

Streamlined processes mean pharmacists need not leave their premises

By Gerry Green

As a young pharmacist I was struck by the many inefficiencies that prevailed in almost all the dispensaries in which I was asked to work while acting as a relief manager. Too often the layout of the dispensary had remained unchanged for decades. Thanks to the initiatives in new course development at the local technical college, my attention was drawn to a series of courses on improving efficiency in the workplace. Though aimed primarily at manufacturing and distribution businesses, it was suggested even then that many retailers would benefit from being trained to think about the workplace layout, the handling of goods received, the ergonomics of the workplace and ways to improve the efficient keeping of records and accounts.

Although I attended these courses over 40 years ago, the lessons learnt from them have benefited my approach to work and the workplace throughout my long and varied career. When I do occasional locums or visit the pharmacy premises of clients I meet in the course of my consultancy work, I have found, regrettably, that the level of efficiency in the majority of United Kingdom pharmacies is not much greater in 2003 than it was all those years ago, although the problems are different ones.

I believe that every practising community pharmacist will be aware that the switch to patient packs for the vast majority of dispensed medicines has largely eliminated the need for preparation areas and container storage facilities in most dispensaries. Few still even believe they need to use tablet counting machines or devices other than a few times each day. We do, however, know that we are, on average, dispensing almost one and a half times the number of prescriptions each month in 2003 as we were in 1990.

Few dispensaries have, however, been adapted for this major "processing" change even though all the forecasts suggest that, with an ageing population, a switch to 28-day prescriptions and innovations in pharmaceutical products, the volume of prescriptions is set to continue to grow in excess of 5 per cent per annum for the foreseeable future.

As a way of dealing with this increase together with the academically driven motivation of many younger pharmacists to escape the routine of "production line" dispensary supervision, our Lambeth leaders and now the Department of Health have decided that the only way for this to be achieved is for pharmacists to be allowed to

leave the pharmacy to be run by, at best, only partially qualified technicians — in my view, a second class service.

I believe any such move to be fundamentally wrong, to be a serious risk to the millions of patients who have learnt to put their trust in their local pharmacist and, in the end, to be commercial suicide, since such unqualified dispensing without supervision by a pharmacist will soon become practically uninsurable in an increasingly litigious society.

Instead, let me suggest what can and should be done:

- There should be a major drive to improve the efficiency of our dispensaries
- There should be a completion of the move towards patient packs for 99 per cent of all dispensing
- There should be a manufacturer's standard dosage instruction prominent on every pharmaceutical pack so that only the patient's name and date of dispensing need be added by way of labelling
- There should be a move to automated processes in the dispensing and labelling of prescriptions

I recently studied automated outpatient dispensing equipment in the United States that can be funded and operated at a cost of no more than £8 per hour (about the same as most community pharmacists pay their trained dispensing technicians). That price will, I am told, decrease as more of these units are installed (at present, three pharmacies are planning a trial installation in the UK), whereas highly trained staff are likely to look for increases in their hourly rates of pay as well as wanting more time off for holidays, maternity leave and so on.

These automated dispensaries are a miniature version of the same type of assembly equipment which has revolutionised pharmacy wholesaling over the past decade. With around 70 per cent of all prescriptions being for repeat medication and with better organisation and IT links between surgery, pharmacist and wholesaler, the future could even see much of this assembly process become computer-driven so that pharmaceutical products arrive at the pharmacy from the wholesaler already assembled and requiring only that all important final check.

A benefit would be that considerably less space would be needed in the dispen-

sary, making more space available for use as a consultation area.

Community pharmacists could thus concentrate on providing advice to patients and other health professionals, interviewing all patients who have been prescribed a medicine for the first time and, like their medical colleagues, doing follow-up interviews with patients at perhaps three- or six-monthly intervals. They could also concentrate on checking compliance and monitoring any side effects that patients have noticed.

I believe that most successful community pharmacists already obtain the greatest job satisfaction when interviewing and advising patients, not only on prescription matters but on a variety of other health related questions. It is the repeated patronage of such patients and their families that makes pharmacies commercially successful. Many community pharmacists already engage in counter prescribing, which, through modern IT systems, can now be recorded on patients' records via "electronic point of sale" systemised cash registers.

I suggest that most of the prescribed items on the National Health Service that are likely to be "released" by our medical colleagues for pharmacist prescribing will be mundane and unexciting products that give much less opportunity to exercise hands-on professional care than counter-prescribing does, now that there are so many more recent and proposed POM-to-P switches.

There will always be a better way of doing things. Pharmaceutical dispensing is no exception. One thing is sure, however: all our education can be used to everyone's satisfaction within pharmacy premises if the mechanics of the supply process itself are streamlined using principles of best practice. We can then continue to be proud to be pharmacists in the hearts of communities because of our very accessibility to the people in them.

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The Broad Spectrum feature is open to any reader. Contributions of around 1,200 words, commenting on topical issues, can be sent to graeme.smith@pharmj.org.uk for consideration.

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