental professions, expected to roll-out in 2023 and 2024 respectively. The logic model produced as part of this review can be used as a starting point for doing so. It is also suggested that the leads from optometry and dental are involved in the evaluation planning from the outset, as are Welsh Government colleagues in Knowledge and Analytical Services.

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Full Research Report: Review of the Community Pharmacy Collaborative Lead (CPCL) roles

Available at: https://www.gov.wales/review-community-pharmacy-collaborative-lead-cpcl-roles

Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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