

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

9

Response to Symptoms

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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 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 Response to Symptoms Standards

The following criteria and standards ensure the safe and cost effective treatment of patients, by the most appropriate person.

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

- 9.1 *A policy exists to ensure that accurate advice is given to patients by the most appropriate person.*
- 9.2 *An information system exists to ensure the consistency, safety and appropriateness of recommended products.*
- 9.3 *A pharmacy staff training policy ensures that customers and patients receive accurate, appropriate and current information.*

Case Studies

Who Responds to Symptoms?

Mr George is a young man of 27 years. He presents in the pharmacy complaining of a very severe headache associated with a stiff neck which, he states came on after a game of squash at lunch time today. As the duration of the headache was short, a strong analgesic was recommended and the patient was advised to seek medical help if the headache continued for any longer than a couple of days. Later the next evening Mr George died in hospital from a brain haemorrhage.

Maximising the effectiveness of medication

Miss Hanson presents at the pharmacy requiring treatment for vaginal thrush. From your records you find that this is the fourth time in as many months that she has presented with this problem, this enables you to give this lady the best advice for her specific circumstances, eg in this case refer her to the GP after checking that she has been using the product correctly and has been following the associated advice.

Training

Mrs Marks has seen a marvellous new remedy for rheumatism advertised in the press recently, she goes into pharmacy 'A' with the intention of buying some even if it is expensive. Unfortunately, Mrs Marks is unable to remember the name of the product and the staff, although cheery and helpful are not able to assist her in this matter so she leaves without purchasing anything.

9.1 Criterion

A policy exists to ensure that accurate advice is given to patients by the most appropriate person.

Standards

1. A written policy is followed by all staff, to ensure that patients are appropriately referred to the pharmacist. *
2. A written policy is followed for the pharmacist to decide when to refer patients to the GP. **
3. A list of symptoms which are strongly associated with serious medical problems is available. **

Scoring	Score
Yes=3 No=0	
Yes=3 No=0	
Yes=4 No=0	
####	

RPSGB References

- * E 1.11
- ** S 8.1

Measurement Options

- Clinical case studies - (for example see appendix 1)
- Staff questionnaires - these will test the staff's knowledge base. Questions could be taken from those used by the CPPE.
- Analysis of interventions from recording forms or the PMRs.
- Referral slips to GPs.

Outcomes for the Pharmacist	Outcomes for the Patient/General Practitioner and/or FHSA
Safe, accurate and efficient response to symptoms.	Safe and efficient service.
Rapid referrals are dealt with without delay.	Closer working relationship for health professionals.
Pharmacists role in the healthcare team is reinforced.	
Increased referral of patients from GPs.	

9.2 Criterion

An information system exists to ensure the consistency, safety and appropriateness of recommended products.

Standards

1. A written list of questions exists for response to symptoms eg WWHAM. *
2. A written information system exists eg an in house formulary (an example can be found in appendix 2). *
3. The PMRs are checked, when appropriate, before any product is recommended to patients on other medication. *
4. A list of important contra-indications exists and is readily accessible by all relevant staff. *
5. Upto date textbooks are available on response to symptoms. *

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

RPSGB Reference

* S 8.1

Scoring hints for standard two

A written information system for response to symptoms exists which includes:

First line medicines for specific ailments.

Second line medicines for specific ailments where the first line medicine is contra-indicated.

Generic names.

Proprietary names

Side effects

Contra-indications

Six items

Score 2

Three - five items

Score 1

Less than 3 items

Score 0

Scoring hints for standard five

The pharmacist has copies of:

- Handbook of Pharmacy Healthcare. Ed. Robin Harman. The Pharmaceutical Press. 1990.
- Symptoms in the Pharmacy by A. Blenkinsopp and P. Paxton, Blackwell Scientific Publications 1989.
- OTC Medications by A. and G. Li Wan Po, Blackwell Scientific Publications 1992.
- The Merck Manual of Diagnosis and Therapy Edited by R. Berkow and A. Fletcher, Merck & Co. Inc.
- Handbook of Pharmacy Health Education. Ed. John Martin. The Pharmaceutical Press. 1991
- Patient Care in Community Practice. Robin Harman. The Pharmaceutical Press. 1990.

Four or more books	Score 2
Two or three books	Score 1
One or less books	Score 0

Measurement Options

- Clinical case studies.
- Use of PMRs for interventions, recommendations and drug interactions.
- Recording the feedback on formulary (from patients).

Outcomes for the Pharmacist	Outcomes for the Patient / General Practitioner and/or FHSA
Continuity of the information given out.	Continuity of the information given to patients.
Consistency in the recommendation of products.	Patient receives the most appropriate products.
Optimum utilisation of staff, time and resources.	Safe and efficient service for patients.
Safe, patient specific treatment.	
Increased staff motivation.	

9.3 Criterion

A pharmacy staff training policy ensures that customers and patients receive accurate, appropriate and current information.

Standards

1. Pharmacists review their knowledge on response to symptoms continually. *
2. A policy exists to ensure that all medicines counter staff have completed a training programme on response to symptoms. **
3. Regular time is dedicated to updating the staff's knowledge on response to symptoms. ***
4. A rolling programme exists for testing staff knowledge on response to symptoms.
5. All pharmacists have completed a taught programme in communication skills.
6. A strategy exists to train all sales and dispensary staff in communication skills.

Scoring	Score
####	

RPSGB References

- * E 5.1 and S 7.2
- ** E 1.11 and S 7.1
- *** S 7.4

Scoring hints for standard one

The pharmacist regularly reads:

- The Pharmaceutical Journal
- The CPPE course on this area
- Up to date textbooks on this area
- Other medically oriented journals

Two or more items	Score 3
One item	Score 1
No items	Score 0

Scoring hints for standard two

All medicines counter staff have completed an approved medicines training programme which is at least equivalent to NPA course.	Score 2
All medicines counter staff have completed an in house medicines training programme which is at least equivalent to NPA course.	Score 1.5
Some of the medicines counter staff have completed an approved medicines training programme which is at least equivalent to NPA course.	Score 1
Some of the medicines counter staff have completed an in house medicines training programme which is at least equivalent to NPA course.	Score 0.5
No medicines training programme has been undertaken by any medicines counter staff.	Score 0

Scoring hints for standard three

The time dedicated to updating the staff knowledge on response to symptoms is:

More than two hours a month.	Score 1
30 minutes to two hours a month	Score 0.5
Less than 30 minutes a month	Score 0

Scoring hints for standard four

Testing of the knowledge base is undertaken monthly	Score 1
Testing of knowledge base is undertaken when time allows.	Score 0.5
No testing policy exists.	Score 0

Scoring hints for standard five

A taught communication skills programme has been completed by all pharmacists (excluding locums).	Score 2
A taught communication skills programme has been completed by at least one pharmacist (where more than one is employed in the pharmacy).	Score 1
No taught communication skills programme has been undertaken.	Score 0

Note: The Royal Pharmaceutical Society of Great Britain supply a continuing education record booklet which should be used to log continuing education participation.

Scoring hints for standard six

A communication skills programme has been completed by all sales and dispensary staff (excluding the pharmacist).	Score 1
A communication skills programme has been completed by at least half the sales and dispensary staff (excluding the pharmacist).	Score 0.5
No staff have completed a communication skills programme (excluding the pharmacist).	Score 0

Measurement Options

- A patient satisfaction survey which focuses on communication with pharmacy staff.
- Staff training survey and analysis.
- Pharmacist training survey and analysis.

Outcomes for the Pharmacist	Outcomes for the Patient / General Practitioner and/or FHSA
Consistent service.	Consistent advice.
Increased patient loyalty.	Improved communication with customers.
Up to date information is given out.	Patient receives up to date information.
Improved communication between staff and customers.	Improved communication between members of the healthcare team.
Improved communication between staff and the pharmacist.	

Appendix 1

One Step Beyond

Mr Giles is an asthmatic patient and he asks your counter assistant for a strong pain killer for his muscular back pain. The assistant ascertains that Mr Giles has tried no other medication and has only had the symptoms for 24 hours. She also finds out that he is asthmatic and uses a Becotide inhaler. As he has only had the pain for 24 hours and it is muscular the assistant recommends Ibuprofen.

You notice the sale and knowing the patient intervene to stop it. You recommend co-codamol dispersible and advise seeing the GP if there is not improvement after 72 hours.

Who's That Girl?

Jenny, a 20 year old student, asks the pharmacist for something for vaginal thrush. The pharmacist uses the WWHAM questioning technique and discovers that the product is not for Jenny but a friend who is too embarrassed to ask as it is her first attack. Armed with this knowledge the pharmacist does not sell a product but suggested to Jenny that her friend should go to her GP for confirmation of the diagnosis and treatment.