

IS SERVICE RE-ENGINEERING A THREAT TO PHARMACY TECHNICIANS?

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Re-engineering is a relatively new buzz word. It is a management concept developed in the United States in the late 1980s,¹ mostly appearing in the literature as business process re-engineering (BPR).

BPR appears to form a significant part of the latest national pharmacy strategy. Under the heading "Re-engineering hospital pharmacy services," the document, "Pharmacy in the future — implementing the NHS plan" states that hospitals "will need to review their systems to make them more efficient, timely and safe, and more patient focused."²

This drive to re-engineer hospital pharmacy services appears to be growing.³ So, what is re-engineering and can it be applied to hospital pharmacy in the United Kingdom? In their book, Hammer and Champy defined BPR as "the fundamental rethinking and radical redesign of business processes to achieve dramatic improvements in critical, contemporary measures of performance, such as cost, quality, service and speed."⁴

At the heart of re-engineering are the human resource management concepts of empowerment and multi-skilling. Such concepts are often paid lip service but rarely used in full by hospital pharmacy. Other words not usually associated with the public sector abound in the rhetoric of BPR management consultants. In short, BPR can be summed up using five key words: "radical", "dramatic", "fundamental", "processes" and "performance".

Re-engineering projects usu-

ally advocate the embracing of the latest technological developments. Although the concept is not often applied in the National Health Service, some minor experiments have been carried out in hospital pharmacy, under the description of patient focused or patient directed services.⁴ Such developments appear to fit well with the pharmacy plan, and published work, mainly by those involved in such developments, is on the whole positive. Dramatic improvements in service are often shown as an outcome of re-engineering.

Re-engineering is not without its critics. It has been described as a vulgar term when applied to health care, and in instances where the concept has been applied, health care systems have even been equated to the production of fish fingers.⁵ Such explicit rejection and resistance to change is not uncommon within the NHS, and there is often a culture of resistance that seems to attend any change to the norm in hospital pharmacy. This view may seem harsh, but key re-engineering words, such as dramatic and radical, can hardly be applied to change in today's hospital pharmacy. This is especially evident when the pace of change in hospital pharmacy is compared to that in the outside world, that is, the world outside the comfortable, safe NHS "cocoon" in which many pharmacists and technicians conduct their daily activities. Hospital pharmacy is often slow to react to, or even oblivious of, the changing needs of its consumers. Perhaps the pharmacy plan will change the culture and focus of hospital pharmacy services. If it does, how will pharmacy technicians be affected?

The pharmacy plan refers to the automation of many supply processes. Traditionally, the pharmacy technician's job

description has been woven around this supply function. The plan also states that services would have to be provided on demand and according to patient's needs, rather than on when and how pharmacy departments may like to provide them. At the same time, the plan, for the first time, recognises pharmacy technicians in their own right. It proposes that the talents and skills of pharmacy technicians and other support staff should be fully used in all pharmacy services, not just hospitals.

But one may wonder where technicians will be working if computers and robots provided the bulk of pharmacy supply processes? The re-engineered service will centre around the requirements of patients and health care teams. The major requirement from pharmacy staff will be information; information on how and why patients should be taking their medication. Is a pharmacist always needed to do that? No. Many technicians communicate with patients and health care teams every day, perhaps more so than many pharmacists, whose role appears to be growing ever more diverse and evolving around treatment, rather than supply. The clinical technician is an example of the new breed of pharmacy technicians.

If implemented fully, the pharmacy plan will mean that the hospital pharmacy, as a workplace, will change radically. From the outset, as major stakeholders, technicians should get involved in the re-engineering process. There are a lot of opportunities for pharmacy technicians in re-engineered services. Through getting involved in managing and re-engineering services, technicians could have a positive influence over their own future.

Accepting the need for, and

being part of such a dramatic change may prove a difficult pill for the pharmacy profession to swallow. A number of technicians, and indeed pharmacists, appear worried by the pharmacy plan. Implementation is, without doubt, a major challenge and it is perhaps more radical than any other initiative we have seen. It will require a distinct change in the culture of many hospital pharmacy departments.

Those attempting to meet or manage this new challenge may wish to take note of Machiavelli's words: "It must be considered that there is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things. For the reformer has enemies in all those who profit by the old order, this lukewarmness arising partly from a fear of their adversaries, who have the laws in their favour, and partly from the incredulity of mankind, who do not truly believe in anything new until they have had actual experience of it."⁶

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