

January 2022

PSNC Briefing 001/22: PSNC Pharmacy Advice Audit 2022 – Team Briefing Sheet

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

Background to audit and summary of Summer 2020 and Winter 2021 Audits

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 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**
 - Around **75 minutes per day** per pharmacy is 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**
 - Around **85 minutes per day** per pharmacy is 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 **500,000 additional GP appointments** per week.

These conclusions are being used as part of our bid to uplift core funding for the community pharmacy sector. As well as providing data for Ministers, the statistics are regularly referenced in meetings with MPs, charities, and other stakeholders by PSNC, LPCs and contractors.

Mike Dent, PSNC's Director of Pharmacy Funding, said:

"The previous Pharmacy Advice Audits have provided PSNC with important data to take into our negotiations, helping us to demonstrate just how much local communities rely on their pharmacies and the impact. Repeating the audit this year, at the same time of year as the 2021 audit was carried out, will provide us with more up-to-date information, as well as an important comparator."

This year, with negotiations on Year 4 of the CPCF due to begin shortly and PSNC making the case for an expansion of the CPCS to fairly fund pharmacies for the support they give to 'walk-in' patients, the audit data will be more critical than ever. Thank you in advance to all pharmacy teams who are able to take part, and we look forward to seeing and analysing the results of this audit."

2022 PSNC Pharmacy Advice Audit – week commencing 31st January 2022

Community pharmacy is seeing a growth in the number of people accessing services due to the accessibility of the sector, which coupled with the use of the Community Pharmacist Consultation Service (CPCS), is leading to significant increases in workload. CPCS is now contractually funded, however there are still a significant number of people

informally referred to by surgeries and NHS111 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 also aims to begin to understand the growing complexity and acuity of the conditions patients are presenting with by capturing the urgency of referral if a patient needs to be referred to another healthcare professional outside of the pharmacy.

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

Criteria and standards

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

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

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

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

The suggested audit standard is:

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

Consultations NOT to be recorded

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

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

Data Capture

As part of this audit, we will capture the **pressure you are under** as a result of COVID-19. This will be collated via two questions relating to pharmacy pressure and percentage of colleagues **not** in work. This will be completed once in the **PSNC Pharmacy Advice Audit 2022 – Overview** service on PharmOutcomes.

You must record the following data on the **PSNC Pharmacy Advice Audit 2022 – Data Collection** template, choosing the most appropriate response from each list.

1. Record the **presenting reason** to understand why the person chose to visit the pharmacy on that occasion
 - *Self-refer*
 - For example, a patient who made their own choice to visit the pharmacy
 - *Informal referral*

- This is to understand if a **GP, NHS111**, or **other** healthcare worker has referred the patient to the pharmacy **without** sending it via a formal referral pathway such as the NHS CPCS
- Please note, formal referrals via NHS CPCS are **not** to be included in this audit
- **Unable to access other healthcare setting**
 - Select this if the patient has presented or called the pharmacy because they **cannot access the health system** via their original chosen route, for example, not being able to speak to the surgery or obtain a GP appointment

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

2. Record what advice was requested:

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

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

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

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

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

4. Outcomes:

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

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

5. Referral Urgency

Indicate how urgently you felt the patient needed to be seen by the other healthcare setting.

- *Urgent*
- *Non-urgent*

Do not include referrals made from the non-pharmacist to the pharmacist in this section.

This data will enable us to begin to explore 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:

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

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

7. Duration:

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

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

8. Confidence:

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

This data will help identify your team development needs

The data capture form

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

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

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

Data entry

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

1. PSNC Pharmacy Advice Audit 2022 - Overview
 - o **One-time** entry to give us context about your consultations
2. PSNC Pharmacy Advice Audit 2022 – Data Entry
 - o Complete this form once for **each consultation** that was held. Each entry takes approximately 30 seconds

Analysis and change (optional)

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

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

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

Frequently asked questions

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

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

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

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

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

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

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

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

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

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

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

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

Feedback from the pilot

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

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

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

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

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

