**Community pharmacy visit checklist**

This is a suggested checklist of activities that community pharmacy teams should allow GP practice staff to complete while visiting the pharmacy and discussion points based on these activities.

Contractors may wish to ask GP staff to sign a confidentiality agreement; a template confidentiality agreement is available on the PSNC website.

If a confidentiality agreement is not signed, then during the visit GP staff must only handle prescriptions, dispense prescriptions or access a patient medication record if they work at the registered GP practice for that individual. If the patient is not registered at the GP practice then patient consent must be obtained before these activities can occur.

It should be noted that while GP staff are encouraged to complete the activities, they should be closely supervised and additional checks should be carried out on the labelling, dispensing and checking of medicines (both clinical and accuracy) by appropriate members of staff and the pharmacist before medicines are supplied to patients.

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| **Discussion points** | **Completed** |
| * Explain the roles of all the different members of the pharmacy team
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| * Describe the qualifications and training that the different members of the pharmacy team have
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**Prescription-based activities**

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| **Activities for GP practice staff** | **Discussion points**  | **Completed**  |
| **The dispensing process** |
| Label and dispense several paper prescriptions  | * Explain the different processes for the pharmacy team of dispensing the different types of prescriptions and the disadvantages and advantages of both
* Discuss the challenges of medicines not being synchronised for patients, for example, patients having to order prescriptions at different times
* Discuss how the pharmacy team and GP practice can work together more effectively on use of the Electronic Prescription Service (EPS R2) – consider using [PSNC Briefing 075/16: EPS pharmacy and GP checklist – working together](http://psnc.org.uk/contract-it/psnc-briefings-pharmacy-contract-and-it/psnc-briefing-07516-eps-pharmacy-and-gp-checklist-working-together-december-2016/) to aid discussions
* Discuss how the pharmacy team and GP practice can work together in the event of an outage with EPS R2 – consider using [PSNC Briefing 076/16: How GPs and pharmacies can work together on EPS business continuity](http://psnc.org.uk/contract-it/psnc-briefings-pharmacy-contract-and-it/psnc-briefing-07616-how-gps-and-pharmacies-can-work-together-on-eps-business-continuity-december-2016/) to aid discussions
 | **[ ]**  |
| Label and dispense several electronic prescriptions  |
| Label and dispense a Controlled Drug prescription | * Explain the additional information required on a Controlled Drug prescription that the pharmacy team will check before dispensing
* Explain about the use of the Controlled Drug safe and register
 | **[ ]**  |
| If a prescription is received for an out of stock item, follow the process for trying to obtain an out of stock item  | * Explain the process that the GP practice staff member may need to follow, for example, contacting the wholesaler to see if they have the product in stock, speaking to the patient to see how much medicine they have left, contacting the prescriber to discuss an alternative product, obtaining a new prescription, etc.
* Discuss if there is a way to improve the process of alerting GPs to out of stock items and to requesting alternative prescriptions?
 | **[ ]**  |
| If a patient requests a Repeat Dispensing prescription, speak to the patient to obtain the relevant information as to whether all the items are required  | Consider using [PSNC Briefing 004/17: eRepeat Dispensing – A factsheet for pharmacy teams](http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-00417-erepeat-dispensing-a-factsheet-for-pharmacy-teams/) which contains a list of questions to ask patients when collecting Repeat Dispensing prescriptions* If Repeat Dispensing is not being used by the GP practice, explain the benefits to patients, the GP practice and the pharmacy (supporting information can be found at: [psnc.org.uk/eRD](http://psnc.org.uk/services-commissioning/essential-services/repeat-dispensing/)) and explore whether this is something the GP practice would consider implementing
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| **Accuracy/clinical check** |
| Complete an accuracy check  | * Explain the process of carrying out an accuracy check and all the checks that are completed when checking an item, for example, name, strength, form, etc.
 | **[ ]**  |
| Complete a clinical check – The suitability of this task will be dependent on the member of GP practice staff | * Depending on the role of the member of the GP practice staff, explain the importance of the clinical check and the types of things that are being checked, for example, dose, interactions, etc.
 | **[ ]**  |
| If a prescription has a clinical issue on it that needs discussing with the prescriber, follow the process for contacting the prescriber  | * Explain the process that the GP practice member of staff will need to follow
* Discuss whether there is a way to improve the process of contacting the prescriber about clinical issues?
* Discuss if there is a process which could be implemented to refer patients directly to the GP practice for urgent referrals
 | **[ ]**  |
| **Additional patient support** |
| Label and dispense a Monitored Dosage System/Compliance Aid  | * If different types of Monitored Dosage System (MDS)/Compliance Aids are used in the pharmacy, explain the differences between them and when they are used, for example, you may use a different system for care home patients
* Explain how MDS prescriptions are ordered and any issues around the creation of waste medicines
* Discuss the types of medicines that cannot be placed in MDS and the challenges that this creates
* Explain why changes cannot be made to MDS/compliance aids when the medicines have already been dispensed (information on ‘[The Equality Act 2010 and 28 day prescribing](http://psnc.org.uk/contract-it/pharmacy-regulation/dda/the-equality-act-2010-28-day-prescribing/)’ page on the PSNC website may assist with this
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| Produce a MAR chart (if available in the pharmacy)  | * Explain the benefits of using MAR charts for patients/carers/care home staff
 | **[ ]**  |
| Produce a medicines reminder chart  | * Explain the benefits of a medication reminder chart for patients/carers
* Explain what other options are available in the pharmacy to assist patients with taking their medicines, for example, non-child resistant lids for medicine bottles, large labels, etc.
 | **[ ]**  |
| **Delivery service** |
| If possible, go out with the delivery driver to make some deliveries to patients  | * Explain how the delivery process works including what happens if patients are not home (do you leave a note explaining the missed delivery or what happens if the patient is housebound and cannot get to the door?)
 | **[ ]**  |
| **Re-ordering prescriptions** |
| Complete a request from a patient to re-order their medicines (if applicable)  | * Explain the process of how patients can order their repeat medicines and how this is beneficial to patients
* If a managed repeat system is in place, explain how this works and if patients are contacted prior to a member of the pharmacy team ordering their medicines
* Discuss whether there’s a way to reduce the quantity of waste medicines generated from ordering repeat medicines and whether patients could be transferred to eRD
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| **Stock** |
| Place an order for dispensary medicines  | * Explain the process for ordering medicines, for example, cut off deadlines, how quickly stock will arrive, etc.
 | **[ ]**  |
| Assist with putting some medicines away in the dispensary (under supervision) | * Explain the system for how medicines are stored, for example, alphabetically, generics and brands, etc.
* Discuss the importance of date checking and stock rotation
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**Services offered at the pharmacy**

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| **Services** |
| Sit-in and observe (with patient consent) the pharmacist/other member of the pharmacy team carrying out the range of services that the pharmacy offers | * Explain the different services that the pharmacy provides and that some are nationally commissioned, therefore, available across England and some are locally commissioned, therefore, only available with the CCG/local authority area. [PSNC Briefing 061/16: Services Factsheet – MUR guide for other healthcare professionals](http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-06116-mur-guide-for-other-healthcare-professionals-october-2016/) and [PSNC Briefing 062/16: Services Factsheet – NMS guide for other healthcare professionals](http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-06216-services-factsheet-nms-guide-for-other-healthcare-professionals-october-2016/) may be useful to explain how Medicines Use Reviews (MURs) and the New Medicine Service (NMS) work and which patients are eligible.
* Discuss how the pharmacy and GP practice could work together to raise patients’ awareness of these services
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**Other activities**

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| **Disposal of unwanted medicines** |
| Accept back unwanted medicines from a patient | * Explain the process for accepting unwanted medicines, for example, is there a requirement to sort them?
* Consider using the ‘[Unwanted Medicines Card](http://psnc.org.uk/services-commissioning/essential-services/disposal-of-unwanted-medicines/)’ available on the PSNC website which contains a list of questions to ask when patients are returning medicines to the pharmacy
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| Observe a member of staff discussing with a patient the most appropriate course of action for their minor ailment which they have come to the pharmacy to receive advice on (with patient consent) | * Explain the types of questions that will be asked to ascertain what the best course of action is for the patient
* Discuss how patients are signposted to other healthcare professionals and services
* Discuss if there is a process which could be implemented to refer patients directly to the GP practice for urgent referrals
* Discuss whether it would be possible for the GP team to refer appropriate patients with minor ailments to a community pharmacy
 | **[ ]**  |
| Listen to a member of staff explain the Healthy Living Pharmacy concept (if applicable within the pharmacy)  | * Explain what a Healthy Living Pharmacy (HLP) is and how the pharmacy becomes accredited as an HLP
* Discuss the health promotion topics that you have promoted in the pharmacy and any forthcoming topics as well as any outreach work that the team has participated in
* Discuss the possibility of working together on future health promotion topics
 | **[ ]**  |
| Listen to a member of staff explain how they are notified when patients are discharged from hospital | * Explain how the pharmacy team is notified if a patient is discharged from hospital, for example, if the pharmacy is sent a copy of the patient’s medicines on discharge
* If a system such as PharmOutcomes is used to refer patients when they are discharged from hospital for example, for an MUR or NMS, discuss how this system works and how patients are contacted to access these services
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**Other potential topics for discussion**

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| **Day to day pharmacy/general practice communication methods** |
| Use of telephone, fax and email / NHSmail for communication | * Discuss the current methods of communication that the pharmacy and general practice use, including what types of information are communicated via the various methods currently in use. Then consider how current practice works for both parties and whether there are better methods that could be used.
* If the pharmacy has recently been allocated an NHSmail shared account, this may be an appropriate time to review how patient identifiable information may be securely exchanged between the pharmacy and the general practice, via NHSmail.
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