

Business Focus

ETP just around the corner

Is your business ready for electronic script transmission, asks **David Parker**

It seems like an age since we were first told that prescriptions would soon be flashing around our ears in electronic format and that yet another green piece of paper would be but a nostalgic twinkle in the eye. In fact I recently dug out a piece of research I did on the subject back in 1997, and noted with a smile some of the forecasts that were made back then. Douglas Ball, at the time the IT director for the Prescription Pricing Authority, was quoted as saying that "it would probably take five years for electronic transmission rates to pass 40 per cent, but that in 10 years it could well be at 95 per cent".

So, here we are, 10 years on and, to the patient at least, it seems we are no closer to the electronic prescription than we were back then. However, despite the obvious delays to what, it must be said, is a more complex project than it originally appeared, electronic transmission really does seem to be just around the corner; or if not then maybe the next one.

Although forecasts for when the scheme will be fully operational are necessarily imprecise, what is almost beyond doubt is the fact that the change will happen. Given this certainty, pharmacy business owners should be considering whether their business is really ready for this change. The vast majority of pharmacists have long been aware of the technical requirements of ETP and have taken all necessary steps.

Commercial need

But whilst there is a plethora of information on how to prepare technically and administratively for the change, there seems to be precious little reference made to any need for pharmacists to prepare commercially.

One of the fundamental objectives of an ETP system working perfectly, is to relieve the patient of the monthly grind of repetitive and pointless trips to the surgery, simply in order that they can "keep taking the medicine". And any community pharmacist will recognise, from the number of patients that sheepishly shuffle into their pharmacy waving an empty blister pack, that the monthly tablet run is a very unpopular chore. The introduction of a system that relieves patients of this duty, and allows them to skip into their most convenient pharmacy at leisure to collect their medication directly, must surely be greeted with open arms.

It is often pointed out that ETP is nothing more than a fancy version of existing prescription collection services: and to some extent this is true. Critically, however, there are

a number of factors that are different and which I believe will lead to a massive increase in uptake:

1. Every pharmacy will offer it to every surgery
2. Almost all GPs will actively promote it
3. The Department of Health will be actively promoting it
4. Crucially it should be a faster, slicker, more reproducible, and more reliable service than getting Barbara to nip out with a notebook and a biro between rain showers.

On the assumption that electronic transfer is taken up by a large proportion of the population (and why would it not be?), then the vast majority of your existing patients will soon be required to reflect upon, and respond to, the following question: "Dear Sir/Madam, we can now transmit your prescription to any pharmacy, anywhere in the country; which pharmacy would be the most convenient point from which to collect your prescription?"

It may be that you expect business as usual following this question, but one survey of patients, addressing this very question, found that, for many, their existing pharmacy of choice would no longer be the pharmacy of choice if they could have their prescription transmitted electronically. In fact, of all respondents, a staggering 24 per cent stated that their pharmacy of choice would change under ETP. This is not altogether surprising. For example, without the need to pay a visit to the surgery, the most convenient pharmacy could bear very little correlation with its proximity to the GP practice. Indeed, of the visitors to health-centre pharmacies, more than a third stated that their pharmacy of choice would be different if the prescription could be sent electronically.

Proximity

While the highest proportion of respondents (44 per cent) cited proximity to GP surgeries as being their reason for using their existing pharmacy, this driver fell to less than 20 per cent in the hypothetical scenario of the freedom of choice granted by electronic transmission. Proximity to home replaced it as the key driver for 55 per cent of respondents. Likewise, other convenience factors, such as proximity to the school run, the weekly supermarket trip, good parking, etc, could all carry significantly more weight than they do at present.

Although all surveys concerned with future hypothetical scenarios must be taken with a good pinch of salt, it does seem reasonable to assume that, if far fewer people are walking out



of surgeries with a fistful of green forms, pharmacies that trade directly off their proximity to surgeries will attract fewer customers, and others will, by the same token, pick up more. Furthermore, given that repeat prescriptions account for more than three quarters of all prescriptions written, this scenario applies to a very large chunk of the business.

Indeed the same survey went on to conclude that pharmacies in residential areas and in supermarkets would be the probable winners at the expense of

those in or near to surgeries and those on the High St.

Accepting the above implies that there will inevitably be some of you reading this that stand to gain and others that stand to lose from ETP following its natural course and most will already have worked out which applies to them.

Prepare

Regardless, whether you are a winner or a loser, now is the time to prepare your business as well as possible for these changes. As a potential loser, your hope must be that ETP is only a partial success, that its natural course can be frustrated and that old habits die hard. Driving your prescription collection ratios as high as possible before ETP goes live may serve to limit the exodus but, as under ETP the nomination of a dispenser can be activated at the surgery, at any pharmacy and eventually online, patient consent alone will not ensure your customers remain faithful forever. However, there is nothing to stop pharmacies obtaining the explicit consent from patients now to nominate their pharmacy for ETP, before it actually goes live. Important guidelines exist with regard to ensuring patient choice when they nominate, but it goes without saying that you stand more chance of a patient nominating your pharmacy if it is you that asks the question rather than a charming competitor. Thus, my strong advice to all business owners, particularly those that stand to lose from ETP, is to ask their patients if they would like to nominate now, before somebody else does. And if you really want to get prepared, you may even start asking your competitors' patients. Rumour has it that some of the mail-order/internet pharmacies are already doing exactly that.

The process for obtaining consent is a locally accountable, auditable one that any pharmacy can establish and action immediately, so there is no reason to delay. For those still procrastinating, Connecting for Health, the NHS IT agency, will be producing a sign-up leaflet early in the new year and the Pharmaceutical Services Negotiating Committee already offers excellent guidance on all relevant protocols. So act early to ensure your business is really ready for ETP!

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