

January 2021

## PSNC Briefing 001/21: PSNC Pharmacy Advice Audit 2021 – Team Briefing Sheet

This briefing describes how community pharmacy teams can take part in PSNC's audit to capture information about the reasons why people choose to visit community pharmacies.

### Background and Summer 2020 Audit Review

In the summer of 2020, PSNC undertook an audit across all English community pharmacies with the data received and conclusions drawn supportive of the impact pharmacies have on their local communities.

Over a single day in the summer of 2020, pharmacies recorded a total of **198,043 patient consultations**, from more than **9,400 pharmacies** which revealed that:

- Consultations initiated with a pharmacist took an average of **5.3 minutes pharmacist time**;
- Consultations initiated with a non-pharmacist took an average of **4 minutes**, with **19% referred to the community pharmacist** where on average a **further 4.3 minutes** was spent with the patient;
- **Around 75 minutes per day**, per pharmacy, is spent providing these consultations;
- In an average week, over **600,000 consultations** are carried out to respond to patient's symptoms;
- **Fewer than 10%** of the consultations recorded in the audit resulted in patients being referred to their GP, yet **49% of patients** said that if the pharmacy had not been there, they would have visited their GP; and
- Without pharmacies, it would result in approximately **492,000 additional GP appointments** each week, or 65 appointments in each GP practice each week in England.

These conclusions were used as part of our bid to uplift core funding for the community pharmacy sector. As well as providing data for Ministers, the statistics are regularly referenced in meetings with MPs, charities and other stakeholders by PSNC, LPCs and contractors. The ability to quantify statements about the workload and importance of pharmacy teams is vital in building advocacy for the sector, as well as providing critical evidence to inform our funding negotiations.

### 2021 PSNC Pharmacy Advice Audit – week commencing 25th January 2021

Since the launch of the NHS Community Pharmacist Consultation Service (CPCS) – GP Referral, there have been growing reports of informal referrals to community pharmacy, therefore circumventing this service and reducing the remuneration to pharmacy. There are also anecdotal reports of NHS111 referrals happening in the same way. What we don't have is hard evidence to prove this is happening, however we know if we do, NHSE&I listen. It is also true that the public are visiting pharmacies to find out about COVID-19 and you are all managing large numbers of request from the public regarding this. All of these are captured as part of this audit.

**Therefore, PSNC is calling on you to engage with this second Pharmacy Advice Audit to allow the collation of data to understand the key reasons why people are choosing community pharmacy.**

### Criteria and standards

The audit will examine **patient/customer interactions** (consultations) by either a non-pharmacist team member and/or a pharmacist. You will record these by ticking a series of boxes on the audit form, then submitting data on **two PharmOutcomes** templates (one service to record the audit data and one service to record a summary of the pharmacy).

You must **record data for at least one day**, capturing all consultations. If fewer than 20 consultations were recorded that day, you must continue with the audit until 20 have been recorded, recording the time in days (to the nearest quarter of a day) it took you to reach 20 consultations. Data from the audit will be submitted to PSNC for national analysis and for use in discussions about community pharmacy.

All interactions would ideally be recorded, but if some are not, this could lead to a misinterpretation of the number of consultations your team has undertaken. You must **estimate the percentage of consultations that were recorded**, e.g. the pharmacy team recorded 20 consultations but believe they conducted 25, therefore the percentage recorded was 80% of the total.

If you wish to treat this audit as a formal audit you can **rate your confidence** in the advice you gave for each referral. However, unlike the 2020 audit, this is not a requirement and is **optional** if you wish to utilise. This data will help you to identify learning needs or gaps in your team.

The suggested audit standard will be:

- 95% of your consultations will have a confidence score of 4 or more.

## Consultations NOT to be recorded

The following consultations are **not to be recorded** as part of this audit:

- Where a product is requested by **name**
  - Unless this leads to additional advice being provided beyond the safe use of the product
- Advice given relating to a **prescription** being dispensed
- **Formal referrals** from either NHS111 or a GP for NHS CPCS

## Data Capture

As part of this audit, we will capture the **pressure you are under** as a result of COVID-19. This will be collated via two questions relating to pharmacy pressure and percentage of colleagues **not** in work. This will be completed once in the **PSNC Pharmacy Advice Audit 2021 – Overview** service on PharmOutcomes.

You must record the following data on the **PSNC Pharmacy Advice Audit 2021 – Data Collection** template, choosing the most appropriate response from each list.

1. Record the **presenting reason** to understand why the person chose to visit the pharmacy on that occasion
  - a. *Self-refer*
    - For example, a patient who made their own choice to visit the pharmacy
  - *Informal referral*
    - This is to understand if a **GP, NHS111, or other** healthcare worker has referred the patient to the pharmacy **without** sending it via a formal referral pathway such as the NHS Community Pharmacist Consultation Service (CPCS)
    - Please note, formal referrals via NHS CPCS are **not** to be included in this audit
  - *Unable to access other healthcare setting*
    - Select this if the patient has presented or called the pharmacy because they **cannot access the health system** via their original chosen route, for example, not being able to speak to the surgery or obtain a GP appointment

**This data will help us understand how and why people are accessing pharmacy.**

2. Record what **advice** was requested:
  - *Responding to symptoms* (minor ailments)
  - *A known medical condition or medicine*
    - This relates to queries outside of the normal dispensing process of a medication. For example, a COPD patient with symptoms of a chest infection resulting in referral
  - *Other consultations* not listed above

**This data will help us review the type of advice sought by patients.**

**3. Record whether any COVID-19 advice is given as part of the consultation:**

- This could be the main reason why the patient visited today or as a result of the consultation

**This will enable us to quantify the number of people accessing pharmacies for COVID-19 advice.**

**4. Outcomes:**

- Advice may be *Appropriate advice only* or *Appropriate advice and sale* of a medicine. If you advised a patient about a medicine that was not sold at that point, for example because the patient had a supply at home, then record as Advice only.
- Referral to either the *pharmacist* in the pharmacy or to another healthcare setting such as:
  - *GP surgery, Out of hours / Minor Injury / A&E* or other acute care centre

**This data will help us to see what type of advice is given by pharmacy teams.**

**5. Alternatives:**

Tell the patient that you are doing an audit and ask them what they would have done if they could not contact a pharmacy. Record their response.

**This data will help us to estimate savings made by the NHS through use of pharmacy advice.**

**6. Duration:**

Estimate how long you spent with the patient gathering information and giving advice. If the pharmacist and another team member both spent time with the patient, then you must record the duration for each.

**This data will help us to estimate workload for pharmacy teams.**

**7. Confidence:**

Option for this audit - Rate your confidence in the advice you gave from 1 – 5.

**This data will help identify your team development needs.**

### **The data capture form**

Each person who completes a consultation must also complete the data capture form. Each consultation is made on a different line.

If two team members consulted with a patient, they both must record the consultation on the same line. For example, if one team member started the consultation and referred to the pharmacist, the pharmacist would complete the remainder of the form capturing the outcome. Both team members would need to record their time spent with the patient.

There is an example of how to complete the data capture form in Appendix 1.

### **Data entry**

When all consultations have been completed, you must complete **two PharmOutcomes modules** so that PSNC can act on your findings.

1. PSNC Pharmacy Advice Audit 2021 - Overview
  - **One-time** entry to give us context about your consultations
2. PSNC Pharmacy Advice Audit 2021 – Data Entry
  - Complete this form once for **each consultation** that was held. Each entry takes approximately 30 seconds

### **Analysis and change (optional)**

If you wish to run this as a formal audit you should then complete the following. Review the data you have recorded and discuss with your team. Consider if there are areas where additional CPD might improve confidence ratings. Could your team be more proactive or offer advice to different patient groups?

Complete the audit form below to record your audit analysis. Save this form with these instructions and the data capture form for two full NHS years (April to March).

<b>During what date(s) did you undertake the audit?</b>	<b>What percentage of consultations were recorded?</b>
<b>Did you meet the audit standard?</b>	
<input type="checkbox"/> 95% of your consultations will have a confidence score of 4 or more	
<b>What changes will you make?</b>	
<b>PSNC will:</b> Compile a national dataset and use it in discussions about community pharmacy and future learning needs.	The <b>pharmacy team</b> will:
<b>Date that you will repeat the audit to check if those changes were effective:</b>	

## Frequently asked questions

**Q. The patient identifies that they have been formally referred by their GP for a consultation with the pharmacist. Do I record this?**

No. This is part of the NHS CPCS service and as such, is not part of the audit. The same is true for NHS111 formal referrals.

**Q. If a patient presents asking for a 'box of paracetamol', do I record the consultation?**

No. If the only outcome was the safe sale of the medication, then this is not covered by the audit.

**Q. If a patient presents asking for a product to help with a headache, do I record the consultation?**

Yes. This consultation will have allowed the pharmacy team to diagnose the patient and provide the right support, guidance, referral and product as required for the condition.

**Q. The pharmacy conducts the audit over one day but forgets to record consultations for 3 out of the 10 hours the pharmacy is open. How do I record this?**

In the PharmOutcomes Overview form, enter that you captured 70% of the consultations.

**Q. I have carried out the audit for one day but have only captured 15 consultations. What do I do?**

You need to continue the audit on the following day to achieve at least 20 consultations. You then need to estimate the percentage of consultations you recorded.

**Q. A customer asks about their existing condition whilst I am dispensing the medication for it. Can I include this?**

No. This advice is part of the dispensing service. If the patient contacts you at some other point, this can be included in the audit.

## Feedback from the pilot

The audit was piloted in a small number of pharmacies in the South West and here is the feedback received:

*"Was easy and no problems - the guys [team] bought into it so wasn't a problem"*

*"It was pretty straight forward, just the normal conversations"*

*"Good to see quantitative results for how much time spent with patients helping them. Audit was easy and straight forward to complete"*

If you have queries on this PSNC Briefing or you require more information, contact [PSNC's Communications Team](#).

**Appendix 1: Example of how to complete the form**

First contact with patient		Type of consultation			Presenting Reason				Presenting Complaint			COVID-19 advice given during the consultation	Outcome				What would the patient have done if they hadn't contacted the pharmacy?					Consultation Time (mins)		Rate your confidence in the advice that you provided (1=low; 5=high)					
Pharmacist	Non-Pharmacist	Phone	Face to Face	Online	Self-refer	Informal referral			Responding to Symptoms	An existing medical condition or medicine	Other		Appropriate advice given only	Appropriate advice given and sale of a medicine		Referral	Not done anything else	GP Surgery	A&E / Walk in centre	Accessed NHS111	Other	Pharmacist	Non-pharmacist						
						GP	NHS111	Other						Pharmacist (if applicable)	Other HCP (surgery, A&E, NHS111)														
						Unable to access other health setting		Pharmacist (if applicable)						Other HCP (surgery, A&E, NHS111)															
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