

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

3

Purchasing and Stock Control

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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 Purchasing and Stock Analysis Standards

The following criteria ensure a comprehensive purchasing and stock analysis policy.

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 professional practice (S).

Criteria

- 3.1 *A written purchasing policy ensures availability and effective batch recall of medicines.*
- 3.2 *The purchasing policy ensures the safety of medicines.*
- 3.3 *The patient is informed of any variation in the medicinal product.*
- 3.4 *Products are available when required.*
- 3.5 *Patients receive stock that has been suitably stored and has an appropriate expiry date.*

Case Studies

I'm Wasting Money

John Robinson prides himself on his purchasing policy which means that he is never out of stock. However, annual stocktaking has shown a disturbing number of products out of date. Investigation of his records show that they were purchased over nine months ago. He decides that an audit of his purchasing policy would be timely.

I'm Losing Customers

Mrs Jones goes to New Street Pharmacy where she receives only a partial supply of her antibiotic prescription. She is told to collect the rest in two days time. Mrs Jones does not return and as a consequence fails to complete her antibiotic course

3.1 Criterion

A written purchasing policy ensures availability and effective batch recall of medicines.

Standards

1. A written purchasing policy is available for all relief members of staff.
2. An audit trail exists to track all suppliers of medicinal products.
3. A system exists to action all hazard recall notices.
4. All hazard recall notices are endorsed with the date of actioning.

Scoring	Score
Yes=3 No=0	
Yes=3 No=0	
Yes=2 No=0	
####	

Total Score.

Scoring hints for standard four

All recall notices are endorsed with date of actioning	Score 2
More than 50% of recall notices are endorsed	Score 1
Less than 50% of all recall notices are endorsed	Score 0

Measurement Options

- Audit of recall system.

Outcomes for the Pharmacist	Outcome for the Patient, General Practitioner and/or FHSA
An effective recall system operates.	The FHSA is guaranteed rapid and effective action on recall.
Product liability can be traced	

3.2 Criterion

The purchasing policy ensures the safety of medicines.

Standards	Scoring	Score
1. A reputable source is used for the purchase of medicinal products*	Yes=2 No=0	
2. Where the product quality is doubted the product is not supplied.**	Yes=2 No=0	
3. All parallel imports have the following:*** a. Written information in English *** b. A product licence number on each pack.*** c. The generic name is the same as that on the prescription.	Yes=3 No=0	
4. Medicinal products are only accepted in their original packaging.***	Yes=1 No=0	
5. No returned medicines are accepted into stock. ****	Yes=2 No=0	
Total Score	####	

RPSGB References

- * E. Obligation 1.4
- ** E. Obligation 1.3
- *** E. Guidance on obligations 1.2, 1.3, 1.4, 1.5 & 1.6 (Parallel imports)
- **** E. Guidance on obligations 1.3, 1.4 (re-use of medicines)

Measurement Options

- Maintenance of a defective medicines book which lists rejected stock from wholesalers -with reasons. (An example of a suggested page layout can be found in appendix one).
- Check all relevant staff have knowledge of the returned medicines procedure.

Outcomes for the Pharmacist

Reduction in patient complaints

Customer loyalty

Outcomes for the Patient, General Practitioner and/or FHSA

The quality of medicine does not vary

Prescriber and patient confidence in the medicines supplied.

3.3 Criterion

The patient is informed of any variation in the medicinal product.

Standards

1. Customers are informed when there is a change in the product appearance.
2. Generic stock on the dispensary shelves is limited to two manufacturers. This recognises that you may receive stock from more than two manufacturers no matter what your purchasing policy.

Total Score

Score

Scoring hints for standard one

- | | |
|---|---------|
| Written and verbal information is provided. | Score 6 |
| Verbal information only is provided. | Score 4 |
| No information is provided. | Score 0 |

Scoring hints for standard two (see table below)

- | | |
|--|---------|
| No products from more than 2 manufacturers | Score 4 |
| No products from more than 4 manufacturers | Score 2 |
| Products from more than 5 manufacturers | Score 0 |

This table is a suggested list of generic medicines which can have a varying appearance. The list is not exhaustive and you will want to extend the table to meet your own needs. See measurement option.

Generic Drug	Number of different manufacturers
Amiloride 5mg	
Atenolol 50mg	
Atenolol 100mg	
Co-proxamol	
Diltiazem 60mg	
Mefenamic Acid 250mg	
Salbutamol Inhaler	
Temazepam Capsules	
Verapamil 40mg	
Verapamil 80mg	
Verapamil 120mg	

Measurement Options

- Record queries and complaints on changed products.
- Check stock as outlined in scoring hints.

Outcomes for the Pharmacist	Outcomes for the Patient, General Practitioner and/or FHSA
Customer loyalty.	Improved confidence in the medicinal product.
More efficient dispensing process.	Increase in generic prescribing as a result of a consistent policy.
Fewer patient complaints.	Cost effective prescribing.
Reduced possibility of litigation.	Increased patient safety.

3.4 Criterion

Products are available when required.

Standards

1. A computerised or manual system is used to indicate a minimum stock level.
2. An override facility is available.
3. Owings are kept to a minimum.
4. There is a formal procedure available to deal with owings.*
5. Owings are normally available within 24 hours.
6. Owing slips are issued to all patients.

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

Total Score

RPSGB Reference

*Council statement. Use of owing slips

Scoring hints for standard one

A reliable stock control system exists. Score 2
 No stock control system exists. Score 0

Scoring hints for standard three

Up to 5% of owings over one month Score 2
 5% - 10% owings over one month Score 1
 Over 10% owings over one month Score 0

Scoring hints for standard five

Over 95% of owings available within one working day Score 2
 90-95% of owings available within one working day Score 1
 Less than 90% of owings available within one working day Score 0

Measurement Option

Record, analyse and set targets for all owings.

Outcomes for the Pharmacist

Reduce workload.

Fewer owings.

**Outcomes for the Patient, General Practitioner
and/or FHSA**

Treatment is immediately available.

Improved patient convenience (only one visit).

3.5 Criterion

Patients receive stock that has been suitably stored and has an appropriate expiry date.

Standards

1. Stock is stored in appropriate conditions*.
2. There is no out of date stock on the shelves.
3. Expiry dates are checked on dispensing.

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

Total Score

RPSGB Reference

* S 5.9 (b) storage

Scoring hints for standard two

No stock out of date	Score 2
One or two medicines out of date	Score 1
Three medicines out of date	Score 0

Measurement Options

- List manufacturers' special requirements on medicine storage and check stock against them.
- Check stock on shelves regularly.

Outcome for the Pharmacist	Outcome for the Patient, General Practitioner and/or FHSA
Reduction in stock wastage.	Increased patient safety.

Appendix 1. - REPORT OF POTENTIAL DEFECT, OR COMPLAINT OF, A MEDICINAL PRODUCT

Date:

Time:

NAME OF PREPARATION

Form (e.g. Capsule, Injection, Tablet)

Strength

Pack size

Batch No.

Expiry Date

Manufacturer

Route of Administration

PHARMACEUTICAL INCIDENT

Describe:

CLINICAL INCIDENT

Description:

Manufacturer notified by

OUTCOME

Further action taken by pharmacist

- | | | |
|-----|--------------------------|---------------|
| (a) | DoH telephoned | Yes/No |
| (b) | Grapevine alerted | Yes/No |

Suspect material

- | | | |
|-----|----------------------------------|---------------|
| (a) | Held by pharmacist | Yes/No |
| (b) | Samples sent for analysis | Yes/No |

.....
Signature of Pharmacist

Medicinal products are defined in Section 130 of the Medicines Act i.e. a substance administered by mouth, applied to the body, or introduced into the body for the purpose of treating or preventing disease, diagnosing disease or ascertaining the existence, degree of extent of a physiological condition, contraception, including anaesthesia, or otherwise preventing or interfering with the normal operation of a physiological function.