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GUEST AUTHOR - 29/11/2016

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Different indicators give a varied picture of pharmacy customer experience, so which one is right? asks Glenn Guilfoyle

A recent edition of the Pharmacy Guild of Australia's newsletter *Forefront* featured the latest Guild Customer Experience Index (CEI).

The index found:

- 98% of customers said pharmacy staff respected their privacy;
- 97% agreed that pharmacy staff understood their health conditions;
- 93% of customers agreed that pharmacy staff ensured non-prescription medicine was safe for them;
- 95% of customers agreed that pharmacy staff provided medicine information to support their health needs; and
- 96% of customers reported that pharmacy staff offered assistance and asked questions to clarify their needs.

Of course the Guild's CEI is but one of numerous such barometers that can be checked over time throughout the industry press.

Interestingly enough, despite the variety of sources, sample sizes and methodologies employed, we see a consistency in

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AJP 130th Anniversary
Australian Journal of Pharmacy
Volume 11 | December 2016

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EDUCATION EARLY T5 GROUP TWO COPS CREDIT THE ISSUE

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POLL

Will codeine be upscheduled? *

- ☐ Yes
- ☐ No
- ☐ The TGA will defer its decision again

results: scores in the 90's – often high 90's tend to prevail.

Yet data collected by The Next Level, an independent pharmacy services provider, from more than 250 dispensary customer experience studies over four years, and across a very good cross-section of the industry tends to paint an alternative picture.

- Average script customer dwell time was 4m 50s per visit, for OTC customers it was down to 2m 12s per visit.
- Only 48% of the script customer dwell time is spent engaged with staff; 79% for OTC customers.
- Of this 2m 19s script customer engagement duration, 2m 8s is invested reacting/responding/ fulfilling on demonstrable customer expectation, leaving only 11 seconds (8% of the time) for the staff member to pre-empt or lead the conversation, to exceed customer expectations. Three seconds of this 11 seconds is on average specifically dedicated to proactively attempt to sell an add-on in support of an appropriate, more complete solution.
- Of the 1m 44s OTC customer engagement, only 16 seconds (15%) features staff-led conversation pre-empting or exceeding expectations. Six of these 16 seconds is on average specifically dedicated to proactively attempt to sell an add-on in support of an appropriate, more complete solution.
- What industry averages do we see as a result of this DOMINANT react/respond mode of conversing with customers?
 - 29 S3/S2/unscheduled add-ons for every 100 script customer visits – around three out of four script customers leave with nothing more than the items the doctor prescribed.
 - 118 S3/S2/unscheduled product basket size for every 100 OTC customer visits – little more than a one-to-one ratio, health product to customer.
- What do we see for the upper quintile performers?
 - At least 16 seconds proactively educating and attempting to add-on for the script customer. This yields at least 42 add-ons per 100 such customers and can go as high as 100 add-ons.
 - At least 27 seconds proactively educating and attempting to add-on for the OTC customer. This yields at least 131 non-script health items per basket and can go as high as 180 items.

☐ Other

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Agreement risk share 'cuts both ways,' says Quilty
Quilty is joking, isn't he? The government couldn't care less about the profitability of pharmacy, especially small pharmacies. The government...

Toby

The Minor Ailment conundrum – how Emergency departments are becoming the first line of defence
Very interesting insight. I guess internet (double edge sword for this type of things) could and should help on...

Daniela

Guild Pharmacy of the Year finalists named
Congratulations finalists. Great persistence and determination pays off. Good work Capital Chemists. What happened TAS and NSW :(

Nicholas Logan

Guild Pharmacy of the Year finalists named
Awesome job by Capital Chemist group to have two finalists. Very deserving too - they're excellent pharmacies

- But for these results to happen, we need the:
 - Right people (‘white coats’) in the:
 - Right place (serving counters, OTC counters, not over the back processing), at the:
 - Right time – NOT the current reality which shows that with 57% frequency, a pharmacist does the processing over the back – TOO HIGH; 61% of scripts are handed back by pharmacist – TOO LOW; 45% of OTC customers are served by pharmacist – TOO LOW – doing the:
 - Right things – NOT the current reality which shows that with only 45% frequency script customers are educated/reminded on how to take their medicines properly. This only happens 55% of the time for OTC medicines.

The “right things” should be leveraging reactive/responsive conversation to springboard into prompting/proacting conversation, challenging and teaching the customers things they don’t know about their health and wellbeing in relation to their condition/s, and providing a more complete product/service/advice solution.

So, how do we reconcile the fantastic customer satisfaction scores we often see with barometers like the CEI, against the confronting scores produced via independent workflow and customer experience observational audit. It is all to do with conditioning.

For decades, the Australian retail pharmacy consumer has been conditioned that the staff activity and behavioural scores exemplified above equate to the very high customer experience scores evinced in the CEI. There are simply not enough pharmacies doing it fundamentally differently to cause a reconditioning across the board.

Disruptors love this sort of disconnect, because they come into a mature market and show customers a new way, thereby highlighting the disconnect between mediocre service which had been associated with high customer service satisfaction, due to long-standing paradigms in which customers are conditioned. CWH etc have successfully executed this sort of disruption based on price.

Who will do it on service? And when?

Glenn Guilfoyle is Principal of the The Next Level , providing advice on better systems and sales for community pharmacy

Jarrold McMaugh

CLINICAL TIPS



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BEN BASGER, 25/11/2016



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