

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

6b

**Health Promotion –
Misuse of Drugs**

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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 - Misuse of Drugs

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

- 6.14 *The pharmacist is informed on the misuse of drugs and takes all necessary action.*

- 6.15 *The pharmacy participates in a safe needle exchange programme.*

6.14 Criterion

The pharmacist is informed on the misuse of drugs and takes all necessary action.

Standards

1. All relevant staff are informed on substances liable to be misused (appendix 1).*
 - a. Nationally
 - b. Locally
2. A list of products liable to misuse is available for all medicines counter staff.**
3. A record is kept with each sale of products liable to misuse.
4. When a sale is refused patients are advised to seek specialist help.
5. The pharmacist knows local drug rehabilitation centres.

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

Total Score

RPSGB References

- * S8 Guidance 3 (advice on general health care matters)
- ** E Guidance on obligation 1.7

Measurement Options

- Assessment of the knowledge base of all relevant staff on misuse of drugs.
- Examination of records for excessive sales.
- Record of sales refused with reasons.

Outcomes for the Pharmacist

Reduced number of sales of misused products.

Greater awareness of local drug problems.

Ability to use the pharmacist's extended knowledge base.

Movement towards 'Health of the Nation' targets.

Compliance with professional ethics.

Outcomes for the Patient, General Practitioner and/or FHSA

Knowledge of substances liable to misuse.

Increased uptake of drug rehabilitation services.

Movement towards 'Health of the Nation' targets.

6.15 Criterion

The pharmacy participates in a safe needle exchange programme.

Standards		Scoring	Score
1.	Written information is available on HIV infection.	Yes=1 No=0	
2.	Participation in needle exchange schemes is identified by a window logo.	Yes=1 No=0	
3.	The handover of used needles is in accordance with RPSGB guidelines (appendix 2).	Yes=2 No=0	
4.	All staff are informed that the pharmacy is taking part in the programme but only the pharmacist is involved in dealing with requests.	Yes=1 No=0	
5.	All requests are dealt with in a non judgemental and discreet manner.	Yes=1 No=0	
6.	Staff are informed of the risk of infection.	Yes=2 No=0	
7.	Local drug agencies are informed that the pharmacy is taking part in the scheme.	Yes=1 No=0	
8.	The pharmacist is aware of all local drug rehabilitation centres.	Yes=1 No=0	
Total Score		#####	

RPSGB Reference

* Guidelines for pharmacies involved in schemes to supply clean syringes and needles.

Measurement Options

- Assessment of the knowledge base of all relevant staff on the needle exchange scheme.
- Check your practice meets the following RPSGB guidelines.
 - The sharps should only be disposed of in a properly designed sharps container.
 - The sharps container is located well away from other customers.
 - Only the patient himself places the sharps in the container.
 - All persons requesting syringes should be encouraged to surrender used equipment.
 - Only the pharmacist should deal with the supply of syringes and needles and receipt of such equipment.

For a limited period, record the number of returned sharps compared with supply and the regularity of custom.

Outcome for the Pharmacist	Outcomes for the Patient, General Practitioner and/or FHSA
Movement towards 'Health of the Nation' targets.	Improved patient safety.
Analysis of supply.	Improved community safety.
	Provision of a non-judgemental service.
	Movement towards 'Health of the Nation' targets.