

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

6a

Health Promotion –  
Diagnostic Testing/Contraceptive Advice

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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 Health Promotion Standards - Diagnostic Testing**

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**

#### **Blood Pressure**

- 6.11 *Blood pressure measurement is conducted to a written protocol using reliable equipment and all patients with high readings are referred for medical advice.*

#### **Pregnancy Testing and Family Planning.**

- 6.12 *A comprehensive pregnancy testing service is offered.*
- 6.13 *The pharmacist offers up to date information on family planning.*

## Blood Pressure

### 6.11 Criterion

*Blood pressure measurement is conducted to a written protocol using reliable equipment and all patients with high readings are referred for medical advice.*

#### Standards

1. Written instructions are provided for the operation of the equipment (appendix 1).\*
2. Written instructions are provided for the maintenance of the equipment.
3. Readings are conducted to a protocol which includes:
  - a. Previous medical history
  - b. Age
  - c. Current medication
  - d. Diastolic blood pressure referral criteria
  - e. The process to be followed after a high reading
4. Patient privacy is maintained.

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

Yes=0.5 No=0	
Yes=0.5 No=0	
Yes=0.5 No=0	
Yes=0.5 No=0	
Yes=1 No=0	
Yes=0.5 No=0	

5. A record is kept for all measurements including:

- a. Readings
- b. Age
- c. Current medication
- d. Recommendations
- e. Referrals for medical advice
- f. Outcomes of that advice.

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

6. Records are stored for one year.

**Total Score**

**RPSGB Reference**

\* Council statements guidelines on blood pressure measurement in the pharmacy.

**Measurement Options**

- Keep a record as identified in the standard.
- Check outcomes of referrals and consider any modification of current practice.

<b>Outcomes for the Pharmacist</b>	<b>Outcomes for the Patient, General Practitioner and/or FHSA</b>
Closer working relationship with GPs.	Increased diagnosis of hypertensive patients.
Satisfaction of detecting disease.	Assurance that the procedure is carried out to accepted standards.
	Medical advice is sought where needed.

## Pregnancy Testing and Family Planning

### 6.12 Criterion

*A comprehensive pregnancy testing service is offered.*

#### Standards

1. Staff have undertaken appropriate training.
2. Written instructions are available on performing the test.
3. The test used is accurate.
4. Testing is performed in a separate area which meets Royal Pharmaceutical Society guidelines (appendix 2).
5. A discreet notice advertising the service is displayed.
6. Patient privacy is maintained.
7. Patients are informed of the accuracy of the test used.
8. The results are provided in writing and include:
  - a. Name and address of patient.
  - b. The date.
  - c. The test result.
9. If the result is positive the patient is advised to see her GP or a pregnancy advisory bureau.
10. Records are stored for at least one year.

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=0.5 No=0	
Yes=0.5 No=0	
Yes=0.5 No=0	
Yes=1 No=0	
Yes=0.5 No=0	
#####	

#### Total Score

**RPSGB Reference**

\*Council Statements Pregnancy testing in pharmacies

**Measurement Options**

- Number of tests performed over a limited period.
- Records made.

<b>Outcomes for the Pharmacist</b>	<b>Outcomes for the Patient, General Practitioner and/or FHSA</b>
Accurate results.	Accurate results.
Enhanced professional role.	Rapid results.

## 6.13 Criterion

*The pharmacist offers up to date information on family planning.*

### Standards

1. Leaflets on the different forms of contraception are available in the pharmacy.\*
2. The pharmacist can give advice on the advantages and disadvantages of the different forms of contraception.
3. A list of family planning clinics is available.
4. A range of contraceptive products are available for self selection in the pharmacy.

Scoring	Score
Yes=3 No=0	
Yes=3 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

- Check availability of appropriate written information.
- Assessment of the knowledge base of the pharmacist.
- Availability of products.

Outcome for the Pharmacist	Outcomes for the Patient, General Practitioner and/or FHSA
Enhanced professional role.	Availability of informed information while maintaining anonymity.
	Appropriate referral to specialist centres.