



PSNC PHARMACY ADVICE AUDIT 2022

2022 Full Report

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Executive Summary

In the Winter of 2022, **4,139 community pharmacies** took part in the third PSNC Pharmacy Advice Audit to provide key information on the number, type, duration and outcome of consultations that occur daily in community pharmacy. This built on the Winter 2021 and Summer 2020 audits allowing comparisons to be drawn across an 18-month period. The audit also looked to provide for the first time, information on the level of severity of the patients' presenting complaint.

Over the course of one day, or longer if required, the participating pharmacies were required to record information on a minimum of 20 patient consultations, which provided data on **82,872 patient consultations** to inform the results of this audit. The data showed, that on average, a community pharmacy consults with **19.2 patients per day** which is a **14% increase** on the Winter 2021 audit (16.9 / day) and a **29% increase** on the Summer 2020 (14.9 / day). Therefore, across 10,800 community pharmacies, there are approximately **1,244,160 consultations per week** (6 days per week) or, nearly **65 million per year**.

Not only are more people attending a community pharmacy daily, seeking advice and support, but a higher percentage are self-referring with **80.3%** in 2022 compared to 76.3% in 2021. Weekly, nearly **866,000 people** (70%) are presenting to the pharmacy for advice about their symptoms along with a further 20% seeking advice about an existing medical condition. However, over the course of a week, nearly **117,000 informal referrals** (1.8 / day) are still being received in the pharmacy from either the local GP practice or NHS 111.

Community pharmacies **successfully conclude 83% of consultations**, with only 17% requiring referral to another healthcare professional, of which 65% of these are referred to the patient's GP surgery. Of the 17% of patients that were referred to another healthcare professional, 23% were deemed by the pharmacy to require an urgent assessment, which provides an insight into the level of acuity of the conditions with which patients are visiting pharmacies.

The average consultation duration was **5.6 minutes**, meaning over **107 minutes per day** is spent providing these clinical consultations which is a **19% increase** on the 2021 reported consultation length of 90 minutes per day.

Finally, if the patient had not been able to access their local community pharmacy, they would have **visited their GP practice in 49.8% of occasions**, which would have resulted in an **additional 619,000 appointments per week**, or **94.8 per practice per week (n=6,527)**. This showed a marked increase from 2021, where 74.4 appointments per week were avoided (n=7,500). This represents an avoidance of **32.2 million GP appointments per year** by patients having access to their local community pharmacy.

Introduction

Background

Every day, 1.6 million people visit a community pharmacy in England¹, equating to around 438 million visits per year for health-related issues². Community pharmacies are highly accessible, with nearly 900 pharmacies open 100 hours per week allowing the public to obtain clinical services at a time convenient to them.² Clinical care is provided every day by community pharmacies as part of their NHS Essential Services, support for self-care service³. However, it is suggested that this clinical care is now exceeding the remit of the original self-care expectations and as such, pharmacists and their team are now seeing more acutely unwell, complex patients.

This audit is the third in the series with previous audits being carried out in the Summer of 2020 and Winter 2021⁴. There are common themes through each audit to allow comparison along with additional questions to reflect the healthcare landscape at that moment in time.

PSNC Pharmacy Advice Audit 2021 and 2022

In the summer of 2020 and the winter of 2021, PSNC undertook two audits across all English community pharmacies with the data received and conclusions drawn supportive of the positive impact pharmacies have on their local communities.

A summary of the audits is as follows:

- Summer 2020
 - Over **9,400 pharmacies** took part and recorded data on **198,043 patient consultations** equating to 14.9 consultations per day
 - Around **75 minutes per day** per pharmacy was spent providing consultations with **fewer than 10%** being referred to the patient's GP, yet **49% of patients** reported that if the pharmacy had not been there, they would have visited their GP **saving 492,000 additional GP appointments** per week
- Winter 2021
 - Over **5,830 pharmacies** took part and recorded data on **114,898 patient consultations** equating to 16.9 consultations per day
 - Around **90 minutes per day** per pharmacy was spent providing consultations with **over 11% informally referred** from the GP (9%) or NHS111 (2.4%). Almost a quarter of consultations also included a **discussion relating to COVID-19** and these consultations took on average 20% longer. Lastly, almost **half the patients** reported that had they not been able to visit their pharmacy, they would have visited their GP saving more than **550,000 additional GP appointments** per week.

¹ About Community Pharmacy, PSNC; online <https://psnc.org.uk/psncs-work/about-community-pharmacy/> [accessed 23rd March 2022]

² 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 23rd March 2022]

³ PSNC, Essential Services; online <https://psnc.org.uk/services-commissioning/essential-services/support-for-self-care/> [accessed 23rd March 2022]

⁴ PSNC Pharmacy Advice Audit – Summer 2020 and Winter 2021, PSNC, online <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/> [accessed 23rd March 2022]

Audit Purpose

This audit aims to compare key indicators from the 2020 and 2021 audits, such as the number of consultations per day, referral route into the pharmacy, duration and outcomes along with beginning to consider the level of severity of the presenting complaint.

With pharmacists now seeing more complex patients for one to one, private consultations since the introduction of the NHS Community Pharmacist Consultation Service (NHS CPCS), it is hypothesised that patients are now more regularly using the community pharmacy as their primary preference for common ailments and therefore pharmacies are not only seeing more patients but importantly, more complex patients. NHS CPCS is contractually funded, however there are still a significant number of people informally referred by surgeries and NHS 111 (which do not attract funding) and this audit aims to build on the findings in 2021 relating to the 11% of consultations being initiated via an informal referral.

This audit aims to provide data to demonstrate changes in public behaviour and has 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 begin to understand the level of severity of the presenting complaint by looking at the urgency of referrals to other healthcare professionals.
4. To quantify the informal referrals to pharmacies from GP practices and NHS 111.
5. To replicate components of the Summer 2020 and Winter 2021 audits to compare and contrast findings.

The findings of the audit will be used to inform PSNC's discussions with the Department of Health and Social Care and the NHS about pharmacy consultations, and to demonstrate the amount of clinical care 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 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 NHS 111 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

- *Self-refer*
 - For example, a patient who made their own choice to visit the pharmacy
- *Informal referral*
 - This was to understand if a **GP, NHS 111, or other** healthcare provider referred the patient to the pharmacy **without** sending it via a formal referral pathway such as 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 GP practice 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 practice*
 - *Out of hours*
 - *This can include Urgent Treatment Centres or Minor Injury Units*
 - *A&E*
 - Other healthcare setting

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

5. Referral Urgency:

- Indication was given as to how urgently it was felt the patient needed to be seen by the other healthcare setting.
 - *Urgent*
 - *Non-urgent*

Referrals from the non-pharmacist to the pharmacist were **not included** in this section.

This data enabled exploration of the level of acuity of the patient's symptoms or condition with the assumption being made that the more urgent the referral, the more seriously unwell the patient was.

6. 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 practice*
- *Visited A&E / Walk in centre*
- *Accessed NHS 111*
- *Any other option*

This data helped to estimate costs avoided within the NHS.

7. 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.

8. Confidence (optional):

- At the end of each consultation, the pharmacy team members 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.

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 2022 - **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 data of consultations
 - Any case study information regarding examples of consultations, or experiences in the pharmacy
2. PSNC Pharmacy Advice Audit 2022 – **Data Entry**
 - Completed once for **each consultation** that was held

Results

Completion Rates

82,872 consultations were completed by **4,139 community pharmacies** during the audit, which represented a completion rate of **38.3%** (n=10,800 – estimate excluding Distance Selling Pharmacies) across England. This was split 52% pharmacies which are Company Chemists' Association (CCA) members : 48% non-CCA member pharmacies.

3,493 pharmacies completed both the PharmOutcomes Overview and Data Entry services. 4,139 completed the data entry form and 3,544 completed the Overview form. Out of the 3,493 pharmacies who completed both parts of the audit, **1,984 pharmacies (56.8%)** completed the audit in one day or less, with the remaining **1,509 pharmacies** taking longer than one day.

Number of consultations per day

A review of the **3,493 pharmacies** (32.3% of all community pharmacies n=10,800) who completed both the overview and data entry services revealed that it took an average of **1.54 days** to complete the audit, and there was an **overall average of 19.2 consultations per day** across the 3,493 pharmacies. Extrapolating the results, across 10,800 community pharmacies it is estimated that **207,360 consultations** are carried out per day and **1,244,160 per week** (n=10,800, days of the week = 6, 19.2 consultations per day).

Results from the previous audits in 2020⁴ and 2021⁴ showed that 14.9 and 16.9 consultations per day were carried out daily by the average community pharmacy. 2022 therefore, represents a **29% increase on 2020** and a **14% increase on 2021**, demonstrating that communities view their pharmacy as an increasingly vital element of healthcare as compared to previous years, they are using it more frequently.

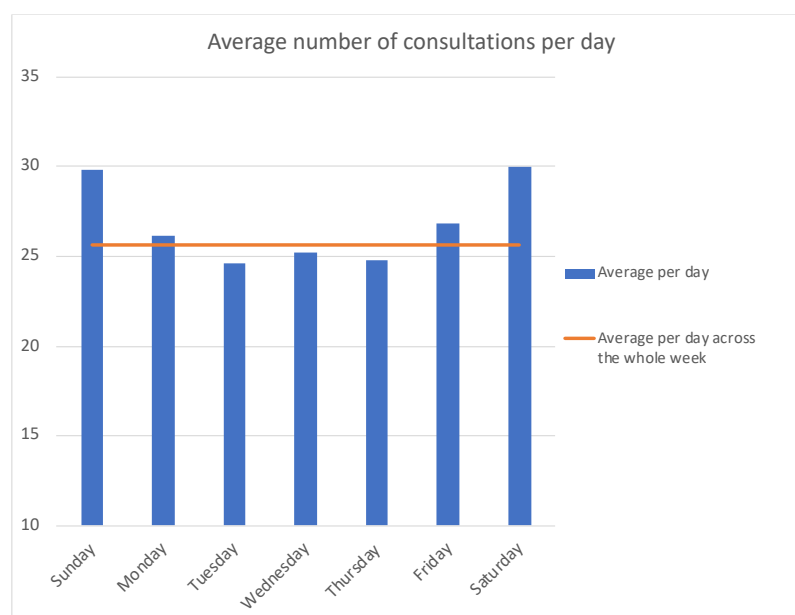
Analysis of the 1,984 pharmacies who completed the audit in one day or less showed a spread across the course of the week as seen in Table 1 and Figure 1. The average across the week is 25.6 which is higher than the 24.3 average per day seen in 2021⁴. The number of consultations recorded at the weekend is still not significant given the low numbers (Sunday = 11; Saturday = 42), however Saturday has shown a marked increase from 23.9 in 2021 to 30 in 2022 with a similar size cohort (42 versus 46).

Table 1

	Number of consultations	Number of pharmacies	Average per day
Sunday	328	11	29.8
Monday	12568	482	26.1
Tuesday	9254	376	24.6
Wednesday	9315	370	25.2
Thursday	9084	366	24.8
Friday	9009	336	26.8
Saturday	1261	42	30
Average	50819	1983	25.6

To note – one pharmacy removed due to incomplete day field

Figure 1



Presenting Reason (Referral Route)

Of the 82,872 consultations recorded, **66,545 (80.3%)** (Figure 2) were as a result of patients self-referring into the pharmacy. The remaining **19.7% (16,327)** 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. This has shown a reduction

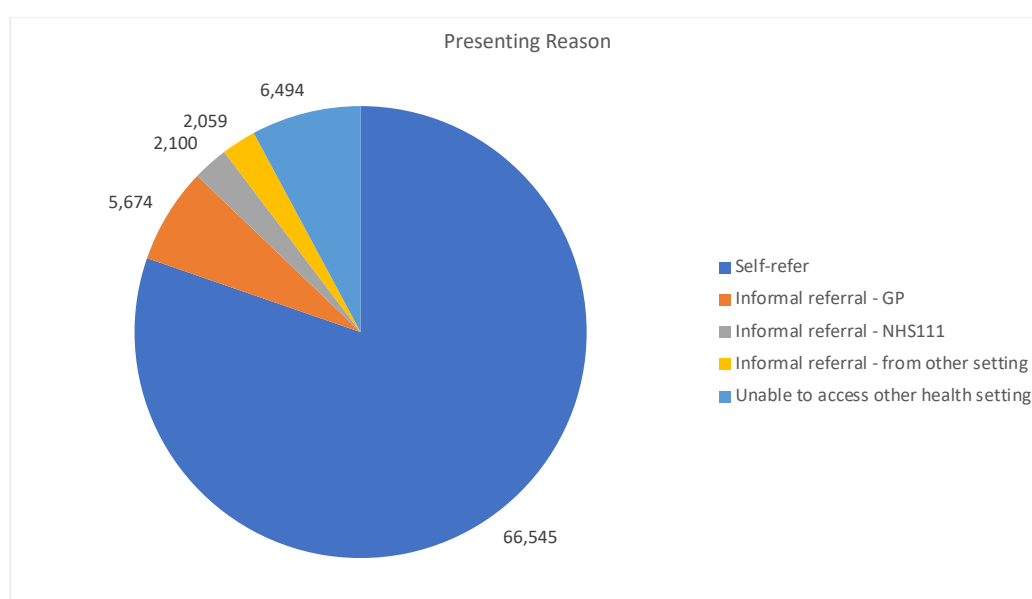
since 2021, where overall, 23.7% of consultations were as a result of patients not being able to access their preferred healthcare setting.

The breakdown of the different referral routes is as follows:

1. **5,674 (6.8%)** were informally referred by General Practice
 - a. 2021 = 9.0%
2. **2,100 (2.5%)** were informal referrals from NHS 111
 - a. 2021 = 2.5%
3. **2,059 (2.5%)** were informal referrals from other healthcare settings
 - a. 2021 = 3.6%
4. **6,494 (7.8%)** were because the patient did not have access to their preferred part of the health system
 - a. 2021 = 8.6%

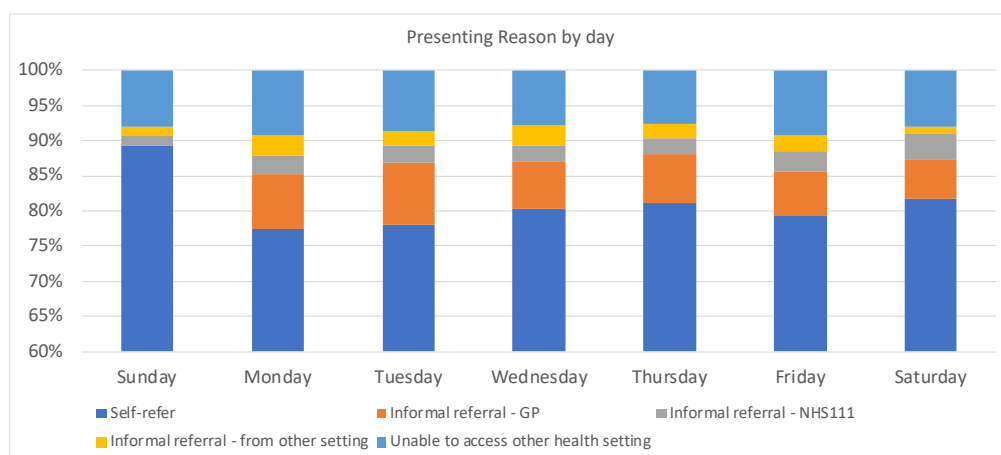
Therefore, weekly, of the **1,244,160** consultations carried out, over **245,000** are carried out in community pharmacy because the patient is **unable to access their preferred part of the healthcare system** or are informally referred from General Practice or NHS 111 or another healthcare setting (n=1,244,160 consultations per week, 19.7%).

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, patients consistently self-refer between 77-81% of occasions.

Figure 3



Across the course of the week, informal referrals from GPs were 7.3%. This represents a reduction from approximately 10% in 2021, possibly due to either GPs being more accessible, or changes in patient choice where they are accessing their pharmacy first.

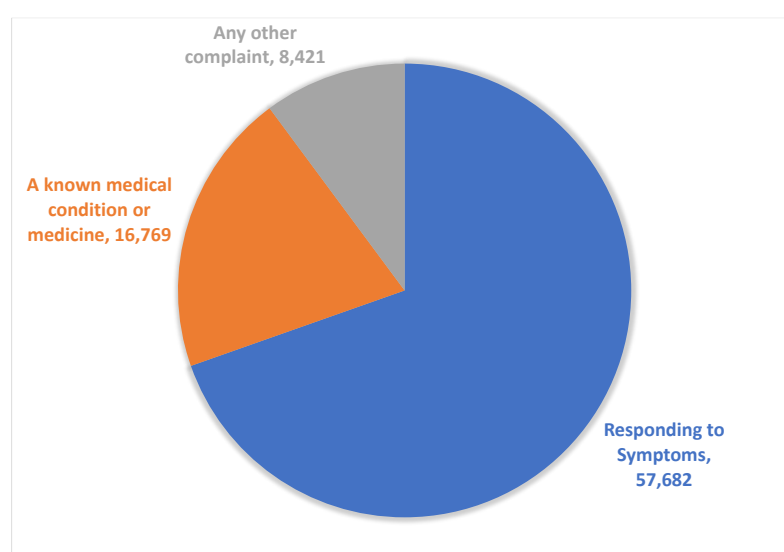
Type of consultation (Presenting Complaint)

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 **69.6%** (57,682) of the consultations, with **20.2%** (16,769) being for 'a known medical condition' and **10.2%** (8,421) for 'any other complaint' (Figure 4).

Figure 4



A comparison to previous audits can be seen in Table 2:

Table 2

	2020	2021	2022
Responding to symptoms	63%	65%	69.6% (57,682)
Known medical condition	18%	23.4%	20.2% (16,769)

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

- **865,982 consultations to respond to symptoms**
- **251,754 consultations for a known medical condition**
- **126,425 consultations for any other complaint**

When consultations for responding to symptom are compared to 2020 and 2021, the following trends can be seen:

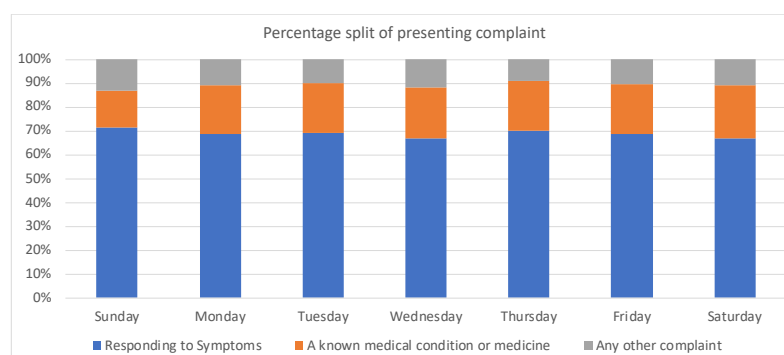
- 2020 – 627,348 consultations per week
- 2021 – 730,205 consultations per week
- 2022 – 865,982 consultations per week

(n=10,800 pharmacies, 69.60% or 20.24% or 10.16%, 19.2 consultations / day, 6 days per week)

Overall, this represents a **38% increase** in the number of consultations per week relating to responding to symptoms in the 18 months since the Summer 2020 audit was carried out.

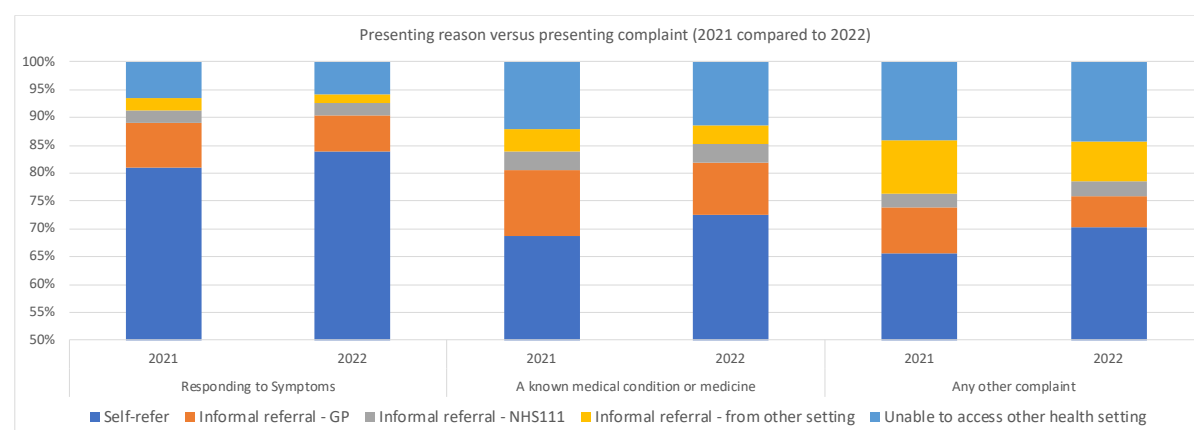
When the presenting complaint information is viewed across the week, all days show a consistent distribution (Figure 5).

Figure 5



However, when the presenting reason (referral route) is compared against the presenting complaint (the type of consultation), the breakdown of patient decisions becomes more apparent. Patients are now more likely to self-refer to pharmacy for all reasons than they were in 2021 (Figure 6). Patients are more likely to self-refer to a pharmacy for a consultation relating to their symptoms compared to 2021 (84% versus 81%), more likely to self-refer for information about a known medical condition compared to 2021 (73% versus 69%) and more likely to self-refer for other complaints (70% versus 65%). There has been a drop in informal referral during the same period from GPs to compensate.

Figure 6



This has therefore resulted in an overall reduction in the number of informal referrals from GPs per week to community pharmacy. In 2021, this was approximately 101,000, however in 2022, this has dropped to just over 85,000 (Table 3). However, with approximately 6,527 GP practices in England⁵, this would still account for **13.05 informal referrals per week per practice** to a community pharmacy or weekly **7.89 consultations** received informally in each community pharmacy following a referral by a local GP practice.

Table 3

	Weekly consultations	% Informal referral from GP	Consultations referred from GP per week	Referrals per week per surgery
Responding to Symptoms	865,982	6%	54,662	8.37
A known medical condition or medicine	251,754	9%	23,375	3.58
Any other complaint	126,425	6%	7,146	1.09
Total	1,244,160		85,183	13.05

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 around **183,000 consultations per week**, or **27.99 weekly consultations per surgery** as a consequence of lack of access the General Practice (Table 4) (n=6,527). For the purpose of this report, 85,183 consultations will be used from Table 3.

Table 4

	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	865,982	6%	6%	105,121	16.11
A known medical condition or medicine	251,754	9%	11%	52,245	8.00
Any other complaint	126,425	6%	14%	25,312	3.88
Total	1,244,160			182,678	27.99

⁵ NHS Digital, online <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/january-2022> [accessed 20th April 2022]

Weekly informal referrals from NHS 111 have increased since the 2021 audit with over 31,000 being recorded compared to 27,500 in 2021 (Table 5), generating **2.92 consultations** per week in each community pharmacy (n=10,800). The increase has predominantly been seen in consultations for Responding to Symptoms which rose from approximately 16,000 per week in 2021, to over 19,600 in 2022.

Table 5

	Weekly consultations	% Informal referral NHS111	Consultations referred from NHS111 per week	Referrals received per week per pharmacy
Responding to Symptoms	865,982	2.3%	19,607	1.82
A known medical condition or medicine	251,754	3.4%	8,542	0.79
Any other complaint	126,425	2.7%	3,378	0.31
Total	1,244,160		31,527	2.92

Overall, the weekly number of informal referrals from GPs and NHS 111 has reduced from nearly 130,000 in 2021 to 116,710 in 2022, however this still generates **10.8 informal consultations** per week per community pharmacy (n=7.89; 2.92), which could be made via the NHS CPCS.

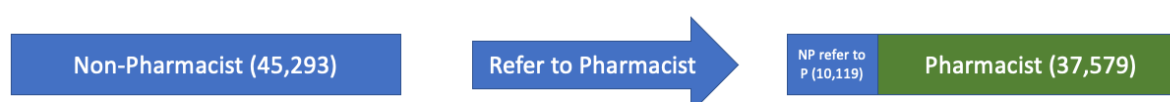
This also potentially creates a **clinical risk** because if patients are not formally referred via NHS CPCS, there is a risk that they will not receive assessment and advice if they do not present to a pharmacy.

This demonstrates the need to ensure all GP practice and NHS 111 referrals are formally referred to a community pharmacy.

Consultation Initiation

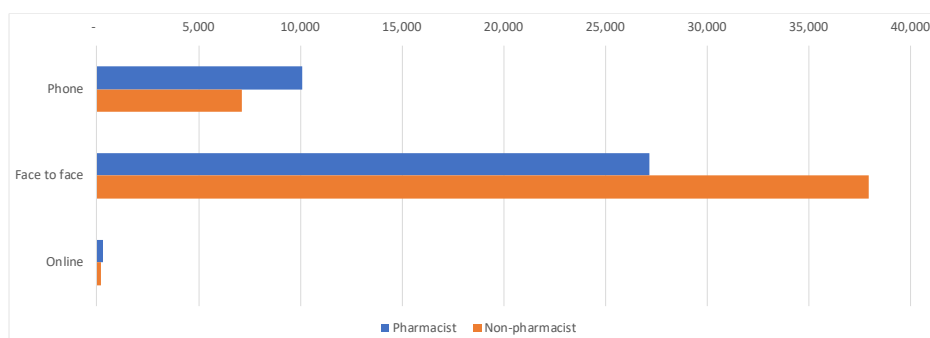
45,293 (54.7%) consultations were initiated with a non-pharmacist and **37,579** (45.3%) with the pharmacist. Of the consultations initiated with the non-pharmacist, **10,119** (22.3%) were referred to the pharmacist (Figure 7), leading to a total of **47,698** consultations involving the pharmacist.

Figure 7



65,122 (78.6%) were delivered face-to-face, **17,232** (20.8%) via the phone and **518** (0.6%) were online (Figure 8). Face to face consultations increased from 2021, where 74.5% of consultations occurred this way. This could be a result of changes in social distancing due to COVID-19.

Figure 8



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.

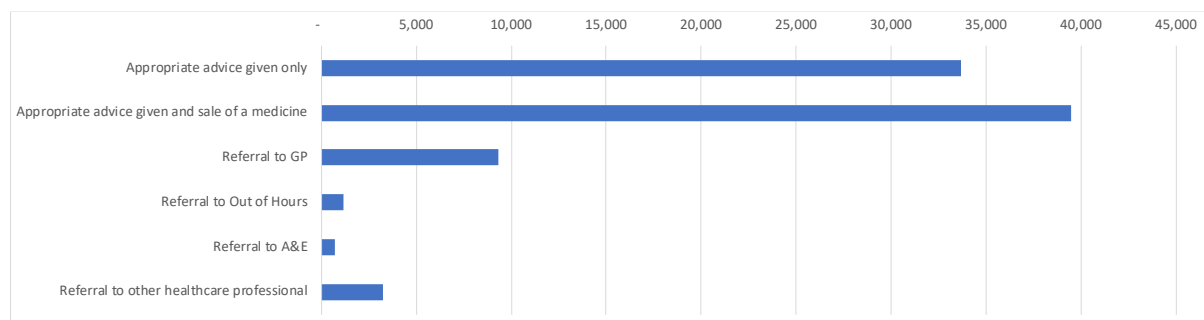
The two outcomes above could also occur with or without:

- Referral from the non-pharmacist to the pharmacist in the community pharmacy
- Referral to another healthcare professional
 - For example, GP practice, Out of Hours, A&E and NHS 111

The recorded outcomes can be seen in Figure 9. **33,689** (40.7%) of the consultations resulted in advice without the sale of a product with **39,474** (47.6%) resulting in advice and the sale of a medicine. This showed that over **505,774** consultation per week or **7.8 consultations per day per pharmacy** occur in each community pharmacy for clinical advice alone, with no direct remuneration and no linked sale of a medicine (40.7% of 1,244,160 or 19.2). Onward referral to another healthcare professional occurred in **14,235** (17.2%) of the consultations, however, 14,440 referrals were made as 205 consultations resulted in multiple referrals (for example, GP surgery and Out of Hours). Analysis also showed that, **7,722** consultations resulted in a referral combined with either advice, or advice with the sale of a medicine.

The breakdown of the **14,235** referrals elsewhere shows that, **9,312** (11.2%) referrals were made to the GP, **1,168** (1.4%) referrals to Out of Hours, **698** (0.8%) referrals to A&E and the remaining **3,262** (3.9%) referred to another healthcare professional (to note, 205 referrals were referred to multiple providers). This shows that the overall proportion of patients referred to another healthcare professional has increased from 2021 to 2022 by five percentage points (12.4% to 17.2%).

Figure 9

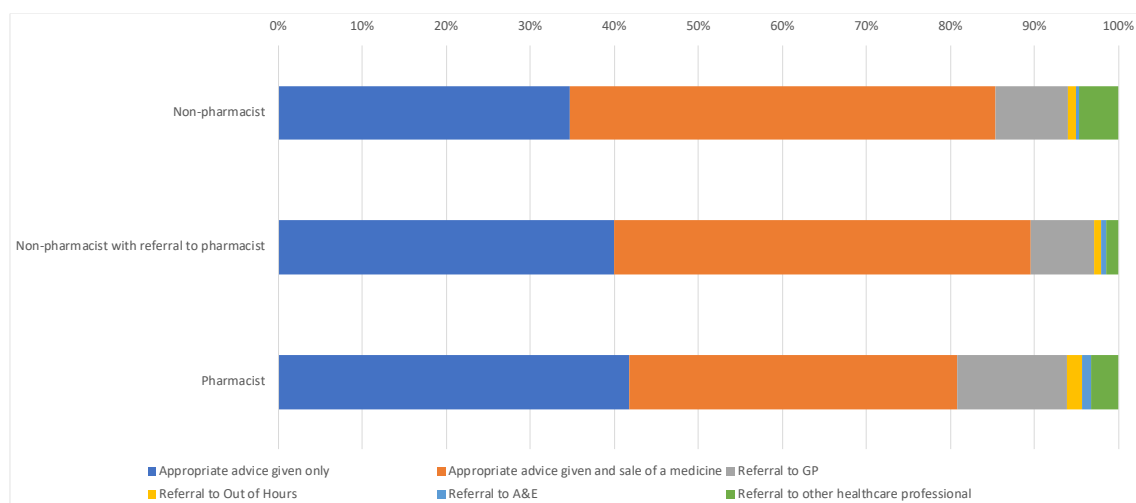


When the outcome of the consultation is compared to the colleague in the pharmacy that the patient first presented to, it shows that:

- In 85% of cases initiated with the non-pharmacist, the outcome is advice with or without a product,
- In 89% of cases when the non-pharmacist refers to the pharmacist the outcome is advice with or without a product,
- This drops to 81% of cases initiated with the pharmacist resulting in an outcome of advice with or without the sale of a product.

Consultations initiated with the pharmacist are also 50% more likely to result in a referral to the GP (13% compared to 8.6%) (Figure 10).

Figure 10

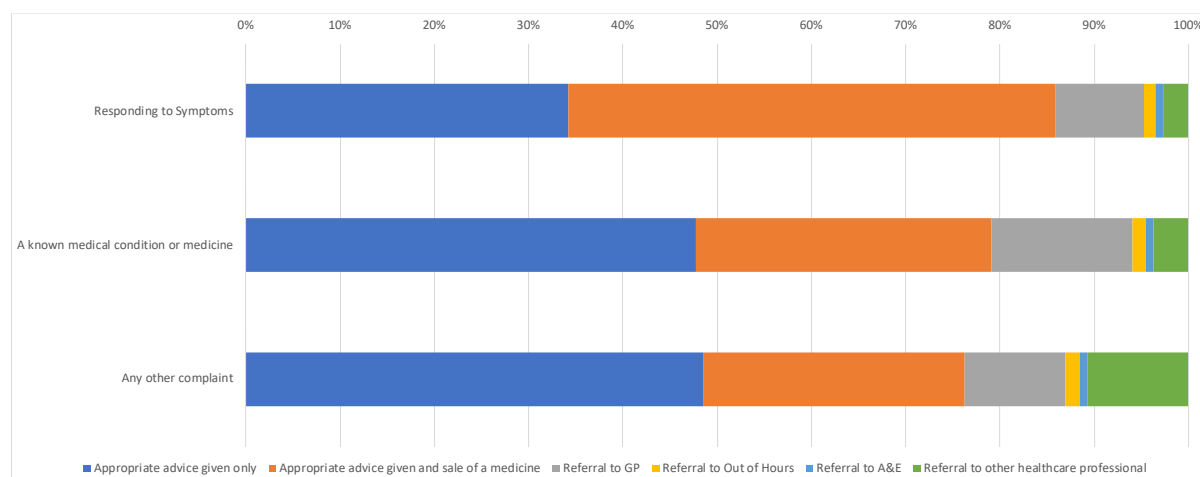


The outcome of the consultation can also be represented by a pictorial flow diagram to show to flow of patients (Figure 11). This diagram demonstrates that most consultations in the pharmacy are successfully managed to conclusion by the pharmacy team, with very few being referred.

The flowchart illustrates the distribution of patient referrals from Non-Pharmacists (45,293) to Pharmacists (37,579) and other healthcare providers. The chart shows the number of patients referred for 'Advice Only' and 'Advice & Product' services, and the number of patients referred to various healthcare providers.

Referral Path	Non-Pharmacist (45,293)	Pharmacist (37,579)
Advice Only	11,269	20,286
Advice & Product	18,287	18,604
Refer to GP	3,342	5,970
Refer to OOH & A&E	531	1,335
Refer to other healthcare provider	1,815	1,447

Figure 12



Responding to symptoms

- Existing medical condition

- 2020 - Advice alone: 45% / Advice with the sale of a medicine: 29%

- 2021 – Advice alone: 53% / Advice with the sale of a medicine: 35%
- 2022 – Advice alone: 51% / Advice with the sale of a medicine: 33%

This comparison with previous audits shows that pharmacies are consistently providing advice about existing medical conditions with approximately half resulting in no sale of a medicine. Approximately one third of all responding to symptoms consultations also result in no sale of a medicine.

Urgency of referral

The audit also aimed to look at the level of acuity of the patient's condition by examining the urgency of any referrals made to other healthcare professionals. Of the 14,235 referrals made, **23%** (3,261) were deemed to be urgent referrals, with **77%** non-urgent. When consideration is given to the differing types of presenting complaint, no significant difference in referral rates is noted (Figure 13). However, when the eventual end point of the referral is considered, a significant change can be seen from **22%** of referrals to a GP being urgent, to **63%** of referrals to A&E being urgent (Figure 14). However, it is recognised that only **4.9%** of referrals were made to A&E and it is expected that these would be the more severe cases.

Figure 13

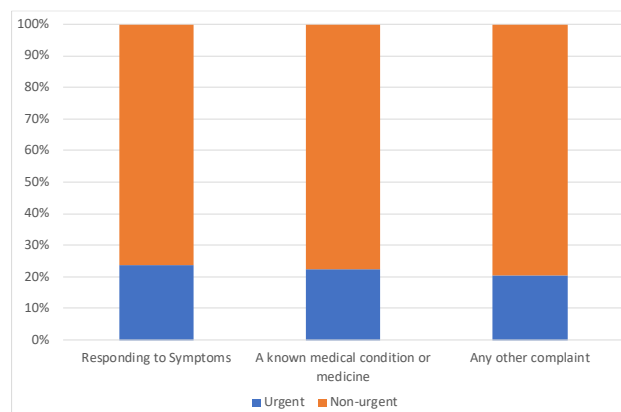
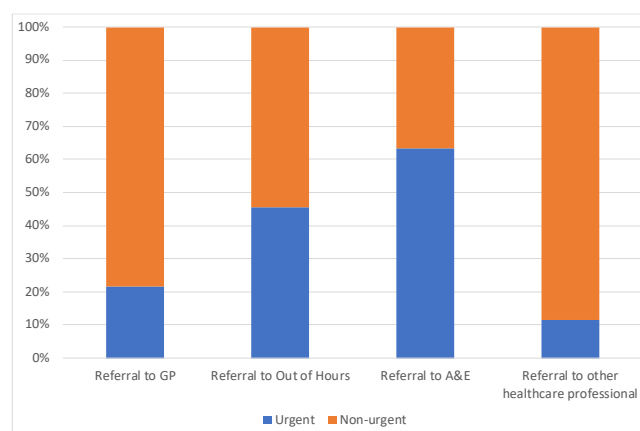


Figure 14



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 15. **49.8%** (41,235) of

people reported they would have visited their GP practice had they not been able to visit their community pharmacy. This is supported by the 2021 and 2020 audits where the alternative chosen was the GP practice in 49.6% and 49.1% of cases respectively.

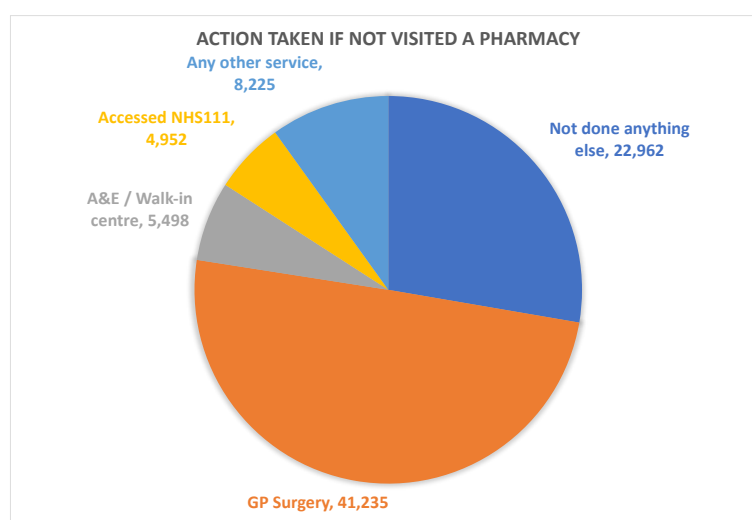
Therefore, community pharmacy is now **saving 619,062 GP practice appointments per week** (n=1,244,160, 49.8%), which equates to an **additional 94.8 appointments per practice per week** in England (n=6,527 practices) if the community pharmacy was not able to see the patient.

Since 2020 this has increased as follows:

- 2020 – **491,600** – saving an **additional 65 appointments** per practice per week (n=7,500)
- 2021 – **558,268** – saving an **additional 74.4 appointments** per practice per week (n=7,500)
- 2022 – **619,062** – saving an **additional 94.8 appointments** per practice per week (n=6,527)

In 18 months since the 2020 audit took place, community pharmacy has saved general practice a further **126% increase** in patients accessing their services (n=491,600 up to 619,062).

Figure 15



Patients choosing to access A&E / Walk-in centre remained consistent between 2021 (6.2%) and 2022 (6.6%), however, this 6.6% would still represent an **additional 82,542 attendances** per week across England. Lastly, patients suggesting they would access NHS 111 dropped from 7.3% in 2021 to 6.0% in 2022.

Duration

The average consultation time with a non-pharmacist was **4.49 minutes** which represents an increase from the 2020 (4.02 minutes) and 2021 (4.13 minutes) audits (Figure 16). The pharmacist consultation time was on average **5.92 minutes**, which again represents an increase from the 2020 (5.28 minutes) and 2021 (5.48 minutes) audits. It is also important to include the consultation time for the 12% of consultations which were initiated with the non-pharmacist and referred to the pharmacist. These were on average **8.21 minutes**, up

from 7.79 minutes in 2021 and was split between 3.34 minutes with the non-pharmacist and 4.86 minutes with the pharmacist. The range of consultation lengths can be seen in Figure 17.

On average, regardless of which pharmacy team members were involved, a total of **5.59 minutes were spent on each consultation**, meaning the **average pharmacy consults for 107.3 minutes per day with patients** (n=19.2 consultations per day). This represents an increasing overall time per day spent on this activity from 2021 of 19% (n= 90.1 minutes per day) and an **increase of 43% when compared to 2020** (n= 75 minutes per day).

Figure 16

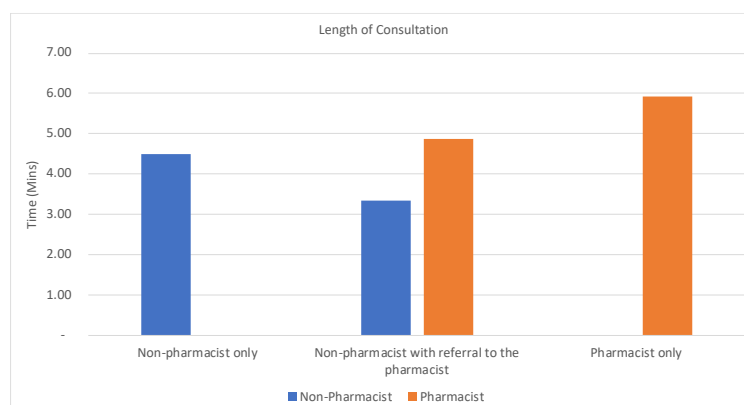
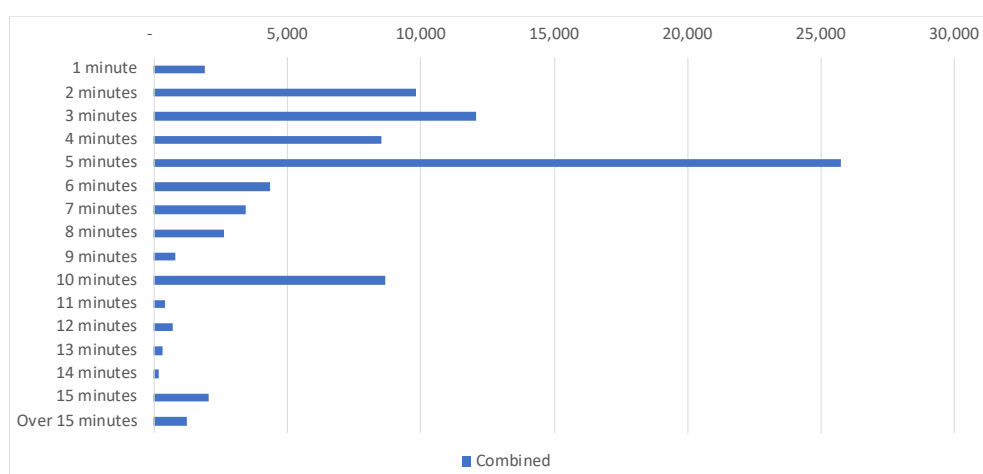


Figure 17

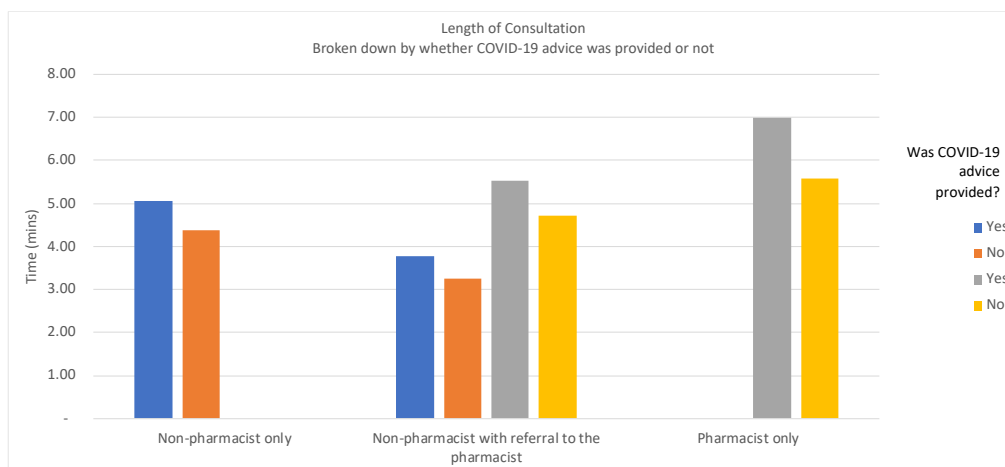


A detailed review of the time taken for each different presenting complaint can be seen in Appendix 3 (Pharmacist initiated) and Appendix 4 (Non-pharmacist initiated). These two appendices breakdown the different length of time spent by each pharmacy team member according to whether the patient presented in person for a face-to-face consultation, was on the phone or was consulted with online. For example, on each occasion, consultations for a known medical condition with the pharmacist take longer than consultations for responding to symptoms.

The impact of COVID-19 can also be seen in the data within the audit with 20.9% of consultations including advice relating to COVID-19 (down from 24.1% in 2021). Regardless of whether the consultation involved the pharmacist or non-pharmacist, or both, the

average consultation time increased by 22% **when it included advice relating to COVID-19** (Figure 18).

Figure 18



This demonstrates that community pharmacy teams are still spending time supporting patients as a result of COVID-19.

Review of the three PSNC Pharmacy Advice Audits

With any audit, there is a risk that with a smaller population of pharmacies completing the audit, the results will be skewed by the pharmacies who are engaged by the audit leading to a shift in the data. Therefore, a high-level analysis of the pharmacies who have completed all three audits was undertaken to understand if these pharmacies results were significantly different to the national averages.

Audit responses were received from:

- 9,441 pharmacies in 2020
- 5,830 pharmacies in 2021
- 4,139 pharmacies in 2022

For inclusion in this analysis, the pharmacies had to achieve the following criteria:

- Completed both the Data Entry and Overview forms for all three audits
- Maintained the same NHS ODS (F) Code
 - This removes, closures, transfer of ownership and relocations

If the criteria were met it was considered that the cohort of pharmacies was consistent over the 18 months to allow their data sets to be reviewed year on year.

This identified **2,134 pharmacies** in the 2022 audit that met the criteria of taking part in all three audits and being consistent year on year. This represented 19.8% of the pharmacies currently in England (n=10,800). The following categories for these pharmacies were analysed against the national average for that year's audit.

Consultations per day

	Actual for these pharmacies	National average for audit	Percentage variance from average
2020	15.4	14.9	3.3%
2021	17.0	16.9	0.6%
2022	19.6	19.2	2.1%

Referral route – Percentage of patient's self-referring to the pharmacy

	Actual for these pharmacies	National average for audit	Percentage variance from average
2020	Not audited		
2021	77.6%	76.3%	1.7%
2022	80.3%	80.7%	0.5%

Presenting complaint – Responding to symptoms

	Actual for these pharmacies	National average for audit	Percentage variance from average
2020	63.1%	62.7%	0.6%
2021	65.7%	64.9%	1.2%
2022	69.1%	69.6%	0.7%

Alternative action to visit the GP practice if pharmacy not available

	Actual for these pharmacies	National average for audit	Percentage variance from average
2020	48.8%	49.1%	0.6%
2021	49.8%	49.6%	0.4%
2022	50.3%	49.8%	1.0%

Average duration of consultation (minutes)

	Actual for these pharmacies	National average for audit	Percentage variance from average
2020	4.99	5.05	1.2%
2021	5.38	5.33	0.9%
2022	5.45	5.59	2.5%

These results all show that the changes observed across the National audits, have been reflected in the individual pharmacies who have taken part in all three audits, rather than the reduction in the pharmacies causing a skewing of the data.

Discussion

Community pharmacies are now **providing 29% more consultations per day** than they were 18 months ago due to their accessible, highly skilled teams being able to see patients and provide for their needs at a time convenient to the patient. Each week **over 1.2m people**

are presenting to their pharmacies with 83% of consultations concluded in the pharmacy with advice alone or advice with the sale of a medicine. This demonstrates the value local communities place on their pharmacy and how it is an integral part of the NHS. Without these pharmacies, **over 94 additional GP practice appointments** would be required weekly by each practice to provide the care for these communities. Pharmacies are providing these services to patients who in 17% of cases do need to be seen by another healthcare professional due to the severity or complexity of the condition, of which 23% of these patients need to be seen urgently.

GP practices and NHS 111 are still however informally referring patients to their local community pharmacy and are still bypassing the NHS CPCS in approximately 117,000 cases per week, **increasing the clinical risk** of these patients being missed in the system due to no formal referral being made.

This audit, along with the audits in 2021 and 2020 has demonstrated how the public are **increasing their use of community pharmacies**. It also demonstrates how the pharmacy supports the public by providing services above and beyond those commissioned directly by the NHS as part of the national community pharmacy contractual framework.

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 2021 and 2020 audits, 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. Promotion of the audit and completion by the pharmacies was supported by PSNC, Local Pharmaceutical Committees, pharmacy companies 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)_____

[illegible]

Appendix 2

Audit data collection form: Example of how to complete

Day audit started _____

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

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	Referral From			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						Referral Urgency	Not done anything else	GP Surgery	A&E / Walk in centre	Accessed NHS111	Other	Pharmacist		Non-pharmacist				
						GP	NHS111	Other								Pharmacist (if applicable)	GP Surgery	Out of Hours (inc minor injury)	A&E	Other	Urgent										Non-urgent			
✓		✓			✓	✓					✓		✓																					
	✓	✓		✓	✓					✓					✓		✓				✓			✓				6						
	✓		✓					✓		✓				✓		✓									✓					4				
✓		✓				✓				✓			✓										✓		✓			5		5				

Appendix 3

				Section Total			10,112				10,112		751		62,424	
						No. of interactions	Ave Time (mins)			No. of interactions	Ave Time (mins)	Additional onward referral	Total Time (mins)			
				No. of interactions	Responding to Symptoms	5,714	6.12	Appropriate advice given only	3,809	5.91	332	22,528				
								Appropriate advice given and sale of a medicine	1,238	6.44	65	7,976				
				10,112				Referral to other healthcare professional only	667	6.70	N/A	4,470				
				Ave Time (mins)	A known medical condition or medicine	3,311	6.30	Appropriate advice given only	2,408	6.09	276	14,668				
								Appropriate advice given and sale of a medicine	399	6.80	23	2,713				
				6.17				Referral to other healthcare professional only	504	6.90	N/A	3,476				
			Phone		Any other complaint	1,087	6.07	Appropriate advice given only	762	5.68	54	4,326				
								Appropriate advice given and sale of a medicine	106	6.89	1	730				
								Referral to other healthcare professional only	219	7.02	N/A	1,537				
						27,153		27,153		1,751		157,994				
						No. of interactions	Ave Time (mins)			No. of interactions	Ave Time (mins)	Additional onward referral	Total Time (mins)			
				No. of interactions	Responding to Symptoms	19,768	5.68	Appropriate advice given only	6,771	5.51	744	37,336				
								Appropriate advice given and sale of a medicine	11,318	5.64	454	63,802				
				37,579				Referral to other healthcare professional only	1,679	6.65	N/A	11,161				
				Ave Time (mins)	A known medical condition or medicine	5,306	6.12	Appropriate advice given only	2,468	6.01	315	14,823				
								Appropriate advice given and sale of a medicine	2,146	6.00	115	12,877				
				27,153				Referral to other healthcare professional only	692	6.88	N/A	4,759				
				5.82				Appropriate advice given only	1,008	5.67	95	5,720				
			Face to Face		Any other complaint	2,079	6.37	Appropriate advice given and sale of a medicine	756	6.84	28	5,170				
								Referral to other healthcare professional only	315	7.45	N/A	2,346				
						314		314		17		2,162				
						No. of interactions	Ave Time (mins)			No. of interactions	Ave Time (mins)	Additional onward referral	Total Time (mins)			
				No. of interactions	Responding to Symptoms	185	6.38	Appropriate advice given only	89	6.73	9	599				
								Appropriate advice given and sale of a medicine	79	6.16	2	487				
				314				Referral to other healthcare professional only	17	5.59	N/A	95				
				Ave Time (mins)	A known medical condition or medicine	80	7.48	Appropriate advice given only	38	8.08	2	307				
								Appropriate advice given and sale of a medicine	28	6.86	3	192				
				6.89				Referral to other healthcare professional only	14	7.07	N/A	99				
			Online		Any other complaint	49	7.82	Appropriate advice given only	26	7.08	-	184				
								Appropriate advice given and sale of a medicine	8	9.88	1	79				
								Referral to other healthcare professional only	15	8.00	N/A	120				

Appendix 4

Section Total				7,120		7,120		1,775		469		32,617		9,414		42,031	
				No. of interactions	Ave Time (mins)		No. of interactions	Ave Time (mins)	Pharmacist Referrals	Ave P'cist time	Did the Pharmacist onward refer?	Total Staff Time	Total P'cist Time		Total Time (mins)		
Non-pharmacist	Phone	No. of interactions	7,120	3,677	4.65		Appropriate advice given only				117	11,088	2,100	13,188			
							Appropriate advice given and sale of a medicine				30	3,682	971	4,653			
							Referral to pharmacist only				102	1,261	1,973	3,234			
							Referral to other healthcare professional only				0	1,072	-	1,072			
		Ave Time (mins)	4.58	2,080	4.53	Appropriate advice given only				84	6,367	1,561	7,928				
						Appropriate advice given and sale of a medicine				8	977	265	1,242				
						Referral to pharmacist only				76	900	1,528	2,428				
						Referral to other healthcare professional only				0	1,187	-	1,187				
	Any other complaint	1,363	4.46	Appropriate advice given only				26	4,224	380	4,604						
				Appropriate advice given and sale of a medicine				4	548	114	662						
				Referral to pharmacist only				22	353	522	875						
				Referral to other healthcare professional only				0	958	-	958						
	37,969				37,969		8,300		1986		158,006	39,487	197,493				
	Face to Face	No. of interactions	45,293	37,969	28,227	4.14		Appropriate advice given only				452	31,886	6,404	38,290		
								Appropriate advice given and sale of a medicine				414	74,866	11,693	86,559		
								Referral to pharmacist only				497	6,039	9,070	15,109		
								Referral to other healthcare professional only				0	3,976	-	3,976		
		Ave Time (mins)	4.23	5,942	4.23	Appropriate advice given only				145	9,237	2,705	11,942				
						Appropriate advice given and sale of a medicine				85	11,955	2,283	14,238				
						Referral to pharmacist only				207	2,220	3,652	5,872				
						Referral to other healthcare professional only				0	1,748	-	1,748				
	Any other complaint	3,800	4.23	Appropriate advice given only				66	6,859	903	7,762						
				Appropriate advice given and sale of a medicine				45	6,370	1,002	7,372						
				Referral to pharmacist only				75	1,055	1,775	2,830						
Referral to other healthcare professional only				0	1,795	-	1,795										
204				204		44		13		1,105	321	1,426					
Online	No. of interactions	204		111	5.24		Appropriate advice given only				1	267	29	296			
							Appropriate advice given and sale of a medicine				4	194	52	246			
							Referral to pharmacist only				3	51	63	114			
							Referral to other healthcare professional only				0	70	-	70			
		Ave Time (mins)	5.42	50	6.64	Appropriate advice given only				0	141	-	141				
						Appropriate advice given and sale of a medicine				0	63	-	63				
						Referral to pharmacist only				3	41	80	121				
						Referral to other healthcare professional only				0	87	-	87				
	Any other complaint	43	4.44	Appropriate advice given only				1	108	16	124						
				Appropriate advice given and sale of a medicine				1	14	15	29						
				Referral to pharmacist only				0	40	66	106						
				Referral to other healthcare professional only				0	29	-	29						

