



Organisational Flexibility in South African Pharmacy – Learning a few things from Down Under, Up North and Across the Pond

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Life expectancy in South Africa, as in the world, is increasing and it is well known and generally accepted that older people put more pressure on the healthcare system and spend significantly more on healthcare than adolescents and adults. Add to this the triple burden of disease and significant increase in non-communicable disease with aging, and the increased expectations and pressure on a limited healthcare system is clear. Cost effective and efficient healthcare services are thus critical. From various studies and publications it has become evident that how patients follow prescriptions and adhere to treatment is at least as important for the outcome as the appropriate diagnosis and therapy. This is then also the reason why many countries have turned towards pharmacy for a more active role in health outcomes than the basic distribution or dispensing of medicine.

To make pharmacy in South Africa more interesting, we have the dichotomy of community's need for basic pharmaceutical services but with pharmacist 'forced' into more specialised practices because of inappropriate funding of these basic services – not that funding of specialised services has been sorted out. Furthermore, pharmacists have for as long as I can remember, been one of the cornerstones of primary health care – giving advice, treating minor ailments and referring to medical doctors where necessary – without acknowledgment or remuneration for these services.

So, for many years we have been talking about change, adapting practice models, maximising our efforts and finding ways to sustain the practice and profession of pharmacy. This brings me to a study done by the Pharmacy Guild of Australia for the 6th Community Pharmacy Agreement where they evaluated the impact of organisational flexibility on the promotion and implementation of primary care services in community pharmacy. In general, organisational flexibility is the ability to adapt or change according to your environment and both internal and external pressures. This flexibility is dependent on the skills and abilities of the role players and employees as well as on the organisational design (structure, culture, technology). The study by Benrimoj, Fletto and Wilson¹ classified Australian pharmacies into four groups which correlated with the four types of organisational flexibility described by Volberda² (Steady State, Operational, Structural and Strategic):

- Classic community pharmacies relying on traditional products and driven by the viability of the dispensary. In this model there was an ambivalent approach to adopting funded professional pharmacy services (steady-state flexibility).
- Retail destination pharmacies driven by their front shop retail offering. This group tried introducing services but couldn't integrate it effectively with the rest of their business (operational flexibility).
- Health care solution pharmacies used professional image and services to differentiate themselves. Their future viability is linked to professional services and they showed both structural and strategic flexibility in their operations.
- Networked pharmacies provide a broad range of products and professional services to customers. Their viability comes from meeting all needs through a broad offering (operational and/or strategic flexibility).

Different business models developed based on the environment and needs of the community and pharmacist, but the integration of the business model and organisational flexibility type determined how successful cognitive pharmaceutical services were implemented.¹ It is no surprise that the pharmacies exhibiting strategic flexibility were more successful in making the transition to a service focused business. Key capacity building factors for the transition were found to be planning, performance, people, processes, service awareness and infrastructure.

Worldwide the move has been towards the 'total pharmacy care model' which includes or rather is the combination of practices providing drug information, self-care, clinical pharmacy, pharmaceutical care, and distribution. It equates to the delivery of a comprehensive range of services that result in the maximum possible contribution to the health of the population within the limits of the health care delivery structure. To obtain this 'total pharmacy care model', it is critical to identify what to change, be ready to change and have a managerial style that is responsive for change. The practice environment must be conducive to a change and appropriate training and motivation must be available.³

With these examples from around the world and practice transformations implemented in places like Australia and the US, we can

form a clear vision of what is necessary in South Africa – not only in community pharmacy, but in all sectors of pharmacy. In fact, many of our pharmacists and institutions have already moved in the direction of providing or training for the ‘total pharmacy care’ – that is what is/was needed in their communities and for their own viability. We also have to acknowledge that there is no single successful or correct practice model and the model employed will in each case be determined by the needs in the health care environment and the skills, knowledge and predisposition of the pharmacist working or managing the facility.

References:

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