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# retail

R O U N D - U P

## Positive results from chlamydia screening

The incidence of sexually transmitted infections is increasing and the Government has highlighted that pharmacists in England could play a greater role in identifying those who are infected. Gareth Malson describes the benefits of a chlamydia screening service



Photograph taken at Paterson Health & Co, Lambeth

The concept of chlamydia screening in pharmacies is gaining momentum. The pharmacy White Paper "Pharmacy in England — building on strengths, delivering the future", published earlier this month, stated that later this year, the Government will release a national template for primary care organisations outlining how to commission chlamydia screening services to community pharmacies.

### Where to start

As part of the National Chlamydia Screening Programme, primary

care organisations are now assessed by the Healthcare Commission on the percentage of 16–24 year olds in their area that are screened for infection. It is in the PCO's interest to develop a chlamydia screening service that is easily accessible to the public. Raj Nutan, pharmacy business manager at the National Pharmacy Association, suggests that pharmacists who would like to offer such a service should contact their PCO or local pharmaceutical committee. The NPA offers assistance to any pharmacies or LPCs that want to bid for a PCO-commissioned service.

Alternatively, if a pharmacist believes the local population would be happy to pay to be tested, the NPA offers an "off the shelf" testing kit. This product may increase in popularity if azithromycin becomes available without prescription — as is planned for later this year.

### How the service works

A pilot scheme run by Lambeth and Southwark primary care trusts, which started in August 2005, was England's first to evaluate the feasibility of testing for and treating chlamydia in community pharmacies. The

### ■ Britons hoard expired medicines

Approximately 40 million expired prescribed medicines are currently loitering in British medicine cabinets, according to research conducted by Yougov. Of the 2,005 adults surveyed, only 26 per cent had checked their medicine cabinet for out of date products in the previous month, whereas 28 per cent had not checked the cabinet for over a year.

### ■ Health business owners happy

Over three quarters of medical and healthcare business owners would "do it all again tomorrow", despite current financial pressures, according to an online survey. Research by The Credit Show, based on online interviews with 117 owners of small and medium sized enterprises (SMEs), found that 78 per cent of medical and healthcare business owners would start their business again, even in today's economic climate, compared with 45 per cent of retailers, and 61 per cent of SMEs overall. A total of 89 per cent of medical and healthcare business owners said they were confident about the future of their business.

### ■ Dust mite not at fault for asthma

The benefits of purchasing special mattresses and vacuum cleaners to reduce the exposure of mild asthmatics to the house dust mite have been dismissed in a review by the Cochrane Collaboration. The review can be accessed via *PJ Online* ([www.pjonline.com/rrlinks](http://www.pjonline.com/rrlinks)).

success of the pilot has led to the service being commissioned widely from pharmacies across the two PCTs. Screening kits are currently offered at 36 of the 61 pharmacies in the area, and so far six pharmacists have been trained to supply treatment.

New Park Pharmacy, Clapham Park, London, was one of the sites used for the Lambeth and Southwark pilot. During the first phase of the pilot, service users were required to have a consultation with the pharmacist before receiving the kit. Rimal Patel, a community pharmacist at the pharmacy, believes that offering initial counselling to users increases the likelihood that they will complete the test.

However, Jo Holmes, head of primary care delivery and development at Southwark PCT, says that after analysis of the results of the pilot, the initial consultation proved not to be financially or operationally sustainable, due to the extra demand placed on pharmacists time. "Also, young people have told us they don't want to be waiting around in the pharmacy for too long to obtain a test," she adds.

## How the service is run

In Southwark Primacy Care Trust, the chlamydia screening service operates as follows:

- Customers can either request a testing kit of their own accord, or are offered one during a consultation to supply emergency hormonal contraception
- Instructions for using the kit are included on the packaging, but a discussion with the pharmacist can also be requested
- The testing kit is issued (with a supply of condoms, if desired)
- The customer performs the test at home (or on the premises if the pharmacy has a customer toilet)
- The customer sends the sample to the approved laboratory in a prepaid envelope
- The laboratory informs the customer of the result by text within 48 hours
- If the result is positive, the patient revisits the pharmacy to obtain appropriate treatment and is signposted for further testing at a sexual health clinic or GP surgery
- Treatment is issued under a patient group direction and the charge for issuing the treatment is paid by the PCT



Stephen Strathdee/istockphoto.com

## Young people do not like to have to wait around for too long to obtain a test

### Service fees and time taken

During the Lambeth and Southwark pilot, a time and motion study was conducted to calculate the appropriate fee for the commissioned service. Pharmacies are now paid £1 for issuing each test and £8 for supplying treatment to each infected patient. When the test is given out as part of an emergency hormonal contraception (EHC) consultation, the pharmacy receives £18 (increased from the standard rate of £15.45 for an EHC consultation).

Southwark PCT started its chlamydia screening service in February. During the first month, 100 test kits were issued. Provisional numbers for March indicate an improvement and Ms Holmes expects numbers to increase further. "Like all new services, delivering it will get easier with practice — the development of EHC supports this," she says. During the pilot, 83 tests were performed in three sites over a three month period, and 9.5 per cent of those tested were shown to be infected.

### Set up and running costs

If a service is commissioned, the cost of the tests is paid for by the PCO. Pharmacists will need training to develop the necessary competencies to run the service. Currently, PCOs that have commissioned the service to pharmacies will provide the necessary training, and some offer to reimburse locum costs while the pharmacist attends the course.

Pharmacies that choose to offer a private service will need to obtain a supply of testing kits and make arrangements with an accredited laboratory that can carry out the required tests. The NPA recommends Gordon Laboratories Group.

Other PCTs that have commissioned a service from community pharmacies are City & Hackney PCT, London, and Hull PCT. City & Hackney pay pharmacies £1,000 per year to offer it (to cover the cost of training, auditing,

collecting data and signposting), and a reimbursement of £5 to cover the cost of each test issued. If any patient requires a consultation to receive treatment, the pharmacy is paid £15 (or £20 if the patient is under 18 years old) and reimbursed with £8.95 to cover the cost of azithromycin.

At Hull PCT, pharmacies are paid £70 to set up the service, and £4 for each test that is issued (test kits are supplied for free by the PCT).

### Benefits of the service

When all overheads are covered by the PCO, the service generates profit for community pharmacies. It also increases the footfall of young people into your pharmacy, who may purchase other goods, says Ms Holmes.

A survey conducted as part of the Lambeth and Southwark pilot revealed that 11 per cent of young people who used the service also purchased goods that they had not intended to buy before they entered the store.

Along with screening, issuing treatment generates turnover and improves a pharmacy's enhanced services portfolio, so pharmacy proprietors should be keen to deliver the treatment service as well. Ms Holmes suggests that the best way to do this is promote the service heavily and get as many people screened as possible. "The more testing kits you give out, the more people will be screened," she says. "If we see a pharmacy is issuing a large number of tests, we are more likely to offer to train them for the treatment service."

In the areas that need it, the service also offers community pharmacies a chance to strengthen their relationship with the PCO. "Offering chlamydia screening doesn't sound as grand as running diabetes screening or asthma clinics," says Mr Patel, "however, if it meets a local need, then it is well worth doing."

# Solve your EPS problems early

Some pharmacists have reported problems with using the electronic prescription service. With the second phase of EPS release on its way, Sasa Jankovic looks at the problems encountered by the early users, and how to solve them



The second phase of the roll out of the electronic prescription service (EPS) in England is expected this summer. However, many users are still getting to grips with the first phase (release one).

Teething problems reported so far include prescriptions taking a long time to download, barcodes on prescriptions not scanning, and lack of GP engagement. The National Pharmacy Association and Pharmaceutical Services Negotiating Committee are currently investigating the scale of these problems, and results are expected shortly. It is important that pharmacists who are experiencing problems sort them out at an early stage.

## Download times

NHS Connecting for Health (CfH) reports that 30 per cent of the national daily volume of prescriptions are being processed in parallel with EPS, with up to 11 per cent of those being downloaded by pharmacists, and daily volumes prescribed and dispensed showing consistent growth. However, many pharmacists have reported problems with prescriptions taking a long time to download, and this is putting some users off.

With each pharmacy dispensing an average of 200–250 items a day, waiting longer than 10 seconds for the data to appear on screen after scanning the prescription barcode really adds up.

Gareth Jones, NPA NHS liaison manager, believes download problems are one of the main issues affecting the slow take-up of release one. “Ten seconds is acceptable but many of our members say it is much longer — even up to several days. We encourage pharmacists to use release one but our feedback shows this delay is blocking progress,” he says.

At Dean & Smedley's pharmacy in Swadlincote, Derbyshire, 15 per cent of all prescriptions processed are received via EPS. Pharmacist Ben Eaton says they have not experienced download problems. “Our PMR supplier set up a download time of 10 seconds and this is what it has been. In fact, because scripts are pre-populated [ie, patient information is already filled in on the screen] this saves time. However, if contractors are reporting delays at this stage, how will the spine cope when all of us are using it?”

It is worth bearing in mind that release one is only meant to be a pilot and pharmacists can still dispense traditionally if they are having problems. The solution is to raise the issue with your system supplier before release two. CfH points out that during release two, prescriptions will be able

## Electronic prescription service troubleshooting at a glance

Problem	Action
Slow download times	Tell your system supplier immediately
Problems scanning barcodes	Ensure your GP practice has its printers set up properly
Low GP engagement	Let local practices know you are using EPS
Not sure of smart card expiry date	Keep in touch with your registration authority
GP using shorthand	Report any problems with this to the GP

## Reporting problems

Pharmacists who wish to contact CfH about any issues with the electronic prescription service can fill out a comment form at [www.connectingforhealth.nhs.uk](http://www.connectingforhealth.nhs.uk)

to be downloaded overnight, which could save time for obtaining repeat prescriptions, for example.

Tim Donohoe, group programme director at CfH emphasises the need for communication. "The key is to report all issues to your systems suppliers and GP practices immediately, so that we can work together to iron these out," he says.

### Problems scanning barcodes

Although the advent of barcodes on prescriptions should be a time-saving boon for pharmacists, some do not always scan, often due to low quality ink in the GPs' printers or to the paper being creased. The answer is to speak directly to the GP practice, because it is possible that they have no idea this is happening. Mr Eaton says: "It is also worth making sure that the surgeries



NHS Connecting for Health

**Smart cards, which pharmacists require to access EPS, expire every two years**

are not using the "economy" ink setting on their printers." Mr Jones adds: "If this doesn't work, take it up with the primary care trust."

### GP is disinterested

Low GP engagement is another issue. Many GPs assume that pharmacies are not yet using EPS, despite an estimated 80 per cent of both parties now being enabled for release one. In turn, some pharmacists wonder if it is worth their while getting involved when GP use is so low. The simple solution is to tell your local surgeries that you are ready to use the system, and keep the channels of communication open.

### Smart cards

Problems can also arise with the "smart cards" which give the pharmacist access to the CfH programme. The cards expire after two years and then a face-to-face meeting with the registration authority at your local PCT is required in order to get them reset. Some cards are due to expire this year, and pharmacists need to be organised to ensure they are ready for this. Mr Eaton's says that his PCT is "on the ball with this", issuing pharmacists with reminders three months before their cards expire. The NPA's advice is to check with the registration authority in advance when your card is due to expire.

### Shorthand

Prescribers often use Latin abbreviations to write prescriptions. With EPS this information is scanned straight onto the labels, which would leave the patient with directions they might not understand. It is up to the pharmacist to translate the instructions before the labels are printed, which is more work for them. Work is under way on a standard dosage syntax to standardise this, but in the meantime, GPs may not realise this is causing problems so once again, it is worth alerting them to it.

Overall, it seems the key to solving issues with release one is to keep communicating with your system suppliers, GPs, PCT and CfH. Mr Eaton says: "Release two will undoubtedly have its own practical issues, but we will deal with these as they come up. We just need to keep the lines of communication open."

Mr Donohoe says: "CfH works with all interested parties to communicate and solve the issues that have arisen from release one. With release two we will continue to publicise what we learn, every step of the way."

And the advice from the NPA remains: get involved. As with any system, there were bound to be teething problems. The better you know how to use release one, the more technically equipped you will be for release two.

## Contact Retail Round-up

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**"The key is to report all issues to your systems suppliers and GP practices immediately"**

## Wholesaler updates

### AAH

#### Healthwatch training for undergraduates

Pharmacy students at the University of Reading will be learning how to consult for a range of screening services, based on the AAH Healthwatch series. Porsotam Leal, a teacher practitioner at the university, has incorporated the Healthwatch series into the undergraduate syllabus following his experiences of using it in practice.

#### LINK training for minor ailments services

AAH customers in Scotland are to benefit from a new web-based training programme to help them use the LINK system to support minor ailments services. The training takes the form of short interactive courses that can be accessed from anywhere, so will be particularly useful for locums. Similar training is planned for the near future on the acute medication service.

#### LINK endorsing simplified

AAH Pharmaceuticals has updated its LINKEvolution system to include automated endorsing and reimbursement, according to the Drug Tariffs of all four home countries.

### Numark

#### Counter assistant programme

Numark has launched a new distance learning module for pharmacy counter assistants. Each "Category Excellence" module — free of charge for Numark members' counter staff — will focus on different health topics. They will include merchandising techniques and point of sale advice. For further information contact Emma Charlesworth (telephone 01827 841220).

### Phoenix

#### Acquisition of Munro Wholesale

Phoenix Healthcare has acquired Munro Wholesale Medical Supplies Ltd (the main line wholesale business of the Munro Group). This follows the Munro Group selling its retail pharmacies to Admenta, the owners of Lloydspharmacy. The Munro Group will continue to trade in parallel imports and generics, as Strathclyde Pharmaceuticals Ltd.

### UniChem

#### New acquisitions

UniChem has acquired Central Homecare, a provider of home healthcare services in the UK. Central Homecare will continue to operate independently, under the UniChem umbrella.

UniChem has also acquired HF Healthcare Group, a short-line wholesale business based in the North East of England (which will be integrated into Cordia Healthcare) with a chain of about 40 pharmacies (which will become part of Boots).

#### Correction

Symbicort is one of the four AstraZeneca products involved in the company's adherence data scheme, not Singulair as stated in the March issue of *Retail Round-up* (p1).

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# Getting up to speed with maternity leave

Maternity leave entitlements changed last year in a bid by the Government to make working conditions more family friendly. David Regan summarises what all employers should know



Changes to maternity law that occurred last year mean that all employees are now entitled to 26 weeks additional maternity leave, as well as 26 weeks "ordinary" maternity leave. Previously, only ordinary leave was the right of all employees. In addition, pregnant employees now receive 39 weeks statutory maternity pay, instead of 26 weeks. The same entitlements also apply to adoptive parents.

## Ordinary maternity leave

To qualify for ordinary maternity leave, an employee must notify her employer that she is pregnant by the end of the 15th week before her expected week of childbirth (EWC). She must inform her employer of the EWC and the date on which she intends to start her maternity

leave. The employer is entitled to request a certificate from a doctor or midwife to confirm the EWC.

During ordinary maternity leave, the employee's contract continues and she retains all her employment rights (eg, annual leave, health insurance), except her right to salary. In its place, she will either receive maternity pay or maternity allowance

(see Panel 1, p12). Companies may have their own policies (eg, back to work bonuses) provided they meet the statutory minimum requirements.

In certain circumstances, the employee's maternity leave may start early, such as in the event of premature birth, or because of a pregnancy-related illness in the four weeks before her due date.

Continued on page 12

“Employees are now entitled to 39 weeks of maternity pay, instead of the previous 26 weeks”

## Web health advice

Looking for health advice is the third most common online activity, according to a new survey by Boots.com. Of 2,295 survey respondents, 40 per cent said they spend a significant amount of time looking for health information, following social networking (53 per cent) and booking tickets (44 per cent). The top five most researched conditions were the menopause, thrush, cystitis, chlamydia and haemorrhoids.

## Skin cancer ignorance

Many Britons are unaware of the possible signs of skin cancer, and a quarter never check their moles, according to a new survey by the British Association of Dermatologists. Of nearly 200 people surveyed, 17 per cent were unaware that you can get a mole checked for free, 17 per cent thought that sunbeds might be a useful way of obtaining vitamin D, and 44 per cent were unable to recognise key signs of skin cancer.

## Workplace theft

More than three quarters of workers have stolen from their current or previous place of work, according to anonymous online research undertaken on behalf of private investigators Jorge Salgado-Reyes. Of 1,476 British people surveyed, 78 per cent admitted to stealing (stationery was excluded). Of those who said they had not stolen from work, 57 per cent said they would if they could get away with it.

## Lloyds online store

Lloydspharmacy has launched a new online store allowing customers to order health products such as blood glucose meters and TENS machines. The site also contains health advice and travel advice. It can be accessed at [www.lloydspharmacy.com](http://www.lloydspharmacy.com).

### Additional maternity leave

After ordinary maternity leave has finished, a woman can take a further 26 weeks of additional maternity leave. Although her employment contract continues throughout this period, she is only entitled to certain terms in her contract, such as those that relate to disciplinary grievance procedures and any provisions for termination of her contract. Employers are allowed to provide additional benefits during this period, but they are not required to do so by law. If in any doubt, employees can check their entitlement at the Directgov website (see Panel 2).

### Who funds maternity pay?

All pregnant employees are entitled to receive statutory maternity pay for 39 weeks. The employer will pay this, provided the employee has:

- Completed 26 weeks of continuous employment with the same employer (up to and including the 15th week before the EWC)
- Reached the lower earnings limit for national insurance contributions during the last eight weeks of the same period

### Panel 1: Maternity pay

Weekly statutory maternity pay is calculated at the following rates:

- Weeks 1–6: 90 per cent of the employee's average weekly wage
- Weeks 7–39: 90 per cent of normal weekly wage up to a maximum of £117.18

The employer can claim back the majority of this maternity pay from the Government. If the employee has not met these requirements, she may be entitled to receive an equivalent maternity allowance from the Government. Further information can be accessed via the Directgov website.

### Returning to work

After the employee has informed her employer of her intention to take maternity leave, the employer must respond by giving the date that she is expected to return to work. If she wishes to return early, she must inform her employer at least eight weeks before the proposed return date. If she wishes to extend her maternity leave, she

should either agree this with her employer or request parental leave (if she has completed one year's continuous service with the employer).

To aid integration back into the workforce, employees who are on maternity leave may return to work for up to 10 individual "keep in touch" days during their leave without losing their right to maternity leave, pay or allowance. This enables the employee to become familiar with any new systems, policies or procedures that the employer may have introduced, as well as maintaining contact with colleagues. Employers are also entitled to maintain reasonable contact with their employees on maternity leave, although they are not allowed to pressure an employee to return early.

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

### Panel 2: More information

- [www.direct.gov.uk](http://www.direct.gov.uk) (for employees)
- [www.businesslink.gov.uk](http://www.businesslink.gov.uk) (for employers)

# Business basics — answers to your common retail problems

By business contributor Reg Peplow

## Dismissal of a disabled staff member

**Question** I recently appointed a young man with a physical disability to join my small team. Despite warnings he is constantly late and on some days fails to turn up at all. Taking his disability into account I have held back from sacking him, but I feel I need to take action for the sake of my business. How should I go about this?

**Answer** Employers with less than fifteen staff are now no longer exempt from legislation that protects disabled employees.

Previously, you could have dismissed this person for his failure to turn up on time, but now this could get you into trouble. Irrespective of his length of service, the worker will be able to claim discrimination if he can show that termination of his services was for a reason connected with

the disability. Compensation for disability discrimination can be unlimited — it is frequently in excess of £100,000. A tribunal will not be lenient for a smaller firm, since the amount of compensation is based on the injustice suffered by the claimant, rather than the employer's ability to pay. Professional advice should be sought from the Advisory, Conciliation and Arbitration Service ([www.acas.org.uk](http://www.acas.org.uk)).

## VAT on entertainment

**Question** Last year I threw a staff party on a narrow boat to improve morale. This token of thanks improved things no end and I intend to make it a regular event. Can I claim back the VAT element of the expense.

**Answer** You may have to argue this out a bit, but a tribunal has declared that entertainment provided by a company to its

employees "in order to maintain and improve staff relations" is for business purposes, so you can recover the VAT. Problems may arise if you also invite guests, (eg, spouses) because the cost of entertaining these is non-deductible. If in doubt, check with your local VAT office.

## Storing insurance certificates

**Question** How long must I keep certificates of employer's liability insurance for? I have some relating to staff who have left or retired and I want to be rid of them.

**Answer** If the certificates expired before 1 January 1999, you can throw them away. You must keep copies of all later certificates for a minimum of 40 years. This is because claims for illness or diseases caused by past employment can be made many years after the health problem was caused.

# How to retain customer loyalty

How can community pharmacies keep their customers coming back in an increasingly competitive market?

Lisa Hitchen finds out



In the current climate of change within the NHS, with increased Government emphasis on local and accessible services for patients, pharmacists are in the ideal place to provide a wider range of services and products than ever before.

So thinks Raj Nutan, pharmacy business manager at the National Pharmacy Association. But he warns that the new climate presents threats as well as opportunities. We can compete for new income streams, but the community pharmacy sector is becoming increasingly

competitive, and we cannot take anything for granted, he points out.

“New entrants, such as the private sector, are competing with existing healthcare professionals for the same pots of money at primary care organisation level,” he says.

Increased competition means pharmacies must step up their game if they are going to stay ahead. Initiatives such as loyalty cards have proved a successful tool for some of the big pharmacy multiples, but are unlikely to be a viable option for smaller businesses.

The first step is to identify the areas in which your pharmacy will compete with other businesses, Mr Nutan advises. This requires knowing who your customers are.

## Identify potential customers

In the current business climate, customers are not limited to members of the public who walk into the pharmacy. “Times have changed and new markets are opening up for the average pharmacist,” says Mr Nutan, “These include NHS patients, private patients, local authorities, drug action teams, PCOs, care homes, GP practices, other healthcare professionals, practice based commissioning groups, prisons — the list is endless.”

## Work with GPs

Jag Gujral, a pharmacist at Selby's Pharmacy in Haywards Heath, West Sussex, has increased his customer base by working closely with GPs and PCOs. It emerged that GPs did not have the time to discuss gluten-free diets and products with patients who require them. The pharmacy now offers this service to customers, and has attracted new and repeat business.

“People have found out from friends that the pharmacy is dealing with this and they have come in for advice. The turnover and profit of the service are nil, but it increases profile and, in the long run, it will increase profits,” he explains.

Mr Gujral attends regular meetings with other pharmacists in his area and sits on the local pharmaceutical committee. “The majority of pharmacists in the past were insular and worked in the confines of their own shop. Now we have got to exchange ideas and work together. If we don't, we will be left on the wayside,” he says.

## Give customers a reason to return

With the Government push towards self-care and customers having a greater awareness of medicine and health products, promoting products that people can buy over the

## Tips for staying competitive

- Identify your customer base and stock products according to demand
- Analyse results from your customer satisfaction surveys
- Engage with GPs and primary care organisations
- Exchange ideas with other providers
- Offer extended services
- Look for opportunities to learn from others



Pavel Losevsky/Dreamstime.com

## Making Government initiatives work for you

Government-led initiatives may be perceived as presenting more work, but can be used to the advantage of your business. For example, earlier this year the MHRA launched a campaign to encourage members of the public to report any adverse drug reactions through the Yellow Card Scheme. Patients who do not complete the cards on the spot are likely to return to the pharmacy to drop them off at a later date. This second visit provides another opportunity to offer your range of products and services.

### Stocking products according to demand will help retain customer loyalty

counter is another way to compete, Mr Nutan says, especially as more prescription only medicines become switched to pharmacy medicines.

Raj Patel of Mount Elgon Pharmacy in Wimbledon, Greater London, has worked hard to ensure that the types of products he sells help retain customer loyalty. Studying local population demographics and the results of customer satisfaction surveys has led to Mr Patel stocking products such as ecofriendly nappies and the pharmacy's own brand of organic health foods. If the pharmacy does not stock a requested product, he will order it and contact the customer when it arrives. "That brings very good loyalty," he says.

**"We have got to exchange ideas and work together. If we don't, we will end up on the wayside"**

A regularly refreshed shop window (see *Retail Round-up*, May 2007, p1), a newsletter and constant product promotions also keep the business popular with customers.

Mr Patel also runs a repeat prescription collection and dispensing service, and has authority from local surgeries to start new patients on repeat prescriptions.

Such innovation won Mr Patel the top prize at the 2007 UniChem Pharmacy Awards after just two years in business. "In the future a loyalty card is something I'm looking to do but I need the technology to deliver it. Or I could do a voucher scheme — I have not explored that yet," he says.

### Update your services

Keeping your service unique by continuing to update it is vital to continue to compete successfully, says Mr Nutan. Here, wholesalers like can play a part by offering new and updated supporting tools. One such tool is

Healthwatch, provided by AAH Pharmaceuticals, which covers 15 services including a weight management programme, diabetes screening and blood pressure testing. Each service has its own training pack, information for patients, leaflets and appointment cards.

Porsotam Leal, who runs Stockbridge Pharmacy in Hampshire, provides blood pressure testing, diabetes screening, cholesterol testing and weight management through Healthwatch. He believes that offering these services is changing the "traditional" image of a pharmacist held by many elderly customers in particular, who are now realising the added value that a pharmacist provides. Mr Leal has also completed PCT-accredited training to offer enhanced services so he can advise on smoking cessation, emergency contraception and palliative care.

"If I can persuade customers to seek our advice on minor ailments and lifestyle matters, and choose us for prescription dispensing instead of going to the dispensing doctor, I feel I am promoting the appropriate use of NHS resources," he says.

### Identifying opportunities to learn from others

As well as attending primary care organisation meetings, conferences that target a range of health professionals will often present ideas that pharmacists can learn from. For example, at a recent Medicines and Healthcare products Regulatory Agency conference in Birmingham, Terry Maguire, a community pharmacist from Belfast, described how he had taken advantage of the decision to make nicotine replacement therapy (NRT) available on the NHS by vigorously targeting smokers.

"It has increased access to my services because I can do something for people rather than just clap them on the back and tell them to stop smoking," he told delegates.

Following a contract negotiated during 2002 in Northern Ireland for pharmacies to deliver a smoking cessation service, his work has led to positive health results. From the 133 smokers enrolled at his pharmacies and 536 weeks' supply of NRT, a 62 per cent success rate at four weeks had been achieved by April 2007, he said.