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BUSINESS CLASS

# A COMPELLING VISION



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## Crafting a compelling service vision statement ... avoiding the fluff and bland motherhood statements

A progressive, medium sized, neighbourhood shopping centre, branded pharmacy recently shunned its brand's mission statement as meaningless and set about articulating its own.

Why? This particular pharmacy has heeded the compelling call-to-arms for all such pharmacies to ....

- Station the pharmacists out the front
- Station the right number of techs to the processing bench
- Upskill the pharmacy assistants to either purvey a comparable product knowledge level and solution selling capability as a pharmacist, whilst serving at OTC ... and/or ... gain the necessary qualification to act as a back-up dispense tech
- All of this to deliver a high engagement complete solution service model

Of course this is not a "flick the switch" notion.

As The PSA's brilliant "Health Destination Pharmacy" Program teaches us, this is a multi-year journey. And so it has been for our focus pharmacy in this case study.

Speaking to the owner and team members, reveals that sometimes hours, days, weeks, even months feels like two steps forward / three steps backward.

Classic for any high behavioural change – high reward change management pursuit. Recently, their journey reached a watershed moment, that involved a review of their adopted customer mission statement.



## AJP ONLINE MAGAZINE



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## **POLL**

Would you leave the major cities for work?\*

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Having conducted much of the change management journey thus far with an operational and new team responsibility focus on "right people with right skills in the right place at the right time to do the right things", the awakening dawned that there was a "missing piece" to kick down the next barrier in their pursuit.

At this point, the team decided to switch the developmental focus to the health customer's visit experience.

The team mapped the customers visit journey in terms of "touchpoints". These are the critical interactions that they have with the health customer, for which they can differentiate themselves by delivering a "wow" moment of truth each time.

- The customer approaches the selected service counter to be met by other customer congestion or queue
- The customer gets their turn at the counter, be it script in, script out or otc,
- If the customer is a script in, they are asked if they will stay or leave whilst the script is processed
- For the customer at script out, the meds hand-back interaction
- The cash and wrap interaction

As the team workshopped the what, how, who, when and why of what each touchpoint would look like to create the "wow" customer experience, it quickly became obvious that a re-marshalling of people in the team, processes, product and services would be required.

At the risk of trivialising the significant effort involved, I will fast forward to the vision and targets now set.

- The Retail Manager is the designated "triage and de-queue" function, as soon as the queue gets three deep .... She has the knowledge and ability to triage the customer's need and get it underway so that they do not have to continue to stand in the queue.
  - Customer promise = "you will be greeted and served within 30 secs any time you come to our pharmacy"
- A pharmacist is stationed at script in to triage the health customer needs – direct dispensing the "simple singles"; sending the "polypharmacy or complexes" over the back for technician processing. A qualified s2/s3 Assistant is stationed at OTC to triage those health customer needs

#### **RECENT COMMENTS**

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'Everyone has to put in a dollar for uttering the word "customer".'

Swarup and the other pharmacists are an excellent and contemporary example of having made the culture shift. They transitioned several...

**Bruce ANNABEL** 

'Everyone has to put in a dollar for uttering the word "customer".'

I am impressed by your professional approach, which I am sure is the way of the future for pharmacy. In...

John Gibson

Morphine overdose 'enough to kill a whole paddock of horses'

Pharmacist already can refuse to supply.

That's exactly what should have happened here. The role of pharmacists includes protecting patients...

Jarrod McMaugh

Are you really service-based?

So I'm still looking for some hard results from service-based model pharmacies.

Would like to know the answers to above...

Big John

## **CLINICAL TIPS**

- providing solutions on the spot and calling on a pharmacist when needed.
  - Customer promise = "you will be served by a qualified health professional at the counter every time"
- Plastic waiting chairs are now replaced by an integrated and dynamic "self engagement hub" featuring multiple forms of both health and retail engagement for customers awaiting script processing.
  - Customer promise = "stay with us and check what we have got for your interest today at the hub, and soon you will hear your name called for your chat with the pharmacist at script out"
- A pharmacist is stationed at script out to hand back and provide counsel and full solution.
  - Customer promise = "you will have your script handed back by a pharmacist >90% of the time, with some counsel every time"
- Cash and wrap staff are briefed to rotate through a variety of value add-ons, including script of file/sms service reminders and simple customer research during quitter periods at the tills to allow for measurement and assessment of the new service standards above.
  - Customer promise = "we will even add value as you finalise any purchases with us"

Now that is what I call a riveting and commanding customer vision and set of service standards.

Glenn Guilfoyle is Principal of The Next Level, building better systems and better sales. Click here for more information.

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