



# AN OVERVIEW OF VALUE-ADDED SERVICES AND CHALLENGES ENCOUNTERED BY COMMUNITY PHARMACIES

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## ABSTRACT

Retail pharmacy is known as community pharmacy. The management of retail pharmacy is challenging due to various operational and strategic factors. This review aims to evaluate value added services as well as factors affecting community pharmacy practice and to find probable solutions to solve these problems. There are several problems faced by community pharmacies which can be encountered with the help of information technology.

## KEYWORDS

value-added services, challenges, community pharmacy, retail pharmacy, community pharmacists

## INTRODUCTION

Pharmaceutical sector is growing rapidly during last decade.<sup>1,2</sup> Community pharmacy, also known as retail pharmacy, is the most common type of pharmacy that allows the public access to their medications and advice about their health. The management of community pharmacies is fraught with numerous operational and strategic challenges. Pharmacy managers are expected to be proficient in managing human resources, finances, marketing, store inventory, information systems and physical space of the pharmacy.<sup>3</sup> The skills set required for this function include, but not limited to, the ability to lead, manage interpersonal relationship and being well-organised, as well as having the strategic foresight to detect changes in the environment and tailor sustainable responses from time to time.<sup>4, 5, 6</sup>

However, unlike most commercial enterprises, the key roles of community pharmacists are supposed to safeguard the health of the population they serve, providing a myriad of professional services that commensurate with their knowledge and expertise.<sup>7</sup> This dual business person-professional healthcare provider role has existed since antiquity, necessitating community pharmacists to oscillate between both persona, which may be contradictory in certain situations.<sup>8</sup> This had resulted in numerous debates whether these two roles can coexist, to the extent that community pharmacists were branded as pseudo-professionals.<sup>9, 10</sup>

The clash of roles gained further prominence after the pharmaceutical care concept was introduced by Hepler and Strand.<sup>11</sup> Policymakers and academia identified this philosophy as the perfect opportunity to cement the professional status of community pharmacists.<sup>12, 13</sup> A slew of services, ranging from medicines use review, disease state management to health promotion activities were earmarked and impinged upon community pharmacists to develop and deliver. Unfortunately, the implementation of these services in many countries was far from smooth.<sup>14, 15</sup> Challenges faced by community pharmacists in this context had been examined, with numerous barriers and facilitators noted for further actions.<sup>16, 17, 18</sup> Generally, community pharmacists lacked adequate time and confidence levels to provide them.<sup>18, 19</sup> Change management issues were also faced, with pharmacy staff trapped in the comfort of current practice and hence reluctant to shift their roles.<sup>20</sup>

Additional challenges are faced by community pharmacies in low and middle income countries (LMICs) in their quest to be more professional services oriented. This stemmed from an underdeveloped health system and legislations that did not facilitate proper development of pharmacy practice.<sup>21, 22, 23</sup> As a result, quality of even basic pharmacy services such as dispensing and counselling are much poorer compared to developed nations.<sup>21</sup> Transgressions of pharmacy legislations, primarily dispensing by pharmacy assistants and without authorised prescriptions are rampant.<sup>21</sup> Lack of recognition from the government, peers in the medical lines and even customers are also common, as well as workforce issues.<sup>24</sup> All these difficulties were similarly experienced by community pharmacists in various countries.<sup>25</sup>

The community pharmacy practice faces a challenge related to patient care and change of environment. Pharmacy practice profession has evolved from traditional drug focused service to an advanced patient care basis service over the years. Pharmacists need to change their image from a health care professional rather than a drug seller.

There are several challenges viz.

- ✓ Lack of basic infrastructure such as management systems,
- ✓ Lack of basic infrastructure for drug product storage and distribution
- ✓ Poor quality control over pharmaceuticals
- ✓ Inadequate training and monitoring of dispensers and prescribers

✓ Inappropriate instruction of patients concerning medication use<sup>26</sup>

Significant associations were observed between issues related to price war and work experience in Penang. 'Price war' and inconsistent bonus scheme for pharmaceutical products was a major challenge. The suggestion of price regulation of medicines and strict monitoring to stop unhealthy practices was needed in the retail pharmacy business.<sup>27</sup>

Dispensing medication is primary job of community pharmacies, other pharmacies counsel patients, keep patient medication profiles and check for drug interactions.

Modern community pharmacy practice involves generic drug selection, therapeutic interchange, and pharmacotherapy consultations. Public education programs are also included in such practices.

Many community pharmacists are taking initiative in counselling, education, and screening programs for various diseases such as diabetes and hypertension. Where some community pharmacists have taken initiative for creating awareness about prevention of diseases such as heart disease, diabetes and AIDS in patients.<sup>28</sup>

Community pharmacy practices are ruled by various laws such as Drug & Cosmetics Act as well as NDPS Act, etc. The regulation contains equipment, staff, storage conditions, space etc. are not appropriate to comply with upcoming challenges in community pharmacy practice. As per current laws, there is a need for change in community pharmacy practices.

Good Pharmacy Practice (GPP) is required concept and there is need to formulate agency for accreditation of community pharmacies to ensure quality and standards of pharmaceutical care.

Current pharmacy practice is performed as business rather than as a profession.

Currently, there is new form of community pharmacy practice i.e. "drug use control" and "patient oriented practice".

There are several challenges faced by community pharmacists such as sale of medicines without prescriptions, discounts, undercutting, sale of physicians' samples and expired goods, minimum distance between two pharmacies, area of pharmacy premises, payment for drugs, to cut strips and sell medicines, selling a part of the prescription, and managing prices to suit the client's pockets, patients do or do not come again for the rest of prescription, storage and temperature maintenance, pharmacies located on busy roads are exposed to dust, medicines are exposed to different temperatures in transportation, prescribing by brand name, no space to stock, prescription bounce, dispensing doctors, presence of pharmacist in pharmacy shop and concept of Good Pharmacy Practice etc.<sup>29</sup>

✓ *Online pharmacy is a need of future. This is comment of 90% of respondents.*

✓ Online pharmacy is a convenient way to purchase medicines which are reported by 76% of respondents.

- ✓ Convenience in the selection of location and time for the delivery will be more advanced and popular feature of online pharmacy in future.
- ✓ Quality of drugs can not be compromised with online pharmacies.
- ✓ *Value added services such as cancellation of orders, reimbursement in online purchase, and tracking of orders* are enjoyed by 72% of respondents.<sup>30</sup>

The study concluded that the points to be taken into consideration are the prevention of illegal sale of the drugs and end motive of securing our health. The fact remains that drugs purchased at online drug stores offer high levels of handiness put forward privacy for the buyer as well as safeguard traditional procedures of prescribing drugs. Thus, consumers can use these services with the same confidence as they would have had in the neighbourhood pharmacist. But they must *stay away from "rogue sites"* that sell unapproved products or sidestep conventional procedures that safeguard the interests of consumers.<sup>31</sup>

There are 5 factors which influence store preference. These are store ambience, convenience, merchandise options, sales promotion, and services.

**Store ambience** - Store layout and design, Entertainment / Refreshment facilities, lighting, sound, scent, driving trolleys etc.

**Merchandise Options** - Product quality, display of merchandise, availability of branded products, wider range of products

**Services** - Reasonable prices, responsive sales personnel, exchange guarantee, convenient payment options

**Sales Promotions** - Frequency of special sales, promotional coupons and offers, parking facilities

**Convenience** - Express checkout, queue for billing and prompt service

**Technological support** has three variables such as *comfort, modernization and virtual reality*. These variables will show amazing effect on store choice in the future.

*It is an important path of success for offline retailers to adopt technological support to ensure better customer attachment as well as to compete online retailing.*

*Digitisation of the retail sector has three different facets of the interchange: interaction, payment and delivery.*

*Digital business is need of traditional retail business in upcoming years.*<sup>32</sup>

Government of India should define rules and regulations for online pharmacies. They should implement a clear operating model for benefit of the society and consumers.<sup>33</sup>

## IMPLICATIONS AND CONCLUSIONS

There are several problems faced by community pharmacies which can be encountered with the help of information technology.

Community pharmacy practices with technological advancement is a convenient way to serve people who are old age, vulnerable, patients living with chronic diseases, older patients from nuclear families etc.

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