

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PHARMASHELVE'S PATHWAY TO EFFICIENCY

### WHY DO THIS?

Describe the objective and/or reasons for the refit of the new dispensary

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Describe what a successful new dispensary would look like

*Do you have any KPI measures around current performance that you might also wish to monitor after installation? For example the average script processing time, numbers of staff involved in process.*

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### PHARMACY SPECIFIC DETAILS

Script volume: \_\_\_\_\_  
(scripts per month)

Fast moving/slow moving ratios: \_\_\_\_\_  
(please provide an annual dispensary summary report for one year in Excel or as a CSV file. We want to be able to sort this into high and low volumes dispensed)

### NUMBER OF STAFF MEMBERS WORKING IN YOUR DISPENSARY

Pharmacists: \_\_\_\_\_ Technicians: \_\_\_\_\_ Other: \_\_\_\_\_

### WORKSTATIONS - DISPENSING

Number of standing work stations required with computer terminals: \_\_\_\_\_  
(including printer sites)

How many are patient facing? \_\_\_\_\_

Number of standing work stations required w/o computer terminals: \_\_\_\_\_

How many are patient facing? \_\_\_\_\_

### WORKSTATIONS - OFFICE, LTC, ETC.

Number of sitting work stations required with computer terminals: \_\_\_\_\_  
(including printer sites)

How many are patient facing? \_\_\_\_\_

### DESCRIBE THE UNIT DOSE PACKING UNDERTAKEN IN THE DISPENSARY

Robot: \_\_\_\_\_  
(floor size, proximal bench space and shelving required)

Unit dose packs: \_\_\_\_\_  
(bench space and proximal shelving required)

Deblistering: \_\_\_\_\_  
(bench space and proximal shelving required)

## COMMUNITY DISPENSING

Dispensing (repacking) bench space required: \_\_\_\_\_

Consulting (patient facing) bench space required: \_\_\_\_\_

Prescriptions shelving (waiting to be collected) size required: \_\_\_\_\_

Query shelving (scripts pending ) bench space required: \_\_\_\_\_  
(awaiting further information before completion)

## BULK STORAGE REQUIRED

What bulk storage is required? \_\_\_\_\_  
(How can we accommodate bigger, fewer orders?)

Inwards goods area: \_\_\_\_\_  
(where will orders be delivered and checked off?)

## UTILITIES – DESCRIBE REQUIREMENTS IN DETAIL

Waste areas, technology (server space required, printer sites) telephone site and space, safe (size and space -can it move?), fridge - size and space (can it move, is it being replaced), lighting, heating and anything else you can think of.

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## ADDITIONAL SERVICE SPACE REQUIRED AND HOW MUCH

Compounding: \_\_\_\_\_ Space Required: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Methadone: \_\_\_\_\_ Space Required: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_ Space Required: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

## VISUAL DESCRIPTION

Please attach a floor plan of the dispensary including the sites of:

- Doors (inwards goods and staff entry and exit points)
- Lighting (existing lighting staying or going).
- Fittings that must stay, are not being replaced or are outside of scope
- Windows
- Hazard/waste storage
- Safe
- Fridge

Please also take a series of photos of your site and any possible problem points and include with form.  
If you have any examples of what you would like to achieve please include them also.