

**M O D E L
STANDARDS
FOR SELF AUDIT
IN COMMUNITY
PHARMACY
IN ENGLAND**

2

**Written and Verbal Information
with Dispensed Medicines**

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INTRODUCTION TO AUDIT STANDARDS

The purpose of this document is to:-

- define the main aspects of professional pharmacy practice
- propose criteria for good service in each aspect
- list standards of practice which contribute to successful accomplishment of each criterion.

What is contained in the manuals?

You will find criteria which reflect good pharmaceutical care. Proposed standards are given and it is these which can be amended to reflect your particular practice. Should a standard be mandatory, this is brought to your attention in the text.

Delete any standard which is not applicable to your situation. If you find that you undertake activities not covered by these booklets, add standards to cover them.

Most of the standards given are for self-audit of activities which take place on pharmacy premises. These activities are generally considered to be the core business of community pharmacy. You will be able to carry out audits which measure current “ability” against such standards and, thus, enable you to improve your practice should it be necessary.

The appendices contain written systems of work. Such protocols are becoming increasingly necessary to demonstrate adherence to good standards of practice. They are model documents to be amended as necessary for an individual pharmacy.

How were the standards determined and for what purpose?

Professional audit is a process which can help an individual or group to achieve and maintain standards of practice within their everyday working environment. The standards to be achieved are chosen by the people involved and are usually based on professional or business requirements.

These manuals have been produced, with the help of a grant from the Department of Health, by a research team at Keele University. They contain suggested criteria which can be used as written or amended to suit your situation.

The research team developed an initial list of criteria and possible standards. After discussion with a steering group of practising community pharmacists, a second draft set of standards was produced. The initial standards were amended and widened to include further aspects of practice.

A pharmacist researcher visited all participating pharmacies to measure the relevance of the proposed standards to pharmacy practice. Following this observational analysis, results from this study were anonymised and fed back to the participating pharmacists for further comment and discussion. It became clear that:

- **Some of the proposed standards were only necessary in some, not all, pharmacies**
- **Other standards were not currently achieved but could easily become so if pharmacists were given model written systems for adaptation**

For every aspect of standard setting the team sought to identify suitable outcome measurements. Pharmacists could then use them, within an audit cycle, to show the benefits of standard setting within their practice.

The refined standards were then sent to 100 community pharmacists in a number of locations to seek their views. All comments received were considered by the research team and the standards modified when appropriate.

How to use the manual

1. Choose an aspect of practice that you wish to audit. Discuss areas of concern with your staff. This will highlight particular problems which worry everyone. Narrow them down to one question which everyone feels needs to be answered.
2. Explain the purpose of the audit you are undertaking to everyone concerned. Emphasise that audit is to improve work flow, give better patient care, identify gaps in advice giving, not to find fault. If the exact purpose of the study is explained to all those involved in it, everyone should benefit.
3. Look through the criteria to find which set of standards applies to the question chosen for the audit. Decide which are relevant and delete any which do not apply. There may be other standards which relate to your situation. Add them if necessary.
4. Think about the period of time or the number of prescriptions which will be studied during the audit. Do not attempt too much. An audit gives a “snapshot in time” result and is not meant to be continuous process. The same “picture” can be taken at a point in the future to see how things have changed.
5. Decide who will collect the data and when and how they will do it. Consider the most appropriate time for data collection. It will not help you to only look at the process during a “quiet time”. Counselling may be easy when there are few prescriptions but more difficult when dispensing is in full swing!
6. Collect the data.
7. Look at the results and compare them with the standards which seemed to be appropriate to your audit question. If all standards have been met you may decide to set more challenging targets when you repeat the audit. If you were unhappy with the results, look at ways you could improve the situation. These may involve changes in procedure, staff training or developing written material for staff or patients.
8. Implement any changes which will improve your services to patients.
9. Re-audit, after a suitable period of time, to monitor the effectiveness of any changes.
10. Advertise your achievements! The staff involved should already know how the study turned out but the people you service and your purchasers, such as the Health Authority, local surgeries or Social Services, may also find the results interesting.

Introduction to Written and Verbal Information Standards

The following criteria and standards ensure a high quality of written and verbal information.

Throughout this document where the standards proposed are close in wording or intent to those referred to in Royal Pharmaceutical Society documents this has been indicated. These are annotated as legal (L), ethical (E) and standards of good professional practice (S).

Criteria

- 2.1 *Written information exists to facilitate the safe delivery of medicines to the patient.*
- 2.2 *All medicines are dispensed with the appropriate labelling information.*
- 2.3 *Special care is taken to ensure that "at risk" patient groups are identified, and sensitively treated.*
- 2.4 *Patients receive all the written and verbal information necessary for the safe use of medicines.*

Case Studies

Unused Medicines

Mrs Jones an elderly customer of yours returns a number of unused antibiotics. This is puzzling as the lady often complains of chesty coughs. After asking her about her antibiotics and discussing completion of such courses, it becomes obvious that the lady's eyesight is so poor that she cannot read the labels.

You incorporate this information into this patient's PMR so that future prescriptions are supplied with large print formats and the containers colour coded.

Incorrectly Used Medicines

Mr Roberts is an elderly asthmatic who normally takes his aminophylline in the form of tablets. However, because of a throat infection and swallowing difficulties his GP has prescribed a few days of aminophylline suppositories.

Three days later he returns to complain that the medicines for his breathing are not working. During discussions it quickly becomes apparent to you that the suppositories are being inserted into the nostrils rather than the rectum.

A quick explanation of how suppositories are used solves the problem but you decide to produce an information leaflet ensuring future correct use for all your patients.

2.1 Criterion

Written information exists to facilitate the safe delivery of medicines to the patient.

Standards

1. A list of "New Drugs under Intensive Surveillance (Black Triangle Drugs)" by the Committee on Safety of Medicines is available in the dispensary.*
2. A list of patient groups who may require further advice is available in the dispensary. See criterion 2.3.
3. A list of medicines where the pharmacist wishes to provide additional information to the patient, is available in the dispensary. See criterion 2.4.
4. The pharmacy contains current editions of all the following text books:
Martindale, The Extra Pharmacopoeia; Data Sheet Compendium;
Medicines, Ethics & Practice; Drug Tariff; B.N.F.

Scoring	Score
Yes=2 No=0	
Yes=2 No=0	
Yes=2 No=0	
Yes=4 No=0	
####	

Total Score

RPSGB Reference

- * S 7 Standards for education training and development

Measurement Options

- Check the text books available.
- Check the presence or absence of indicated lists.

Outcomes for the Pharmacist	Outcomes for the Patient, General Practitioner and/or FHSA.
Reduction in information retrieval time.	Increased patient safety.
Identification of adverse drug reactions.	Consistency of advice given.
	Identification of adverse drug reactions.

2.2 Criterion

All medicines are dispensed with the appropriate labelling information.

Standards

1. The label is legible and mechanically printed*
2. Labels meet all legal requirements**
3. Where the patient has difficulty in reading or understanding English, further information is given in a form that is readily understood by the patient.***
4. The written information is appropriate for the patient.***
5. A system exists for alerting the pharmacist to groups with special needs.***

Scoring	Score
Yes=2 No=0	
Yes=2 No=0	
Yes=1 No=0	
#####	

Total Score

RPSGB References

- * S5 Guidance 8 (labels)
- ** Medicines Act 1968
- *** E Guidance on obligation 1.4 (Special Needs)

Scoring Hints for Standards four and five

- If all patient needs are catered for Score 2.5
- If 95% of patient needs are catered for Score 2
- If 90% of patient needs are catered for Score 1.5

Measurement Options

- Record the number of elderly patients or patients of minority groups using your pharmacy and compare those with the proportion found in your local population.
- A list of complaints about labelling is kept.

Outcome for the Pharmacist

Increased patient loyalty.

Positive selection of pharmacy by patient groups.

Outcomes for the Patient, General Practitioner and/or FHSA

Increased patient compliance.

Increased understanding of their medicines.

The pharmacist can demonstrate good practice standards to ethnic minority groups.

Blank Categories

** These have been left blank for you to add any groups that are relevant to your own pharmacy. Bear in mind that you will have to adjust the scoring if more groups are added.

Our pilot study has shown that community pharmacists also take special care with the following groups not listed above:

Epileptic patients
Terminally ill patients
Patients with allergies
Patients with high blood pressure
Those who are hard of hearing
Those misusing drugs
Those receiving oxygen
Those on gluten free diets
Incontinent patients.

Scoring Hints for A-I and any other Additional Groups

100% of target groups informed	Score 1
75% informed	Score 0.7
50% or less	Score 0

Measurement Options

- Customer satisfaction survey. (A questionnaire which could be used for this purpose will be available from the Pharmacy Practice Resource Centre from June 1994 onwards.)
- A record of the number of times information is given to the target groups.

Outcomes for the Pharmacist	Outcomes for the Patient, General Practitioner and/or FHSA
Increased patient loyalty.	Increased understanding.
Improved customer relations	Increased compliance.
	Reduction in medicine wastage.

2.4 Criterion

Patients receive all the written and verbal information necessary for the safe use of medicines.

Standard	Score
1. Patients using the following medicine groups, unless they have recently been given advice, will receive additional information*:	
a. New Drugs under Intensive Surveillance (Black Triangle Drugs) by the Committee on Safety of Medicines.	
b. Those of narrow therapeutic index.	
c. Those with significant interactions.	
d. Complicated dose regimes.	
e. Those with special storage conditions	
f. Those with side effects that may affect compliance.	
g. Benzodiazepines	
h. Medicines where alcohol is contra indicated.	
i. Novel dosage forms.	
j. **	
k. **	
Total Score	

RPSGB Reference

* E Guidance on Obligation 1.4 (Special Needs)

Blank categories

** These have been left blank for you to add any groups that are relevant to your own pharmacy and bear in mind that you will have to adjust the scoring if more groups are added.

Our pilot study has shown that community pharmacists also take special care with the following medicines not listed above:

Antibiotics
Anti-coagulants
Ergotamine containing products
Lithium
Medicines that interact with food
Oral contraceptives in special circumstances
Schering PC4
Steroids

Scoring Hints for All Standards

100% of patients taking the identified drugs are given additional information	Score 1
75%	Score 0.75
50%	Score 0.5
Less than 50	Score 0

Measurement Options

- Record the number of instances where you give advice to particular patient groups or those on particular medicines.
- Record all instances where advice is given in both busy and quiet periods of the day.
- Measure one aspect at a time, e.g. Black Triangle drugs.
- Check understanding of advice given on subsequent visits.

Outcomes for the Pharmacist	Outcomes for the Patient, General Practitioner and/or FHSA
Increased patient loyalty.	Increased compliance.
Improved customer relations	Increased understanding of the medicinal product.
	Increased efficacy.