Investigating the organisational factors associated with variation in clinical productivity in community pharmacies: a mixed-methods study

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Plain English summary

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Community pharmacies (high-street chemists) play an important role in dispensing medicines, helping patients to use these effectively and providing a range of other health-care services, such as medicine reviews, flu jabs and ‘stop-smoking’ services. Pharmacy ownership varies from small independently owned businesses to large national chains, and pharmacies can differ in the ways in which they operate. This study aimed to help the NHS improve pharmacy services by looking at variation in quality and quantity, and how that relates to the ways in which they are run. The study was conducted in nine areas across England and involved the use of administrative data, a pharmacy survey, a patient survey and interviews with a range of pharmacy and NHS representatives. The study found that pharmacy ownership type (i.e. independent or chain) and organisational values (e.g. business or professional) influenced both the quality and quantity of services provided, as did the overall number of staff usually present and different types of staff employed (e.g. second pharmacist, pharmacy technician, accuracy checker). Good working relationships with local general practitioners were also beneficial. When levels of chronic illnesses and poverty were higher in the local population, so were dispensing volumes, but this was not the case for other services such as medicine reviews. Patients’ views and expectations of medicines and the pharmacist’s role can influence both the quality and the quantity of services delivered. Pharmacists also encountered problems with regard to keeping medicines in stock. Furthermore, the ways in which services are obtained and paid for by the NHS can be a barrier to increasing the quantity and quality of services provided. These findings have fed into a toolkit for service commissioners to help them better commission services from community pharmacies.
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This report

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