



Becoming a service-led pharmacy **How bold pharmacies are thriving** **beyond dispensing**



**What if the model that
kept you alive is now
holding you back?**



**Safe is the new
risky**

**Clinging to the
old model is the
real gamble**

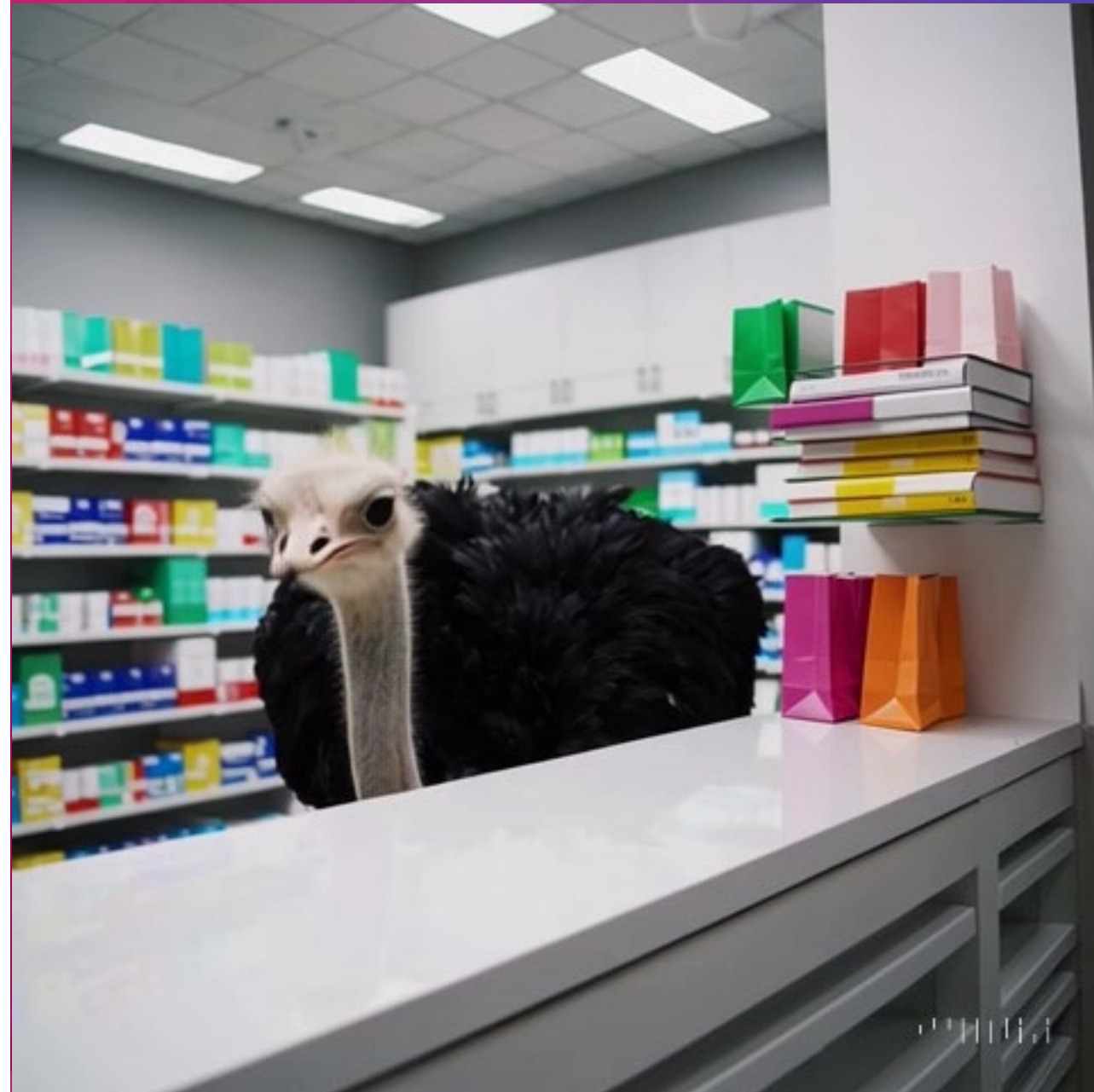


The dispensing comfort trap

Our comfort zone feels anything but comfortable

Why do we stay stuck?

- Fear of risk (ostrich syndrome)
- Habit > courage
- Waiting for NHS rescue
- Comfort zone = stagnation zone



What's holding pharmacy back for being service-led?

Passenger Mindset

- Sitting in the **back seat**, waiting for someone else to drive
- **Fear** of risk = comfort trap
- **Waiting** for NHS rescue instead of controlling the controllable
- **Blame** over boldness

Operational Handbrakes

- **Overreliance on key individual**
- **Bottlenecks everywhere**
- **Silence isn't golden**
- **Underutilised tech & staff**
- **Financial sinkholes**

Traditional vs Trailblazing

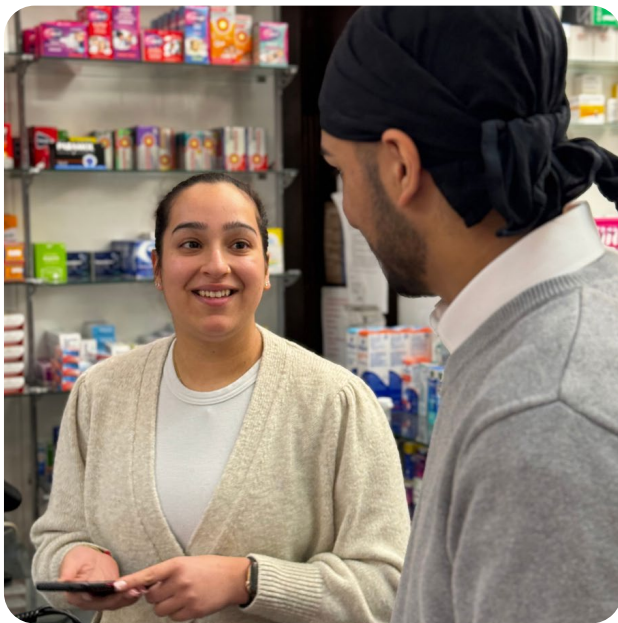
Traditional

- Handbrakes on, mindset closed
- Pharmacist bottleneck
- Measures success on Rx volume
- Teams on transactional autopilot
- Jack of all trades
- Financial leaks

Trailblazing

- **Bold mindset, brakes off, growth**
- **Pharmacist freed**
- **Measures success in care & impact**
- **Teams are curious, caring, proactive**
- **Prioritises for impact**
- **Financial discipline**

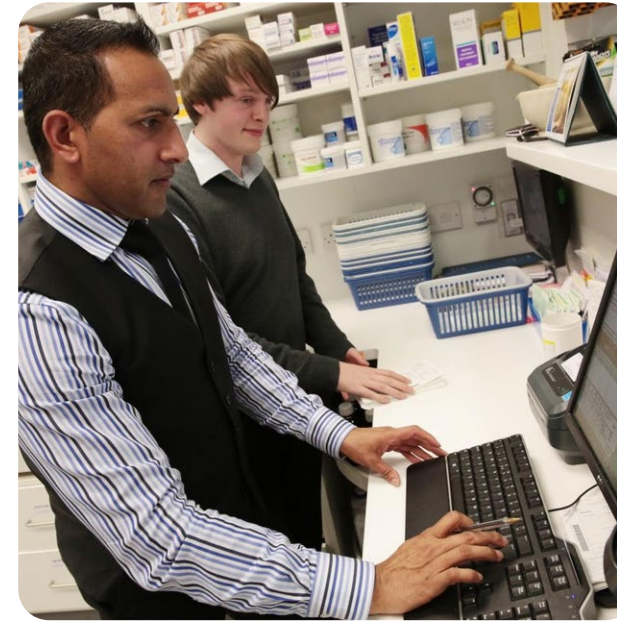




PEOPLE
Capacity
Capability
Care



PROCESSES
Dispensing
Inventory
Services



PLATFORMS
Maturity
Engagement



PEOPLE: The heart of your pharmacy



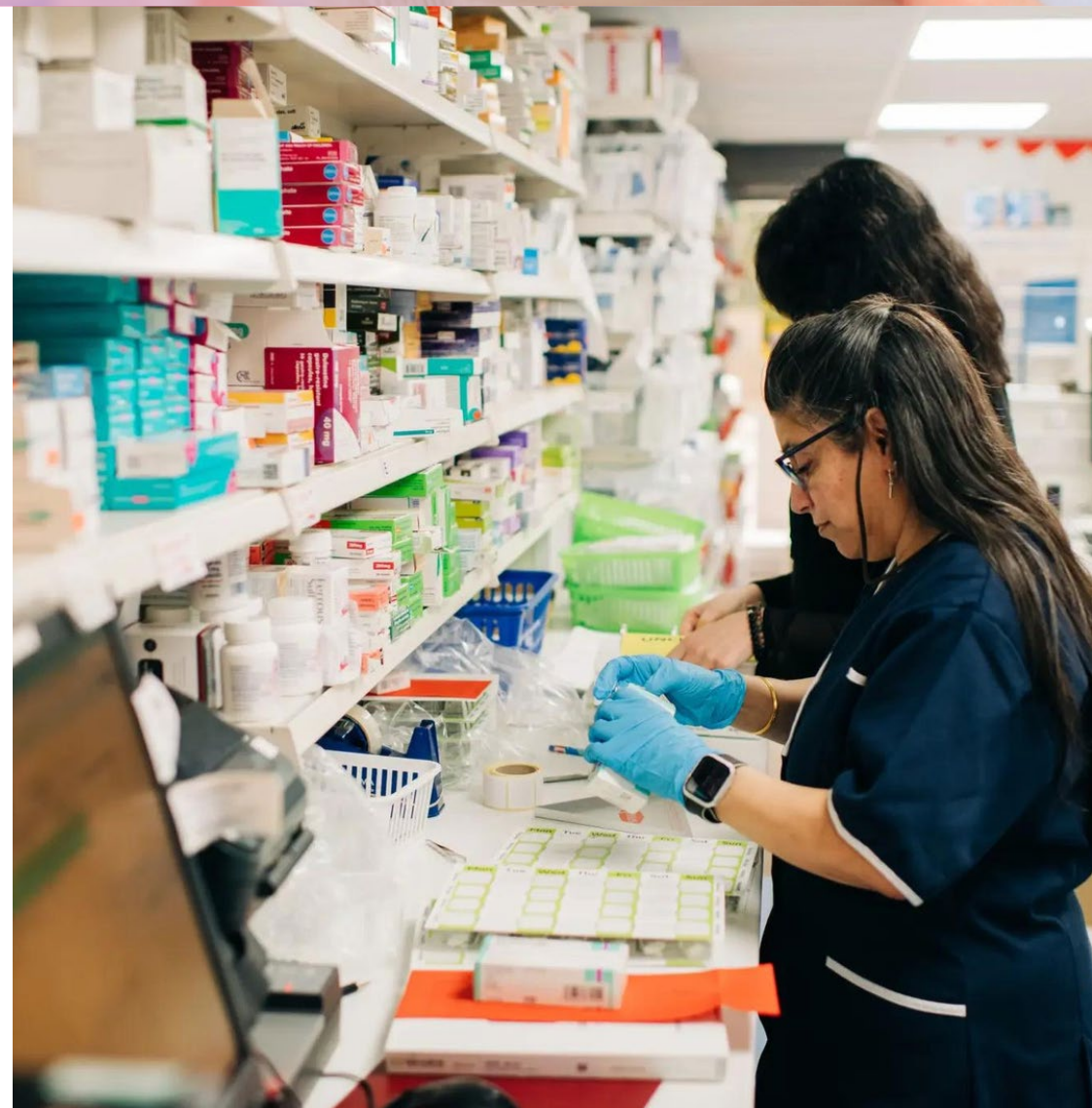
Capacity: Measuring your team's ability to manage workloads effectively, ensuring optimal staffing and efficient team communication.



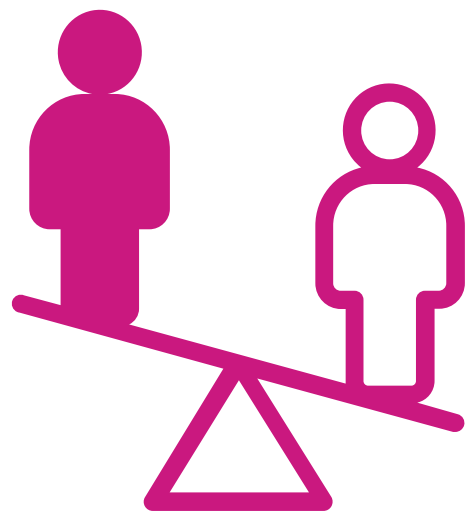
Capability: Assessing staff skills and knowledge, focusing on role clarity, delegation, and leveraging individual strengths.



Care: Evaluating how well your pharmacy supports staff well-being, promotes an inclusive culture, and ensures psychological safety.



Measuring your team's ability to manage workloads effectively, ensuring optimal staffing and efficient team communication.



Workload imbalance



Inefficient scheduling

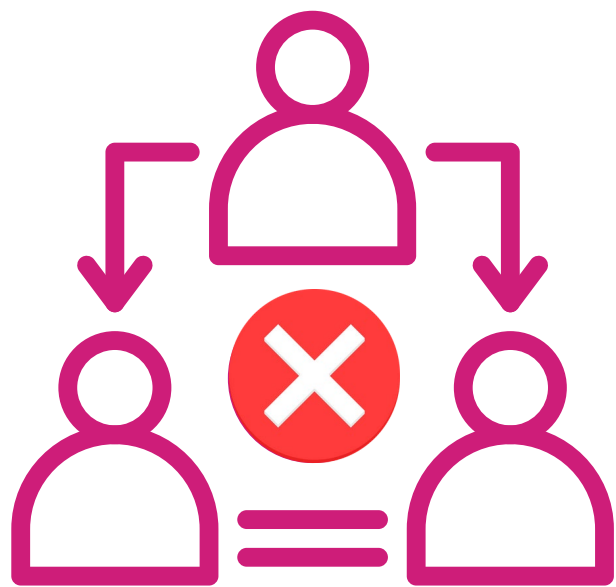


High turnover



Silo working

Assessing staff skills and knowledge, focusing on role clarity, delegation, and leveraging individual strengths.



Poor delegation



Lack of onboarding



Lack of clarity



No succession planning

Evaluating how well your pharmacy supports staff well-being, promotes an inclusive culture, and ensures psychological safety



**Psychological
safety**



**Reward
& Recognition**



**Prioritised
Wellbeing**



PEOPLE: Care Tip



Community Pharmacy Wellness Action Plan

Balancing Wellness and Workload:
Comprehensive Mental Health Guidance
for Community Pharmacy Teams



ReviveRx

*Brought
to you by*



Captivating Training Solutions

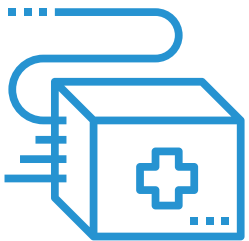
Wellness Action Plans



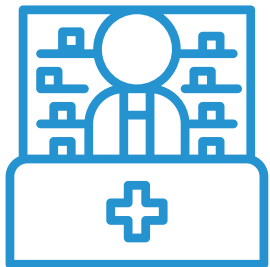
**PHARMACIST
SUPPORT**



Dispensing: Analysing dispensing efficiency, leveraging technology, and workflow management to optimise prescription output.



Stock Management: Assessing stock management efficiency, including supply chain resilience and inventory level optimisation.



Clinical Services: Examining how effectively services are managed, from time coordination to process optimisation and risk mitigation.





PROCESS QI with Workflow Analysis

At the heart of every successful business lies an efficient workflow. In the context of a community pharmacy, workflow analysis refers to the systematic examination of the **processes**, **people**, and **technologies** in place to ensure the safe and timely delivery of pharmacy services.

By breaking down each step of your pharmacy processes, you and your team can identify **bottlenecks**, **redundancies**, and **inefficiencies** that may be hindering your ability to provide the highest quality of care. From there, you can develop and implement targeted solutions that streamline your workflow, improve patient outcomes, and boost your pharmacy business sustainability.

At its core, workflow analysis is a tool for **Quality Improvement** (QI).



Imagine you're explaining your **dispensing process** to someone from outside the UK.

Walk through each step from turning on your computer and downloading scripts from the NHS spine to handing medicines to the patient.

As you map it out, ask yourselves:

- Where do **bottlenecks** slow things down?
- Where are there **unnecessary hand-offs**?
- Where does **duplication or rework** happen?
- Where could **technology help** but isn't being used?

👉 Discussion (15 mins):

Map your own process & talk your peers through your process as if they were the foreigner. What are your dispensary handbrakes?

👉 Feedback (10 mins):

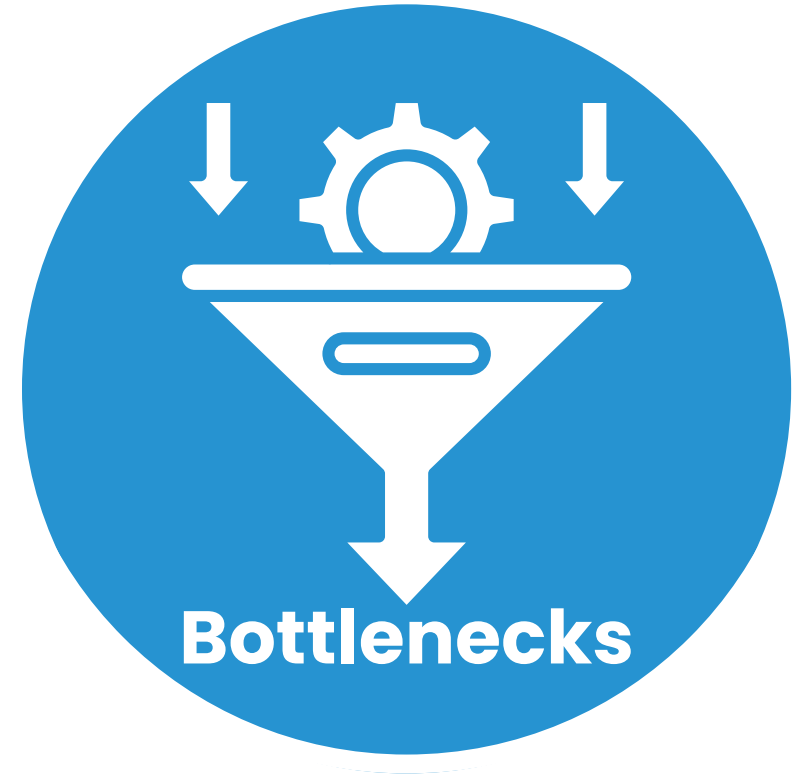
Share 1 handbrake + 1 quick win from your table.



Dispensing bottlenecks:

Bottlenecks are points in a process where the flow is significantly slowed or stopped, causing delays and backlogs.

- Slow checking processes
- High prescription volume at peak times
- Delayed medication orders (owings)
- MDS changes
- De-prioritising polypharmacy Rx



Dispensing inefficiencies:

Inefficiencies are aspects that cause you to consume more time, resources, or effort than necessary, often leading to a decrease in productivity.

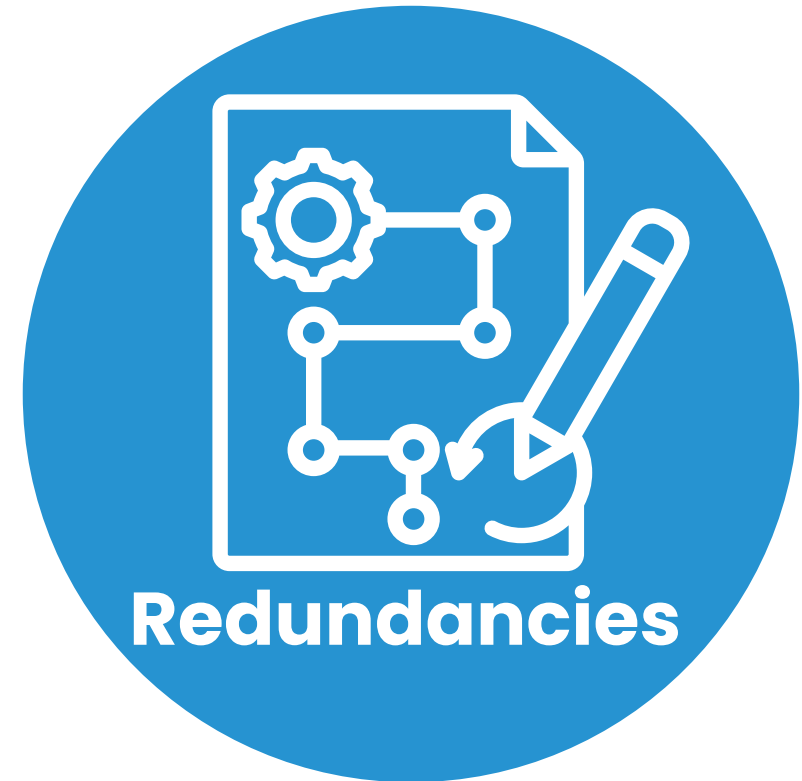
- Pharmacist still heavily involved
- Manual data entry/ excessive paperwork
- Multiple information systems
- Lack of system interoperability
- Information silos
- Inadequate staff training
- Overlapping duties
- Distractions/ multitasking



Dispensing redundancies:

Redundancies refer to unnecessary duplication in processes, often leading to wasted effort and resources without adding value.

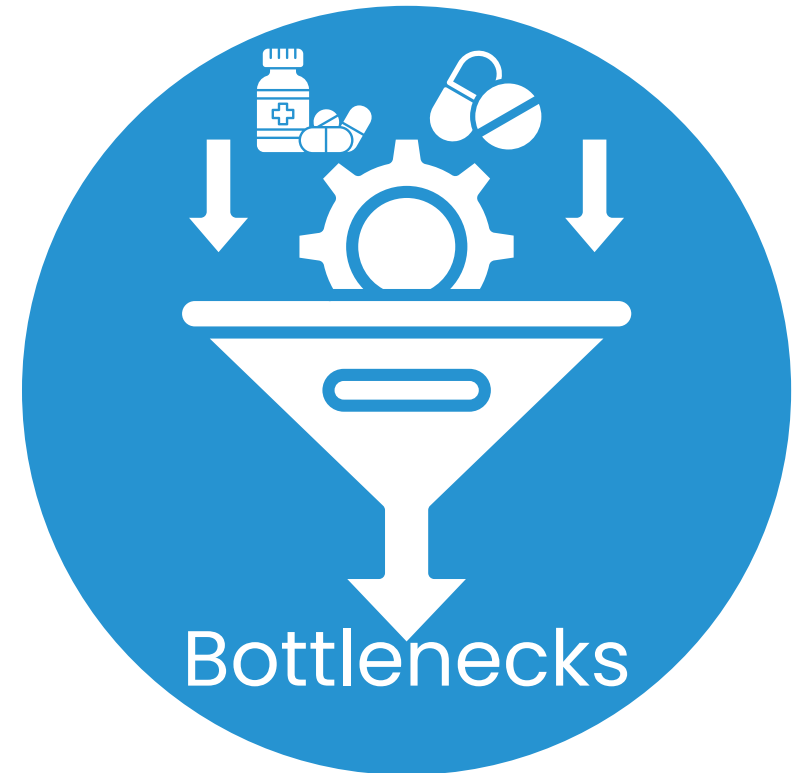
- Double-checking
- Excessive paperwork
- Repeated patient questions
- Multiple inventory counts/CD counts



Stock bottlenecks:

Bottlenecks are points in a process where the flow is significantly slowed or stopped, causing delays and backlogs

- Single point for receiving deliveries
- Multiple deliveries
- Slow-moving inventory
- Approval processes for ordering
- Limited storage space



Stock inefficiencies:

Inefficiencies are aspects that cause it to consume more time, resources, or effort than necessary, often leading to a decrease in productivity.

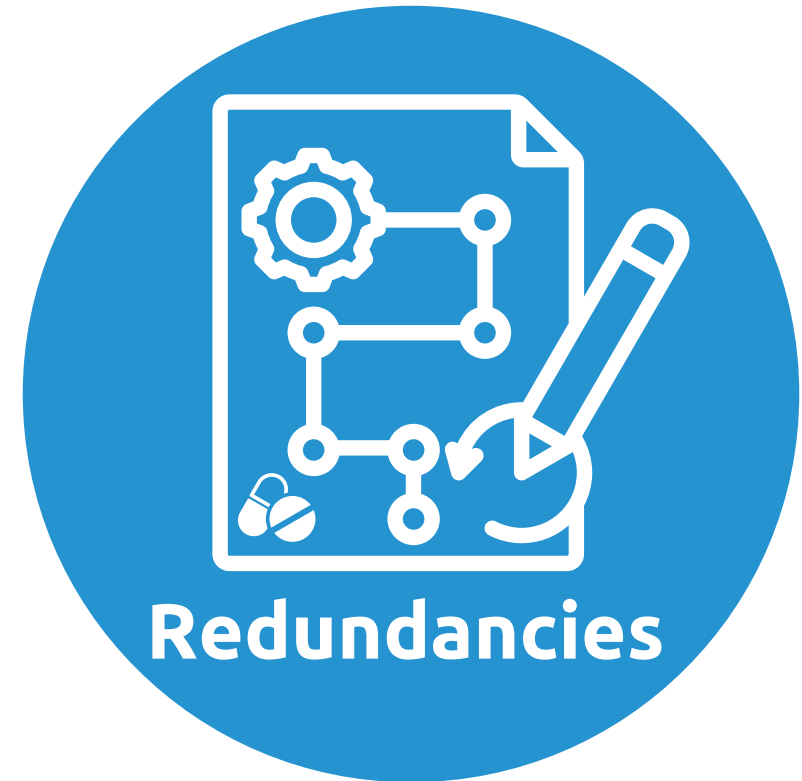
- Supply issues
- Manual stock checks
- Inaccurate demand forecasting
- Lack of engagement with health partners
- Lack of automated stock ordering
- Obsolete inventory tracking systems
- Poorly organised stock rooms/shelves
- Popular Rx items not situated near dispensing area



Stock redundancies:

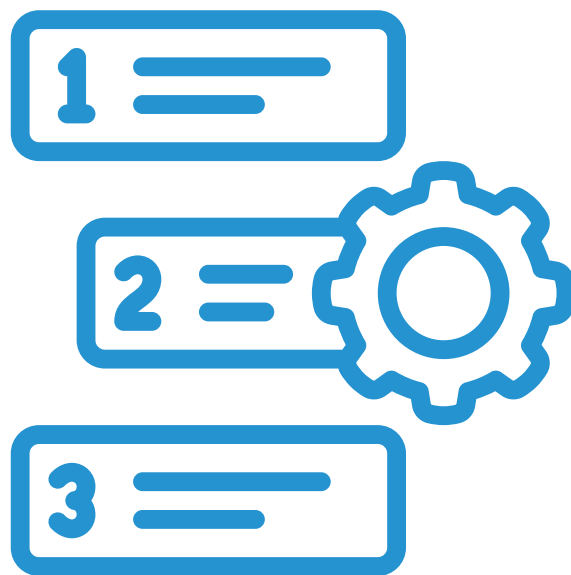
Redundancies refer to unnecessary duplication in processes, often leading to wasted effort and resources without adding value.

- Over-ordering/ under-ordering
- Multiple orders to be processed
- Duplicate orders
- Excessive owings
- Redundant data entry
- Repeated supplier confirmations

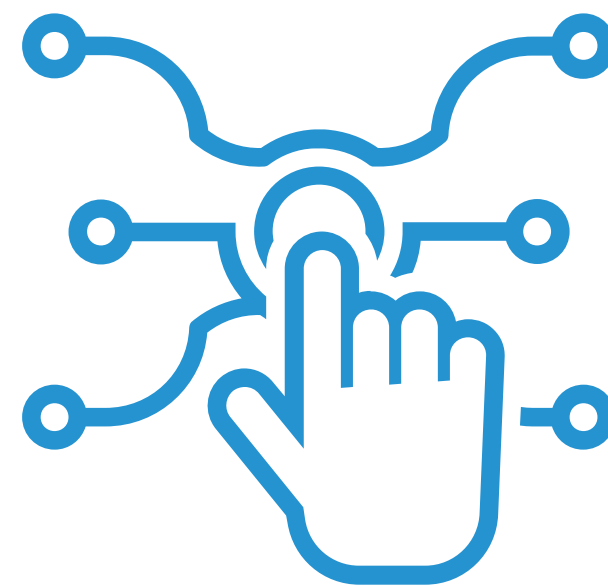




**Team
communication
& coordination**



**Most valuable
services
prioritised**



**Utilising
technology**

Case study 1: Bottlenecks to BP Breakthrough

What inspired them?

- Realised dispensing alone was no longer financially sustainable despite 17k month item average
- Wanted to use clinical services (especially BP checks) to both support patients and grow income.
- Coaching encouraged a “driver, not passenger” mindset.

Initial problems identified

- 98% of income dependent on dispensing
- Pharmacists still heavily involved in dispensing tasks, limiting time for services
- Dispensary workflow inefficiencies (duplication, bottlenecks, underused PMR system)
- Team resistance to role changes and service delivery
- Under-utilisation of 3 ABPM machines despite demand

Case study 1: Bottlenecks to BP Breakthrough

What they did differently

- **Re-engineered dispensing workflow:** reduced duplication, freed pharmacists to focus on clinical checks only.
- Introduced structured time-blocking and digital booking for BP and other services.
- Trained MCAs and drivers to spot and signpost service opportunities.
- Actively engaged local GPs to position pharmacy as a partner in hypertension case-finding.
- Adopted a culture shift: service delivery became “everyone’s business.”

The impact

- Now ranked No. 4 in England for BP checks.
- Increased patient access to ABPM and improved GP collaboration.
- Staff more confident and motivated; clearer roles and recognition.
- Sustainable service income stream, reducing reliance on NHS dispensing.



From Inspiration to Action: How Could You Double a Service?

Imagine your pharmacy needed to **double one service** (Pharmacy First, BP, or Contraception)

As a group, discuss:

What processes would need to change?

What roles or skills would need to shift?

What technology or tools could help?

What support from GPs / patients / wider team would you need?

Feedback (5 mins)

Each table share back **your top 1–2 ideas**.

We'll capture the **3–4 biggest themes** from the room.



Case study 2: Health hub transformation

Chasing volume was unsustainable

- Dispensing grew from 15k → 27k items a month
- Despite the volume, the pharmacy still felt fragile
- Margins shrinking, pressures rising, NHS demands outpacing support
- Realisation: the old model couldn't guarantee survival
- Instead of walking away, they chose to **reimagine what pharmacy could be.**



Case study 2: Health hub transformation

From prescription counter to true health hub

- Complete refit: consultation rooms prioritised, patient flow redesigned
- NHS services embedded into daily routine: Pharmacy First, hypertension case-finding, contraception
- Became a regional leader:
 - *200% more Pharmacy First consultations*
 - *273% more contraception consultations*
 - *881% more BP monitoring*
- **Proactive GP relationships** built trust and referrals.
- Expanded into **private services**: physio, COVID clinics, dentistry.
- Today they are a **genuine community health hub**, not just dispensing, but delivering answers and care.

Shift your mindset. Take off the brakes. Start trailblazing

From stuck to unstoppable one bold step at a time

Mirror

Are you where you want to be financially, operationally, culturally?

Every pharmacy has blind spots until they choose to look.

If nothing changes, where will your pharmacy be in 2 years?

Spot the handbrakes

Inefficient dispensing

Pharmacist bottlenecks

Silence isn't golden

Underused tech & staff

Challenge Mindset

Fear of risk = comfort trap

Waiting for NHS rescue
= stagnation

Trailblazers rewrite rules instead of waiting for them.

What's one "rule" you'd rewrite in pharmacy if you could?

Start small think bold

Research unmet local needs

Boldness = steps, not leaps.

Which new service would you test first in your pharmacy?



**Safe is the new risky;
bold is the new safe.**

Day Lewis
Pharmacy



THANK YOU!

