

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

6

General Health Promotion

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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 General Health Promotion Standards**

The following criteria and standards ensure that any information or services offered by a pharmacy to patients in the area of health promotion are safe, up to date and in accordance with the relevant local and national guidelines.

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).

In all of the following criteria a 'yes' response indicates compliance with the relevant standard.

### **Criteria**

6.1 *The pharmacy actively participates in health promotion.*

#### **Smoking**

6.2 *The pharmacy has a comprehensive policy to discourage smoking.*

#### **Nutrition**

6.3 *The pharmacist and medicines counter staff provide up to date information on nutrition.*

6.4 *Requests for weight reduction advice and products are met in a structured manner.*

6.5 *Specialist groups for whom nutritional advice is of particular importance are identified and counselled appropriately.*

#### **Baby and Child Health**

6.6 *The pharmacist and medicines counter staff are informed on childhood problems and on the importance of early referral to GPs.*

6.7 *The pharmacist provides patient information and advice on the benefits of breast feeding and alternative milk products.*

#### **Alcohol**

6.8 *A comprehensive information service is available in the pharmacy on safe drinking limits and on the relationship between alcohol and medicine usage.*

#### **Preventing Cancer**

6.9 *The pharmacist provides appropriate advice on the prevention of cancer.*

#### **Asthma**

6.10 *The pharmacy contains information which aids patient's control of their asthma.*

## 6.1 Criterion

*The pharmacy actively participates in health promotion.*

### Standards

1. The pharmacy displays health promotion leaflets.
2. The pharmacist is available to give advice on general health matters.\*
3. The pharmacist is aware of current health promotion campaigns.
4. The pharmacist participates in:
  - a. Local health promotional campaigns.
  - b. National health promotional campaigns.
5. The pharmacist is informed on local health promotion facilities.
6. The pharmacist knows the 'Health of the Nation' targets (appendix 1).\*\*
7. The pharmacist sets 'Health of the Nation' targets for his practice.
8. The pharmacist offers opportunistic health promotion wherever possible.

Scoring	Score
Yes=1 No=0	
Yes=2 No=0	
Yes=1 No=0	
Yes=0.5 No=0	
Yes=0.5 No=0	
Yes=1 No=0	
Yes=1 No=0	
Yes=2 No=0	
Yes=1 No=0	
#####	

### Total Score

### RPSGB References

\* S8 Advice on general health care matters.

\*\* Guidance on continuing education participation. 2 syllabus for community pharmacy.

## Measurement Options

- Record all health information requests to the pharmacist or staff over a limited period.
- Identify relevant information to support verbal advice.
- List the services available in your pharmacy (information, screening and advice). Consider those you would like to add to meet customer needs.
- List 'Health of the Nation' targets.
- Set 'Health of the Nation' targets for your practice.
- Check staff awareness of 'Health of the Nation' targets.

<b>Outcomes for the Pharmacist</b>	<b>Outcomes for the Patient, General Practitioner and/or FHSA</b>
The pharmacy is seen as a reliable source of information.	Easy access to information on health promotion.
Information supplied is up to date.	Anonymity is maintained.
The pharmacist is seen as part of the health care team.	Prescribers' advice is reinforced.
	Encourages self reliant patients.

# SMOKING

## 6.2 Criterion

*The pharmacy has a comprehensive policy to discourage smoking.*

Standards	Scoring	Score
1. A no smoking policy exists throughout the pharmacy.	Yes=1 No=0	
2. All locum staff are made aware of the no smoking policy before working in the pharmacy	Yes=0.5 No=0	
3. The pharmacy contains written information on how to stop smoking.	Yes=1 No=0	
4. The pharmacy participates in*:		
a. National anti smoking campaigns.	Yes=0.5 No=0	
b. Local anti smoking campaigns.	Yes=0.5 No=0	
5. The pharmacist has an up to date knowledge base on the optimum ways of stopping smoking.	Yes=1 No=0	
6. The pharmacist can advise on the products available to assist the patient in giving up smoking.	Yes=1 No=0	
7. The medicines counter staff provide advice on the products available to assist the patient in giving up smoking.	Yes=1 No=0	
8. All anti smoking products are sold with an invitation to come back and report progress.	Yes=0.5 No=0	
9. Supporting information and helplines are readily available.	Yes=0.5 No=0	
10. The pharmacy has a list of health promotion units able to help patients to stop smoking.	Yes=1 No=0	
11. Opportunistic advice is offered by the pharmacist and medicines counter staff when smoking is identified as a possible cause of symptoms.	Yes=1 No=0	
12. Counselling sessions to stop smoking are available from the pharmacist by appointment.	Yes=0.5 No=0	
<b>Total Score</b>	<b>#####</b>	

## RPSGB Reference

\* S 8.1 guidance 3b

### Measurement Options

- Assessment of your knowledge on the latest guidance on how to stop smoking, compare your beliefs with written information from CPPE and local health promotion units.
- Assessment of the knowledge base of medicines counter staff on smoking cessation guidance.
- Check written information on smoking cessation is available in the pharmacy.
- Record the number of occasions over a limited period when the pharmacist or staff are asked for guidance on how to stop smoking.
- Ensure that each request is accompanied by a request to come back and report progress.
- Record outcome on second visit.

<b>Outcomes for the Pharmacist</b>	<b>Outcomes for the Patient, General Practitioner and/or FHSA</b>
Healthy environment.	Health gain.
Professional image is projected.	Healthy environment for patients and staff.
Clinical outcomes determined.	Anonymity is preserved.
Movement towards 'Health of the Nation' targets.	Movement towards 'Health of the Nation' targets.

## NUTRITION

### 6.3 Criterion

*The pharmacist and medicines counter staff provide up to date information on nutrition.*

#### Standards

1. The pharmacist is informed on the benefits of high fibre diets.
2. Medicines counter staff are informed on the benefits of high fibre diets.
3. The pharmacist is informed on the signs and symptoms of anorexia.
4. The medicines counter staff are informed on the signs and symptoms of anorexia.
5. The pharmacist is informed on nutrition advice to be given during pregnancy.
6. The medicines counter staff are informed on nutrition advice to be given during pregnancy.
7. Stimulant laxatives are sold for short term use only with appropriate dietary advice.
8. A system exists for capturing repeat sales of stimulant laxatives.\*
9. Products for haemorrhoids are sold with appropriate dietary advice on high fibre foods.

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

#### Total Score

#### RPSGB Reference

\* E Obligation 1.7

## Measurement Options

- Assessment of the knowledge base of all relevant staff on nutrition to ensure that it follows the latest guidelines.
- Keep a record of repeat sales of stimulant laxatives to vulnerable groups.

<b>Outcomes for the Pharmacist</b>	<b>Outcomes for the Patient, General Practitioner and/or FHSA.</b>
Improved professional relationships.	Health gain.
Ability to use the pharmacists' extended knowledge base.	Increased referral rate for specialist help.

## 6.4 Criterion

*Requests for weight reduction advice and products are met in a structured manner.*

### Standards

1. A policy exists to ensure that weight reduction advice is not given to those who do not require it.
2. Those who need to lose weight are given advice on healthy eating and exercise.
3. Written nutritional advice is available.
4. A weight reduction guide is available in the pharmacy for patients to take away with them.
5. No very low calorie diets are sold when they are to be consumed by:
  - a. Those who are under weight
  - b. Those who are pregnant
  - c. Those who are diabetic
  - d. Children

Scoring	Score
Yes=2 No=0	
Yes=2 No=0	
Yes=2 No=0	
Yes=2 No=0	

Yes=0.5 No=0	
Yes=0.5 No=0	
Yes=0.5 No=0	
Yes=0.5 No=0	
#####	

### Total Score

## Measurement Options

- Assessment of the knowledge base of all relevant staff on weight reduction policies.
- Record the number of occasions over a limited period when the pharmacist or staff are asked for information on weight reduction.
- Review sales policy on weight reduction products.

<b>Outcomes for the Pharmacist</b>	<b>Outcomes for the Patient, General Practitioner and/or FHSA</b>
Ability to use the pharmacist's extended knowledge base.	Increased patient safety.
Movement towards 'Health of the Nation' targets.	Patient education.
Improved professional relationships.	Ability to obtain advice while maintaining anonymity.
	Movement towards 'Health of the Nation' targets.

## 6.5 Criterion

*Specialist groups for whom nutritional advice is of particular importance are identified and counselled appropriately.*

### Standards

1. Dietary advice and information is available for the following patient groups:
  - a. Those with diabetes
  - b. Those with coeliac disease
  - c. Hypertensive patients
  - d. Those requiring lipid advice
  - e. The elderly
  - f. Stoma patients
  - g. Terminally ill
  - h. Those who are pregnant
2. All symptoms which show prolonged change of bowel habit in customers over 50 are referred to the GP.

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

### Total Score

### RPSGB Reference

\* Guidance for continuing education participation 2F (syllabus for community pharmacy)

## Measurement Options

- Assessment of knowledge on nutrition of all relevant staff.
- Record the number of occasions, over a limited period, when the pharmacist or staff are asked for information on nutrition.

<b>Outcomes for the Pharmacist</b>	<b>Outcomes for the Patient, General Practitioner and/or FHSA</b>
Ability to use the pharmacist's extended knowledge base.	Increased patient safety.
Movement towards 'Health of the Nation' targets.	Ability to obtain advice while maintaining anonymity.
Improved professional relationships.	Movement towards 'Health of the Nation' targets.

## BABY AND CHILD HEALTH

### 6.6 Criterion

*The pharmacist and medicines counter staff are informed on childhood problems and on the importance of early referral to GPs.*

#### Standards

1. All symptoms in young babies under one year are referred to the pharmacist for advice.\*
2. The pharmacist is informed on the latest guidelines on child safety.
3. The pharmacist is informed on the symptoms of common childhood illnesses.
4. The pharmacist is informed on the relationship between sugar intake and dental caries.\*\*
5. All threadworm preparations are sold with advice on hygiene and treating all family members.
6. The vitamin supplementation programme for infants is known by the pharmacist.
7. The pharmacist actively promotes vaccination programmes.
8. The pharmacy has a policy to sell no confectionery.\*\*\*

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

#### Total Score

#### RPSGB References

- \* S8 Guidance 1 (response to symptoms)
- \*\* S8 Guidance 3 (advice on general health matters)
- \*\*\* Council statement. Sale of confectionary from pharmacies.

## Measurement Options

- Assessment of the pharmacist's knowledge on childhood problems.
- Availability of information on threadworm hygiene precautions.
- Record the number of occasions over a limited period when the pharmacist or staff are asked for information on childhood problems.
- Review training needs.
- Review provision of training for relevant staff groups.

<b>Outcomes for the Pharmacist</b>	<b>Outcomes for the Patient, General Practitioner and/or FHSA</b>
Ability to use the pharmacist's extended knowledge base.	Increased patient safety.
	Improved effectiveness of products sold.
	Ability to obtain advice while maintaining anonymity.
	Movement towards 'Health of the Nation' targets.

## 6.7 Criterion

*The pharmacist provides patient information and advice on the benefits of breast feeding and alternative milk products.*

<b>Standards</b>	<b>Scoring</b>	<b>Score</b>
1. The pharmacy stocks a range of accessories and equipment to facilitate breast feeding.	Yes=1 No=0	
2. The pharmacist and relevant staff actively encourage mothers to continue breast feeding.*	Yes=2 No=0	
3. The pharmacist refers mothers experiencing difficulty in breast feeding for specialist professional help.	Yes=2 No=0	
4. The pharmacist gives advice on medicines in breast milk.**	Yes=2 No=0	
5. Relevant staff can give advice on the disadvantages of cows milk.	Yes=1 No=0	
6. Relevant staff know the range of formula milk and its relative advantages.	Yes=2 No=0	
<b>Total Score</b>	<b>#####</b>	

### RPSGB References

- \* S8 Guidance 3 (advice on general health care matters)
- \*\* Guidance on continuing education participation 2F syllabus for community pharmacy

### Measurement Options

- Assessment of the knowledge base of all relevant staff on breast feeding and alternative milk products.
- Record the number of occasions over a limited period when the pharmacist or staff are asked for information on breast feeding and alternative milk products.
- Identify training needs and review provision of training.

<b>Outcomes for the Pharmacist</b>	<b>Outcomes for the Patient, General Practitioner and/or FHSA</b>
Ability to use the pharmacist's extended knowledge base.	Patient convenience.

Improved professional relationships.

Increased patient safety.

Easy access to information.

Movement towards 'Health of the Nation' targets.

# ALCOHOL

## 6.8 Criterion

*A comprehensive information service is available in the pharmacy on safe drinking limits and on the relationship between alcohol and medicine usage.*

<b>Standards</b>	<b>Scoring</b>	<b>Score</b>
1. The pharmacy does not sell alcohol.	Yes=1 No=0	
2. The address of local specialist agencies which help with drink problems are on display in the pharmacy.*	Yes=1 No=0	
3. Information leaflets are available on safe drinking levels.	Yes=2 No=0	
4. All relevant staff know the relationship between units of alcohol and legal driving limits.	Yes=2 No=0	
5. Where alcohol is contra indicated with medicine taking this is shown on the medicine label.	Yes=2 No=0	
6. The pharmacist gives further information when alcohol is absolutely contra-indicated.	Yes=2 No=0	
<b>Total Score</b>	<b>####</b>	

### RPSGB Reference

\*S8 Guidance 3 (advice on general health care matters)

### Measurement Option

- Assessment of the knowledge base of all relevant staff on alcohol.

<b>Outcomes for the Pharmacist</b>	<b>Outcome for the Patient, General Practitioner and/or FHSA</b>
Ability to use the pharmacists' extended knowledge base.	Information available on safe use of alcohol

## PREVENTING CANCER

### 6.9 Criterion

*The pharmacist provides appropriate advice on the prevention of cancer.*

#### Standards

1. Advice is provided on smoking cessation.
2. Leaflets are available on breast self examination.\*
3. Information is available on cervical cancer screening.
4. The pharmacist has a check list of symptoms for referral to GPs.\*\*
5. All relevant staff are informed on the most appropriate use of sun screens (appendix 2).\*\*\*
6. All relevant staff are informed on the potential risk of sunbathing and drugs that sensitise the skin.
7. Written information is available for all relevant staff on sun screens and risk.
8. Parents selecting sun screen products are informed on their children's needs.
9. Appropriate dietary advice (high fibre diets) is available.

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

#### Total Score

#### RPSGB References

- \* S8 Guidance 3 (advice on general health care matters)
- \*\* S8 Guidance 1 (response to symptoms)
- \*\*\* Use of sun screen products.

## Measurement Options

- Availability of leaflets.
- Assessment of the knowledge base of all relevant staff on cancer prevention.

<b>Outcomes for the Pharmacist</b>	<b>Outcomes for the Patient, General Practitioner and/or FHSA</b>
Increased patient safety.	Increased patient safety.
Increased patient education.	Increased patient education.
Movement towards 'Health of the Nation' targets.	Movement towards 'Health of the Nation' targets.

# ASTHMA

## 6.10 Criterion

*The pharmacy contains information which aids patients' control of their asthma.*

### Standards

1. The pharmacist knows the British Thoracic Guidelines on treating asthma (appendix 3).\*
2. The pharmacist ensures that patients are aware of how to use inhalers.
3. The pharmacist ensures that patients know how to use peak flow meters.
4. Ability to use inhalers / peak flow meters is regularly tested.
5. All new patients receive a demonstration of inhaler technique.

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

### Total Score

### RPSGB Reference

\* S8 Guidance 3 (advice on general health care matters)

### Measurement Options

Self check of pharmacist knowledge base on the latest guidelines on treating asthma.

Review your pharmacy policy for ensuring the optimum use of inhalers.

Review provision of training.

Outcomes for the Pharmacist	Outcomes for the Patient, General Practitioner and/or FHSA
Structured specialist service available to patients.	Specialist service available to ensure optimum medicines use.
Improved compliance.	Improved compliance.