



# PSNC PHARMACY ADVICE AUDIT

Pharmacy-Selected Audit 2020/21 – Full Report

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## Executive Summary

**9,441 community pharmacies recorded data on 198,043 patient consultations** during the PSNC Pharmacy Advice Audit. The audit required pharmacies to record all consultations for one day, with a minimum of 20 consultations required. If this couldn't be achieved over one day, the pharmacy was to continue for multiple days until 20 consultations were recorded. Each pharmacy conducted the audit between the 29<sup>th</sup> June and 10<sup>th</sup> July 2020.

On average, pharmacies recorded their consultations over **1.5 days** indicating that the average pharmacy carries out approximately **15 patient consultations per day**. Therefore, across 11,200 English community pharmacies (which is all community pharmacies except distance-selling pharmacies, who we would not expect to see walk-in patients) there are **168,000** consultations per day. Consultations that were included were responding to symptoms and existing medical conditions, provision of healthy living advice and provision of advice following the delivery of another pharmacy service. Advice given after the dispensing of a medication was not included in the audit.

Each consultation took just **over 5 minutes** with pharmacists spending 5.3 minutes and non-pharmacists spending 4 minutes on average in each consultation. The average presents as **over 5 minutes** because 10% (20,891) of the consultations are initiated with the non-pharmacist and referred to the pharmacist therefore, their combined total is taken into account. This means **75 minutes per day** per pharmacy is spent providing these services.

Of these consultations only **9.95%** are referred on to the local GP practice, however if the community pharmacy had not been there, **49%** of patients reported they would have visited their GP, resulting in an **additional 65 appointments** in each GP practice each week in England. In addition to the GP practice burden, pharmacies are helping to reduce burden on other settings, particularly where they are open for longer hours – patients were **2.25 times more likely to present to A&E** had they not been able to visit a community pharmacy after 18:00 when compared to not being able to visit before 18:00.

## Introduction

### Background

Every year, it is estimated that there are 438 million visits to community pharmacy for health related issues<sup>1</sup> as community pharmacies are highly accessible, with nearly 900 pharmacies open 100 hours per week.<sup>1</sup> Each day, pharmacy teams assess and give advice to large numbers of patients who have developed minor illnesses, people who require healthy living advice, and those who need to be referred to other services that are better placed to meet their needs. This clinical care is provided by community pharmacies as part of the

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<sup>1</sup> NHS England, Community Pharmacy – Helping to provide better quality and resilient urgent care. Version 2; November 2014; online <https://www.england.nhs.uk/wp-content/uploads/2014/11/comm-pharm-better-quality-resilient-urgent-care.pdf> [accessed 10<sup>th</sup> July 2020]

Essential services element of their NHS contractual framework<sup>2</sup> meaning pharmacies deliver this care with no additional remuneration.

A 2016 audit by Pharmacy Voice, which looked at data from 5,035 pharmacies, concluded that on average pharmacies make the decision to provide professional advice without the sale of a medicine in about 22 consultations per week.<sup>3</sup> As most of these consultations are not recorded there has been no data to provide evidence of the important role these interactions play in the healthcare system to support local communities by providing care where needed, close to home, in an accessible way. It has been shown that the community pharmacy network could be developed to allow it, alongside the supply of medicines, to further develop ways to offer “first contact” access to clinical care in the community.<sup>4</sup> The Community Pharmacist Consultation Service is an example of this in which pharmacies, following a formal referral from NHS 111 (nationally commissioned) or a GP practice (currently being piloted), are being recognised as providing first contact clinical care with consultations recorded and outcomes documented.

Ultimately, discussions about the future of pharmacy’s role in providing first contact clinical care in the community have been hampered by the lack of quantitative and qualitative data to demonstrate the frequency and value of these consultations. This audit is a useful first step in capturing this information.

## Audit Purpose

The purpose of this audit was to gather data on the current workload for pharmacy teams in providing advice and support to patients accessing community pharmacy. The audit also provided an opportunity for pharmacy teams to reflect on their own practice.

## Audit Methodology

### Criteria and standards

This clinical audit examined **patient/customer interactions where advice was given** (consultations) by either a non-pharmacist team member and/or a pharmacist. Consultations were recorded by ticking a series of boxes on the audit form (Appendix 1), then submitting data on PharmOutcomes. The audit was carried out from the 29<sup>th</sup> June 2020 to 10<sup>th</sup> July 2020 with all data submitted by the 13<sup>th</sup> July.

Data was **recorded for at least one day**, capturing all consultations. If fewer than 20 consultations were recorded that day, the audit was continued until 20 were recorded, recording the time in days (to the nearest quarter of a day) it took to reach 20 consultations. Data from the audit was submitted to PSNC using PharmOutcomes for national analysis.

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<sup>2</sup> PSNC, Essential Services; online <https://psnc.org.uk/services-commissioning/essential-services/support-for-self-care/> [accessed 10<sup>th</sup> July 2020]

<sup>3</sup> Pharmacy Voice, The non-supply of over-the-counter (OTC) products to people seeking self care, Practice-based Audit 205/16; August 2016

<sup>4</sup> UCL, Primary Care in the Twenty-first Century; January 2016; online <https://discovery.ucl.ac.uk/id/eprint/1474507/1/primarycare-twentyfirst-century.pdf> [accessed 10<sup>th</sup> July 2020]

The aim was that all interactions would ideally be recorded, however it was recognised that if some were not, it could lead to a misinterpretation of the number of consultations each team had undertaken. Therefore, each pharmacy also **estimated the percentage of consultations that were recorded**. For example, if the pharmacy team recorded 20 consultations but believe they conducted 25, then the percentage recorded was 80% of the total.

It was suggested that consultations where a product was requested by name were not to be recorded, unless it led to additional advice being provided beyond that required for the safe use of the product. Also not included was advice given relating to a prescription being dispensed.

### Data Capture

The following data was recorded, choosing the most appropriate response from each list.

#### 1. Why **advice** was requested:

- *Responding to symptoms* (minor ailments)
- *Healthy living advice*
- *After a pharmacy service* (but not as part of that service)
  - For example, during a stop smoking service discovering that the patient had indigestion and so advice was given on managing symptoms, lifestyle changes and when to seek further advice.
- *A known medical condition or medicine*
  - This related to queries outside of the normal dispensing process of a medication. For example, a patient with COPD had symptoms of a chest infection and advice was provided for them to see their GP.
- *Other consultations not listed above*

**This data helped to understand the type of advice sought by patients.**

#### 2. **Outcomes:**

- Advice was either:
  - *Appropriate advice only* or
  - *Appropriate advice and sale* of a medicine.
- Referral was either to the:
  - *Pharmacist* in the pharmacy
  - *A pharmacy commissioned service*
    - e.g. stop smoking service
  - The patient's *GP surgery*
  - *Out of hours / Minor Injury / A&E* or other acute care centre
  - Or *other* location.
- Signposting was either:
  - *Health support*
    - for example, a charity related to a health condition
  - *Social care* support
    - for example, for a care needs assessment.

**This data helped to see what type of advice is given by pharmacy teams.**

### 3. Alternatives:

- Pharmacies were advised to tell the patients that they were conducting an audit and asked what they would have done if they could not contact the pharmacy.

Responses were either:

- *Not done anything else*
- *Contacted their GP Surgery*
- *Visited A&E / Walk in centre*
- *Accessed NHS111*
- *Any other option*

**This data helped to estimate cost avoidance within the NHS.**

### 4. Duration:

- Pharmacy teams were asked to estimate how long they spent with the patient assessing the presenting complaint and giving advice. If the pharmacist and another team member both spent time with the patient, then the duration was recorded for each colleague.

**This data helped to estimate workload for pharmacy teams.**

### 5. Confidence:

- At the end of each consultation, the colleagues were asked to rate their confidence in the advice given from 1 – 5
  - 1 being low, and 5 being high
- Pharmacies were asked to review the recorded data and discuss within their teams. It was recommended that consideration be given to any areas where improved information or CPD might have improved confidence ratings.
  - For example, could the team have been more proactive or offered advice to different patient groups?

**This data helped the pharmacy teams to reflect on their practice.**

### 6. The data capture form:

- Each colleague who completed a consultation also completed the data capture form (Appendix 1) with each consultation entered on a different line.
- If two colleagues consulted with a patient, they both recorded the consultation on the same line.
  - For example, if a non-pharmacist started the consultation and referred to the pharmacist, the pharmacist completed the remainder of the form capturing the outcome
  - Both team members recorded their time spent with the patient
- There is an example of a completed data capture form in **Appendix 2**
- The pharmacies were advised to keep the completed audit form and audit guidance for two full NHS years (April to March) as their NHSE&I regional team might ask to see a copy as part of the Community Pharmacy Assurance Framework (CPAF) assurance process.

### 7. Data entry

- When all consultations were complete, the pharmacy was required to complete **two PharmOutcomes modules** so that PSNC could collate the findings.
  1. Pharmacy Consultation Audit - Overview
    - One-time entry to provide context and an overview about the consultations
    - This provided additional information
      - Day of the audit
      - The length of time required to achieve a minimum of 20 patients
      - Percentage capture across the data of consultations
      - Any case study information regarding examples of consultations carried out by the pharmacy
  2. Pharmacy Consultation Audit – Data Entry
    - Form completed once for each consultation that was held

## Results

### Completion Rates

**198,043 consultations** were carried out by **9,441 community pharmacies** during the audit. This represented an **84.3%** completion rate (n=11,200) across the pharmacies in England and was split 46:54 CCA : non-CCA. **8,920 pharmacies** completed both the Data Entry form and the Overview form with only 521 just completing the Data Entry form. This means for these 521 pharmacies it is not known how long the audit took the pharmacy to complete.

Out of the 8,920 pharmacies who completed the Overview form, **3,408** declared that the audit took them one day and **5,512** declared that they took longer than one day. The median length of time spent for these pharmacies was 1.943 days to complete with the range from 1.25 days to 7 days.

### Number of consultations per day

For the pharmacies who completed the audit over one day, the average number of consultations recorded was **21.7 per day** (see Table 1). For the pharmacies who took longer than one day the average number of consultations per day carried out was **10.7 per day**. When this is calculated across all the pharmacies the average number of consultations per day across the 8,920 pharmacies was **14.9**.

Table 1

Length of time to complete the audit	Number of pharmacies	Average number of consultations	Number of days to complete the audit	Average number per day
One day	3408	21.7	1	21.7
Longer than one day	5512	20.7	1.943	10.7
<b>Total</b>	<b>8920</b>			<b>14.9</b>

Each pharmacy who completed the Overview form was also asked to estimate what percentage of consultations were recorded as part of the audit. This allowed pharmacies the opportunity to highlight where some consultations during the days had not been

recorded. For example, a pharmacy who recorded 20 consultations but felt they missed five, would record a percentage of 80%.

When these percentages were taken into account the average number of consultations per day rose to an average of **20.6** per day (Table 2). However, for the purpose of this report **14.9 per day** will be used as shown in Table 1.

Table 2

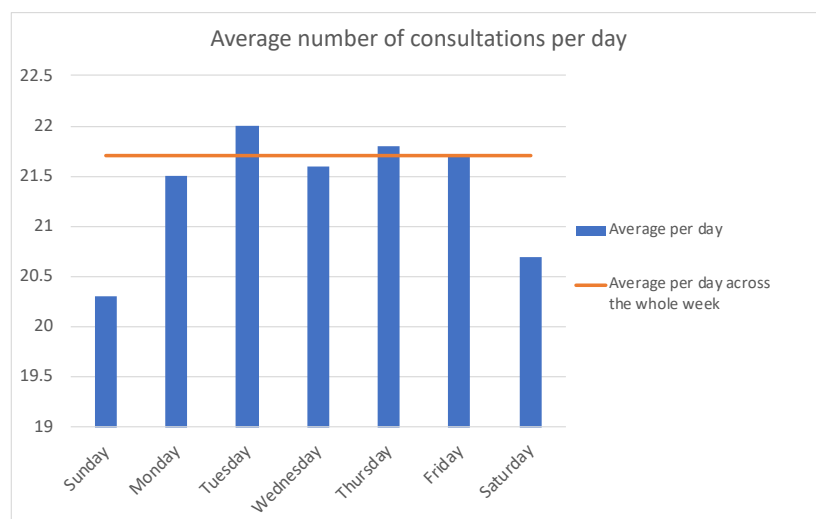
Length of time to complete the audit	Number of pharmacies	Average number per day
One day	3408	27.8
Longer than one day	5512	16.1
	<b>8920</b>	<b>20.6</b>

When the data was reviewed looking at the 3,408 pharmacies (Table 3) who had completed the audit over one day, the spread across the week could be identified. Each day was consistently above 20 per day with Tuesday being the highest at 22 (Figure 1). This also demonstrated that weekends are comparable to during the working week. It is important to recognise in the data that the sample size for weekends is much smaller, in particular Sunday, and therefore, further audits would be required on these days to further examine robust patterns.

Table 3

	Number of consultations	Number of pharmacies	Average per day
Sunday	81	4	20.3
Monday	22114	1029	21.5
Tuesday	14050	639	22
Wednesday	12674	588	21.6
Thursday	13082	600	21.8
Friday	10559	487	21.7
Saturday	1261	61	20.7
Average	73821	3408	21.7

Figure 1

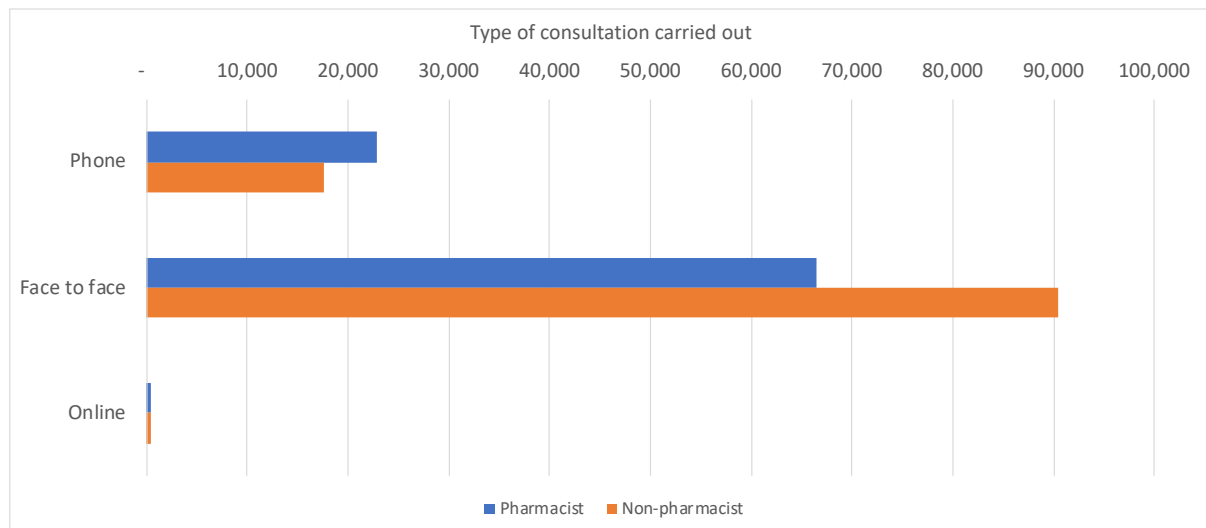




### Type of consultations

**108,372** (54.7%) consultations were initiated with a non-pharmacist and **89,671** (45.3%) with the pharmacist. **93%** (185,062) were carried out before 18:00 and **7%** (12,981) were after 18:00. **156,944** (79%) were delivered face to face, **40,339** (20.6%) via the phone and **760** (0.4%) were online (Figure 2).

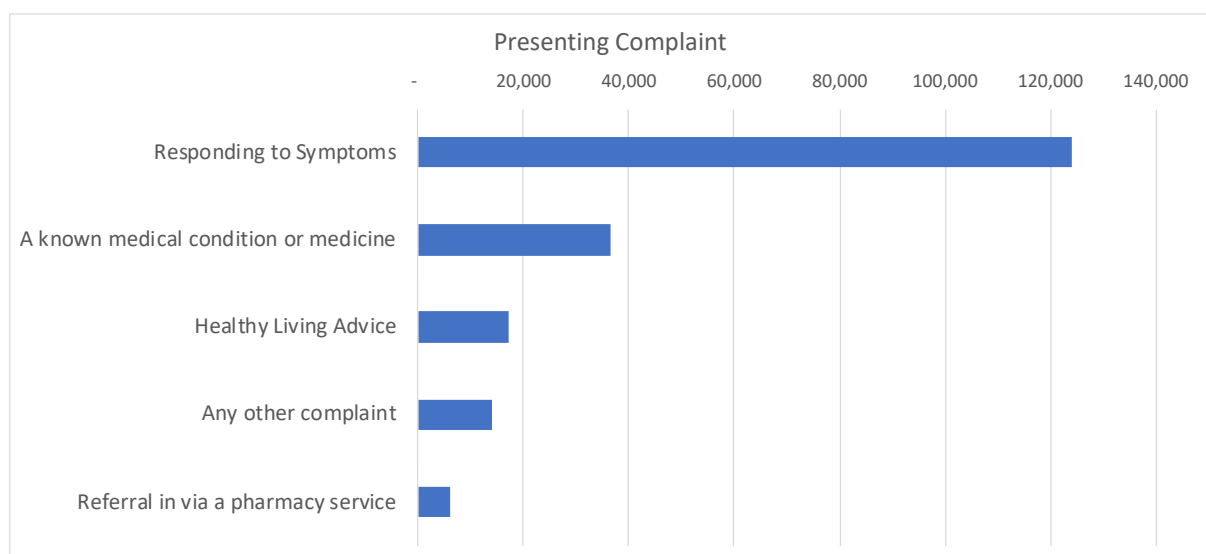
Figure 2



Patients accessed the community pharmacy with one of the following presenting complaints (see Figure 3):

- *Responding to symptoms* (minor ailments)
- *A known medical condition or medicine*
- *Healthy living advice*
- *Other consultations not listed above*
- *After a pharmacy service* (but not as part of that service)

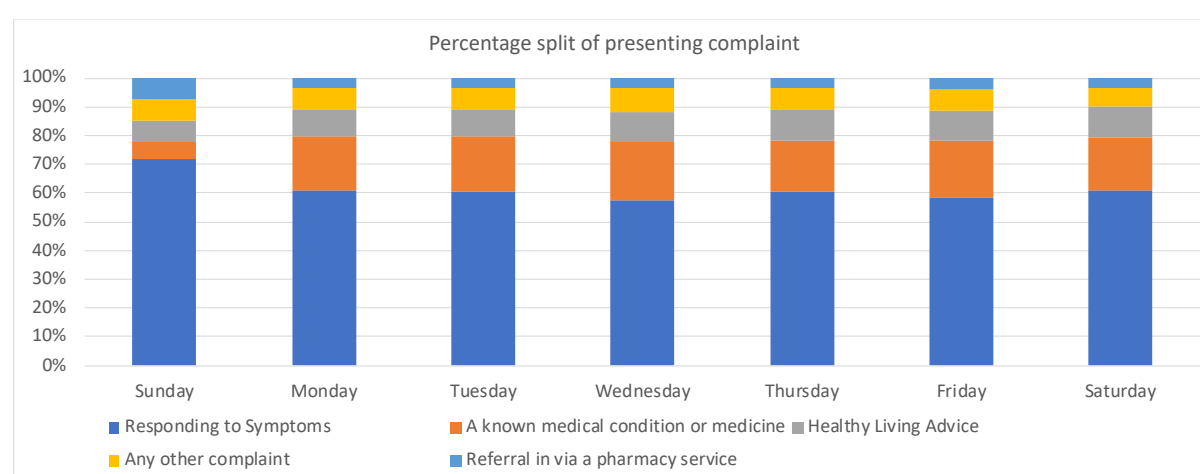
Figure 3



**63%** (124,083) of patients required the pharmacy team to respond to their symptoms. **18%** (36,523) sought help for an existing medical condition with **9%** (17,200) needing healthy living advice. This means during an average week across all English pharmacies **over 600,000** consultations are carried out to respond to symptoms and **nearly 185,000** where the pharmacy provides additional support to a known medical condition (outside of the normal dispensing process) (n=11,200 pharmacies; 14.9 consultations per day; 6 days per week).

Analysis of the type of consultation per day shows that Sunday is significantly higher for responding to symptoms (70%) compared to other days of the week (average 60%) (Figure 4) however it is recognised that the sample size of data is very small for Saturday and Sunday.

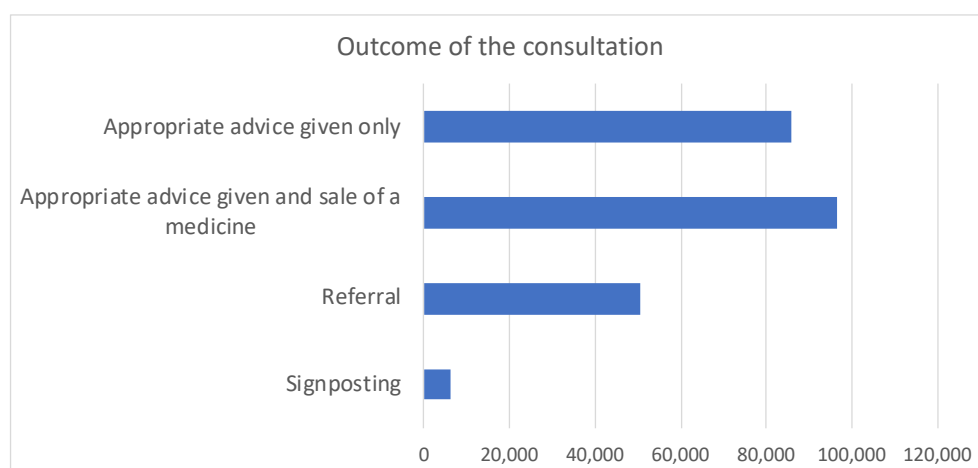
Figure 4



### Outcome of the consultations

Each consultation could result in any one of the outcomes listed in the Data Capture section of the report. The outcomes were recorded and can be seen in Figure 5. In **182,014** consultations the pharmacy was able to either provide appropriate advice, or appropriate advice and the sale of a medicine. In **85,648** consultations appropriate advice was provided with no sale of a medicine meaning the pharmacies were providing this clinical service with no potential for any direct associated income. This represented **43%** of the consultations, or on average **6.4** consultation per pharmacy per day. This means across all English pharmacies **over 400,000** consultations per week are delivered with advice alone (n=11,200 pharmacies; 14.9 consultations per day; 6 days per week).

Figure 5



**46,190** consultations resulted in the patient being referred, but this also needs to take into account that **20,891** (41%) of those referrals were from the non-pharmacist to the pharmacist within the community pharmacy (Figure 6). Only **19,711** of the total number of consultations resulted in the patient being referred to the local surgery. 16,584 of those were directly referred by either the pharmacist or non-pharmacist team member, and an additional 3,127 were referred to surgery after an initial internal referral from the non-pharmacist to the pharmacist. This represents just **9.95%** of the patients seen by the community pharmacy team.

Of the remaining ~10,000 patients, a third were referred to another pharmacy service, a third were referred to a different external service and a third (**3,547**) were referred to Out of Hours or A&E. The breakdown of this referral can be seen in Figure 7. Of the **6,060** who received signposting advice, 4,651 received health related support and 746 received social care support and 663 received other signposting advice.

Figure 6

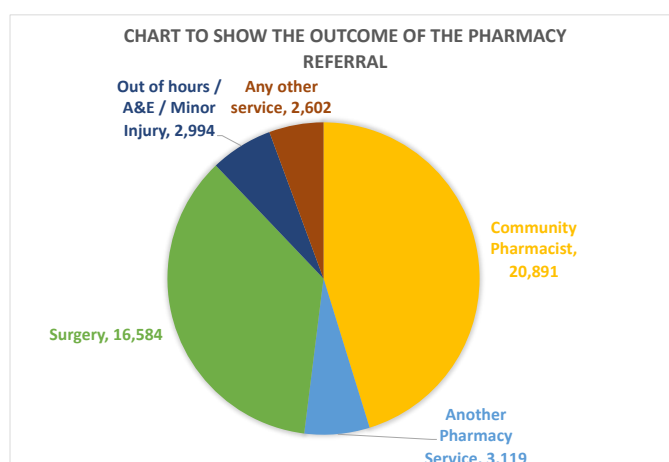
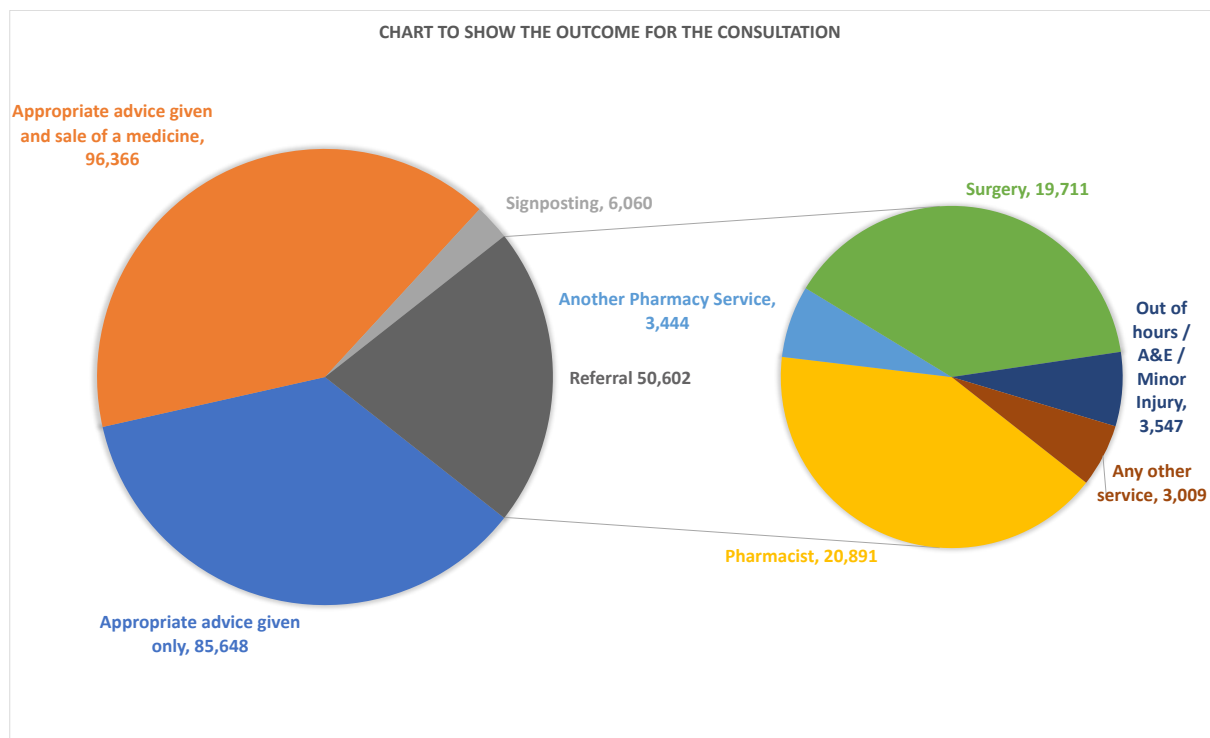


Figure 7



The referral information was also broken down by pharmacists and non-pharmacists (Figure 8). Pharmacists were twice as likely to refer the patient to the surgery compared to a non-pharmacist (**13,167** compared to **6,544**) and 2.5 times more likely to refer to out of hours or A&E (**2,529** compared to **1,018**).

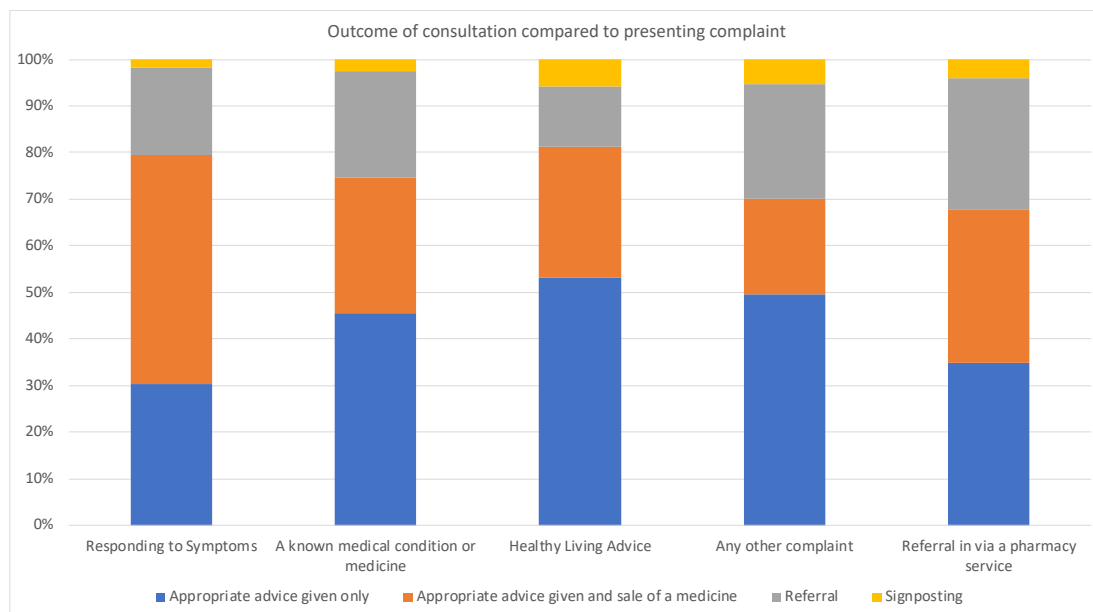
Figure 8



When the outcome of the consultation is compared to the initial presenting complaint, individual trends can be identified (Figure 9). In **49%** of cases where the pharmacies respond to symptoms, advice with the sale of a product is provided. Provision of advice alone (ie with no sale of a product) was the outcome in approximately half the cases where the pharmacy responded to an existing medical condition (**45%**), gave healthy living advice (**53%**) or dealt with any other complaint (**50%**). Patients are slightly more likely to be

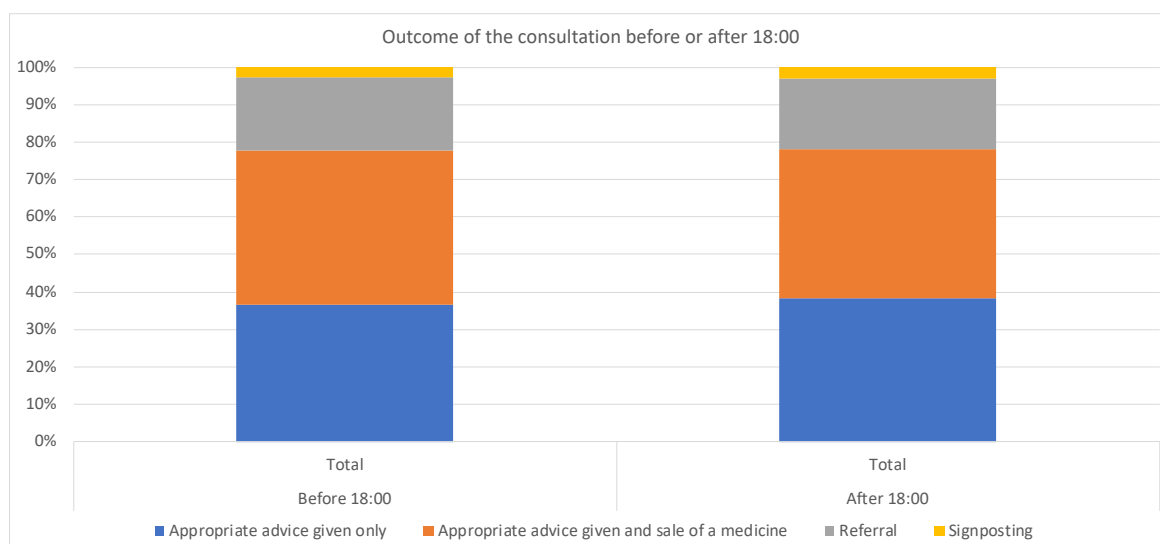
referred following a discussion about an existing condition, however, half of these will be from the non-pharmacist to the pharmacist in the community pharmacy (see next section).

Figure 9



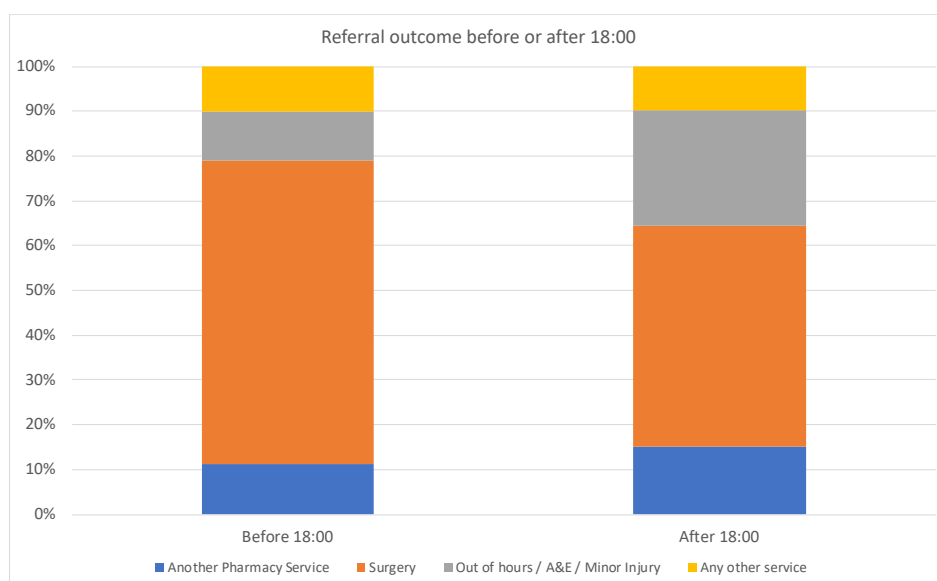
The analysis also looked at whether the patient outcomes were different depending on the time of visit to the pharmacy (before or after 18:00). The outcome for the patient was nearly identical regardless of whether the patient was seen before or after 18:00 (Figure 10). Nearly 40% of patients received appropriate advice, just over 40% received advice with a medicine, ~20% were referred and 3% signposted.

Figure 10



Where the data is markedly different is where they were referred to. Excluding referrals to the pharmacist, **patients were 2.5 times more likely to be referred** to Out of Hours, A&E or MIU after 18:00 than before (Figure 11). This will be due to the urgency of the need for referral combined with the lack of availability of GP practices at these times.

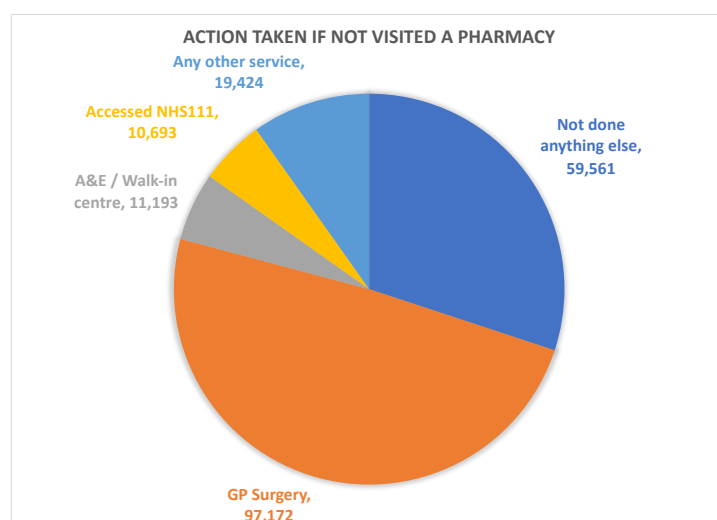
Figure 11



## Alternatives

Each pharmacy was also encouraged to ask the patient how they would have responded if they had not been able to visit the pharmacy on this occasion. They were given a series of options as listed in the Data Capture section of the report. The results were as recorded in Figure 12. **49.1%** of patients who presented in the pharmacy would have visited their GP practice had the pharmacy not been available. During an average week across all pharmacies in England this would result in an **increase of 491,600 appointments** in the GP practice (n=11,200 pharmacies; 14.9 consultations per day; 6 days per week). If there are approximately 7,500 practices in England, this would result in an **additional 65 appointments** in each GP practice each week in England.

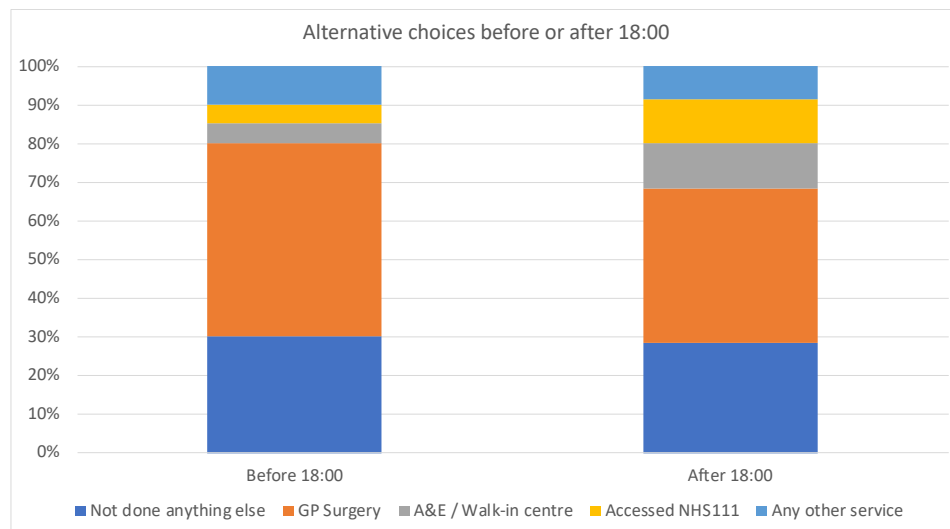
Figure 12



A further **5.7%** would have visited A&E / Walk-in centre which would have resulted in an additional **57,000** appointments per week (Figure 12).

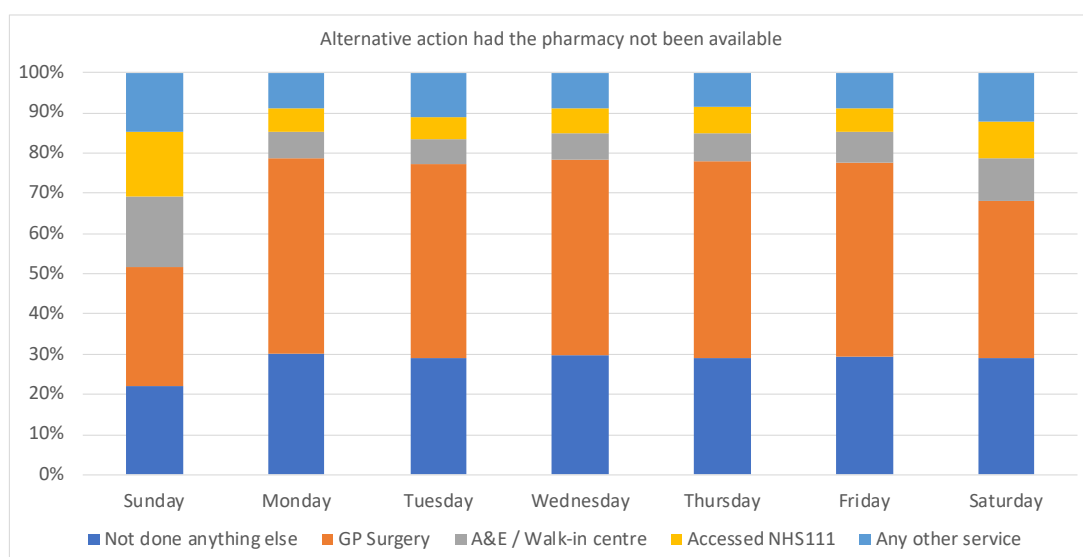
The data was also analysed to understand trends of how a patient would have responded depending on whether the presentation into the pharmacy was before or after 18:00. Patients were **2.25 times more likely to present in A&E** or a Walk-in centre after 18:00 than before (Figure 13). A similar percentage would have done nothing and there was a 20% reduction in those who would have gone to see their GP. **Twice the proportion of people** would have accessed NHS 111 after 18:00 compared to before 18:00, of which a large number are likely to have resulted in out of hours appointments.

Figure 13



Analysis across the week shows that patients would be more likely to access A&E or walk-in centres during the weekend if the pharmacy is not available than during the week (Saturday 10.5%, Sunday 17.3% compared to 6.7% average during the week) (Figure 14). Patients are also nearly three times more likely to access NHS111 (16%) on a Sunday compared with 6.2% average during the week.

Figure 14



## Duration

The average time per consultation was **5.28 minutes** per pharmacist consultation and **4.02 minutes** per non-pharmacist consultation. **13.8%** of the consultations with pharmacists take longer than 8 minutes and **6.1%** for non-pharmacists (Figure 15). However, the audit captured **20,891** (10%) of the consultations that were initiated by the non-pharmacist and referred to the pharmacists, therefore, their combined total needed to be calculated for these consultations. This provided the overall consultation length distribution seen in Figure 16. This demonstrates that although there were 88,000 consultations in Figure 15 that were 3 minutes or less, when the combined time was calculated this dropped to 67,000 representing one third of consultations.

Figure 15

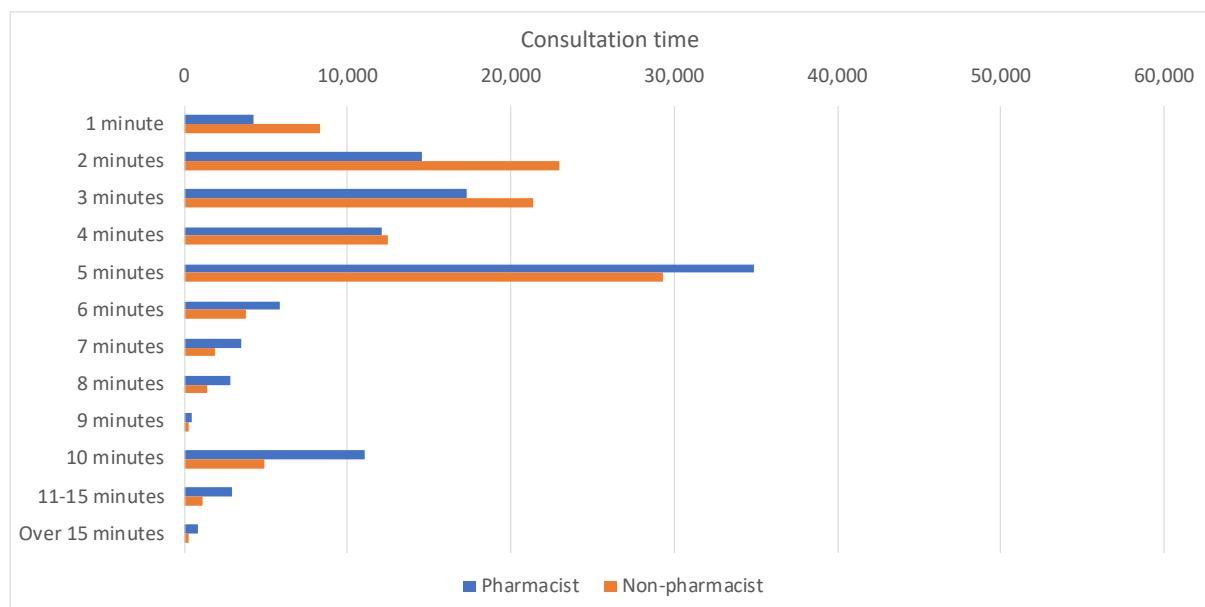
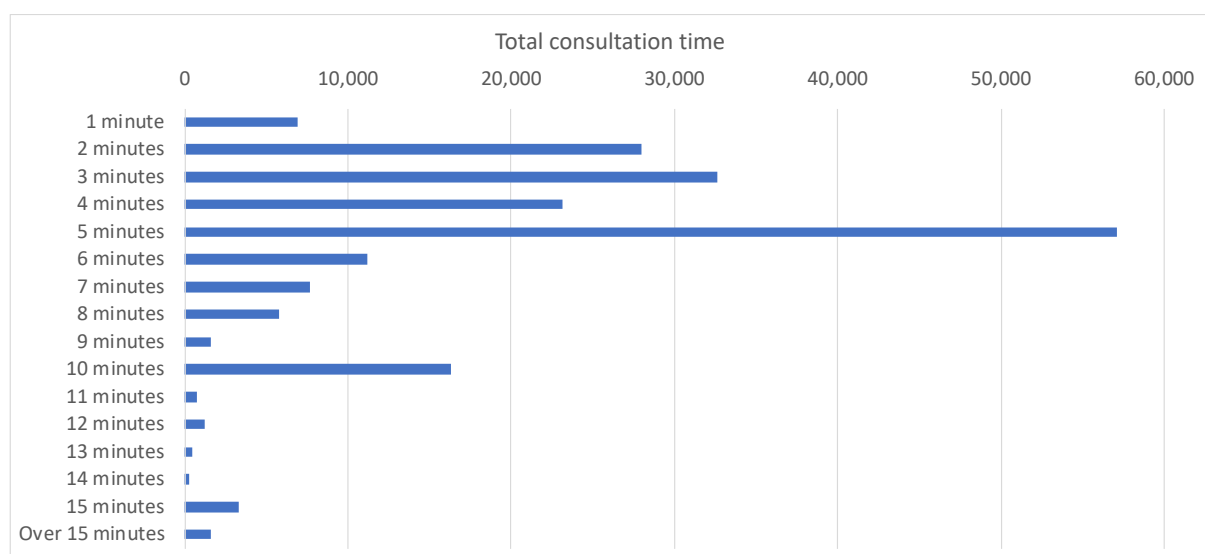


Figure 16





A detailed review of the duration was also carried out as the data was provided at a consultation level. In Appendix 3 and Appendix 4 the complete breakdown analysis of consultation type by pharmacist or non-pharmacist is displayed. For example, in Appendix 3 (pharmacist-initiated consultations) a telephone consultation with a pharmacist takes longer than a face to face (5.7 mins compared to 5.1 mins). Responding to symptoms takes on average 4.99 minutes with consultations that result in a referral taking longer than the average at 5.5 minutes. Healthy living advice takes longer than responding to symptoms or for dealing with known medical conditions at 5.65 minutes. The largest amount of time spent with the patient was in face-to-face responding to symptoms consultations with **over 216,950** minutes recorded.

Appendix 4 looks at the same dataset but for consultations initiated by a non-pharmacist. This shows that face to face consultations are on average slightly quicker than phone consultations (3.94 mins compared to 4.40 mins). This dataset also identifies where the consultation was referred to the pharmacist and the average amount of time the pharmacist also spent with the patient. The most common reason for referral to the pharmacist was for face to face responding to symptoms which led to ~12,200 referrals (60%). These consultations then took a further 4.33 minutes with the patient. The majority of non-pharmacist initiated, face to face consultations were for responding to symptoms which resulted in **over 238,000** minutes of non-pharmacist consultation time and when added with the pharmacist referrals led to a **total of 287,000 minutes**.

#### Correlation between prescription items and number of consultations

Community pharmacies are provided with the single activity fee (SAF) as a combined activity-based fee for dispensing prescriptions. The SAF replaced the previous Professional Fee (also known as the dispensing fee), Practice Payment, Repeat Dispensing Payment and EPS Monthly Allowance.<sup>5</sup> The CPCF considers the provision of 'self-care' advice to be part of the Essential Services provided by all community pharmacies, however the remuneration is only delivered via the single activity fee. The assumption therefore is that 'self-care' advice is delivered proportionately to the number of items dispensed and therefore the number of SAFs received, given the payment is based on items dispensed.

For this to be true, the number of consultations recorded in this audit when extrapolated to consultations per week would be higher in those pharmacies dispensing more items and the graph would show a linear increase.

Figure 17 shows that there is no statistical correlation between the number of consultations carried out and the number of items dispensed by the pharmacy (data capped at 35,000 items per month, range of consultations per week between 10 and 300). In Figure 18, the limit was narrower with only pharmacies dispensing less than 10,000 items per month included and the figure is less statistically relevant with a smaller R<sup>2</sup> number.

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<sup>5</sup> PSNC, Understanding the Single Activity Fee, Feb 2019, online <https://psnc.org.uk/wp-content/uploads/2019/04/Dispensing-and-Supply-Factsheet-Understanding-the-Single-Activity-Fee-updated.pdf> [accessed 21st July 2020]

It can be concluded that items dispensed is not a proxy measure of the number of consultations carried out by a community pharmacy and therefore using this as a method of distributing remuneration for this activity is flawed.

Figure 17

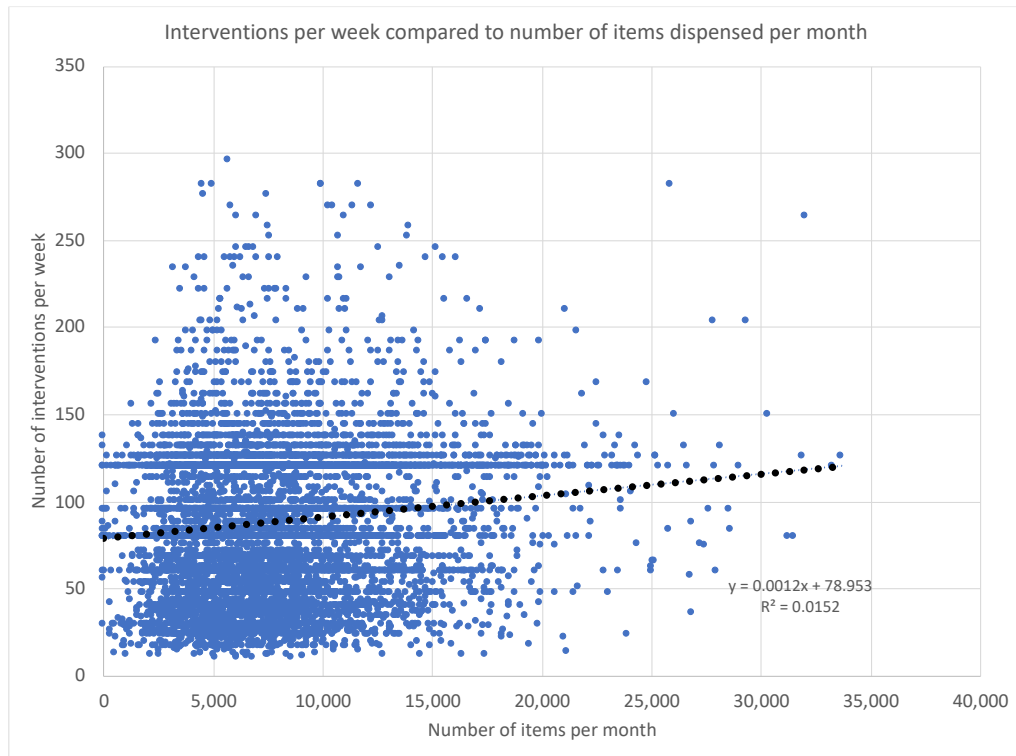
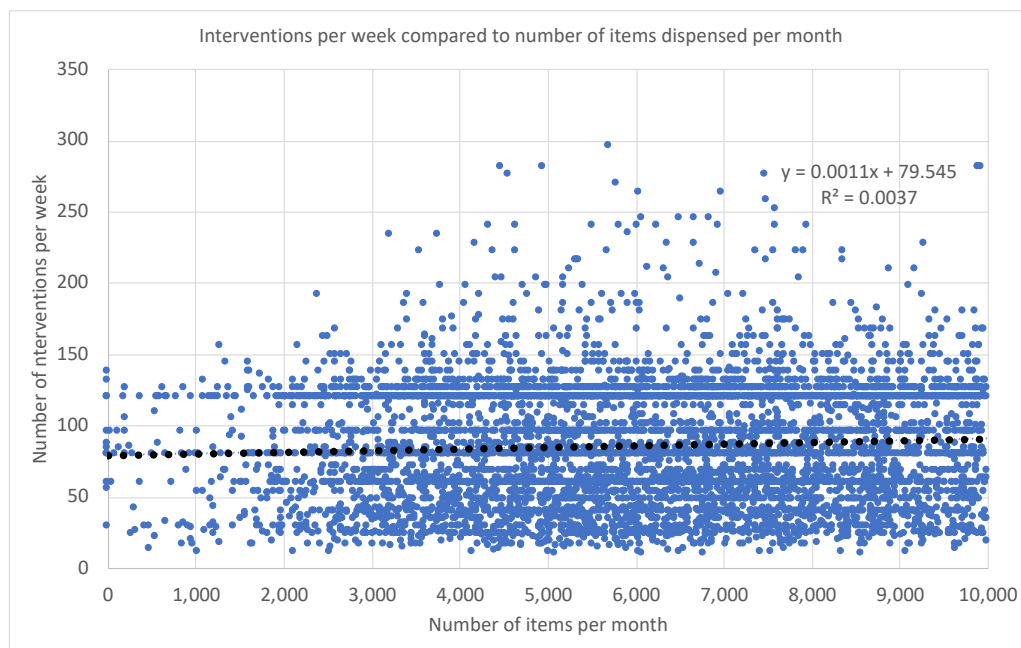


Figure 18



## Discussion and Analysis

### Provision of person-centred care

Person-centred care by community pharmacy teams has long been a core component of the service provided, yet it is often undervalued by the wider healthcare system. There are often two reasons for this:

1. Community pharmacies do not record the consultation and the eventual outcome so there is no evidence to demonstrate value
2. Other parts of the system see this being a private interaction and therefore commercial transaction with little realisation that a significant amount of the advice is given without any link to the sale of a medicine

The lack of evidence is now being addressed in the Community Pharmacist Consultation Service, however this does not collect data on non-pharmacist consultations along with consultations where the patient presents directly to the pharmacy. This therefore poses a significant risk to the sector as the Government has, for many years, advised patients to use their “Pharmacy First” through a series of local<sup>6</sup> and national<sup>7</sup> promotions designed to raise the awareness of the public to use the accessibility of community pharmacy. NHS.uk also leads with the additional services that pharmacy can provide and lists support for minor ailments as a core service offered. It recognises the highly trained healthcare professional present in every pharmacy for the complete opening hours<sup>8</sup>:

*“All pharmacists train for 5 years in the use of medicines. They are also trained in managing minor illnesses and providing health and wellbeing advice.*

*Many pharmacies are open until late and at weekends. You do not need an appointment.”*

During this audit, pharmacies have demonstrated the large number of people they see every day, the numbers they see out of hours and also at weekends. Nearly half of the patients are just provided with advice, which demonstrates the person-centred approach pharmacy takes to caring for their local community and the professional responsibility to only recommend medicines when needed. This accessible service reduced pressure elsewhere in the system with half of patients reporting they would have visited their GP had the pharmacy not been available and out of hours patients were more than twice as likely to visit A&E.

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<sup>6</sup> BNSSG CCG Local Pharmacy First Campaign; online <https://bnssgccg.nhs.uk/get-involved/campaigns/pharmacy-first/> [accessed 23<sup>rd</sup> July 2020]

<sup>7</sup> NHS England, Stay Well Campaign; online <https://www.england.nhs.uk/primary-care/pharmacy/stay-well-pharmacy-campaign/> [accessed 23<sup>rd</sup> July 2020]

<sup>8</sup> NHS Services, Community Pharmacy; online <https://www.nhs.uk/using-the-nhs/nhs-services/pharmacies/what-to-expect-from-your-pharmacy-team/> [accessed 23<sup>rd</sup> July 2020]

The NHS recognises the need to transfer even more patients from surgeries to pharmacy for common ailments and speculates this could be as much as a further 20.4 million per year across England.<sup>9</sup> This would result in a further 7 consultations per day per pharmacy (n=11,200, across 5 days in a week) which would add a further 46.9% increase to the numbers already seen.

Not only is the NHS beginning to recognise the valuable role community pharmacy plays in providing clinical care, but since the Covid-19 crisis public awareness has risen. A recent survey by the Proprietary Association of Great Britain showed that:<sup>10</sup>

*“Almost seven out of ten respondents (69%) who might not have considered self care as their first option before the pandemic said they were more likely to likely to do so in future*

*Almost one in three people (31%) who would not have visited a pharmacy for advice before seeking help elsewhere said they were more likely to do so following the pandemic”*

### Future audit development

To enhance the information contained within this audit, further analysis could be undertaken to look at the following areas:

- More detailed analysis of activity across the weekend and evening to see if the outcomes for patients are significantly different to that experienced during the normal working week
- Consideration given to other outcomes and how services such as PGDs and Independent Prescribers might alter the outcomes and result in fewer referrals to other healthcare professionals
- Exploration of online consultations. Although 760 consultations were carried out online, this dataset could be explored further, especially given the change in use of technology since the Covid-19 outbreak

### Conclusions

Community pharmacy has for many years been the most accessible healthcare setting in Primary Care and as a result. But the sector must do more to record consultations and evidence the outcomes they deliver. This audit is the beginning of that process and we hope it will help to persuade both the NHS and the public of the critical primary care role that is being delivered by all community pharmacies.

### Acknowledgments

Support was provided to develop of this audit from PSNC, Boots, Well and LloydsPharmacy along with further support from Avon LPC and PCT Healthcare during the pilot phase of the

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<sup>9</sup> NHSE, GP Community Pharmacist Consultation Service; online <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/general-practice-community-pharmacist-consultation-service-gp-cpcs> [accessed 23rd July 2020]

<sup>10</sup> PAGB Survey suggests that coronavirus will change attitudes to NHS use, 20<sup>th</sup> July 2020; online <https://www.pagb.co.uk/latest-news/pagb-self-care-survey/> [accessed 23<sup>rd</sup> July 2020]

project. Promotion of the audit and completion by the pharmacies was supported by PSNC, Local Pharmaceutical Committees and other national pharmacy bodies.

The implementation and quality of data within this report has been enhanced by the feedback and support provided. Thank you.

## Audit collection form

[illegible]

## Appendix 2

Audit data collection form; Example of how to complete

First contact with patient		Time		Type of consultation		Presenting Complaint					Outcome						What would the patient have done if they hadn't contacted the pharmacy?					Consultation Time (mins)		Rate you confidence in the advice that you provided (1=low; 5=high)				
Pharmacist	Non-Pharmacist	Before 18:00	After 18:00	Phone	Face to Face	Online	Responding to Symptoms	Healthy Living Advice	Referred in via a pharmacy service	A known medical condition or medicine	Other	Appropriate advice given only	Appropriate advice given and sale of a medicine	Pharmacist (if applicable)	Pharmacy service (EHC/NRT/Flu etc)	Surgery	Out of hours / Minor Injury / A&E	Other	Other health support agency	Other social care support	Not done anything else	GP Surgery	A&E / Walk in centre		Accessed NHS111	Other	Pharmacist	Non-pharmacist
✓		✓			✓		✓					✓										✓					6	
	✓		✓		✓		✓						✓	✓									✓			5	4	5
	✓	✓		✓				✓				✓							✓		✓					5	3	4
✓		✓			✓					✓		✓				✓						✓				7		3

# Appendix 3

		Section Total		22,813			22,813	4,613	1,020	130,505			
		No. of interactions	Ave Time (mins)		No. of interactions	Ave Time (mins)	No. of Referrals	No. Signposted	Total Time (mins)				
Pharmacist	Phone	No. of interactions 22,813 Ave Time (mins) 5.72		5.53	Responding to Symptoms		7,581	5.45	1,015	204	41,312		
					Appropriate advice given and sale of a medicine		1,906	5.53	115	35	10,549		
					Only referred or signposted		885	6.25	794	104	5,530		
					A known medical condition or medicine		5,489	5.62	783	164	30,826		
					Appropriate advice given and sale of a medicine		503	5.79	46	14	2,910		
					Only referred or signposted		768	6.32	693	86	4,853		
	Healthy Living Advice		2,008	5.65	151	104	11,354						
	Appropriate advice given and sale of a medicine		323	5.58	25	9	1,802						
	Only referred or signposted		153	5.98	94	61	915						
	Any other complaint		1,443	5.51	226	67	7,944						
	Appropriate advice given and sale of a medicine		137	7.09	21	7	971						
	Only referred or signposted		343	6.37	266	93	2,186						
	Referral in via a pharmacy service		727	7.02	133	38	5,106						
	Appropriate advice given and sale of a medicine		303	8.06	29	7	2,441						
	Only referred or signposted		244	7.40	222	27	1,806						
			66,446		66,446		10,377	1,992	340,521				
	Pharmacist		Face to Face	No. of interactions 89,671 Ave Time (mins) 5.28		5.86	Responding to Symptoms		15,031	4.79	2,733	342	71,976
							Appropriate advice given and sale of a medicine		27,159	4.84	1,411	400	131,526
							Only referred or signposted		2,411	5.58	2,222	220	13,448
							A known medical condition or medicine		5,871	5.35	946	197	31,434
							Appropriate advice given and sale of a medicine		4,167	4.89	276	61	20,364
							Only referred or signposted		957	6.42	874	103	6,141
			Healthy Living Advice		3,054	5.56	232	168	16,987				
			Appropriate advice given and sale of a medicine		1,948	5.66	108	50	11,028				
Only referred or signposted		280	6.33		190	97	1,771						
Any other complaint		1,720	5.15		306	92	8,850						
Appropriate advice given and sale of a medicine		941	5.86		90	24	5,516						
Only referred or signposted		533	6.18		408	137	3,292						
Referral in via a pharmacy service		806	7.08		138	35	5,703						
Appropriate advice given and sale of a medicine		1,243	7.92		141	36	9,844						
Only referred or signposted		325	8.13		302	30	2,641						
		412			412		96	33	2,708				
Pharmacist		Online	No. of interactions 412 Ave Time (mins) 6.57			6.09	Responding to Symptoms		76	6.63	13	7	504
							Appropriate advice given and sale of a medicine		63	4.95	1	2	312
							Only referred or signposted		21	7.57	19	2	159
							A known medical condition or medicine		62	6.42	8	4	398
							Appropriate advice given and sale of a medicine		24	5.38	2	1	129
							Only referred or signposted		13	6.54	12	2	85
		Healthy Living Advice			19	6.74	-	1	128				
		Appropriate advice given and sale of a medicine			5	5.80	1	-	29				
	Only referred or signposted			3	10.67	3	-	32					
	Any other complaint			33	6.30	4	2	208					
	Appropriate advice given and sale of a medicine			5	7.00	1	-	35					
	Only referred or signposted			9	5.11	8	2	46					
	Referral in via a pharmacy service			34	7.32	10	4	249					
	Appropriate advice given and sale of a medicine			32	9.03	3	4	289					
	Only referred or signposted			13	8.08	11	2	105					



## Appendix 4

		Section Total			17,526		17,526		3,676		3559		764		77,168		18,052		95,220	
		No. of interactions		Ave Time (mins)			No. of interactions		Ave Time (mins)	Pharmacist Referrals	Ave P'cist time	External Referral	Signposting	Total Staff Time	Total Pclist Time			Total Time (mins)		
Phone	No. of interactions 17,526 Ave Time (mins) 4.40	Responding to Symptoms	7,007	4.32	Appropriate advice given only		4,763	4.36	864	4.79	736	133	20,786	4,142	24,928					
					Appropriate advice given and sale of a medicine		1,459	4.42	245	4.35	81	23	6,456	1,066	7,522					
					Only referred or signposted		785	3.84	451	5.01	440	51	3,016	2,260	5,276					
		A known medical condition or medicine	4,709	4.33	Appropriate advice given only		3,501	4.39	799	4.66	612	99	15,358	3,721	19,079					
					Appropriate advice given and sale of a medicine		394	4.72	70	5.50	30	4	1,858	385	2,243					
					Only referred or signposted		814	3.91	424	5.42	469	41	3,185	2,297	5,482					
		Healthy Living Advice	2,094	4.90	Appropriate advice given only		1,647	4.91	168	4.71	139	140	8,090	792	8,882					
					Appropriate advice given and sale of a medicine		247	5.17	29	4.14	9	8	1,276	120	1,396					
					Only referred or signposted		200	4.53	84	5.17	88	45	905	434	1,339					
		Any other complaint	2,999	4.23	Appropriate advice given only		2,305	4.18	206	4.71	373	88	9,628	971	10,599					
					Appropriate advice given and sale of a medicine		157	4.78	21	4.90	19	8	750	103	853					
					Only referred or signposted		537	4.29	153	4.73	351	91	2,306	724	3,030					
		Referral in via a pharmacy service	717	4.96	Appropriate advice given only		415	4.79	61	5.62	85	13	1,989	343	2,332					
					Appropriate advice given and sale of a medicine		132	5.57	31	7.77	24	4	735	241	976					
					Only referred or signposted		170	4.88	70	6.47	103	16	830	453	1,283					
				90,498			90,498		17,183		11002	2236	356,832	72,102	428,934					
		No. of interactions		Ave Time (mins)			No. of interactions		Ave Time (mins)	Pharmacist Referrals	Ave P'cist time	External Referral	Signposting	Total Staff Time	Total Pclist Time			Total Time (mins)		
Non-pharmacist	No. of interactions 108,372 Ave Time (mins) 4.02	Responding to Symptoms	61,807	3.85	Appropriate advice given only		16,735	3.83	3,337	3.99	2992	403	64,053	13,322	77,375					
					Appropriate advice given and sale of a medicine		41,470	3.90	6,448	3.78	2099	484	161,528	24,377	185,905					
					Only referred or signposted		3,602	3.51	2,412	4.69	1754	177	12,640	11,316	23,956					
		A known medical condition or medicine	13,900	3.80	Appropriate advice given only		4,917	4.00	1,121	4.46	872	149	19,646	4,999	24,645					
					Appropriate advice given and sale of a medicine		7,671	3.68	984	3.74	434	102	28,209	3,677	31,886					
					Only referred or signposted		1,312	3.76	797	4.93	633	96	4,929	3,928	8,857					
		Healthy Living Advice	7,283	4.73	Appropriate advice given only		3,818	4.73	342	4.47	312	233	18,062	1,530	19,592					
					Appropriate advice given and sale of a medicine		3,029	4.74	301	4.55	156	86	14,369	1,371	15,740					
					Only referred or signposted		436	4.65	170	5.03	164	140	2,029	855	2,884					
		Any other complaint	5,876	3.96	Appropriate advice given only		2,842	3.98	302	4.51	494	113	11,313	1,363	12,676					
					Appropriate advice given and sale of a medicine		2,236	3.89	242	4.84	182	37	8,698	1,172	9,870					
					Only referred or signposted		798	4.12	288	5.27	496	137	3,285	1,519	4,804					
		Referral in via a pharmacy service	1,632	4.95	Appropriate advice given only		576	4.85	119	5.67	106	34	2,796	675	3,471					
					Appropriate advice given and sale of a medicine		704	5.15	153	5.95	91	18	3,627	911	4,538					
					Only referred or signposted		352	4.68	167	6.51	217	27	1,648	1,087	2,735					
				348			348		32		64	15	1,649	207	1,856					
		No. of interactions		Ave Time (mins)			No. of interactions		Ave Time (mins)	Pharmacist Referrals	Ave P'cist time	External Referral	Signposting	Total Staff Time	Total Pclist Time			Total Time (mins)		
Online	No. of interactions 348 Ave Time (mins) 4.74	Responding to Symptoms	136	4.38	Appropriate advice given only		49	4.67	5	5.60	7	1	229	28	257					
					Appropriate advice given and sale of a medicine		72	3.88	4	4.00	2	1	279	16	295					
					Only referred or signposted		15	5.80	4	11.25	11	2	87	45	132					
		A known medical condition or medicine	60	5.40	Appropriate advice given only		35	5.97	3	2.00	6	3	209	6	215					
					Appropriate advice given and sale of a medicine		10	4.20	-	-	0	0	42	-	42					
					Only referred or signposted		15	4.87	7	9.00	7	1	73	63	136					
		Healthy Living Advice	30	4.83	Appropriate advice given only		17	4.29	-	-	0	0	73	-	73					
					Appropriate advice given and sale of a medicine		9	5.33	-	-	0	0	48	-	48					
					Only referred or signposted		4	6.00	3	6.00	1	1	24	18	42					
		Any other complaint	90	4.02	Appropriate advice given only		62	3.90	-	-	6	1	242	-	242					
					Appropriate advice given and sale of a medicine		7	3.43	-	-	0	0	24	-	24					
					Only referred or signposted		21	4.57	2	3.00	15	4	96	6	102					
		Referral in via a pharmacy service	32	6.97	Appropriate advice given only		12	6.00	2	5.00	1	0	72	10	82					
					Appropriate advice given and sale of a medicine		10	6.80	-	-	0	0	68	-	68					
					Only referred or signposted		10	8.30	2	7.50	8	1	83	15	98					

