

9-14

ON THE ROAD TO QUALITY IMPROVEMENT: A COMMUNITY OF PRACTICE MODEL SUPPORTING PHARMACISTS-IN-PRACTICE

*Webb K,¹ Bullock A,¹ Allan M,² Wyatt M,³ Gimson P,³ Ware A,³ Evans A.³

¹CUREMEDE, School of Social Sciences, Cardiff University, Cardiff, CF10 3BG; ²WCPPE, North Road, Cardiff CF10 3DY; ³Public Health Wales, 2 Capital Quarter, Cardiff CF11 4BZ

Introduction

The benefit of Quality Improvement (QI) Skills in enhancing patient care is widely accepted. Improving Quality Together (IQT)¹ was developed to provide a common and consistent framework of core skills for NHS Wales staff. There is an expectation in Wales that all health professionals undertake Bronze level QI training,¹ which is suitable for staff across every discipline and every level. However, many trained in QI do not apply these skills to their practise. The pharmacist-in-practice (PiP) role is relatively new.² For isolated PiPs, it can be difficult to find time to develop QI skills. A Community of Practice (CoP) has been shown to be an effective way to develop learning through the exchange of ideas with peers.³ We aimed to explore how and in what circumstances being part of a CoP supports PiPs to use their improvement skills to improve their practice.

Method

We used mixed-methods: case reports (n=15), interviews/focus groups (n=45) and online questionnaires (n=27). Qualitative data underwent Thematic Content Analysis.⁴ Quantitative data were statistically analysed in SPSS.

Results

Findings provide insight to challenges and drivers for the translation of QI knowledge into practise for PiPs. In spite of training, limited awareness of Bronze IQT was apparent. Implementation of QI skills was hampered by: workload pressures; disjointed primary care; the PiP not being long in any one GP practice; and patient power to move to practices. However, PiPs' belief in the QI principle and the CoP was strong (62% and 78% respectively). Fostering trusting relationships in GP practices helped to facilitate the use of QI skills. The CoP facilitated networking opportunities which enabled PiPs to learn QI strategies from others.

Conclusions/implications

We suggest that PiPs can use their QI skills when they have the support and leadership of their GP practice together with appropriate training and connectivity with other PiPs which can be developed through the CoP. The CoP provided a professional learning community to meet PiPs' needs. Over time PiPs' knowledge of QI skills and their application to clinical practice increased. It is important not to ignore less easily quantifiable aspects of QI, such as culture, ethos and morale.

Acknowledgements

This project is supported by the Health Foundation, an independent charity committed to bringing about better health and health care for people in the UK

References

1. Public Health Wales 1000Lives (2013) Improving Quality Together IQT Wales. www.iqt.wales.nhs.uk/what-is-iqt
2. RCGP (2015) Strengthening General Practice: Actions for a brighter future for patients in Wales. <http://www.rcgp.org.uk>
3. Boaden R. (2009) Quality Improvement: theory and practice. *British Journal of Healthcare Management*, 15(1):12-16.
4. Boyatzis RE. (1998) Transforming qualitative information: Thematic analysis and code development. Thousand Oaks, CA: Sage.