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retail

R O U N D - U P

E-prescriptions — will customers pick you?

The second phase of the roll out of the electronic prescription service is imminent, and your customers will soon be asked to nominate their preferred pharmacy.

Ailsa Colquhoun finds out how to make sure they choose you



Robert Lerich/Dreamstime.com

Patient involvement with the electronic prescription service (EPS) is currently small, but more pharmacy customers will be coming across the service over coming months, and when they do they will be asked to nominate the pharmacy they want their prescriptions to go to. So how do you make sure they choose you?

Promotion

Patient engagement so far has mainly been via NHS Connecting for Health's EPS patient and public user group. Now, the focus is switching to the wider NHS patient body, with a patient communication programme that will include posters and leaflets

explaining the nomination process.

Pharmacy suppliers say that the first EPS release two (EPS2) systems could be on the market as early as June. On the day pharmacies go live with EPS2 they will be provided with a sign displaying the new EPS participation symbol (see overleaf), which can be used for window displays, counter tops and notice boards. This will help patients recognise pharmacies that they can nominate.

Using financial inducements to persuade patients to nominate your pharmacy is a breach of the National Health Service (Pharmaceutical Services) Regulations 2005, and

pharmacies caught offering free gifts or loyalty card points to encourage patient nomination could find themselves the subject of primary care trust disciplinary action. However, the EPS is a service so, just like other NHS services, it can be promoted. A quick refresher of the Royal Pharmaceutical Society's standards for advertising medicines and professional services (accessible via *PJ Online* [www.pjonline.com/rrlinks]) will tell you just how far you can go.

Prakesh Mahtani, pharmacist proprietor at Warwick Pharmacy, London, has been involved with EPS since early release one trials, yet he thinks that his patients are actually none the wiser about it.

Adherence data scheme

Pharmacists are to be paid by AstraZeneca to discuss adherence with patients who take Arimidex, Crestor, Nexium or Singulair. Patients will be asked to fill in a questionnaire, the results of which will facilitate discussion. Pharmacists will receive £10 for each of up to three consultations per patient and a further £5 for each of three submissions of data to AstraZeneca. Further details can be accessed via *PJ Online* (www.pjonline.com/rrlinks).

Minimum wage

The national minimum wage will increase from £5.52 to £5.73 per hour for all workers aged over 21, from October. The rate for those aged 18–21 will increase from £4.60 to £4.77, and from £3.40 to £3.53 for those aged 16–17. Retail union USDAW has welcomed the rise, but is disappointed that the Government did not accept recommendations to reduce the age at which the adult rate applies to 18-year olds.

Productivity

The average British worker is only productive for five hours of their working day, according to a recent survey by Boots the Chemists. The poll of 4,000 workers revealed that despite starting work at 9am, the average worker does not function properly until 9.45am. After spending 32 minutes having lunch, the worker endures an "afternoon slump", during which the worker does not function properly for a further 74 minutes.

He says: "To them it's just a prescription with a barcode. They really don't understand the difference."

Mr Mahtani, however, remains positive about the potential benefits of the EPS for both pharmacists and patients, and for this reason will be sitting down with patients to talk them through the service. He says: "I have seen it work, and I know that patients' reactions will be positive. But we will need to be proactive. Patients need to know what it is and how they will benefit."

Gareth Jones, NHS liaison manager at the National Pharmacy Association, also recommends explaining to patients the benefits of the new system. For example, most pharmacies only operate prescription collection services from local GP surgeries, but EPS will allow patients to nominate any pharmacy convenient for them, for example, a pharmacy near their place of work.

As well as active resisters (see panel below), pharmacists also have the much larger group of passivists to consider. Kathy Bairstow, senior advice and information officer at Epilepsy Action, is also a member of NHS CfH's EPS patient user group. Interestingly, she says that most EA members have no strong feelings about the EPS. Since most patients are already taking advantage of prescription collection

and delivery services, they won't see any advantage, except, perhaps, that they will no longer be restricted to pharmacies located close to their GP practice.

Looking to the future

Patients are free to change their nominated pharmacy at any time, and long-term, it is expected that they will not need to nominate at all. For these reasons, experts are urging pharmacists to think beyond "selling" the EPS. Instead, they should concentrate on promoting their pharmacy services, either in general, or those specifically relating to the EPS, says independent IT consultant Geoff Mackay of Stirling Consultants. Prescription collection services, in particular, are only a short step away from EPS nomination. Not only are they easier for patients to accept, they are also a way to attract and keep patients coming to your pharmacy long after the EPS is established and nomination is a thing of the past.

When to start

There has been a recent increase in uptake of EPS by pharmacies that are enabled to use it. The latest figures show that between 7 and 10 per cent of all messages transmitted each day using the EPS are now actually being dispensed (rather than the pharmacist ignoring the e-script and dispensing from the paper prescription in the usual way). This is equivalent to about 2 per cent of all prescriptions.

Timing-wise, it is up to you when you start your EPS "sign-up". EPS2 is being rolled out by PCT area in waves, but pharmacies are not limited by a PCT's EPS2 implementation



Signs promoting the electronic prescription service will be available to pharmacies when they go live with EPS2

NHS Connecting for Health

status and, regardless of your location, you can accept any nomination and e-script, as soon as you are in a position to operate an EPS2-enabled system.

There are, however, two caveats. First, if you sign patients up for nomination too soon before actual deployment, you risk having to do it all again, to check that patients' circumstances have not changed. Secondly, EPS promotional materials will only be made available (from NHS Connecting for Health and, possibly, also PCTs and system vendors) as implementation progresses.

It is all very well for you and your customers to be ready and willing to use EPS, but the system relies on GP uptake (currently 80 per cent of GPs are EPS1 enabled, but only 20 per cent are using it). If your customers' GPs are not engaging with the system, Mr Jones recommends discussing this with them and encouraging them to try it out, in order to iron out any problems early on. "The new system will be integral to the working practice of GPs and pharmacies," he says, "now is the ideal time to test the system — before it becomes business critical."

Retail Round-up

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What type of patients can you expect to sign up?

NHS Connecting for Health (CfH) says it hopes to see all patients sign up to use the electronic prescription service as the benefits of the system become apparent — but it admits that it does not expect all patients to nominate a particular pharmacy. Patients who require frequent repeat medicines and who tend to use the same pharmacy most of the time will benefit more than those who require few prescriptions and use a variety of pharmacies.

Patients cannot be forced to have an e-script and, for some, paper will remain the system of choice. Elderly patients may be reluctant to use the electronic system, in which case finding a more willing audience, such as younger carers or family members, may be beneficial, notes Mark Johnson, head of customer IT at UniChem.

NHS CfH believes that e-script numbers can now only increase — and with them, so will patient exposure to and interest in the EPS.

Building the case for offering anticoagulant monitoring

According to those who provide it, anticoagulant monitoring conducted in a community pharmacy offers many benefits to the patient, the pharmacist, the business and the NHS. Gareth Malson investigates



Anticoagulant monitoring has been taking place in a small number of community pharmacies since the early 1990s. From this month, East and Coastal Kent Primary Care Trust, one of the most progressive PCTs for moving this service into community pharmacies, is changing the way it funds the service to provide a fairer reflection of running costs.

Whether or not other PCTs choose to follow suit, community pharmacies are perfectly placed to provide a convenient anticoagulant monitoring service and pharmacists have the expertise to deliver it. The time is right for pharmacists to consider the financial case for adopting this service.

Establishing a service

"First, you must let the PCT know that you are interested," says Michael Eakins, a community pharmacist from Hythe, Kent, who has run an anticoagulant monitoring service for the past 10 years. The service that he offers is explained in Panel 1.

"You won't be able to compete with hospitals purely on a cost basis," says Roger Kirkbride, a pharmacy consultant from Nottingham. "The process in hospital is very slick, and gets through a large number of patients in a short period of time." However,

running the service in a hospital does incur considerable transport costs. These costs are borne by the NHS if the patients need to travel by ambulance. PCTs that have set up this service in the community have generated a £5–£15 saving per test, says Mr Eakins.

Other patients may need to pay for parking or take time off work to attend appointments, adds Mr Kirkbride. Although not paid for by the NHS, the costs to the patient must be considered.

Panel 1: Anticoagulant monitoring in pharmacies

Michael Eakins, a community pharmacist from Hythe, Kent, monitors anticoagulation for about 800 patients.

Patients who take warfarin or other anticoagulants visit Mr Eakins by appointment to have their INR (international normalised ratio) checked. If required, a change to the dose is made.

Further medicine supplies are issued via a patient group directive. A copy of the PGD is then sent to the GP, along with notification of any dose changes.

If the PCT is not convinced by the cost saving, Mr Eakins suggests that other benefits should be emphasised. These include:

- Reduced hospital admissions
- Less distance to travel for testing
- Close liaison with GPs
- Increased therapeutic options — GPs can prescribe medicines that interact with the anticoagulant more freely because additional INR tests are easy to organise
- A list of the patient's current medication available at the site of testing

Initial costs

During the first year, the only set up cost to bear is that of registering with a quality assurance programme, says Mr Eakins. Once you have successfully tendered for the service, most of the set up costs are normally paid for by the PCT.

However, some PCTs may not be quite so benevolent, warns John Hall, a director of Dixon and Hall Ltd, a community pharmacy chain in County Durham. John Hall and Noel Dixon have run an anticoagulant service since 1991. Mr Hall suggests that pharmacies need to be

prepared to pay for other set up costs, such as:

- Device and test strips — see Panel 2
- Computer upgrades and software for dose calculations
- Training

Quality assurance To ensure accuracy of results, pharmacies can join the National External Qualification Assurance Scheme (organised by the Quality Assurance Laboratory which is part of the Health Protection Agency) for £120 per machine per year, for which they will receive a test sample every three months. This sample is run through each machine and the results are returned to a central laboratory for validation.

Training Pharmacists will require training to run the service. “ This might be provided and paid for by the PCT. You may even negotiate for the PCT to pay for locum cover while you take the course,” says Mr Eakins. If the PCT will not offer such training, a course can be taken at the University of Birmingham (three-day course, £1,350). University of Sunderland also offers a course.

Computer software Specialist software is available that stores INR results and calculates suitable dose adjustments. Such software includes:

- Dawn AC (4S Dawn Clinical Software)
- INR Star (Sullivan Cuff Software Ltd)

Software will cost an annual fee of £3–£4 per patient, per year. Some PCTs may be able to link the pharmacy computer system into the one currently used at the hospital or PCT.

Service fees

Pharmacies that currently offer anticoagulation monitoring, and have based their fee on that offered in the general medical services contract to GPs, are paid approximately £120 per patient, per year — regardless of the number of INR tests that are conducted. “ This fee becomes less profitable when patients require more regular testing, such as when they are being loaded with warfarin,” says Mr Hall. “ A recent increase in the number of patients who undergo warfarin loading in the community has meant that this fee structure has become quite tight.”

Under the current system, some service providers only receive £5 for each domiciliary visit. This level of remuneration does not reflect the true cost of providing this facility, adds Mr Hall.

From this month, East and Coastal Kent PCT has changed the way it pays for anticoagulant monitoring. The previous

Panel 2: Examples of device cost and costs per test

The charity Anticoagulation Europe recommends the following machines:

Device	Manufacturer	Device cost	Cost per test
CoaguChek XS	Roche Diagnostics	£399 (ex VAT)	£2.58
INRatio	Sysmex UK	£339 (ex VAT)	£3.73
Thrombostat	Helena Biosciences	£1,364 (ex VAT)*	£2.37

*This can be reduced by ordering reagent through the company

arrangement, based on the national benchmark, has been replaced by a fee per test. A spokesman from the PCT told *Retail Round-up* that service providers will now be paid £31.25 per test. Although there has not been a change in the national benchmark, the new payment is “ in line with national policy for payment by results”, according to the spokesman. The service provider must agree to undertake domiciliary visits when necessary, but the test fee will be paid regardless of whether a test is carried out in the patient’s home or in the pharmacy.

A national service specification for anticoagulant monitoring will be published by the Pharmaceutical Services Negotiating Committee later this year.

Training staff

Mr Eakins has trained some of his counter staff to be phlebotomists, so that the pharmacist does not have to perform every test. This training can be funded by the PCT, although once the pharmacist has been accredited, he or she would be capable of training other staff members. “ The PCT insists on at least three people being trained to take blood, so there is no chance of service interruption during staff holidays or absence,” he says. “ Having two additional trained assistants has meant that we don’t need to hire an extra pharmacist — even when the shop is busy.”

Mr Dixon and Mr Hall have taken a different approach. At their pharmacies, the pharmacist carries out the blood test while interviewing the patient. “ We believe that by separating the blood test from the patient interview, the whole process takes more time,” says Mr Hall.

Other considerations

The service produces sharps waste, so this will require additional disposal arrangements. “ Because the service is funded by the PCT, they are happy to add us to the waste collection service for GPs, at no extra cost,” said Mr Hall.

Extra members of clerical staff may be required to answer telephones, organise clinic lists, file paperwork and send letters to

patients and GPs — depending on the number of patients using the service.

Members of staff who carry out the tests should be offered vaccination against hepatitis B. Although the NHS does not provide this automatically, the PCT will often write to a GP to ask for service providers to be vaccinated free of charge.

A profitable service?

“ Several PCTs have realised that there would need to be at least 100 patients recruited for a service to make it financially viable,” says Mr Eakins. “ However, they can offer assistance by writing to patients in the area who take anticoagulants, and asking if they would prefer to have their INR checked in the pharmacy.” However, he warns that pharmacists must be prepared to undertake domiciliary visits, because the PCT will expect this level of service.

An example of the turnover that can be generated, using figures provided by Dixon and Hall Ltd, is shown in Panel 3. However, both Mr Eakins and Mr Hall agree that providing the service is not just about the money. “ Although the service has been profitable, we originally took it on to raise the profile of the pharmacy and get the pharmacist involved in delivering a new and interesting service,” says Mr Hall. “ It has certainly done that.”

Panel 3: Example of the potential turnover for anticoagulant monitoring

Number of patients:	330
Average tests per patient per year:	9.8
Number of tests per year:	3,228
Annual fee per patient:	£127
Fee per domiciliary visit:	£5
Annual turnover:	£48,600

Figures obtained from Dixon and Hall Ltd

Wholesaler updates

AAH

Celesio profits rise

AAH Pharmaceuticals' parent company Celesio has achieved a 3.6 per cent increase in revenue — from €21.6bn in 2006 to €22.3bn in 2007 — despite difficult competitive conditions in the wholesale sector, it was announced this month. The European pharmacy and wholesale giant's net profits grew by 2.3 per cent to €435.4m over the period.

Mawdsleys

Business guides

Mawdsleys will soon be launching a new series of "Profit from" pocket guides which aim to provide pharmacists with ways of creating extra profit from their business activities. The first guide describes ways in which wholesalers can help pharmacists achieve additional profit. This will be followed by guides focusing on areas including generics, OTC medicines, information technology and professional and retail services. The pocket guides will be delivered free to every Mawdsleys' customer.

Phoenix

Customer survey

Phoenix is carrying out a survey of its customers to gauge their opinions of its service. The survey will be sent to customers in the second half of April and customers can respond anonymously. Responses should be submitted by the first week in June.

UniChem

New Almus range

A new range of OTC medicines has been launched by Almus Pharmaceuticals, in conjunction with UniChem. The range builds on the brand recognition of the Almus range of generic medicines, including distinctive colour packaging.

Alphega Pharmacy

Alphega Pharmacy, UniChem's virtual pharmacy chain (launched last year in partnership with Alliance Healthcare) has appointed a second area business manager, Pauline Chalder, to liaise with independent pharmacists interested in its virtual chain concept. Ms Chalder will liaise with customers in the north of the UK. She joins Julian Toogood, regional business manager for the south. A new Alphega website was launched this month (www.alphega-pharmacy.co.uk), dedicated to independent pharmacists in the UK. A European web-based learning tool, consisting of a series of training modules and educational toolkits designed for patients and consumers, is soon to be launched.

BAPW

UniChem has rejoined the British Association of Pharmaceutical Wholesalers as a full member. The BAPW has expressed regret at the circumstances surrounding UniChem's departure from the association last year (*The Pharmaceutical Journal*, 14 April 2007, p417) and believes it will be strengthened by the wholesaler's return.

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When do employees have the right to ask for flexible working?

Circumstances under which employees have the right to ask for flexible working arrangements have been the subject of recent legal changes. David Regan explains



Along with all other businesses, community pharmacies are being affected by Government initiatives to make the workplace more family friendly. An example of these initiatives is the extension of the conditions under which an employee is entitled to request a change to their working hours.

Under previous regulations, any employee who has worked continuously for the same employer for longer than 26 weeks, and has a child under the age of five years (or a disabled child under the age of 18 years), was entitled to request a change to their working hours.

This entitlement has now been extended to employees that are caring for, or expecting to care for, an adult to whom they (or their spouse or partner) are related — provided the adult to be cared for lives at the same address.

The application

Employees who wish to apply for flexible working should inform their employer in writing.

Flexibility can be achieved via several options:

- The start or finish time of their working day
- Their daily working hours
- The number of hours worked per week
- The number of days worked per week

The application letter should be as detailed as possible and should set out:

- The reasons for the request
- The reasons why the job is suitable for flexible working
- How the employee expects to perform the role if the application is successful
- Reasons why accepting the application will not be detrimental to the business

Continued on page 12

“The entitlement for requesting a change in working hours has been extended”

Working tax credit

The threshold for paying working tax credit is to rise, Chancellor of the Exchequer Alistair Darling announced during his budget speech earlier this month. To qualify for the credit, the person must be over 25 years of age, work at least 30 hours a week and be on an income below £12,700 per year (if they are single). This is an increase of around £1,000 per year (£20 per week) on the previous threshold. The rise is expected to affect many shopworkers. Details about eligibility for tax credit or how to apply are available by telephoning HM Revenue and Customs on a confidential helpline (0845 300 3900).

Cardiovascular risk

Fewer than 1 in 10 GPs are aware that women of a menopausal age are of equal or greater risk of cardiovascular disease than men of the same age, according to a report by *Flora pro.activ*. The authors suggest that women over 45 should be routinely tested for high cholesterol.

An article discussing the financial considerations of running a cardiovascular risk assessment service was published in the February issue of *Retail Round-up* and can be accessed via PJ Online (www.pjonline.com/rrlinks).

Heart age

The average middle-aged adult's heart is five years older than its owner, according to research conducted by Lloydspharmacy. The worst affected group are men who smoke, whose “heart age” is on average 14 years older than the man himself. Non-smoking men have a heart age that is four years older than their actual age. The women seem to fare a little better — on average there is no difference between the heart age and actual age of non-smoking women.

Any new arrangement can be for a fixed or temporary period, or possibly for a trial period. Once an application has been made, the employer must meet with the employee within 28 days.

The meeting

At the meeting the employer and employee should discuss the application. It may become clear during the meeting that the idea set out in the original application will not work, in which case there may be alternative arrangements which should be discussed.

The employee has the right to be accompanied by a work colleague or trade union representative. It is wise for an employee to do this, and to ask that person to take notes.

The decision letter

The outcome of the meeting must be communicated in writing to the employee. The employer may decide to:

- Accept the application
- Allow the employee to work flexibly, but under different conditions to the original application
- Reject the application

There are several circumstances in which an employer is entitled to reject an employee's application to work flexibly. Examples of this include when, as a result of accepting the application, the business would:

- Incur too many additional costs
- Suffer a detrimental effect to its ability to meet customer demand
- Be unable to reorganise the employee's workload among existing staff

If an application is rejected, but the employee believes that he or she has reasonable grounds for requesting a change in working hours, then the employee should seek legal advice.

The appeal

Employees wishing to appeal against the decision must do so by writing to the employer within 14 days of receiving the decision letter. This reply must set out the grounds for appeal.

The employer is obliged to meet the employee to discuss the appeal. Again, the employee is entitled to be accompanied to the meeting by a colleague or trade union representative. The decision of the appeal



Cristian andrei Males/Dreamstime.com

must be communicated in writing to the employee within 14 days of the hearing, and the rejection can only be upheld on specific grounds.

David Regan is a solicitor at Munday's LLP, Cobham, Surrey.

Business basics — answers to your common retail problems

By business contributor Reg Peplow

Holiday entitlement

Question A couple of employees I took on years ago when I established my business have begun making plans for an extended time away from work this year. They appear to be convinced that, after more than ten years' working for a company, they are legally entitled to longer holidays. There is nothing about this in their contract of employment and I am not aware of any new legislation providing for it. Where do I stand?

Answer Sadly, you are between a rock and a hard place. You may want to be generous, but some employers currently awarding long serving staff with the bonus of additional annual leave are now having to rethink their plans. Due to the age discrimination regulations this leave may now only be lawful where employers can demonstrate a good

business case for treating longer serving staff more favourably.

Employer's pack

Question Having been a single-handed trader for a number of years, I feel I know my business well enough to expand and take on staff. However, my initial forays into the world of PAYE and employees' rights have left me wondering whether I will ever be able to cope. Any suggestions?

Answer You can find most of what you need to know by requesting a "New employer's starter pack" from the Inland Revenue or from your local business advice centre. This is a collection of leaflets, specimen forms and information on all aspects of being in business. It explains what to expect as a new employer and how to organise a hassle-free pay day.

Employment disputes

Question I have fallen out with an employee for whom I have great respect. Neither of us wish to take the matter to an employment tribunal and most certainly not to court. We have tried to resolve the dispute voluntarily but without success. Is there an alternative?

Answer The ACAS (advisory, conciliation and arbitration service) arbitration scheme, which has the advantage of being informal, non-legalistic, quick and confidential, comes immediately to mind, but much depends on suitability. The arbitrator will only consider the question of unfair dismissal or a claim under the flexible working regulations. Any other issues, such as non-payment of wages or sex discrimination, must be settled, withdrawn or taken to an employment tribunal.

Do customers in your pharmacy think you are worth the wait?

No customer likes to wait, but the wait for a prescription to be dispensed is often inevitable. What can community pharmacy proprietors do to reduce the wait, or make it more bearable? Zoë Reese reports



When it comes to customers choosing which pharmacy to go to, market research has shown that the time spent waiting for a prescription to be dispensed is second only to location in the list of influencing factors. However, it is not necessarily the time customers spend waiting in a pharmacy that influences their choice, but their perception of that time and the service that they receive.

Patient surveys

Patient satisfaction surveys provide a means of looking at customer perception of dispensing waiting times. Although the surveys do not measure actual waiting times, customers indicate how happy they were with the speed of service, and pharmacists can see from the results where they are doing well and where they need to improve, says Neal Patel, head of communications at the National Pharmacy Association.

"Armed with this information they can introduce new systems or do follow-up customer research to find out exactly what patients coming in with prescriptions want from their pharmacy," he says.

A patient satisfaction survey carried out by Assura Pharmacy has shown that there is a clear correlation between people saying "I think I waited too long" and their overall perception of the service, according to Kevin Joshua, the company's central operations manager. "If [customers] waited too long, they tended to mark down other aspects of the service," he says.

Assura monitors waiting times for each of its branches on a weekly basis. Individual branch targets are set to help keep waiting times to a minimum, although not at the expense of patient safety, says Mr Joshua.

Minimising dispensing time

There are ways that contractors can help minimise the time taken to dispense a prescription, says Mr Joshua. These are

based around staffing issues and looking at how efficiently the prescription travels through the pharmacy.

Staff issues Staff should have specific responsibilities and these responsibilities should be clarified with their manager. There should be a staff plan to dictate who is responsible for which tasks and at which time of the day. This should be based on the peaks and troughs of the different parts of the business. For example, the prescription collection workload will often peak at a different time to the "walk-in" prescription workload, and so staff need to be allocated tasks accordingly.

Assura Pharmacy uses a waiting time recording system, which allows each pharmacy to identify "bottlenecks" in their

"Reducing dispensing waiting times is not the only way to increase customer satisfaction"

dispensing process. This enables pharmacy managers and their teams to focus on streamlining particular aspects of their workflow in the dispensary, says Mr Joshua.

Dispensary layout Stock and consumable items (eg, bottles, bags and cartons) need to be stored ergonomically depending on the layout of the individual pharmacy and the position of IT equipment, says Mr Joshua. Pharmacy managers should be prepared to adjust their dispensary layouts and try different options to reduce the amount of time spent walking around the dispensary or bumping into other members of staff. For example, the 50–100 most commonly dispensed products could be stored near the dispensing workstations.

Separating receiving and collecting

From the patient's perspective, the operational process can be split into two parts:

- Dropping off a prescription
- Picking up dispensed items

“For some patients, the first part can be removed by collecting repeat prescriptions from local surgeries,” says Mr Patel. “This allows the dispensing workload to be planned, freeing up time for patients who drop off prescriptions themselves.” In addition, prescription collection allows items to be dispensed before the patients call in to collect them.

Dropped off prescriptions For pharmacies that have a lot of patients bringing in prescriptions, it may be worth having a “drop off” box installed. Mr Patel explains: “Patients can leave a phone number on the prescription so that they can be contacted if there are any issues with the prescription.”

Another option is to offer a next day service, which gives the pharmacist time to

Making space for chairs

Installing chairs for customers in small, busy pharmacies at the expense of retail shelving can be beneficial, says Kevin Joshua, central operation manager, Assura Pharmacy. He says it is “critical to give customers a decent space to be able to sit while they wait”, even if that means making a financial loss in OTC sales.

In addition, having chairs reduces the number of people standing around, which changes what people perceive to be a busy pharmacy and encourages customers to come in.



Gizmo/Dreamstime.com

It is important to give customers a place to sit while they wait, even if that means sacrificing shelving space that would otherwise be used for retail products

order any items that are not in stock. “With any new system, it is important to test whether it is wanted by patients,” says Mr Patel. “Explain the process to patients and then manage their expectations accordingly.”

Keeping the customer occupied

Reducing prescription waiting times is not the only way to increase customer satisfaction. Occupying customers and putting the time spent waiting to good use may also help.

Building a rapport Raj Patel, an independent pharmacist at Mount Elgon Pharmacy, Wimbledon, has found that waiting time is not such an issue for patients if it is spent building a good rapport with them, and if they are kept informed of how long they have to wait. He also plays classical music in his pharmacy to make the experience more enjoyable.

He suggests that pharmacists should take the opportunity to talk to patients while they wait — but this requires them to be released from the dispensing bench. Promoting skill-mix is therefore essential.

“I am able to talk to my patients because I have staff that can dispense,” he says. “Ideally, I want all prescriptions to be handed out by the pharmacist, so that all of my patients know that I’m accessible for professional advice. It is a difficult balance to achieve.”

Raj Patel believes that other pharmacists should delegate their duties so that more time can be spent with patients: “All pharmacists need to invest in staff training and have adequate ‘resource’ in their pharmacy to meet the needs of the new

contract.” He is currently training one of his assistants to be an accredited checking technician, for example, to help with this.

Activities while you wait Rowlands Pharmacy has installed touch screen technology in 180 of its pharmacies, enabling customers to access information on a wide range of health issues. The company is also trialling digital signage screens to help engage customers.

In stores with screens installed, an increase in product sales has been seen, says John D’Arcy, commercial director at Rowlands. “People will complain about waiting times if there is nothing else to occupy them,” he says. Whether you are a big, small or medium size company, the key message is about engaging customers, he adds.

It is also worth considering health promotion opportunities. Displays of leaflets and posters, or offering to recruit patients for a cardiovascular risk assessment, would add value to the trip to the pharmacy and make patients more likely to return, says Neal Patel.

Service tailored to the customer “If someone is collecting a 15 item prescription from your pharmacy, it is likely that they would benefit from an MUR [medicines use review],” says Neal Patel. “Perhaps this could be done while they wait for the items to be dispensed.”

However, this approach is not likely to go down well with office workers who bring a prescription to the pharmacy during their lunch hour and will want a speedy service. It is important to consider what the customer wants, Neal Patel adds. “Meet that need first and they will come back next time.”