



The Pharmacy  
Guild of Australia

# EXCELLENCE

AUGUST–SEPTEMBER 2014



STRIKING UP A  
CONVERSATION  
THROUGH RESEARCH

GREETINGS WITH A  
SMILE—THE *MAÎTRE D'*  
MODEL

SUCCESSFUL COMMUNITY  
ENGAGEMENT ESSENTIAL  
FOR SUCCESSFUL  
BUSINESS

REVISED  
FOCUS



## QCPP AND THE PHARMACY GUILD HELPING YOU TRANSFORM YOUR PHARMACY

**Nick Panayiaris**

Chair, Pharmacy Transformation Committee  
National Councillor, The Pharmacy Guild of Australia

**Though the impacts of price disclosure and the loss of dispensary remuneration are starting to put further squeezes on pharmacy, there are still opportunities for community pharmacy to continue its success. But it involves change and a recognition by community pharmacy that how we've done business in the past is not the way of the future.**

Last *Excellence* edition I spoke of the need for pharmacy to transform its business model from one based primarily on supply (dispensing of medicines) to instead become a 'whole of health' health service destination. Many pharmacies have already recognised this call to action and have made, or are making changes to their business model.

At QCPP and the Guild we know that the value of your membership comes from the support we provide to help you run your pharmacy business. Now more than ever, QCPP membership and Guild membership are vital to maintain high standards in your pharmacy and to support you in this evolution.

QCPP and the Guild have identified fourteen targeted pharmacy transformation initiatives to help you and your pharmacy business. These fourteen initiatives have been mapped against the four 'pillars' of pharmacy success:

- Script growth
- Professional services
- Enhancing S2/S3 revenue (through better patient outcomes)
- Controlling costs

By mapping to the four pillars, we are confident these fourteen targeted pharmacy transformation initiatives are comprehensive

and integrated solutions that make sense and will be practical and useful for pharmacy.

Over the next six months, the Guild and QCPP will be providing a range of support resources focused on these fourteen areas. Many of the resources have already been developed by QCPP and the Guild. However, we acknowledge that in the past, we have not integrated these tools and resources as a single focus on improving your business.

For example, QCPP itself is a tailored quality management system for pharmacy that when properly used, streamlines and enhances consistency of your operations and service. But we recognise that we must make QCPP a more practical, easy to use business enhancement tool.

The Guild's ScriptMAP product is an easy to use tool that uses the best available information and provides the clearest available picture of the impact of the changes that will occur to PBS pricing and pharmacy remuneration, especially as changes from October 2014 fully take effect. It is based on your own unique dispensing mix, and there is no better information resource to help you recognise why you need to transform your pharmacy. We have declared August a 'Month of Mapping' and encourage everyone to access a personalised ScriptMAP report. It really sets the foundation for your transformation journey. We suggest you start with this as your first focus out of the fourteen targeted pharmacy transformation initiatives. For more information on ScriptMAP go to [www.guild.org.au/scriptmap/](http://www.guild.org.au/scriptmap/)

Through the support of QCPP and the Guild I look forward to joining you on your transformation journey. ■

SCRIPT GROWTH	PROFESSIONAL SERVICES	GROW WHAT YOU KNOW	CONTROL COSTS
How to use ScriptMAP	Setting up your pharmacy for professional services	How to grow S2/S3 revenue	How to negotiate/re-negotiate your lease
How to better manage your dispensary	Patient focused conversations and how to have them		How to reduce costs including lease and utility costs
Understanding your local demographic How to use social media as a business tool			
Identifying and caring for your top 100 customers	Building collaborative inter-professional relationships		
Developing a business plan for your pharmacy Effective HR management and training Using pharmacy data and KPIs effectively			

Table 1: Mapping of fourteen targeted pharmacy initiatives against four pillars of pharmacy success



## FROM THE DIRECTOR

**Andrew Matthews**  
Group Executive, Pharmacy Transformation Group

As Nick has outlined on the previous page, QCPP and the Guild have focused on fourteen targeted pharmacy transformation initiatives to help your business.

You may notice that **Excellence** has also undergone a transformation, and now includes a broader range of articles and information primarily based on these fourteen areas. For example, Adam Casey has discussed how better managing *Pharmacist Only Medicines* is good for your patients and your business.

Kos Sclavos joins us to help you identify (and love!) your top 100 customers; and we've included an article on how to have patient focused conversations.

Our new Pharmacy Transformation Group brings together our Guild areas of Quality Pharmacy Practice, Guild Academy and Training and Business Support, so as to deliver a more comprehensive **Excellence** magazine to help you transform your pharmacy. **Excellence**—now even more than just QCPP. ■

## HEART FOUNDATION GRANT CVD SCREENING IN PHARMACY RESEARCH SURVEY

In last edition of **Excellence** (May-June 2014), guest author Dr Kevin McNamara joined us to discuss Cardiovascular Disease (CVD) risk screening as a professional service of growing prominence in community pharmacy. As part of Kevin and his team's Heart Foundation research, QCPP is supporting a research survey on cardiovascular disease and screening. Look out for promotion of this research survey through QCPP in the coming weeks. We encourage you to take part in the survey as the research will help support the case for professional services in pharmacy. ■

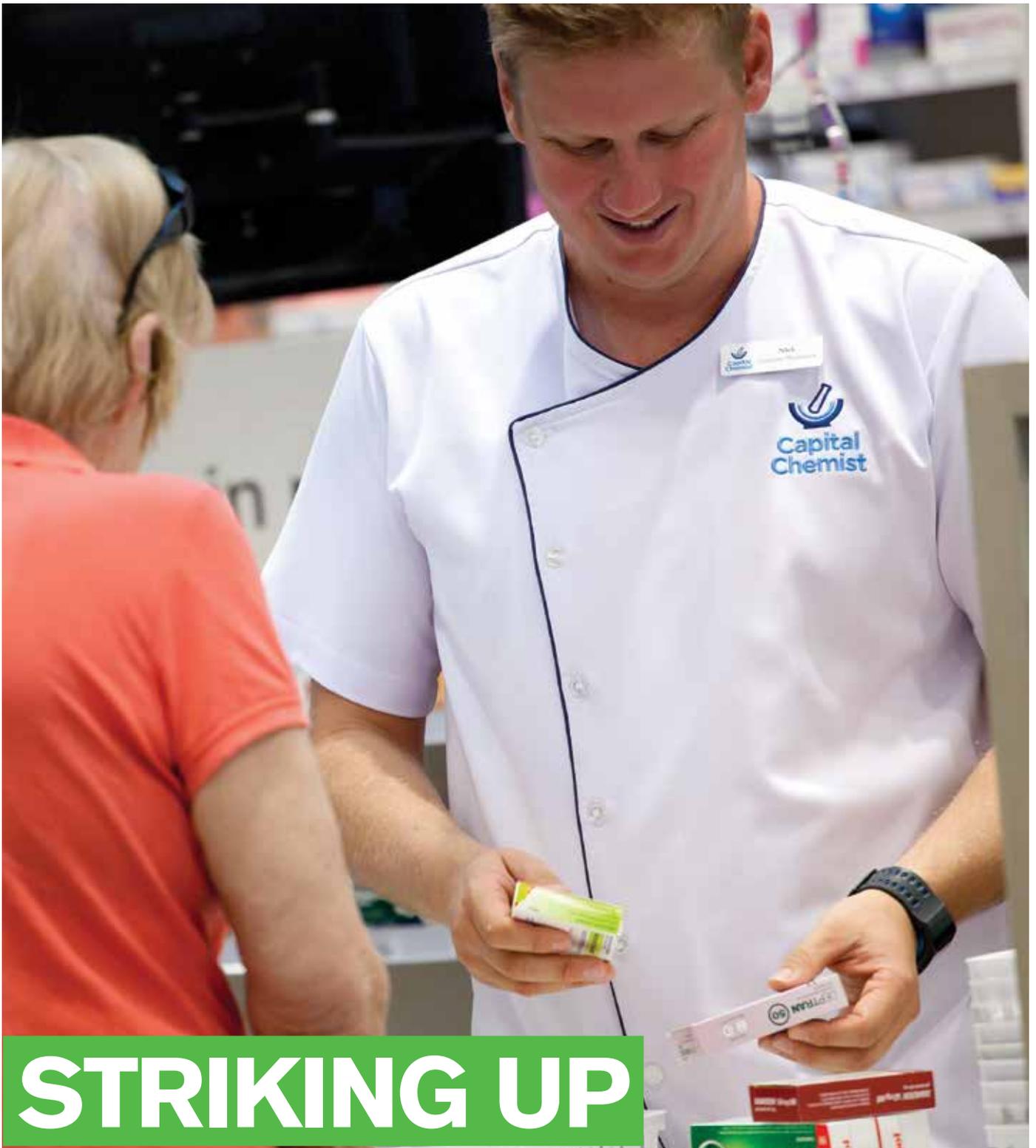
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The Pharmacy  
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# STRIKING UP A CONVERSATION THROUGH RESEARCH

Claire Bekema – Pharmacist Consultant, Quality Pharmacy Practice

## We are constantly presented with new information to assist us in our health service to the community, but how often do you translate the latest research for your customers?

Are they aware of the factors which influence your stock control, services or changed procedures? The value of community pharmacy could be elevated by enhancing your customer conversations and interactions. According to recent research conducted by the Woolcock Institute of Medical Research, 90% of asthmatic Australians are not using their inhalers correctly such as holding it inappropriately, inhaling at the wrong time, or using old, broken or empty devices. Researchers explain that in many cases, this is because the person has never been shown the correct inhaler technique.

This staggeringly high figure compares to international rates of incorrect use of between 30-80%.

The message from the researchers is for all doctors and pharmacists to physically demonstrate how to use the devices with a placebo inhaler and to watch their patients using their inhalers. They stress that talking is not enough.

The new National Asthma Council *Australian Asthma Handbook* also includes a strong emphasis on inhaler technique based on the finding of this research to encourage improved asthma control and the economic burden of misuse of these medicines.

They have also developed useful tools, such as 'how-to videos' to assist in this campaign.

Incorporating research such as this into practice can provide an opportunity to lead to important positive health outcomes for customers.

It is easy to fall into a pattern of behaviour, asking the same questions and getting the same result.

In fact, a common feeling that has come out through recent mainstream and social media is the fact that customers often feel interrogated by pharmacy staff when requesting over the counter products, especially *Pharmacist Only Medicines* such as codeine containing analgesics and pseudoephedrine.

The use of external intelligence by way of research findings, health alerts, new guidelines and media reports can assist in changing interactions from a list of questions, to a productive conversation, increasing the health literacy and health outcomes for customers.

### APPLYING THE CONVERSATION PRINCIPLE

As a practising pharmacist, I often find it difficult to make breakthroughs with customers who seem to know what answers to give, seem to know it all, and just want to get their medicine and get out of there!

However, after reading the Woolcock research, about poor inhaler technique, I decided to consciously ask a different set of questions to my normal 'are you taking a preventer, how often do you need to use your reliever' to see if it would make any difference.

Allowing for a few lead-in questions such as those, I then began to ask: 'Did you know that recent research has found that 90% of asthmatics in Australia are not using their inhaler correctly?'

+

90%

of asthmatic Australians are not using their inhalers correctly.

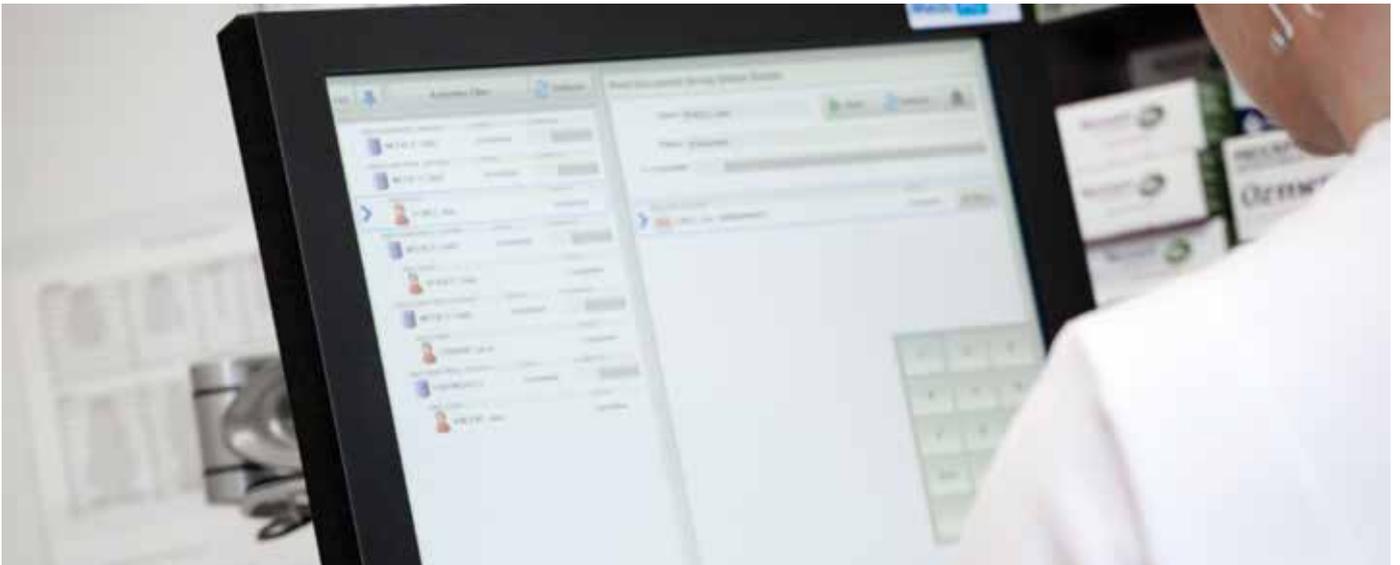
I have been amazed at the reactions I have been getting—it has literally stopped them in their tracks. Where before the customer would normally be turning to leave, they've actually turned back to happily and willingly engage in a conversation about their technique, allowing me to do a check of how they use their inhalers.

What has encouraged me the most, is the difference in the level of engagement I had with these customers. They were interested to find out more. They didn't feel confronted, interrogated or embarrassed because it wasn't about them personally. They almost wanted to prove that they were one of the 10% doing it correctly.

It was also satisfying for me as I could see in a two to three minute conversation, I had a direct health outcome, where if I had stuck with my usual routine I would not have made a difference.

It is easy to see the follow-up that can occur out of these encounters, such as a clinical intervention opportunity in identifying incorrect technique and thus a drug-related problem, or disease state management for ongoing support and advice about their condition.





## USING RESEARCH TO IMPROVE YOUR BUSINESS

On a whole community level, the impact that can be made by running a health promotion on asthma and inhaler technique could be overwhelming. The how-to videos and other resources from the National Asthma Council and NPS MedicineWise have already been developed. Collaborating with them and local doctors could have a real influence on the health and wellbeing of your community.

Community pharmacy has an important role to play in improving the health literacy of ordinary Australians empowering a person to make informed decisions about their health.

The World Health Organisation defines health literacy as:

**‘the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health’.**

Sharing our knowledge and expertise with our customers in encounters such as mine, empowers them to be informed and engaged in their health.

With a major supermarket's recent attempt to conduct in-store health checks, pharmacy must keep front-of-mind the reasons that set us apart from them and why we should remain a dedicated health destination.

Our over-the-counter supply protocols such as ‘Ask Assess Advise’, ‘What Stop Go’ or ‘Carer’, assist pharmacy assistants in triaging medicine requests. However, the feeling of interrogation shows that maybe we are missing a crucial step.

Customers are often defensive of their health choices—why do I have to answer all these personal questions? Why do you need to know every medicine I am on? Why do you ask me every time if I've used it before? Why is this important for me?

A simple technique to overcome this adversity, which may serve to lower the feelings of interrogation but also increase health literacy in general, is to frame questions with the reason for asking.

### ‘Can I just ask you some questions to ensure this medicine is safe and effective for you?’

‘This medicine may interact with some other medicines. Can I ask what other prescription or over the counter medicines you are taking?’

Evidence-based or intelligence-led conversations raise the service and health care bar. They can help us start those difficult conversations, or engage an otherwise indifferent customer about important health information.

‘Did you know that long term use of anti-inflammatories (in your Nurofen Plus®) can lead to gastrointestinal problems such as stomach ulcers? There have been a number of cases of people coming to harm where they have used high doses of ibuprofen-codeine containing analgesics for long periods between six months to two years. Maybe if you are needing to use this regularly, you should speak with your doctor about alternatives or whether this is safe for you.’

New models of pharmacy, such as the *maître d'* pharmacist, or health solution orientated service, increase the chance of these conversations having a major impact on health literacy and positive health outcomes, whilst providing opportunity to claim for Pharmacy Practice Incentives. For more information on the Priceline Pharmacy Springwood *maître d'* pharmacist model, read Greetings with a smile—the *maître d'* model on page 22. ■

# THE IMPORTANCE OF DOCUMENTATION

Claire Bekema – Pharmacist Consultant, Quality Pharmacy Practice

Last edition of *Excellence* contained an article about the importance of documentation, and suggestions on how to write in clinical notes.

Following on from this, a recent coroner's case stresses the importance of recording the interactions you have.

**A woman in NSW died from toxic levels of multiple medications in her blood. There had been a long history of prescribing of benzodiazepines, codeine containing analgesics and tricyclic antidepressants for this person. Although prescribing was by multiple doctors, it was not a typical 'doctor shopping' scenario as the prescribing was contained to one medical centre, and dispensing through one pharmacy only.**

In the coroner's findings, both the surgery and pharmacy were investigated. The pharmacy did have the dispensing history for this patient which clearly showed which medication, what quantity and what date medicines were dispensed.

The pharmacist interviewed described multiple attempts to contact doctors at the practice to bring up their concern about the pattern of medicine use, but this could not be substantiated because of a lack of documentation in the patient's records at both the medical practice and the pharmacy.

The coroner's findings state:

'Proper notes are critical to ensure patients are provided with adequate continuity of care, particularly when a pharmacist has warned a patient about a potentially dangerous drug interaction, clarified dosage instructions or refused supply to a patient. There is a real risk that informal interactions between pharmacists will not protect a patient in these circumstances if information 'falls between the cracks' between different pharmacists'.

This case is a significant reminder of the importance of recording key communication with patients and prescribers, not only as a form of communication between the pharmacy team, but ultimately for the safety of the patient. ■

# MAINTAINING

# COLD CHAIN

# MORE THAN JUST A

# QCPP REQUIREMENT

Janenne Wilson—Health Services Manager, NSW branch

Natalie Smith—Joint Head, Quality Pharmacy Practice

**QCPP and NSW Cold Chain Testing Centre are here to assist you in maintaining cold chain within your pharmacy.**

**When was the last time you stopped to identify the stock requiring cold chain maintenance, the patient safety implication of not maintaining cold chain storage, and the financial liability that may result from a total or partial loss of your cold chain medicines?**

QCPP and NSW Cold Chain Testing Centre are here to assist you in maintaining cold chain within your pharmacy. The NSW Cold Chain Testing Centre is the national coordinator for refrigeration testing.

Cold chain maintenance requires constant vigilance to mitigate this risk as much as possible. To assist you in this venture let us work through the QCPP requirements, to dispel some of the myths and communicate the facts related to cold chain maintenance.

Within QCPP, Element 5 Pharmacy Premises and Equipment, outlines the requirements for cold chain maintenance in the pharmacy.

- Action four—maintain areas for receiving and storing stock including appropriate storage conditions for temperature sensitive stock requiring storage between 2°C and 8°C. The evidence required at assessment requires the pharmacy to demonstrate they have a QCPP Compliant Refrigerator.

- Action six—monitoring the compliant dispensary refrigerator daily to ensure it maintains a temperature range of 2°C to 8°C.

The evidence required at assessment requires the pharmacy to demonstrate they hold a compliant procedure (P5A Monitoring Refrigerator Temperature Policy), have implemented the procedure, provided evidence of at least three months continuous daily monitoring, and a cold chain certificate for all refrigerators storing medicines or vaccines.

## **What is a QCPP compliant refrigerator?**

To become a QCPP compliant refrigerator, the brand and model of refrigerator must firstly undergo stringent testing through the NSW Cold Chain Testing Centre. The testing process undertaken over a four week period includes testing the capacity of the refrigerator to maintain temperature under a variety of situations when stocked or without stock. The testing includes constant monitoring via multiple thermocrons on each shelf to ensure temperatures are maintained, and that the refrigerator will alarm in accordance with cold chain requirements. Once the refrigerator has successfully completed testing, it is added to the list of QCPP compliant refrigerators hosted on the QCPP website to assist pharmacies in selecting an appropriate refrigerator.

### Do I have to document the temperature of the refrigerator daily?

Yes, QCPP outlines a requirement for at least daily monitoring (although we would encourage twice daily; once upon arriving at the pharmacy and once prior to closing) to assist in ensuring your cold chain is maintained. The refrigerator checking must include the resetting of the minimum and maximum readout, and the temperature documented daily using T5C Refrigerator Temperature Record. By maintaining and recording your daily temperature recordings you have assurances your cold chain has been maintained and a readily available tracking record should it be required.

At QCPP assessments, we commonly see constant daily temperature minimum and maximum readings as pharmacy staff have not reset the refrigerator minimum and maximum temperature. Your daily checking procedure must include resetting the minimum and maximum temperature settings.

### What is cold chain certification?

Cold chain certification is a calibration test to ensure your refrigerator temperature display is accurate. A request must be made with the NSW Cold chain Testing Centre for each refrigerator storing medicines and/or vaccines in your pharmacy.

Each QCPP pharmacy is entitled to one free refrigerator test every QCPP cycle (every two years) and additional refrigerators are tested at a cost of \$66 each. The test request form and other QCPP cold chain resources are located on the QCPP website in the resources tab.

[www.qcpp.com/resources/cold-chain-testing](http://www.qcpp.com/resources/cold-chain-testing)

The NSW Cold Chain Testing Centre will post you a thermocron with the relevant instructions and a reply paid envelope for the return of the thermocron. The thermocron is placed in each refrigerator for seven days, then posted back. The testing centre will then analyse the data and provide you a report for each refrigerator tested, an individual sticker for each refrigerator and a certificate for display showing cold chain compliance. At QCPP we recommend you request the test when you receive your notification of your pending QCPP assessment (three to six months prior to your assessment).

Best practice guidelines also strongly recommend the refrigerator is retested if the fridge is relocated, and we would encourage all new refrigerators to be tested prior to use.

### How can cold chain be enhanced in the pharmacy?

The NSW Cold Chain Testing Centre provides you with telephone support, and resources to assist in maintaining your cold chain requirements. The Cold Chain Testing Centre can be contacted on 02 9467 7140.

Some of the key ideas to get you started

- Door openings are kept to a minimum and a warning sign reading: **'WARNING: DO YOU NEED TO OPEN THIS DOOR?'** is attached to the door.
- One person is appointed to be responsible for reading, recording and resetting at the same time each day, both the minimum and maximum temperatures over the 24 hours.
- Readings outside 2°C to 8°C are to be assessed by the Pharmacist in Charge.
- If the minimum temperature falls below freezing, vaccine should be discarded.
- The power point used by the refrigerator should be taped over in the 'on' position. A warning sign not to disconnect the power supply should be attached above the power point. Your cold chain certificate package will include alert stickers to assist in communicating this to all staff.
- A ten-centimetre space should be left around the refrigerator to allow proper ventilation.

## KEY MESSAGES

- Ensure all employees in the pharmacy are aware of the importance of maintaining cold chain from delivery to dispensing
- Ensure all refrigerators minimum and maximum temperatures are checked and recorded daily
- Be proactive and obtain a cold chain certificate every two years for each refrigerator that stores medicines or vaccines in the pharmacy.



## WHAT IS COLD CHAIN?

The cold chain is the system of transporting and storing vaccines and medicines within the safe temperature range of 2°C to 8°C from the place of manufacture to the point of administration, ensuring people receive an effective vaccine or medicine that has retained its viability and has not had exposure to temperature excursions (i.e. affected by heat or cold).

**Vaccines are especially susceptible to temperature excursions and it is vital that they are maintained within the correct temperature range.**

# UNDERSTANDING YOUR PHARMACY'S HEALTH

Jo Legge-Wilkinson—Senior Project Officer, Business Support

**To maintain financial good health all businesses must generate a sufficient level of profit from the sale of goods and services to offset expenses incurred.**

Since the introduction of price disclosure policy in 2007, maintaining financial good health has become increasingly difficult for pharmacies. This will be intensified from October 2014 when accelerated price disclosure comes into effect.

However, there are steps you can take to keep your business healthy during these challenging times and the Guild provides various tools and services to help you do this.

#### **Improve your understanding of financial terms and concepts**

The Guild Academy provides a wonderful resource free to members via the *myCPD* website. This module, 'Monitoring your Pharmacy's Profitability', provides an understanding of commonly used financial terms and concepts. It also gives an understanding of the causes of low gross profit, as well as useful ratios to examine profitability.

Access the 'Monitoring your Pharmacy's Profitability' module via [www.guild.org.au/academy](http://www.guild.org.au/academy)

#### **Analyse your pharmacy's unique data**

One way to understand the current health of your pharmacy is by using *ScriptMAP*.

*ScriptMAP* was first launched by the Guild in April 2008 to provide members with detailed information on the PBS reforms and a customised analysis of the impact of the package of reforms on the member's pharmacy. As a result of member feedback *ScriptMAP-2015* was developed. This completely new report provides information and analysis relating to the Fifth Community Pharmacy Agreement and the new PBS reform measures included in the 2010 Commonwealth Budget following a Memorandum of Understanding between the Government and Medicines Australia.

*ScriptMAP-2015* covers the full five years of the Agreement from 1 July 2010 to 30 June 2015. The report, using best available information and based on your own unique dispensing mix, provides the clearest available picture of the impact of the changes that will occur to PBS pricing and pharmacy remuneration over the Agreement period.



To obtain a *ScriptMAP*-2015 report for your pharmacy submit your data using your dispense software via [www.guild.org.au/scriptmap/howtosubmit.asp](http://www.guild.org.au/scriptmap/howtosubmit.asp).

You should then order your *ScriptMAP* via [www.guild.org.au/scriptmap/order.asp](http://www.guild.org.au/scriptmap/order.asp)

### **Benchmark your pharmacy against your competitors**

Benchmarks and key indicators are useful predictors of profitability and financial good health. The Pharmacy Financial Health Fact Sheet, available on the Guild website, allows you to calculate various metrics for your pharmacy and, with these results, to benchmark your pharmacy against other pharmacies.

### **Learn from your colleagues**

Now that you have an idea of your pharmacy's financial health, it is important to identify strategies to maintain and improve that health. The Pharmacy Business Network (PBN) provides you with the opportunity to do this. Being held in Melbourne from 12-14 September this year, the PBN covers topics such as measuring customer loyalty, using data to improve retail performance, and growing your S2/S3 area. You will also learn from Pharmacy of the Year winners, and be inspired by keynote speaker, Nigel Collin. ■

Nigel Colin of Ingenious Oz will present the Judy Liauw Address: Everyday Innovation, focusing on giving you and your key people the process, skills and confidence needed to make a difference to your business.

Register for the PBN at [www.pharmacybusinessnetwork.com](http://www.pharmacybusinessnetwork.com)



## **FINANCIAL TERMS**

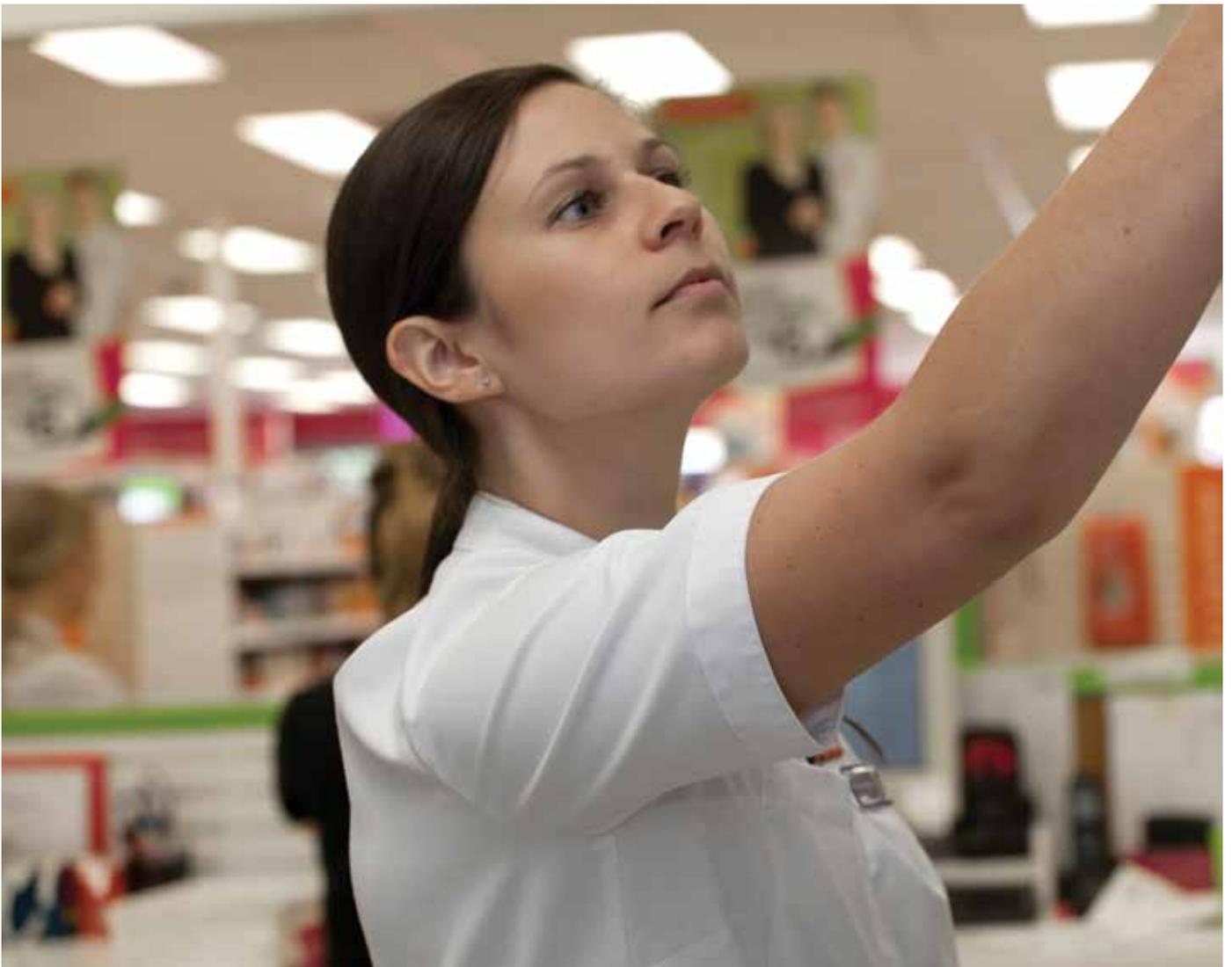
**Turnover:** is income received from normal business activity.

**Volume Growth:** is the increase in the quantity of goods and/or services sold.

**Gross Profit:** is the difference between the sale price and the cost of goods sold.

**Gross Margin:** is total sales less the cost of goods sold, divided by the total sales, usually expressed as a percentage.

**Mark-up:** is the difference between the cost of goods sold and its selling price. It may be expressed as a fixed amount or a percentage.



**BETTER OUTCOMES**

**FOR PATIENTS**

**AND FOR PHARMACY REVENUE:**

**CAPITALISING ON PHARMACIST**

**ONLY MEDICINES**

Adam Casey—Pharmacist and Business Development Manager, Guild Pharmacy Academy

## Now is the time that pharmacy must diversify its revenue streams to buffer the effects of PBS reform and ensure sustained profitability.

**Pharmacy practice incentives have given the industry an initial taste of how to capitalise on expertise and professionalism. However, there are many other opportunities that, in most pharmacies, remain untapped.**

The Schedule 3 *Pharmacist Only Medicines* category has been routinely described as a 'graveyard' by manufacturers. So called because S3 products are unable to be openly marketed, are generally obscured from the sight of consumers and are often forgotten or misunderstood by pharmacists who are solely charged with their promotion. That said, a quick analysis using your point of sale software will reveal just how much of a difference this category makes to your bottom line.

Nick Logan, a familiar face in pharmacy and recent champion of the S3 cause, performed this analysis at his Pharmacist Advice pharmacy, Artarmon NSW, and found S3 products provided 23% of his total front-of-shop dollars. When considering gross margin return on space (a measure of how much gross margin is yielded per linear metre of shelf space), S3 products punch well above their weight even without the traditional driver of consumer marketing.

Apart from the financial benefit to the pharmacy, promotion of the S3 category additionally benefits the patient. Many S3 medicines are more effective than their S2 alternatives and, combined with pharmacist advice and education, may reduce the need for a costly and inconvenient visit to their general practitioner.

The appropriate promotion of S3 medicines by pharmacists goes hand in hand with positioning your pharmacy as a destination for health advice. S2/S3 medicines are a key differentiator from grocery outlets and should be maximised to improve foot traffic into the pharmacy and maintain customer loyalty. One study found that price is only the sixth most influential factor on a purchase decision in a pharmacy. When a consumer is seeking a health solution they are happy to accept relevant add-on sales and the pharmacist has been demonstrated as the most effective staff member at making add-on recommendations.

Data extracted from the QCPP mystery shopper program reveals that although pharmacists are aware of the products available in the S3 category, they are often poorly capitalised on, even when their use may lead to much better health outcomes for the patient.

One such mystery shopper case involved an adult male with reflux caused by anti-inflammatory use presenting to the pharmacy for treatment. The results for product recommendation were as follows

- 17% of pharmacies recommended an S3 proton pump inhibitor
- 57% recommended a H2 antagonist (S2 or unscheduled)
- 19% recommended an unscheduled antacid.

Proton pump inhibitors (PPIs), such as pantoprazole, are indicated as the first line treatment for NSAID induced ulcers. PPIs are much more reliable and convenient than antacids, and whilst they have a slower onset of action they offer more sustained inhibition of acid secretions than H2 receptor antagonists. It could be argued that as a result of poor product recommendation, four out of five mystery shopper patients did not receive the most appropriate treatment.

From a gross profit (GP) perspective, the trend in product recommendation represents a substantial missed opportunity for pharmacy. The average GP for Somac (pantoprazole 20mg) is \$4.95, compared to \$3.43 for Zantac (ranitidine 150mg) and \$0.50 for Mylanta (Al(OH)<sub>3</sub>, Mg(OH)<sub>2</sub>). If we were to assume one box of Somac is sold per week rather than Zantac, the estimated dollar opportunity gained would near GP\$419,000 per year across the pharmacy sector.

The process of growing S3 sales is not organic and, as with implementation of professional services under the pharmacy practice incentives program, a coordinated approach is required to ensure the pharmacy can capitalise on any profit opportunities.

Over the next six months, the Guild Pharmacy Academy will be releasing a suite of online training courses to assist pharmacies formulate a plan to maximise the profitability of their S3 department. The courses will cater for the needs of pharmacists and pharmacy assistants, and address areas such as customer referral processes, staff training, pharmacist education and monitoring of sales performance. All courses will be made available via the Guild's myCPD learning website, accessible through the Guild Pharmacy Academy's website [www.guild.org.au/academy](http://www.guild.org.au/academy). Enrol with myCPD today to keep up-to-date with the latest pharmacy training courses focused on building your business.

**Held in Melbourne from 12 to 14 September 2014, this year's Pharmacy Business Network event will focus on 'managing your business' and 'managing your people'. Growing the S2/S3 department will be covered by Nick Logan, and many other critical topics to assist you in developing a coordinated approach to diversifying your pharmacy's revenue will be a focus of the event. For more information, and registration details, visit [www.pharmacybusinessnetwork.com](http://www.pharmacybusinessnetwork.com)**

# HOW TO IDENTIFY, KNOW & LOVE

## YOUR TOP 100

## DISPENSARY CUSTOMERS

Kos Sclavos—Industry consultant and past National President, Pharmacy Guild of Australia

**Often in community pharmacy we need to be motivated to change. That motivation can come from positive impacts or it may come from negative influences such as fear.**

Many in our sector fear price disclosure but it is important to understand, in the simplest form, the impact it will have on your business in order that you may become motivated to form a strategy to mitigate its impact. The easiest way to understand price disclosure is to analyse the impact per prescription.

The gross profit dollar reduction per prescription will be between \$1.50 and \$2.50 and that depends on the mix of prescriptions and factors such as the generic substitution rate. Order a Guild *ScriptMAP* service to understand the impact on your specific pharmacy. The average pharmacy in Australia dispenses 52,000 prescriptions a year, thereby translating to an enormous bottom line impact. The analysis below indicates the required increase in prescription volume to offset price disclosure losses per prescription. I am proposing that an 11% volume growth is realistic and many pharmacies after implementing strategies have seen such a lift of this magnitude. If your loss is greater than \$1.50 per prescription then a specific front of store strategy to grow profit is needed. Having established the motivation to change it is critical to now implement a workable, realistic strategy.

**Table 1**  
Script growth needed to sustain neutral impact.

OFFSET	GROWTH%
\$0.50	3.45%
\$1.00	7.14%
\$1.50	11.11%
\$2.00	15.38%
\$2.50	20.00%

By far the easiest way to increase dispensary volume is to focus on the customers that bring the most prescriptions, and thus their loyalty, to your pharmacy. You need to know and love your top 100 dispensary customers. If customers were to be categorised by the number of prescriptions they fill in your pharmacy, then recent analysis I have undertaken indicates that customer 100 will generate \$3500 in revenue to your business.

This analysis is for pharmacies not servicing an aged care facility. If a pharmacy services an aged care facility then number 100, in terms of prescription volumes dispensed, will be bringing a great deal more than \$3500 revenue to your business. Many pharmacists can't comprehend that figure because they are used to receiving a small cash co-payment at the cash register rather than the total recovery price of the medicines dispensed for a customer. The reason the average of the top 100 is not used is that in any analysis the average is not representative given a small number of customers, with many co-morbidities, perhaps having hundreds of prescriptions dispensed over the year will skew the data.

### How to identify these customers?

Every dispense system will quickly identify your top 100 dispensary customers. Some systems create the report via prescription volume and others can generate a report by gross profit dollars. The two lists would look quite different.

### What services do you provide these customers?

The following strategies may seem to be commonsense however I continue to be amazed how few pharmacies focus on the simple things.

### The following is a non-exhaustive list

- 1 Have you marked/noted the dispensary profile of those top 100 dispensary consumers? In my pharmacies an innovative business partner has created an IT solution where there is a pop up to remind all staff they are dealing with a top 100 customer. Where possible their prescriptions are prioritised.
- 2 Have these customers been offered a Dose Administration Aid?
- 3 Have you offered to undertake a MedsCheck?
- 4 Have you instigated discussions with their GP about the benefits of a Home Medicine Review?

- 5 Do you use the GuildCare suite of professional private programs where the clinical need arises? Services can include Blood Pressure Recording, COPD screening service, inhaler technique check etc.
- 6 Have you offered the customers an SMS reminder service such as the Guild's MemoCare program?
- 7 Have you offered the customer and the carers the professional program MedAdvisor where medication use can be better monitored leading to increased compliance? This is an add-on module to GuildCare.
- 8 Are you in a particular pharmacy group that performs particular services where you specifically invite customers to attend? In my group we have a Heart Health Check service. An example of a service available to every pharmacy is the Guild/Stroke Foundation Know Your Numbers campaign. The key is to send a specific personalised invitation to these key loyal customers.
- 9 If you have a store newsletter, are they on the mailing list? In addition, ensure your loyalty program includes these key individuals on all correspondence.
- 10 Do you keep their prescriptions on file and manage a notification system for a home delivery system?
- 11 Considering the revenue this group of customers brings your business do you send them a birthday or Christmas card each year?

With this group of customers there is always room to increase their medication compliance and concordance, especially for those who are not receiving a DAA. If you perform the services listed above the MedsIndex score will increase from an average of 76 to score in the 90s. In an average pharmacy a 10 point MedsIndex score increase for the top 100 customers brings in an additional \$15,000 in net profit.

This group of customers deserves your attention—you should love these customers. Your staff should know these customers by name. When you have exhausted the opportunities, print out dispensary customers top 100 to 200 and repeat the exercise. ■

# SUCCESSFUL COMMUNITY ENGAGEMENT ESSENTIAL FOR SUCCESSFUL BUSINESS

Chloe Hennessey, Joint Head, Quality Pharmacy Practice

Peter Guthrey, Pharmacist Consultant, Quality Pharmacy Practice

**C.P. Peoples Chemist (CPPC) has served Broken Hill and outback NSW for nearly 100 years and was the winner of the 2014 QCPP Pharmacy of the Year's Excellence in Community Engagement award. While the business has evolved, the drive to support and engage with the community it serves has been consistent. This article looks at unique ways the pharmacy responds to community and consumer needs, and how ongoing business transformation has been fundamental to its success.**

Founded in 1916 by Connell Peoples, grandfather of current owner Con Peoples, C.P. Peoples Chemist has strived to provide the Broken Hill community the best possible pharmacy services for nearly 100 years. For the past ten years, Con Peoples, Jason Harvey, Andrew Johnson and Alex Page have owned and managed the pharmacy.

The partnership is part of the self-developed Outback Pharmacies brand, which has three pharmacies in Broken Hill.

As the needs of the community have evolved, so too has the pharmacy, a process which Con describes as a 'metamorphosis'. This evolution has been essential in maintaining a viable business and ensuring community engagement remains relevant, targeted and sustainable.

### Building networks and servicing your community

Self-described 'boys from the bush', three of the four owners were born in Broken Hill and all four are recognised as intimately connected with the community. They are committed to supporting the communities in which they operate, while also fostering relationships with key stakeholders.

'We try to put the community first,' says Jason. 'Strong relationships within our community are essential for the continued viability of our organisation.' Having a healthy community is one of the major aspects that the team try and encourage as pharmacists.

'We have always been strong donors to local sporting and community groups throughout the region. Participation and support of these activities enhances the professional status and credibility of our profession; and allows us to become an active contributor to promoting the health of our community.'



### Building professional networks

The pharmacy has built a strong network of health professionals and services in the region such as Maari Ma Local Aboriginal Health Services, Far West Local Health District, and Southern Cross Care who are all vital stakeholders in servicing the community. CPPC also have a 50 year association with the Royal Flying Doctor Service, which supports some of Australia's more remote residents.

Part of building professional networks is to support and foster the next generation of professionals.

The pharmacy has been a strong supporter of the University Departments of Rural Health's Pharmacy Program in Broken Hill. In recognising the importance of such programs to the future of health in the region, the pharmacy aims to make placement students invest not only their work in the pharmacy, but also commit to experiencing everything that the far west has to offer.

### Supporting patient care

The pharmacists provide training to the care staff at many of aged care facilities in town and also sit on various medication management and safety committees in the area.

The pharmacy was also the first in Australia to offer a system for prescribers and hospital staff to access the medicine profiles of DAA patients (with consumer consent) to enhance patient safety and improve medicine reconciliation. This project has dramatically reduced medicine errors and misadventure, particularly on hospital discharge.

### Health Promotion

The pharmacy often supplies a pharmacist to talk with local support groups, such as the Dementia Carers Support Group, Rotary Club and stroke support groups. Similarly, their pharmacists can often be heard on local radio discussing health issues. Jason notes 'by participating in these activities we aim to further strengthen our relationships within the community and increase health literacy'.

### Strengthening the business

CPPC has undertaken substantial business changes in recent years to improve productivity and be responsive to consumer and community needs and a rapidly changing pharmacy environment.

The pharmacy utilised the skills of pharmacist/accountant, Dan O'Halloran who specialises in business and financial management, to help the team review its business structure.

## SUCCESSFUL COMMUNITY ENGAGEMENT

This involved a SWOT analysis and planning days which reviewed the existing functions and structure. The SWOT analysis identified key areas for improvement such as process efficiencies, staff engagement, clinical care safety and sustainability, record keeping and formalising management roles. The key responses to these issues included

- Formalising and digitalising processes and procedures in the business
- Improving staff engagement through improved communication and more active staff management
- Significant investment in technology and infrastructure to improve business efficiencies
- Enhancing value proposition of business to consumers through community engagement activities which developed a profile for key personnel within the business
- Improving patient safety and business efficiencies through improved collaborative care.

An excellent example of implementing a successful response to the transformation project was the appointment of a general manager to look after day-to-day operations of the pharmacy including human resources management.

'We were trying to do a lot of those jobs [human resources] ourselves and it didn't really work for us at all. We have about 50 staff over the three pharmacies, so it's a big job,' Jason said. This change has allowed the owners to focus on the more strategic business aspects of the pharmacy.

Jason and the team found the review process difficult at times 'but we knew things had to change and rather than trying to please everyone, we focused on what was right for our business and our community.'

'Everything is now much more structured than it used to be. A lot of the processes we adopted, including planning days, communications, and the intranet have been implemented on an ongoing basis.'

'C.P. Peoples strive to have a healthy profitable business as it allows us to provide the services that we do' says Jason.

**'A profitable business is essential to support and engage with our community, while supporting and engaging with our community is essential for our business to be profitable. The two are inseparably linked.'**

CPPC have many unique challenges, particularly given their remote geography, but instead of being overwhelmed they have chosen to embrace these challenges, identify opportunities, implement changes and became leaders and innovators within the community and the profession.

'We've made some mistakes along the way but we realise it's a constant evolution—it's important to continue to look at things in a different way and not be scared to think outside the square.'

**'Having a successful business allows us to invest in technology. It's the systems we put in place which have allowed us to invest in technology which is allowing us to withstand PBS reform'.**

The team from C.P. Peoples Chemist will be sharing their experiences at Pharmacy Business Network conference in Melbourne in September. More information available at [www.pharmacybusinessnetwork.com](http://www.pharmacybusinessnetwork.com)

## KEY MESSAGES

- Having a successful business funds essential investment in technology. This transformational investment has improved productivity, which has helped the pharmacy withstand the impact of PBS reform.
- A multifaceted approach to community engagement has increased the pharmacy profile and successfully differentiated it from its competitors.
- Responding to unmet customer needs often requires bespoke solutions.

## SWOT ANALYSIS: CHALLENGES AND RESPONSES

FACTORS	WEAKNESSES/THREATS	OPPORTUNITY/SOLUTION
<p><b>BUSINESS PRODUCTIVITY</b></p> 	<ul style="list-style-type: none"> <li>Processes which hadn't been updated, formalised or reviewed for many years</li> <li>Large number of dose administration aids for patients packed manually</li> </ul> <ul style="list-style-type: none"> <li>Significant management time spent on administrative or HR related tasks</li> <li>Communication gap identified between owners/management/staff</li> <li>Challenge retaining high quality health professionals due to isolation. The resulting high turnover of staff increases medication errors and reduces business efficiency.</li> </ul>	<ul style="list-style-type: none"> <li>Underwent successful store refit</li> <li>Development and implementation of new IT systems to aid pharmacy business and operational efficiencies</li> <li>Implementation of a dose administration aid packing robot</li> <li>Virtual server based IT system which provides accessibility from any of the group's pharmacies</li> <li>Maintaining drive to automate labour intensive processes</li> </ul> <ul style="list-style-type: none"> <li>Development of an intranet system accessible to staff from any computer, including QCPP Operations Manual</li> <li>Rotating staff through different pharmacies within group to enhance experience and broader team collaboration</li> <li>More frequent and better structured staff meetings</li> <li>Dedicated general manager primarily responsible for managing staffing operations and issues</li> </ul>
<p><b>CUSTOMER COMMUNITY DEMOGRAPHICS</b></p> 	<ul style="list-style-type: none"> <li>The pharmacy group services over 250,000km<sup>2</sup> (approx. 25% NSW landmass)</li> <li>Many customers are isolated and delivery of medicines is a logistical challenge. For example, mail is received once weekly and only monthly access to a doctor (e.g. Royal Flying Doctor Service)</li> <li>Population has some of the highest rates of obesity, diabetes and smoking in Australia</li> <li>The median/average age of the Broken Hill population is 43 years of age, 6 years above the Australian average</li> <li>Broken Hill and outlying areas have a high indigenous population many of whom have poor health literacy and lack of access to health services</li> <li>Increased competition in local market</li> <li>Unclear value proposition to consumers</li> </ul>	<ul style="list-style-type: none"> <li>Contracted a pharmacist to the local aboriginal health service to work as part of their chronic disease management team. This pharmacist travels within Broken Hill and outlying towns, conducts HMRs for aboriginal people, and has implemented medication adherence programs</li> <li>Support to Royal Flying Doctor service</li> <li>Maintain home delivery service and distance supply service</li> <li>Adopted program to give local hospital and GP clinics real-time read only access to medication profiles of DAA patients</li> <li>Developed Outback Pharmacies banner, brand and marketing</li> <li>Market the personalities within the pharmacy to the community. For example, a pharmacist or intern pharmacist on the radio each week talking about a health topic or articles placed in the local paper on a regular basis</li> <li>Focus on community support initiatives in marketing activities</li> </ul>

# PBN2014: PHARMACY'S MOST IMPORTANT BUSINESS CONFERENCE

**Community pharmacy leaders, innovators and entrepreneurs will unite in the vibrant city of Melbourne to engage with ideas and practical case studies that help steer their pharmacy business or career into the future.**

**PBN2014** will be a forum for responding to the conditions that confront the industry along with the respective challenges and opportunities. With only one month to go, the PBN program has been released and has been hotly tipped to be the best event to date.

Delivering three full days of valuable business education, the program is now available online and inserted in this edition of Excellence, and focuses on key business issues such as 'manage your business' and 'manage your people'.

No other conference focuses on important business issues affecting community pharmacies like PBN, and who better to help you transform your pharmacy than industry experts and peers.

Pharmacy owners, managers and the staff all know that there will always be competition and changes to community expectations that require our businesses to evolve and improve.

This year trading conditions are tough—there are serious economic and industry trading pressures that are putting a squeeze on the viability of pharmacy businesses. That's why it is all the more important in these times to fine tune the business operation of community pharmacies, to help us all withstand the inevitable changes ahead.

Business is a game of inches—not a one off affair. So finding ideas and solutions that constantly drive business improvement and growth is vital.



The challenge lies in finding ideas that are useful and fit-for-purpose, then being able to implement those ideas so they make a difference to your business. Each session at the PBN will unlock new ways of looking at the business you own, manage or work in and provide you with practical solutions.

A couple of notable sessions include:

- **Nigel Collin** (below) of Ingenious Oz will present the Judy Liauw Address: Everyday Innovation on day one. This session will focus on giving you and your key people the process, skills and confidence needed to consistently generate viable ideas that will make a difference to your customers and your business.
- **Samantha Kourtis** of Capital Chemist Charnwood will join other 2014 Pharmacy of the Year (POTY) winners in an interactive session on day two to explore Celebrating Innovation: Pharmacy of the Year Winners Panel and Workshop. This session will be facilitated by Peter Saccasan from RSM Bird Cameron and will provide direct insight into what elements contributed to these three successful businesses.

To register for the **PBN2014** or for further information, please go to [www.pharmacybusinessnetwork.com](http://www.pharmacybusinessnetwork.com) or email the team at [pharmacybusiness@guild.org.au](mailto:pharmacybusiness@guild.org.au).

Left: Nigel Collin of Ingenious Oz



## PHARMACY BUSINESS NETWORK

### SAMANTHA KOURTIS—SUCCESS THROUGH PBN

**When I went to the first PBN my eyes were wide open to learn and absorb as much as I could. When I saw it advertised, I saw an opportunity to learn about aspects of community pharmacy that no one else had taught me.**

Timing wise I was managing a small community pharmacy and I was trying to create opportunities to buy into a pharmacy business as a partnership. The business pods were great—having that one on one sit down was not offered to me before with any other conference.

Attending PBN that first time was part of manufacturing opportunities for me. Attending PBN shifted my thinking, changed my language and raised the benchmark. PBN was in September and it was only a couple of weeks later that a partnership opportunity presented and I felt really well prepared, particularly because of PBN and I now knew the questions I needed to ask and what to look out for.

Attending a conference with people who have similar roles as you, you are just surrounded by an incredible wealth of knowledge. And that is what PBN does—I felt that I had some great conversations because of everyone's headspaces.

No one knows everything. People ask me 'what are the keys to your success?' and I tell them I try to be really aware of what my boundaries are in my clinical knowledge and my business skills, and if I'm aware of them I can get help and surround myself with people who know more than me or can help me out, so I can grow.

The moment you think you know it all, or you're good enough, don't need to work anymore or you don't have to find anything out, is when it all comes undone. ■



# GREETINGS

# WITH A SMILE

## THE MAÎTRE D' MODEL

Jo Legge-Wilkinson—Senior Project Officer, Business Support

**WALK INTO AN UP-MARKET RESTAURANT AND YOU ARE GREETED BY A WELL-DRESSED WAITER WHO TAKES YOUR COAT AND USHERS YOU TO YOUR SEAT.**

This person remembers your name, what you do, and where you prefer to be seated. This person, the *maître d'*, from the French term *maître d'hotel*, is the master of the house. Wouldn't it be nice if you received the same service from your pharmacy?

Walk into Priceline Pharmacy Springwood NSW, winner of the Excellence in Business Management category in the 2014 Pharmacy of the Year Award and, like in that up-market restaurant, you will be welcomed by a *maître d'*.

This *maître d'*, the master of the pharmacy, will greet you, find out why you are visiting the pharmacy, help you find the most appropriate product, explain how to use it, and ensure it is suitable for your needs. It is the job of this *maître d'* pharmacist to get to know you, know your name, remember you from your last visit, make you feel at home in their pharmacy. It is their job to create a welcoming and warm atmosphere in the pharmacy.

As with a restaurant *maître d'*, the *maître d'* pharmacist is the health customer service champion of the store and sets the example for friendliness, succinct and clear communication of health advice, and accessibility for the highest standard of healthcare.

The key difference between the *maître d'* pharmacist role and the traditional pharmacist role is that the *maître d'* always gives higher priority to their customer-facing activities above processing or checking a script.



When a pharmacist is in the *maître d'* role their station is the shop floor, or wherever the *Pharmacy Medicines* and *Pharmacist Only Medicines* are situated, not necessarily the dispensary itself. *Maître d'* pharmacists can take scripts in, but they transfer the role of processing and checking prescriptions to the dispensary where the quality assurance pharmacist is on duty. Consequently, the *maître d'* pharmacist role only exists when two or more pharmacists work at the same time.

It is essential the *maître d'* pharmacist is a friendly individual willing to greet everyone as soon as they see them in store. They introduce themselves to every customer they meet, by first name, and endeavour where appropriate to address customers by their first name.

They are aware and alert so as to highlight customer service opportunities to all other staff members. They also handle the bulk of the pharmacy and pharmacist only medication queries, and champion a whole-patient approach, seeking intervention opportunities where appropriate.

Priceline Pharmacy in Springwood introduced the *maître d'* model to their pharmacy approximately eighteen months ago. Its introduction was in response to customer feedback.

Customers were telling the staff at Priceline Springwood that they loved having a pharmacist accessible to answer their questions and counsel them on their medicines; when they had something complex to deal with they loved having ready access to a pharmacist who had time to sit down with them. Customer feedback suggested they also appreciated having a mobile pharmacist who could meet them where they were on the floor, close to areas where the merchandise that they had queries about was situated.

Staff at Priceline Pharmacy Springwood also saw benefits for the pharmacy. Not only was there a better vibe and warmer atmosphere within the pharmacy, professional services sales also increased when the *maître d'* pharmacist was on the floor. This was a direct result of someone being on the floor who was in a better position for explaining and selling products that best suited the customers' needs.

The introduction of the model has also benefited the way the Priceline Springwood team works. While they were previously quite an efficient team, with a *maître d'* pharmacist on the floor the team also became more structured. It now became important for roles to be defined clearly and for support staff to have their day planned and coordinated with other staff. For example, the pharmacy technician needed to have certain tasks completed by a particular time so when the pharmacist came off the floor, orders were ready for checking. The teams' day needed to be structured in such a way that there were scheduled times for different tasks.

Initially the model was introduced informally between the hours of 11am and 2pm. As its success became obvious the *maître d'* model was formalised and extended to cover weekday hours between 10am and 4pm.

There were some challenges when the *maître d'* pharmacist model was first introduced. For the pharmacist in the *maître d'* role a change of mind-set was required. There was a lot to do in the dispensary and, according to Jaymee Cameron, Team Leader and Relationships and Productivity Pharmacist at Priceline Springwood, it was difficult to take a step back and say 'I'm going to be out on the floor for this period of time. The rest of the stuff will happen, but it will happen later'.

Despite this lingering anxiety about what was happening behind the counter, the transition has been a good one. Jaymee now finds she, and other pharmacists with whom she shares the role, enjoy the opportunity to develop deeper relationships with their customers.



## GREETINGS WITH A SMILE

### THE MAÎTRE D' MODEL continued

Indeed, the whole staff is getting to know their customers, their histories and their stories, better.

For the *maître d'* pharmacist, the skills needed while on the floor are much the same as those needed in the traditional pharmacy role. They still need to be able to have quality conversations with their customers. However, now the conversations are more in-depth and the counselling more holistic.

They have also found customers have more knowledge. Customers are coming to the pharmacy seeking further information and clarification from the *maître d'* pharmacist after having spoken to their doctor or having searched online for information. To have good conversations the *maître d'* pharmacist needs to ensure their knowledge is up-to-date with what is going on, and they have a broad and in-depth understanding of all the products on the floor—be they over-the-counter medicines, natural health products, or creams and shampoos.

In the future, Priceline Springwood expects to see the *maître d'* pharmacist model evolve even further. It is hoped that the role will be more involved with or implementing more professional services such as a smoking cessation clinic, CSIRO weight loss program, MedsChecks, and Know Your Numbers.

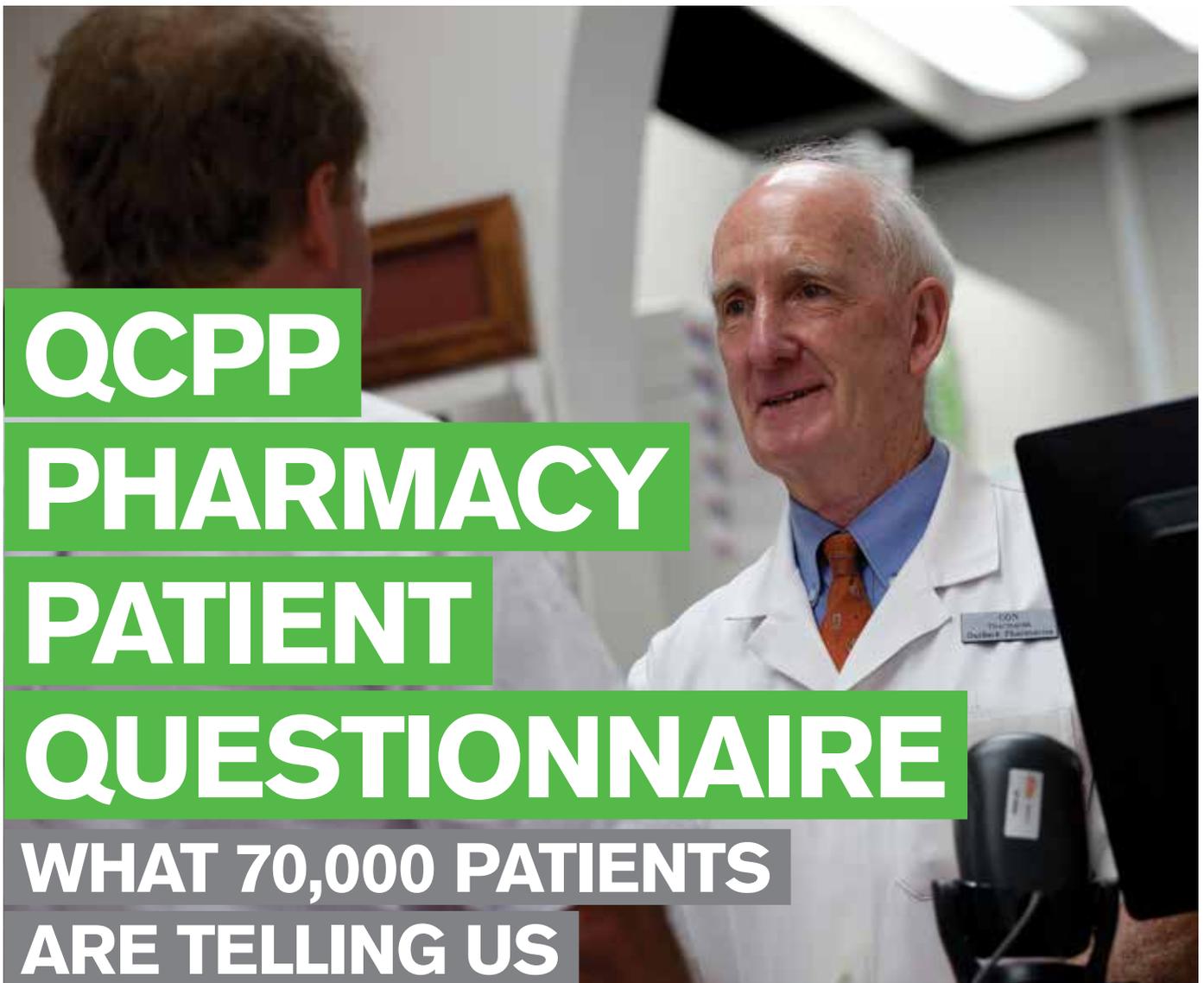
The staff at Priceline Pharmacy Springwood view the *maître d'* pharmacist model as an economically sustainable one. It is seen as a positive way of adapting to the changes in the pharmacy industry. Customers are now expecting to speak to a pharmacist and this model ensures these conversations can take place easily.

Recommendations to others contemplating implementing a similar model would be to develop the whole structure early, to make sure your whole team is on board and has a good understanding of what the model involves, and to analyse your data so you understand when your busiest period occur and when the *maître d'* pharmacist can be best utilised.

**Staff from Priceline Pharmacy Springwood will be part of the Celebrating Innovation: Pharmacy of the Year Winners Panel and Workshop at the Pharmacy Business Network to be held in Melbourne from 12 to 14 September 2014 .**

### KEY MESSAGES

- Consumers responded positively to the *maître d'* pharmacist model, and it has increased consumer satisfaction and average sales
- The *maître d'* model requires discipline, which helps create more structured use of time
- Engaging your team is important to ensure the model is effective and sustainable.



# QCPP

# PHARMACY

# PATIENT

# QUESTIONNAIRE

## WHAT 70,000 PATIENTS ARE TELLING US

Andrew Matthews—Group Executive, Pharmacy Transformation Group

Since 2011, the QCPP pharmacy patient questionnaire has been a free member benefit offered to QCPP accredited pharmacies to better understand the wants and needs of their patients, and provide feedback on how best to improve patients' experience of the pharmacy service. Two thousand five hundred pharmacies have participated in the three survey phases and over 70,000 patient responses have been received. Importantly, pharmacy is listening and responding to improve patient experience in community pharmacy by making changes in response to the survey results.

There is increasing emphasis towards delivering a patient-centred approach to care, across all of health including pharmacy.

A patient's experience (rather than just patient satisfaction) of the health system is an important and meaningful measure of patient-centredness and quality of care. Patient experience is a more discriminating measure of health service quality and performance and allows better understanding of the service to enable improvements in the quality of care. The QCPP pharmacy patient questionnaire is an important tool because it provides benchmarked feedback of patient experience to participating pharmacies, to enable them to improve their service quality. In addition, the results reaffirm other survey results that pharmacy is a trusted and respected profession with service that is highly valued by our community.

The statistical validation of the survey methodology and survey tool has recently been published in the *International Journal of Healthcare Management*. In April 2014, QCPP was invited to speak at an Australian Commission on Safety and Quality in Healthcare (ACSQHC) roundtable with other health professions on patient experience surveys.

It was clear from the ACSQHC meeting, that pharmacy is leading other allied health sectors on examining patient experience. However, disappointingly, this was not recognised in a recent discussion paper by the Australian Institute for Health and Welfare into measurement of patient experience in non-GP primary health care settings.<sup>ii</sup>



# WHAT 70,000 PATIENTS ARE TELLING US

continued

The patient experience survey, provided by QCPP as a member benefit, assists pharmacies to meet their requirements under Element 6, Action 1. This Action requires your pharmacy to provide evidence that you have analysed your customer wants, your market and your business circumstances. The survey was administered through CFEP surveys who also have been approved by the RACGP for use in the practice standards to which GP practices are accredited. Many of the survey questions are similar between pharmacy and general practice, and correlations can be made between the two health services.

The first phase of the survey (2011) was opened to 600 QCPP accredited pharmacies, and the second phase (2012) to 1100 pharmacies.

The third phase (2013) invited 800 pharmacies to participate, but included a purposive sample to determine whether there was a difference in responses between those pharmacies who pro-actively registered to participate in the survey vs those invited to participate as part of their upcoming accreditation. This survey methodology was attempting to address a hypothesis that pharmacies that proactively participated might be higher performing pharmacies in terms of patient experience in comparison to those who were invited to participate as part of their upcoming QCPP accreditation. Initial phase three analysis shows no difference between the two groups and the good results for pharmacy are consistent across both groups.

The QCPP pharmacy patient questionnaire has interesting correlations with the 5CPA research of McMillan *et al*<sup>iii</sup> in their paper looking at the influence of patient-centred care on pharmacy choice for Australian residents with chronic conditions. Their work looked at the key attributes of patient-centred care, being

- Individualised care—where the focus is on continuity and tailored medical information
- Empowering care—where staff are approachable, encouraging questions
- Holistic care—where staff are genuinely concerned about the patient's overall wellbeing
- Respectful care—where staff are not judgemental

These classifications also correlate well with Wong and Heggarty's six dimensions\* of patients' experience in primary health care<sup>iv</sup>. Results from phase one and phase two of the QCPP pharmacy patient questionnaire that include over 50,000 patient responses have been classified according to these four classifications in Table 1. Overall, community pharmacy performs very well in terms of patient ratings. When combined with other surveys of community pharmacy<sup>v</sup>, it is clear that community pharmacy is highly valued by the Australian health consumer.

But the survey shows there are areas where we could be doing better. For example, the lowest scoring area in patient responses revolved around privacy issues. QCPP Element 5, Action 3 requires the pharmacy to have an appropriate area that provides for private and confidential interactions with consumers.

Like the pharmacy patient questionnaire results, our analysis of QCPP remedial actions also shows that this is an area that needs to improve. But the good news is that pharmacy is responding to this feedback, and making changes to improve perceptions of privacy. Results for pharmacies participating in both phase one and phase two of the survey showed a statistically significant difference in responses regarding privacy between phase one and phase two.

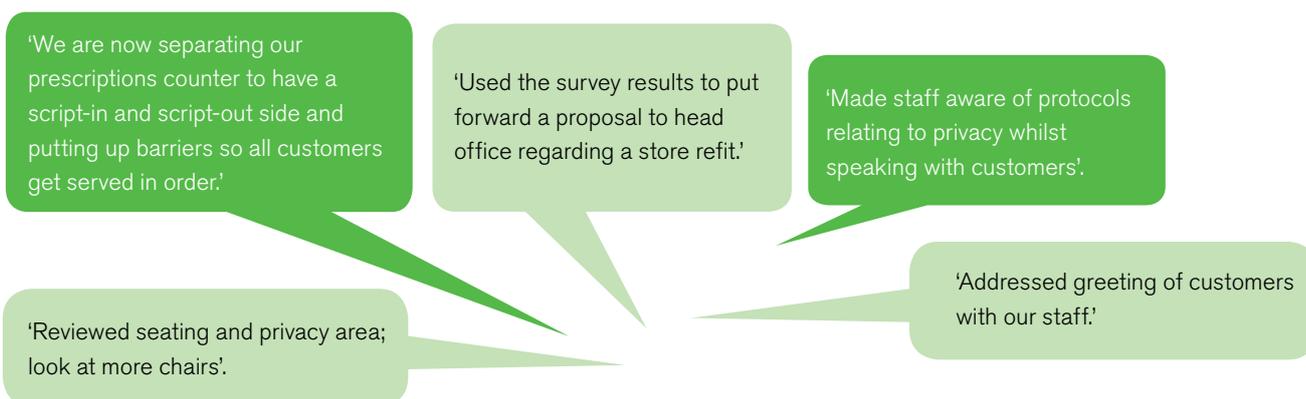
This means that the action taken between the first and second phases by pharmacies with respect to privacy has been effective in terms of patient ratings received. This would correlate with the comments from pharmacies themselves about how they have taken action in accordance with survey results. ■

QCPP is now consolidating the three phases of the survey results with a view to offering the survey again to QCPP accredited pharmacies in 2015. However, pharmacies may still undertake the survey independently of QCPP through CFEP Surveys by completing an application form available at: [www.cfepsurveys.com.au/library/application-forms.aspx](http://www.cfepsurveys.com.au/library/application-forms.aspx). A fee will apply.

## MANY PATIENTS ALSO EXPRESSED

- A desire for their pharmacies to be opened for longer hours, and on Sundays
- A desire to be asked whether they wanted a generic medicine rather than it being assumed
- More seating in the pharmacy
- A preference for clearer pharmacy layout, specifying where to go for scripts, drop off, pick-up, general inquiry
- A preference for dispensary counters to have less clutter

## HOW PHARMACIES RESPONDED TO THEIR SURVEY RESULTS



### KEY MESSAGES

- The survey provides evidence of the business case for pharmacy that demonstrates a focus on the patient-centred aspects or service aspects of pharmacy (in addition to the supply aspects) can greatly impact on how patients choose and experience their pharmacy care.
- Those pharmacies that took action and made changes in response to survey phase one patient feedback (especially around perceptions of privacy) performed better in the follow up survey. This indicates patients noted the improvements made.
- There are common themes from patients (opening hours, privacy, pharmacy layout, generic medicine choice, seating, pharmacy appearance) that are relevant for all of pharmacy to address.

Table 1. Phase one and phase two survey results according to attributes of patient-centred care (approximately 50,000 survey results)

CLASSIFICATION	SURVEY QUESTIONS	SCORE	PATIENT RATING
Individualised care	a. The staff's ability to really listen to me	91.2%	Very good/excellent
	b. My confidence in the staff member's knowledge of medicine and health products	90.2%	
Empowering Care	a. The initial greeting by the staff	91.6%	Very good/excellent
	b. The opportunity the staff gave me to express my concerns or fears	89.2%	
Holistic Care	a. The information provided by this pharmacy about how to prevent illness and stay healthy (e.g. skin care, health risks of smoking, diet habits)	84.2%	Very good
Respectful Care	a. The respect shown to me by this person	92.8%	Excellent
Additional attribute: Trust	a. Extent to which your personal information is kept confidential by pharmacy staff	90.0%	Very good/excellent
	b. The extent to which I trust staff	90.2%	

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  - iv Wong ST, Haggerty J. Measuring Patient Experiences in Primary Health Care: A review and classification of items and scales used in publicly-available questionnaires. Vancouver: Centre for Health Services and Policy Research; 2013. Available at: [www.chspr.ubc.ca/pubs/report/measuring-patient-experiences-primary-health-care-review-and-classification](http://www.chspr.ubc.ca/pubs/report/measuring-patient-experiences-primary-health-care-review-and-classification)
- \* Access; Interpersonal Care; Continuity and Coordination; Comprehensiveness of service; Trust; Patient reported impacts of care.
- + Menzies Nous Australia Health Survey 2012; SCPA PWC Consumer Needs survey 2014; Roy Morgan Image of Professions survey 2013



## REFRESHER TRAINING

The following courses have been approved for Refresher Training since the May/June edition of *Excellence*. This approved list is correct at Wednesday 30 July 2014.

To see the complete list of currently approved activities go to [www.qcpp.com/resources/training-requirements](http://www.qcpp.com/resources/training-requirements).

Training	Approved Duration	Approval Period	Format	Training Provider Contact Details and Notes
A Simple Guide to Managing Cough with Bisolvon - for Pharmacy Assistants	30 mins	04/7/14 - 04/7/16	eLearning	Guild Pharmacy Academy Ph: 02 6270 1888 guildpharmacyacademy@guild.org.au To check availability of face-to-face training near you, contact your local Guild Training Branch
Baby and Infant Care	1 hour	2/7/14 - 1/7/16	Face-to-face	The Pharmacy Guild of Australia (ACT Branch)
Pain Pain Go Away! Helping customers seeking analgesic and anti-inflammatory products	1 hour	2/7/14 - 1/7/16	Face-to-face	Lisa.gibbons@guild.org.au
Embarrassing Bodies	3 hour	20/6/13 - 19/6/15	Face-to-face and reading	The Pharmacy Guild of Australia Queensland Branch
Asthma	1 hour	16/4/13 - 5/4/15	Distance/online	Pharmaceutical Society of Australia psc.nat@psa.org.au, helen.howarth@psa.org.au
CounterConnection (PSA Self Care)				
Supplying Pharmacy Medicines and Pharmacist Only Medicines	1 hour	1/3/14 - 30/3/16		inPHARMation (March 2014)
Soft Tissue Injury	1 hour	1/2/14 - 28/2/16		inPHARMation (February 2014)
Cold and Flu	1 hour	1/7/13 - 30/7/15		inPHARMation (July 2014)
Hayfever	1 hour	1/8/13 - 30/8/15		inPHARMation (March 2012/14)

### CONTACT THE GUILD AT

[guild.nat@guild.org.au](mailto:guild.nat@guild.org.au)

OR THE GUILD'S NATIONAL SECRETARIAT

ON 02 6270 1888

BRANCHES IN EVERY STATE AND TERRITORY.

[www.guild.org.au/guild-branches](http://www.guild.org.au/guild-branches)



The Pharmacy  
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Supporting Excellence in Pharmacy

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