



PSNC PHARMACY ADVICE AUDIT 2021

2021 Full Report

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Executive Summary

Early in 2021, **5,830 community pharmacies** took part in a PSNC audit to try to quantify the number of informal patient consultations happening in their pharmacy. The pharmacies recorded all consultations over one day (or for however long it took them to reach 20 consultations). The pharmacies carried out the audit between 25 January and 12 February 2021 and between them they **recorded data on 114,898 patient consultations**. Advice following the dispensing of a prescription, along with formal referrals from the NHS Community Pharmacist Consultation Service, were not included in the audit.

On average, pharmacies undertake **16.9 consultation per day**. Therefore, across 11,100 English community pharmacies (this figure excludes Distance Selling Pharmacies whose chances of providing walk-in consultations is thought to be negligible) there are **1,125,540 consultations per week (6 days per week), or more than 58 million per year**. This is despite 61% of pharmacies reporting being under intense pressure – the average score out of 10 for pharmacy pressure reported was 7.66.

This audit also asked pharmacies to record the reason why the patient presented to them. **76.3% self-referred** with the remaining 23.7% being split between informal referrals from General Practice (9.0%), NHS111 (2.4%), other settings (3.6%) or as a result of not being able to access their chosen healthcare setting (8.6%). Therefore, each week, just under **130,000 informal referrals** from General Practice and NHS111 are received into pharmacy.

The audit indicates that every week pharmacies provide advice to over 730,000 people seeking advice for symptoms – nearly **38 million people per year**. In addition to this, every week pharmacies provide advice to over 263,000 people seeking advice about an existing medical condition – **13.6 million people per year**.

On average, each consultation took just **over 5 minutes** with pharmacists spending 5.5 minutes and non-pharmacists spending 4.1 minutes in each consultation (where the non-pharmacist referred to the pharmacist, their combined total was taken into account). This means **90 minutes per day** are spent providing these clinical consultations.

During the audit, 97% of consultations resulted in advice being given by the pharmacy team. The pharmacy provided advice alongside the sale of a medicine in 54% of consultations and advice alone in 43% of consultations. Almost a quarter (24%) of the pharmacy consultations also included advice and support related to COVID-19 and these consultations took on average **20% longer than a non-COVID-19 consultation**. That means 270,000 patients every week are seeking pharmacy advice on COVID-19 – that is **14 million per year**.

In **12.4% of consultations** patients are referred on to another healthcare professional such as their local GP practice, however if the community pharmacy had not been there, **49.6%** of patients reported they would have visited their GP, resulting in an **additional 74 appointments in each GP practice each week in England**, or a total of 24 million GP appointments per year. An additional 70,000 people would go to A&E or an NHS walk-in centre every week if they could not get advice from their pharmacy, which equates to **3.3 million people per year**.

Introduction

Background

Every year, it is estimated that there are 438 million visits to community pharmacy for health related issues¹ as community pharmacies are highly accessible, with nearly 900 pharmacies open 100 hours per week.¹ 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 to those who need to be referred to other services that are better placed to meet their needs. The clinical care provided by community pharmacies as part of the Essential services element of their NHS contractual framework² means pharmacies deliver this care with no additional remuneration. In 2020 PSNC undertook an audit to try to quantify the numbers and impact of these consultations, as pharmacies do not keep any records of them.

Review of the Summer 2020 Audit

For reference, in the summer of 2020, PSNC undertook an audit across all English community pharmacies to assess the number and type of consultations occurring. The data received was analysed and the conclusions demonstrated the impact pharmacies have on their local communities.³ A high level summary of the 2020 audit is below.

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 of 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 patients' 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.
- Were pharmacies not there, 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 shared with community pharmacy colleagues, LPCs, NHSE&I and Ministers, to demonstrate the invaluable work the sector provides.

¹ 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 19th February 2021]

² PSNC, Essential Services; online <https://psnc.org.uk/services-commissioning/essential-services/support-for-self-care/> [accessed 19th February 2021]

³ PSNC Pharmacy Advice Audit – Summer 2020, PSNC, online <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/> [accessed 19th February 2020]

Please note that due to the addition of extra information in the 2021 audit overview module, our calculations have been carried out slightly differently in this audit compared to 2020 and so the 2020 results may have been an underestimate: while this means the below results are not directly comparable with the summer audit, they do indicate an increasing reliance on pharmacies through the pandemic.

PSNC Pharmacy Advice Audit 2021

In addition to following up from the 2020 PSNC Advice Audit, this audit looks at an emerging issue with informal referrals being made directly to pharmacies.

Over recent years, and more prominently during the COVID-19 pandemic, there have been growing reports of informal referrals to community pharmacy from general practice and NHS111 for minor illness and urgent supply of medicines. The launch of the NHS Community Pharmacist Consultation Service (CPCS) NHS111 referral (October 2019) and the enhancement, GP Referral (November 2020), should have meant that all referrals from GPs and NHS 111 are formally made to the pharmacies. This safety-nets patients and provides good clinical governance standards when transferring patients from one part of the system to another. However, the informal mechanism has continued, therefore circumventing this service. This presents significant clinical risks as without a formal referral, the patient is more likely to slip through the net because no-one will follow up with them.

This audit aims to understand the scale of these challenges and it also presents findings relating to the type, volume and resource impact of informal referrals on pharmacy teams.

Audit Purpose

This audit had several objectives:

1. To gather data on the reasons why patients chose to visit a pharmacy and with what presenting complaint.
2. To quantify the number of patients seeking advice from pharmacies and to assess those consultations in terms of the type, volume and resource impact on pharmacies.
3. To quantify the informal referrals to pharmacies from GP practices and NHS 111 and their impact on pharmacies.
4. To replicate components of the Summer 2020 audit to provide corroboration of the conclusions or, where the data was distinctly different, provide counter arguments.

The findings of the audit will be used to inform PSNC's discussions with the NHS about pharmacy consultations, and to demonstrate more generally the amount of help that pharmacies are providing to their local communities.

Audit Methodology

Criteria and standards

The audit examined **patient/customer interactions** (consultations) by either a non-pharmacist team member and/or a pharmacist. These were recorded by ticking a series of boxes on the audit form (Appendix 1), then submitting the data on **two PharmOutcomes** templates (one service to record the audit data and one service to record a summary of the pharmacy).

These were **recorded for at least one day**, capturing all consultations. If fewer than 20 consultations were recorded in a day, the pharmacy continued the audit until 20 were documented, recording the time in days (to the nearest quarter of a day) it took to reach 20 consultations.

All interactions would ideally be recorded, but if some were not, this could lead to a misinterpretation of the number of consultations the team undertook. It was requested that pharmacies **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.

The audit also allowed pharmacy teams to reflect on their practice with an optional question regarding the individual's confidence in the advice and support they offered during the consultation. If the pharmacy treated it as a formal audit, they could **rate their confidence** for each referral. This data helped identify learning needs or gaps within the team.

The suggested audit standard was:

- 95% of the consultations will have a confidence score of 4 or more (out of 5).

The following consultations were **not recorded** as part of this audit:

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

Data Capture:

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

1. 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 was to understand if a **GP, NHS111, or other** healthcare worker referred the patient to the pharmacy **without** sending it via a formal referral pathway such as the NHS Community Pharmacist Consultation Service (CPCS)
 - *Unable to access other healthcare setting*
 - Selected if the patient presented or called the pharmacy because they **could not 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 helped to understand how and why people are accessing pharmacy.
2. Recorded what **advice** was requested:
 - *Responding to symptoms* (minor ailments)

- *A known medical condition or medicine*
 - This related 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 helped review the type of advice sought by patients.

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

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

This enabled quantification of the number of people accessing pharmacies for COVID-19 advice.

4. **Outcomes:**

- Advice was either:
 - *Appropriate advice only* or
 - *Appropriate advice and sale of a medicine*
- 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 helped see what type of advice is given by pharmacy teams.

5. **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.

6. **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.

7. **Confidence (optional):**

- 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 identify how they could develop, and the findings may enable PSNC to understand where there may be a national need for support.

8. Pharmacy Pressure

- The audit also captured the **pressure the pharmacy team are under** as a result of COVID-19. This was collated via two questions:
 - On a scale of 1-10, how much pressure is the pharmacy currently under
 - What percentage of your workforce is currently off work or self-isolating due to COVID-19

This data helped to understand the pressure the pharmacy team are under.

9. The data capture form

- Each pharmacy colleague who completed a consultation also completed the data capture form (Appendix 1) with each consultation entered on a different line, and one form submitted per pharmacy.
- 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
- Audit data collection form: Example of how to complete).

Data entry

When all consultations were completed, the pharmacy completed **two PharmOutcomes modules**:

1. PSNC Pharmacy Advice Audit 2021 - **Overview**
 - **One-time** entry to give us context about your 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 day of consultations
 - Questions on workplace pressure
 - Any case study information regarding examples of consultations, or experiences in the pharmacy
2. PSNC Pharmacy Advice Audit 2021 – **Data Entry**
 - Complete this form once for **each consultation** that was held

Results

Completion Rates

114,898 consultations were completed by **5,830 community pharmacies** during the audit, which represented an audit completion rate by **52.5%** (n=11,100) of pharmacies across England.

- This was split 44% CCA : 56% non-CCA

5,125 pharmacies completed both the PharmOutcomes Overview and Data Entry services. 5,830 completed the data entry form and 5,208 completed the Overview form.

Out of the 5,125 pharmacies who completed both parts of the audit, **2,417 pharmacies (47%)** completed the audit in one day or less, with the remaining **2,708 pharmacies** taking longer than one day.

Number of consultations per day

A review of the **5,125 pharmacies** (46.1% of all community pharmacies n=11,100) who completed both the overview and data entry services revealed that it took an average of **1.68 days** to complete the audit, and there was an **overall average of 16.9 consultations per day** across the 5,125 pharmacies.

This indicates the continuing reliance that patients have had on pharmacies as was originally highlighted in the Summer 2020 audit, which recorded 14.9 consultations per day³. As noted above, due to the addition of extra information in the 2021 audit overview module, our calculations have been carried out slightly differently in this audit and the 2020 results may have been an underestimate. The 2021 figure is also slightly higher than the audit carried out in Wales in Autumn 2020, which recorded an average number of consultations per day of 15.5.⁴

Extrapolating the results, across 11,100 community pharmacies it is estimated that **187,590 consultations** are carried out per day and **1,125,540 per week** (n=11,100, days of the week = 6, 16.9 consultations per day).

Each pharmacy who completed the Overview module was also asked to estimate what percentage of the consultations they had carried out during the audit period were recorded as part of the audit. This allowed pharmacies the opportunity to recognise if some consultations during the days were not 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 **30.4** per day. However, for the purposes of this report **16.9 per day** will be used.

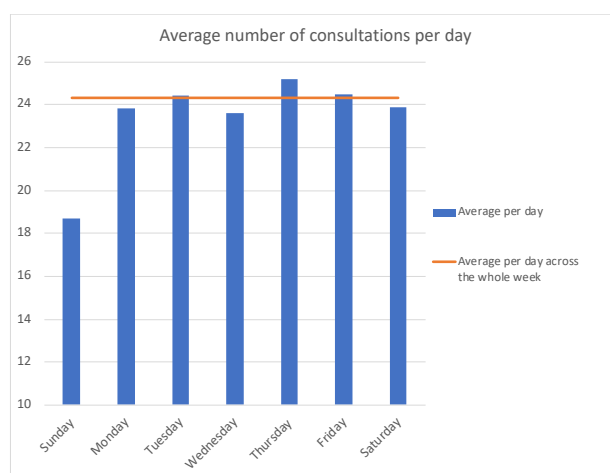
Analysis of the 2,417 pharmacies who completed the audit in one day or less showed a spread across the course of the week as seen in Table 1 and Figure 1. Each weekday is consistently higher than 23 consultations with the end of the week slightly busier than the beginning. The number of consultations recorded on the weekend is still not significant given the low numbers (Sunday = 3; Saturday = 46).

⁴ CPW Pharmacy Advice Audit, Community Pharmacy Wales, online <http://www.cpwwales.org.uk/getattachment/CPW-s-work/CPW-Pharmacy-Advice-Audit-2020/CPW-Pharmacy-Advice-Audit-Final.pdf.aspx?lang=en-GB> [accessed 23rd February 2021]

Table 1

	Number of consultations	Number of pharmacies	Average per day
Sunday	56	3	18.7
Monday	11962	503	23.8
Tuesday	10104	414	24.4
Wednesday	12330	522	23.6
Thursday	12311	488	25.2
Friday	10786	441	24.5
Saturday	1098	46	23.9
Average	58647	2417	24.3

Figure 1



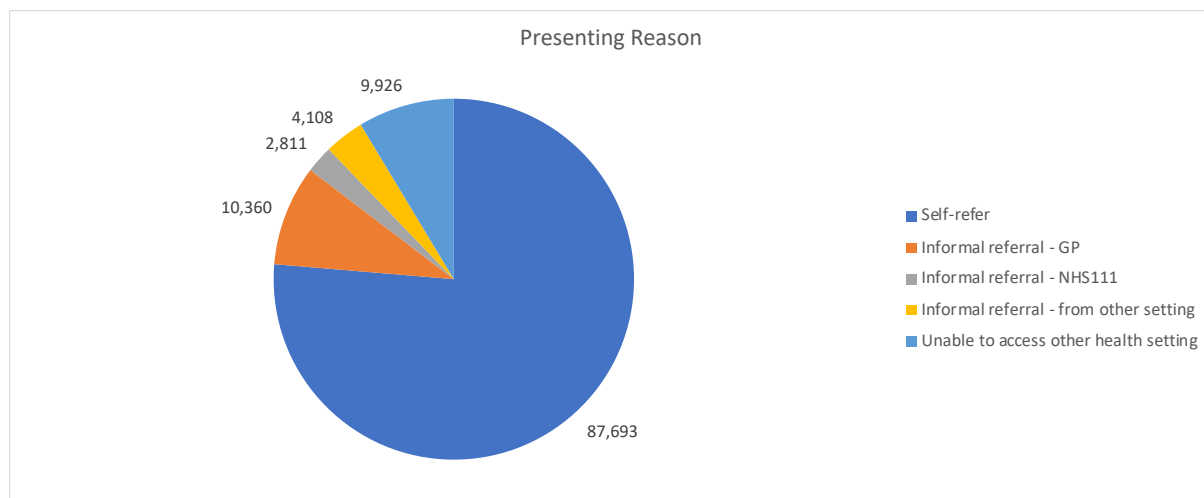
Presenting Reason (Referral Route)

Of the 114,878 consultations recorded, **87,693 (76.3%)** (Figure 2) were as a result of patients self-referring into the pharmacy. The remaining **23.7% (27,205)** were due to patients not being able to access the part of the health system they initially required or being informally referred outside of the nationally commissioned NHS CPCS.

10,360 (9.0%) were informally referred by General Practice, **2,811 (2.5%)** were informal referrals from NHS111, **4,108 (3.6%)** were informal referrals from other healthcare settings and **9,926 (8.6%)** were because the patient did not have access to their preferred part of the health system.

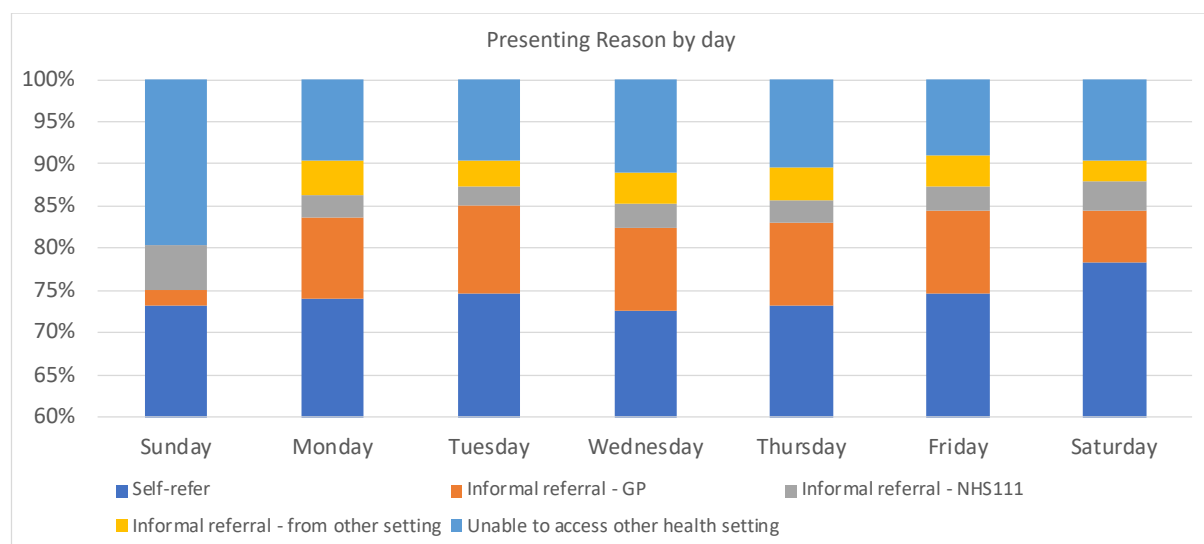
Therefore, weekly, of the 1,125,540 consultations carried out, **266,753** are carried out in community pharmacy because the patient is **unable to access their preferred part of the healthcare system** or has been informally referred from General Practice or NHS111 or another healthcare setting. Community Pharmacy therefore plays a pivotal role in supporting these other parts of the health service. (n=1,125,540 consultations per week, 23.7%)

Figure 2



The presenting reason can also be viewed by day to assess variance across the course of the week (Figure 3). During the week, informal referrals from General Practice result in approximately 10% of the consultations, while at weekends it is less than this. Informal referrals from NHS111 increase from an average of 2.7% during the week to 3.4% on the weekends. On Saturdays, patients are more likely to self-refer than during the week (78.3% compared to a weekly average 73.8%). The data for Sunday alone is statistically not significant with only 3 pharmacies carrying out the audit on a Sunday.

Figure 3



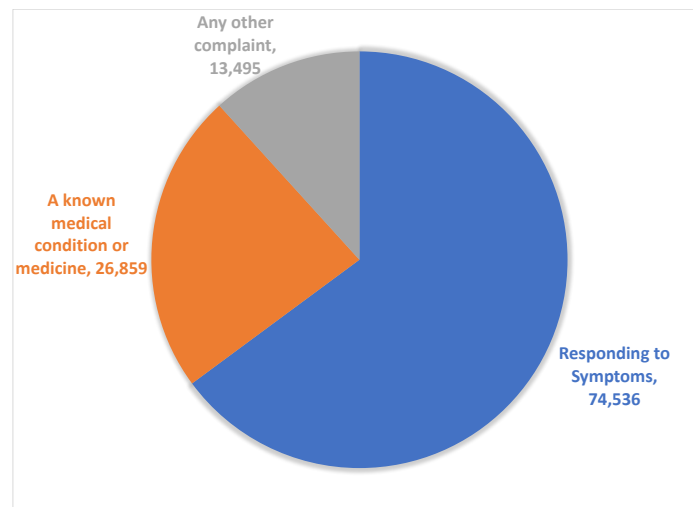
Type of consultation (presenting complaint)

Patients accessed the community pharmacy with one of the following presenting complaints:

- Responding to symptoms (minor ailments)
- A known medical condition or medicine
- Other consultations not listed above

Responding to symptoms was recorded as the reason for 64.9% of the consultations, with 23.4% being for 'a known medical condition' and 11.7% for 'any other complaint' (Figure 4).

Figure 4



Therefore **weekly**, the pharmacy network now provides:

- **730,205 consultations to respond to symptoms**
- **263,129 consultations for a known medical condition**
- **132,206 consultations for any other complaint**

(n=11,100 pharmacies, 64.9% or 23.4% or 11.7%, 16.9 consultations / day, 6 days per week)

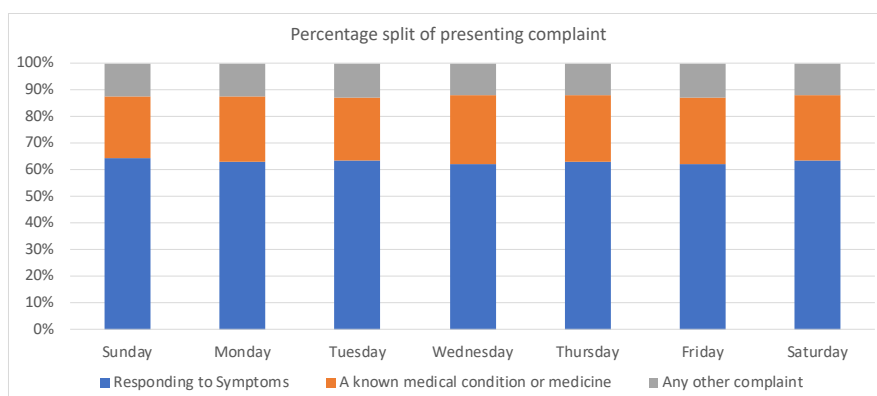
When compared to the 2020 audit³, the split of consultation type has changed with a higher proportion of patients contacting their pharmacy about existing medical conditions.

- Number of consultations about a known medical condition:
 - 2020 - 18%
 - 2021 – 23%

This represents a 27% increase in these types of consultations.

When the presenting complaint information is viewed across the week, all days show a fairly consistent distribution (Figure 5).

Figure 5



However, when the presenting reason (referral route) is compared against the presenting complaint (the type of consultation), the breakdown of patient decisions become apparent (Figure 6). Patients who require a consultation relating to their symptoms, self-refer to the pharmacy in 81% of cases, compared to 69% for an existing medical condition and 65% for any other complaint.

For each presenting reason, informal referrals from general practice account for 8%, 12% and 8% respectively (Table 2) resulting in over **101,400 informal referrals from General Practice to community pharmacy per week**.

With approximately 7,500 GP surgeries in England, this would account for **13.53 informal referrals per week per surgery**.

Figure 6

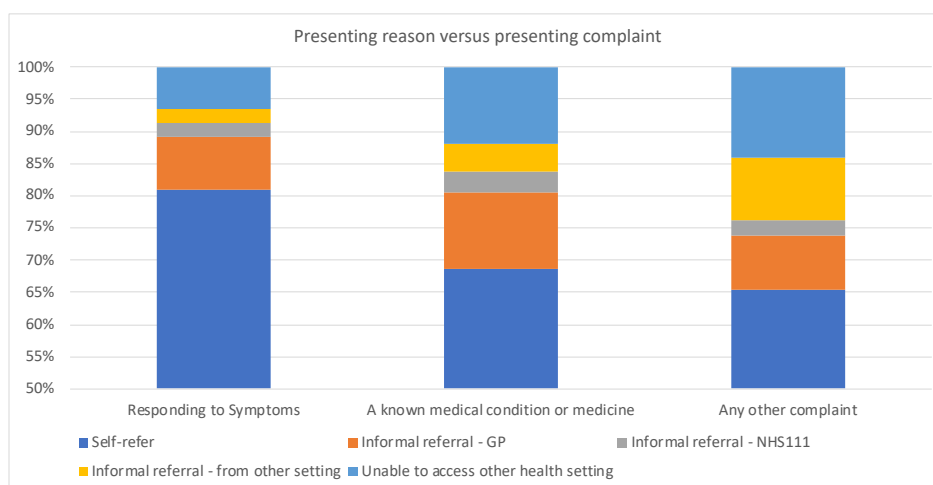


Table 2

	Weekly consultations	% Informal referral from GP	Consultations referred from GP per week	Referrals per week per surgery
Responding to Symptoms	730,205	8%	59,077	7.88
A known medical condition or medicine	263,129	12%	31,349	4.18
Any other complaint	132,206	8%	11,060	1.47
Total	1,125,540		101,486	13.53

If “Unable to access other healthcare setting” is included in the percentage with General Practice (if we assume that the health setting that people were most likely to have been trying to access was in primary care and was general practice), then the number increases to nearly **200,000 consultations per week**, or **26.50 weekly consultations per surgery** as a consequence of lack of access to the General Practice (Table 3) (n=7,500). For the purpose of this report, 101,486 consultations will be used from Table 2.

Table 3

	Weekly consultations	% Informal referral from GP	% Unable to access other healthcare setting	Consultations referred from GP per week	Referrals per week per surgery
Responding to Symptoms	730,205	8%	6%	105,979	14.13
A known medical condition or medicine	263,129	12%	12%	62,963	8.40
Any other complaint	132,206	8%	14%	29,782	3.97
Total	1,125,540			198,724	26.50

Informal referrals from NHS111 amounted for 2.4% of all pharmacy consultations and can also be broken down by presenting complaint. When extrapolated to all the pharmacies, these referrals contributed **27,500 consultations per week**, which is an average of **2.48 consultations per week** in each community pharmacy (Table 4) (n=27,500 and 11,100 pharmacies).

Table 4

	Weekly consultations	% Informal referral NHS111	Consultations referred from NHS111 per week	Referrals received per week per pharmacy
Responding to Symptoms	730,205	2.2%	15,996	1.44
A known medical condition or medicine	263,129	3.2%	8,386	0.76
Any other complaint	132,206	2.4%	3,155	0.28
Total	1,125,540		27,537	2.48

This analysis showed that nearly **130,000 consultations per week** (11.7 per pharmacy per week; n=11,100) are being carried out by community pharmacies as a result of **informal GP or NHS111 referrals not being processed via the NHS Community Pharmacist Consultation Service**.

Not only does this circumvent the commissioned national service, but it also introduces **clinical risk** as there is no formal pathway to ensure these patients are not missed. Data from the NHS CPCS GP pilot showed that approximately 10-12% of patients are referred back to their GP requiring an urgent appointment.⁵ If they are not formally referred to the community pharmacy in the first place, there is a significant risk of them not being followed up by any healthcare professional.

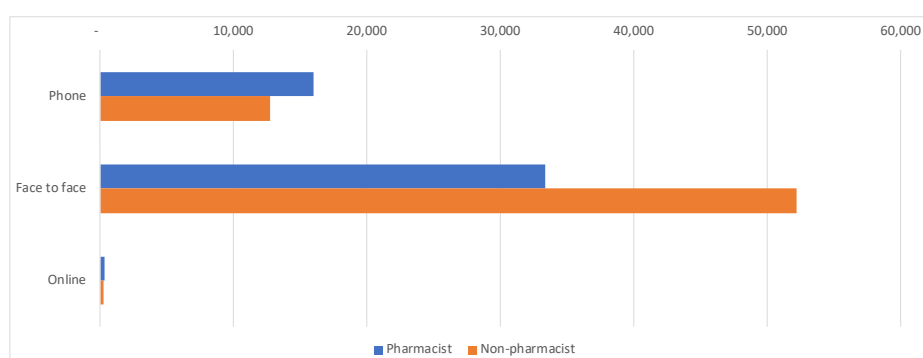
This demonstrates the need to ensure all GP surgeries and NHS111 referrals are formally referred to a community pharmacy.

Consultation Initiation

65,190 (56.7%) consultations were initiated with a non-pharmacist and **49,708** (43.3%) with the pharmacist. Of the consultations initiated with the non-pharmacist, **15,520** (23.8%) were referred to the pharmacist.

85,537 (74.5%) were delivered face-to-face, **28,781** (25.0%) via the phone and **580** (0.5%) were online (Figure 7). Telephone consultations showed a small increase from the 2020 audit when 20.4% of consultations were delivered via this route, with face-to-face consultations decreasing from 79.2% in 2020. This could be as a result of social distancing measures and the strict countrywide lockdown in place during the 2021 audit.

Figure 7



Outcome of the consultations

For each of the consultations the following outcomes could occur:

- Appropriate advice only; or
- Appropriate advice and the sale of a medicine.

These two could also occur with or without:

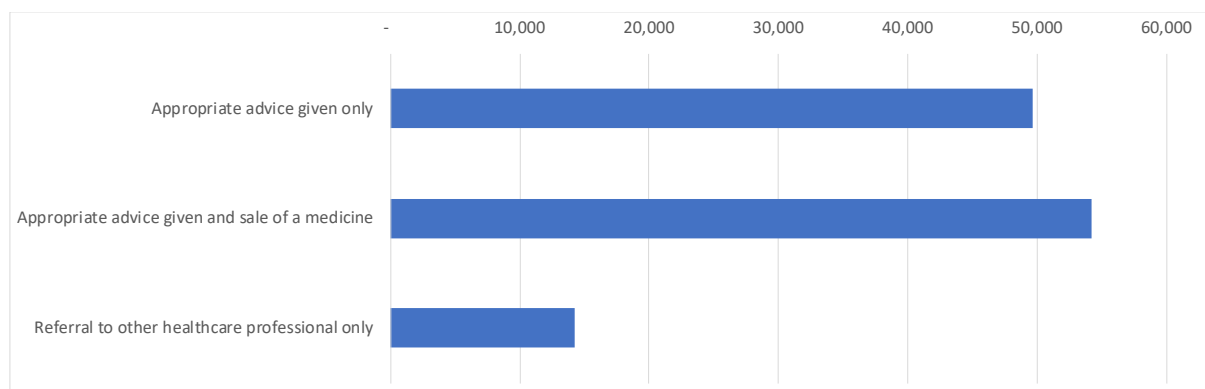
- Referral to another healthcare professional
 - For example, GP surgery, Out of Hours, NHS111, etc

⁵ GP Referral to NHS Community Pharmacist Consultation Service – Bristol, North Somerset and South Gloucestershire pilot, NHSE&I, Online <https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service/gp-referral-to-nhs-community-pharmacist-consultation-service-bristol-north-somerset-and-south-gloucestershire-pilot/> [accessed 25th February 2021]

The outcomes recorded can be seen in Figure 8. **49,613** (43.2%) of the consultations resulted in advice alone with **54,185** (47.2%) resulting in advice and the sale of a medicine. This showed that over **486,000** consultations per week (**7.3 consultations per day per pharmacy**) occur in each community pharmacy for clinical advice alone (43.2% of 1,125,540 or 16.9) with no direct remuneration and no linked sale of a medicine.

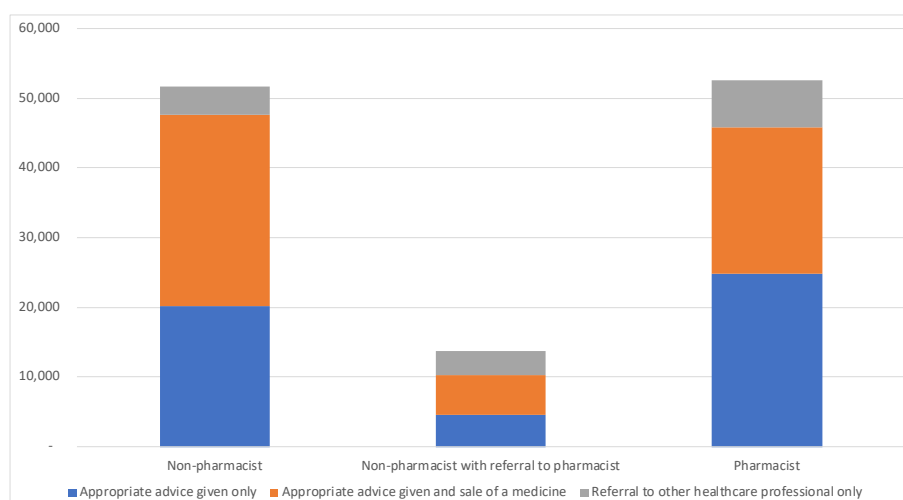
Onward referral to another healthcare professional occurred in **14,282** (12.4%) of the consultations, which represents a 6.7% decrease on the 13.2% referral rate in the 2020 audit.

Figure 8



The breakdown of the referral data shows that non-pharmacists are less likely to refer to another healthcare professional than pharmacists, perhaps because the cases they manage are likely to be less complex than those dealt with in the first instance by pharmacists (Figure 9), or because they are referring to pharmacists in the first instance if they need to. 4,019 consultations (8.1%) managed solely by the non-pharmacist resulted in a referral, compared to 23% when the non-pharmacist referred to the pharmacist, or 13.5% when the pharmacist alone managed the consultation.

Figure 9

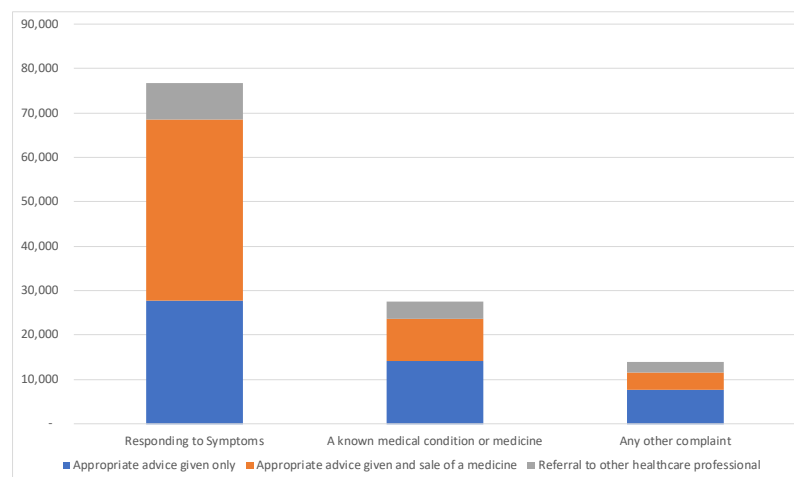


When the presenting complaint is considered versus the outcomes of the consultation, a marked differential can be observed (Figure 10). Patients who present with symptoms receive advice and the sale of a product in **55% of cases** (40,933 cases) and **advice alone in 37%**. Consultations for a known medical condition result in the sale of a product in only 35% of cases and **advice alone in 53%**. This data is supported by the 2020 audit results which found:

- In **49%** of cases where the pharmacies respond to symptoms, advice with the **sale of a product** is provided.
- However, this is reversed with **advice alone** being the outcome in **45%** of the cases where the pharmacy respond to an existing medical condition

This demonstrates that pharmacies are providing advice alone for many people regarding both existing medical conditions and, less frequently, symptoms, without remuneration in a significant number of consultations.

Figure 10

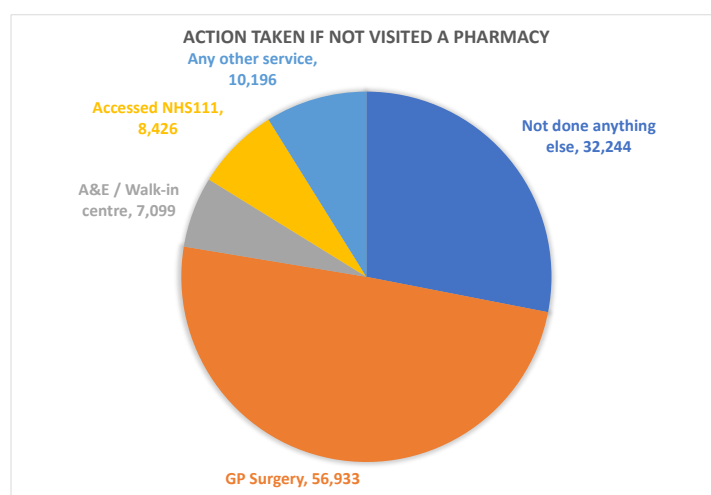


Alternatives

The pharmacies were asked to record the action the patient would have taken had they not been able to visit the pharmacy and the results are shown in Figure 11. **49.6%** (56,933) reported that they would have visited their GP had the pharmacy not been available. This is supported by the 2020 audit at 49.1% and the Welsh audit at 53.2%.

This would result in an increase of **558,268 surgery appointments per week** (n=1,125,540 consultation per week) and per surgery this would result in an **additional 74.4 appointments** in each GP practice per week in England (n=7,500 surgeries).

Figure 11



A further **6.2%** would have visited A&E / Walk-in centre which would have resulted in an additional **69,783** appointments per week (Figure 11).

Duration

The average time per consultation initiated with a pharmacist was **5.48 minutes** and the average time per non-pharmacist initiated consultation was **4.13 minutes** (5.28 and 4.02 respectively for Summer 2020). For the 15,520 non-pharmacist consultations (13.5%) that were referred to the pharmacist, the combined total of the conversations needs to be considered, which results in an average combined time per consultation of **7.79 minutes** (Figure 12) where both a non-pharmacist and a pharmacist was involved. In these combined instances, the non-pharmacist may have spent a short period of time with the patient before referring to the pharmacist. The range of consultation lengths can be seen in Figure 13.

On average, regardless of which pharmacy team members were involved, a total of 5.33 minutes were spent on each consultation, meaning the **average pharmacy consults for 90.1 minutes per day with patients**.

Figure 12

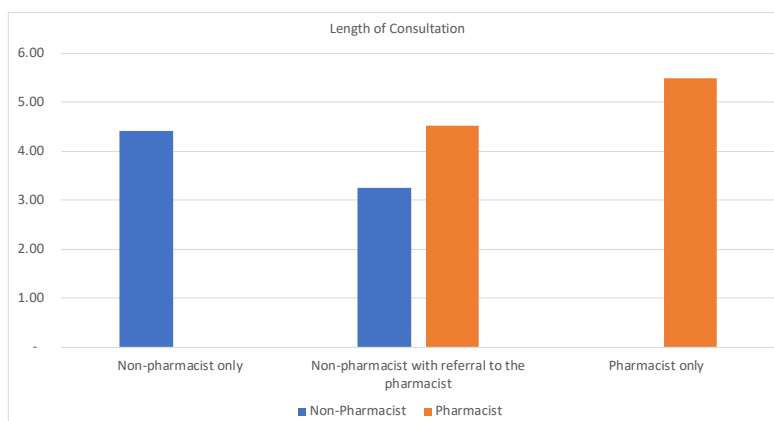
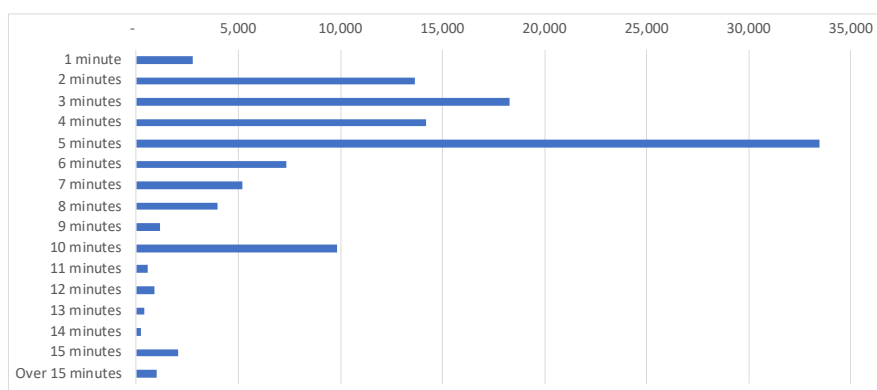


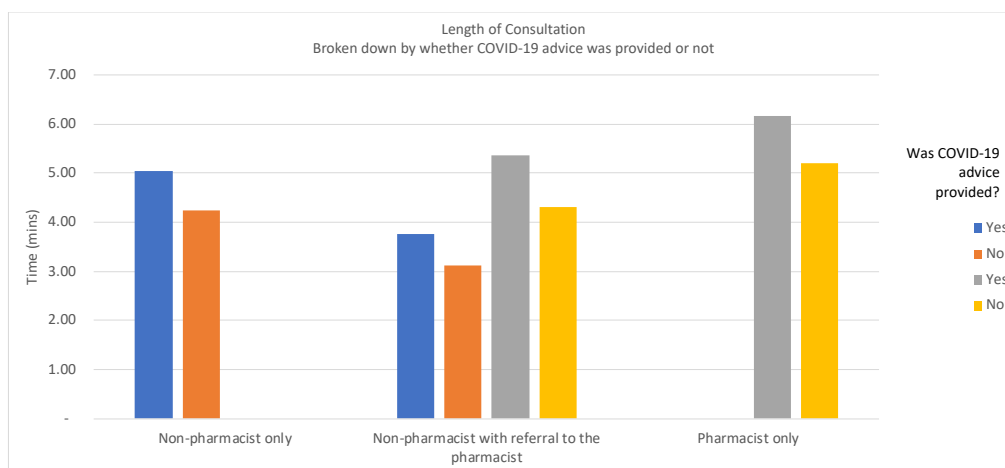
Figure 13



A detailed review of the time taken for each different presenting complaint can be seen in Appendix 3 (Pharmacist initiated) and Appendix 4 (Non-pharmacist initiated). These two appendices breakdown the different length of time spent by each colleague according to whether the patient presented in person for a face-to-face consultation, was on the phone or was consulted with online.

The impact of COVID-19 can be clearly seen in the data within the audit with 24.1% of consultations including advice relating to COVID-19. Regardless of whether the consultation involved the pharmacist or non-pharmacist, or both, the total consultation took approximately **20.4% longer when it included advice relating to COVID-19** (Figure 14).

Figure 14



This demonstrates that community pharmacies are spending longer supporting patients as a result of COVID-19 than they would have ordinarily, all with no additional remuneration.

Pharmacy Pressure

Included in the PSNC Pharmacy Advice Audit 2021 were two questions relating to the pressure community pharmacy was experiencing. The questions were:

1. On a scale of 1-10, how much pressure is the pharmacy currently under?
2. What percentage of your workforce is currently off work or self-isolating due to COVID-19?

5,208 pharmacies completed the Overview module and recorded answers to these two questions. The average score out of 10 for pharmacy pressure was 7.66 with the range of scores seen in Figure 15.

3,183 pharmacies (61.1%) recorded a **score of 8, 9 or 10 out of 10** for pressure. This means that **nearly two thirds of the pharmacy network is currently under intense pressure**. Part of this will be related to COVID-19, however part will be related to underlying work and professional pressure.

The average percentage of pharmacy staff off from work or self-isolating due to COVID-19 was **8.5%** with the range of scores seen in Figure 16. 687 pharmacies (13%) recorded having 20% or more of their staff off or self-isolating.

Figure 15

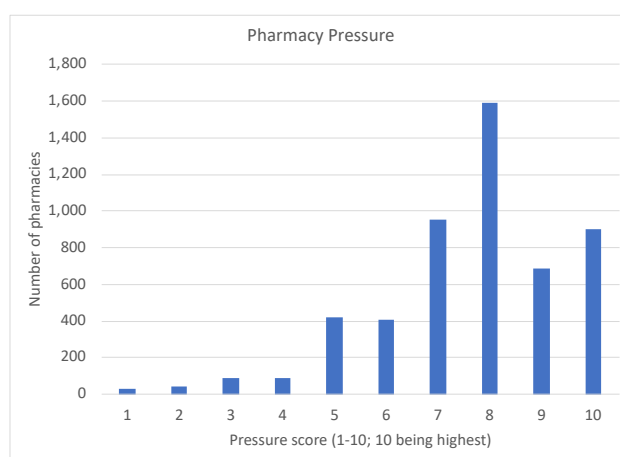
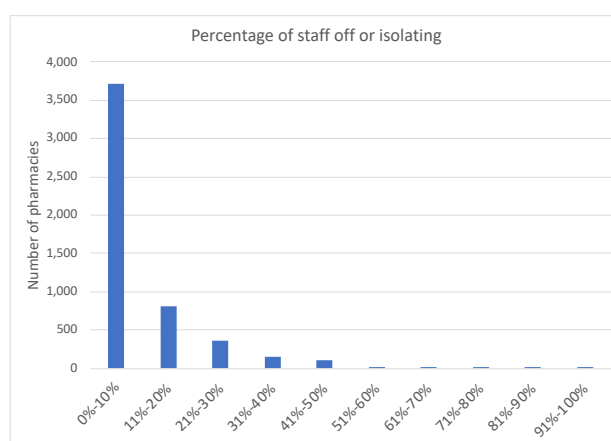


Figure 16



Discussion

This audit identified that community pharmacy plays a vital role in the health of local communities. During COVID-19 pharmacies have maintained their open-door policy accepting face to face consultation for patients who need help and support. Each week, over 1.1 million people access pharmacies with over one fifth seeking advice because they either could not access their primary choice of healthcare setting or because they were referred on from them. Had the pharmacy not been available, this would have resulted in nearly 50% seeking support from the GP surgery creating an additional 74.4 consultations per week per surgery in England. Included in nearly 25% of pharmacy consultations is advice and support relating to COVID-19.

This has all been delivered whilst pharmacies are under intense pressure with nearly a third of pharmacies grading this at 9 or 10 out of 10 with on average nearly 10% of staff off from work or self-isolating.

This audit, along with the audit in 2020 demonstrates that community pharmacy supports patients and the public in their local community and provides services above and beyond those commissioned directly by NHSE&I. It also demonstrates that the NHS Community Pharmacist Consultation Service is already being bypassed with 130,000 consultations per week occurring because of informal referrals from General Practice and NHS111 resulting in no tracking of these patients, increased clinical risk and reduced remuneration for the pharmacies providing this clinical service.

Conclusion

Community pharmacy is the most accessible healthcare setting offered by the NHS, however it is often the most undervalued. This audit, supported by the 2020 audit, shows the invaluable role the sector plays and why it should be appropriately recognised and remunerated by HM Government and the NHS.

Acknowledgments

Support was provided to develop this audit from PSNC along with Avon LPC during the pilot phase of the 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 data collection form

Time taken to complete (to the nearest quarter of a day)_____

22

Appendix 2

Audit data collection form: Example of how to complete

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			Unable to access other health setting	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)								
✓		✓			✓					✓			✓		✓		✓		✓				6		
	✓		✓						✓		✓		✓					✓					4		
	✓		✓				✓			✓				✓	✓	✓				✓		5	5		
✓		✓				✓				✓			✓					✓				7			

			Section Total			16,008			16,008			1,064		92,616		COVID-19 advice given during the consultation		
					No. of interactions	Ave Time (mins)			No. of interactions	Ave Time (mins)	Additional onward referral	Total Time (mins)			No. of interactions	Ave Time (mins)		
Pharmacist	No. of interactions 49,708 Ave Time (mins) 5.48	Phone	No. of interactions 16,008 Ave Time (mins) 5.79	Responding to Symptoms	8,373	5.66	Appropriate advice given only	5,894	5.54	446	32,631	Yes	3,241	6.12				
							Appropriate advice given and sale of a medicine	1,857	5.87	90	10,897	No	5,132	5.37				
							Referral to other healthcare professional only	622	6.24	N/A	3,881							
				A known medical condition or medicine	5,443	6.02	Appropriate advice given only	4,171	5.82	354	24,296							
							Appropriate advice given and sale of a medicine	757	6.68	46	5,056	Yes	1,554	6.78				
							Referral to other healthcare professional only	515	6.66	N/A	3,431	No	3,889	5.72				
				Any other complaint	2,192	5.67	Appropriate advice given only	1,669	5.41	117	9,028							
							Appropriate advice given and sale of a medicine	214	6.79	11	1,453	Yes	888	5.77				
							Referral to other healthcare professional only	309	6.29	N/A	1,943	No	1,304	5.60				
				33,380					33,380			1,765		177,920				
						No. of interactions	Ave Time (mins)			No. of interactions	Ave Time (mins)	Additional onward referral	Total Time (mins)					
				Face to Face	No. of interactions 33,380 Ave Time (mins) 5.33	Responding to Symptoms	22,680	5.19	Appropriate advice given only	7,702	5.06	706	38,936	Yes	5,850	5.98		
									Appropriate advice given and sale of a medicine	13,566	5.21	438	70,728	No	16,830	4.91		
									Referral to other healthcare professional only	1,412	5.62	N/A	7,934					
						A known medical condition or medicine	7,817	5.64	Appropriate advice given only	3,820	5.59	327	21,340					
									Appropriate advice given and sale of a medicine	3,364	5.52	132	18,558	Yes	2,101	6.41		
									Referral to other healthcare professional only	633	6.60	N/A	4,179	No	5,716	5.35		
						Any other complaint	2,883	5.63	Appropriate advice given only	1,500	5.36	122	8,042					
Appropriate advice given and sale of a medicine	1,078	5.90	40						6,363	Yes	949	6.17						
Referral to other healthcare professional only	305	6.03	N/A						1,840	No	1,934	5.37						
320					320			24		2,097								
		No. of interactions	Ave Time (mins)			No. of interactions	Ave Time (mins)	Additional onward referral	Total Time (mins)									
Online	No. of interactions 320 Ave Time (mins) 6.55	Responding to Symptoms	167	6.63	Appropriate advice given only	85	6.41	5	545	Yes	60	7.05						
					Appropriate advice given and sale of a medicine	62	6.39	2	396	No	107	6.40						
					Referral to other healthcare professional only	20	8.35	N/A	167									
		A known medical condition or medicine	94	6.38	Appropriate advice given only	43	5.95	9	256	Yes	31	6.19						
					Appropriate advice given and sale of a medicine	36	7.19	3	259	No	63	6.48						
					Referral to other healthcare professional only	15	5.67	N/A	85									
		Any other complaint	59	6.59	Appropriate advice given only	35	6.00	4	210									
					Appropriate advice given and sale of a medicine	13	6.62	1	86	Yes	18	4.89						
					Referral to other healthcare professional only	11	8.45	N/A	93	No	41	7.34						

[illegible]

