

Non-prescription medicines: referrals between pharmacist and general practitioner

Introduction

There is now a large range of medicines available for sale without prescription from community pharmacies. This range includes some formerly prescription-only medicines that have been legally reclassified to allow sale from a pharmacy without the need for a doctor's prescription. An increasing emphasis in health policy on responsible self-medication has implications for patients, general practitioners and pharmacists alike.

Increasingly, patients are being encouraged to make use of the pharmacy for advice and treatment of self-limiting ailments. The training of pharmacy assistants and the introduction of medicines sales protocols have been a key recent development. One estimate is that 100 to 150 million GP consultations per year in the UK are for conditions that are potentially self-treatable.

Community pharmacists can offer a range of advice and treatment options to people with self-limiting ailments. People requiring medical attention will need to be referred to the GP. Formal systems of referral could well improve patients' perception of, and compliance with, this process. Such formal systems can also help provide a more scientific method of assessing the success of the pharmacist's actions as well as offering suitable feedback to patients' GPs. There is an opportunity to build on this, involving other professions and encouraging the further integration of the pharmacist into the primary care team.

Benefits

Benefits for the patient

- patients will be given sufficient information to gain maximum benefit from medicines bought over the counter
- patients will be referred to their GP when it is appropriate
- patients will be referred to the community pharmacist when they do not need a prescription or when a medicine is cheaper to purchase over the counter

Benefits for healthcare professionals

- improved communication between GPs and community pharmacists
- fewer inappropriate referrals from community pharmacists to GPs
- better information about the reasons for referrals between GPs and community pharmacists

Criteria and standards

There are three main areas of the audit that require completion. The first - an audit of the community pharmacist and his/her counter prescribing - may be completed independently. The others will require the participation of the local GPs.

A meeting between GPs and the community pharmacist will be needed to agree standards for referrals and policies for the use of non-prescription medicines.

Criteria

- 1) Patients need to accept non-prescription medicines as a suitable treatment.
- 2) General practitioners referring patients to the community pharmacy in order to obtain a non-prescription medicine should provide appropriate information to the patient so that this process is successful.
- 3) Patients referred to general practitioners by community pharmacists should be sent with clear and acceptable reasons for that referral.

Standards

The exact level of standards will need to be agreed locally but should be set as high as possible (probably 85% or higher).

Data collection

Criterion 1

Appendix 1 shows an example of a counter-prescribing audit form. The pharmacist may want to include the details of the medicine sold and the condition diagnosed.

A positive reply to five out of the first six questions may be considered a successful result and, therefore, in general found acceptable to patients. Two further questions have been added to the form. Other questions may be added as required to suit the circumstances of the audit.

The community pharmacist may wish to audit only one area, for example counter-prescribing for coughs and colds. The questions may, therefore, be varied to suit the specific area of interest of the community pharmacist.

Audit periods may range from one to four weeks depending on the counter workload of the particular pharmacy.

It would not be considered necessary to complete this audit before involving the local GPs but the community pharmacist may find it interesting to audit patients' perception of the counter-prescribing. This may generate improvements in the counter-prescribing process or form a useful basis for discussions with the local GPs regarding referral policies and criteria.

Criteria 2 and 3

The community pharmacist must meet with the local GPs to establish policies, guidelines and criteria for referrals. The referrals may be from the GP to the pharmacist for counter-prescribing or from the pharmacist to the GP when counter-prescribing is not deemed appropriate without a medical opinion.

Appendix 2 shows an example of a pharmacy referral form based on the National Pharmaceutical Association's referral form (shown in *Appendix 3*).

This kind of form can be used as part of a referral mechanism. Such forms must be used in conjunction with the assessment forms shown in *Appendix 4* for the duration of the audit. An audit time period of one month or longer may be suitable depending on the number of referrals made.

Analysing the data

The use of these forms allows a judgement on the second and third general criteria to be made. This should help to show if the community pharmacist is making good referrals to the GP and allow the community pharmacist to learn the outcome of such referrals.

The GP may learn more about the information a pharmacist needs to counter-prescribe successfully and the medicines that can be prescribed over-the-counter for common illness. This might lead to the production of a non-prescription medicines formulary, giving information on what the community pharmacist would counter-prescribe for general common conditions.

There are several other variables that could be assessed, such as the number of forms issued compared with the number of referral forms presented to either the GP or the pharmacist. It may be interesting to investigate the reasons why referral forms are not presented: it is well-known that not all prescriptions written for patients are dispensed.

Appendix 2

Referral form

From GP to pharmacist

Pharmacy referral form reference number

Please take this to your pharmacist

Name (Mr/Mrs/Miss)

Address

Age (if child)

GP stamp

Please would you provide

Or suggest a suitable medicine for the following symptoms

Condition

Other relevant information

Appendix 3

Referral form

From pharmacist to GP

Pharmacy referral form reference number

Please take this to your doctor

Name (Mr/Mrs/Miss)

Address

Pharmacy stamp

Dear Doctor

Date

I am reporting these reactions/signs/symptoms/findings which may need your attention:

Duration

They may be attributable to

Current medication	Test findings/other information
Patient is using	

I have recommended/supplied

Appendix 4

Referral form assessment

Assessment by pharmacist

Please attach this form to the referral note

Patient's name (Mr/Mrs/Miss)

Referral form number

Important symptoms/findings not documented by the GP

Do you consider that the patient was a suitable candidate for counter-prescribing?

Yes (easy to prescribe)

Yes (but not easy to prescribe)

No (no suitable medicines are available)

Comments / outcome

Referral form assessment

Assessment by GP

Please attach this form to the referral note

Patient's name (Mr/Mrs/Miss)

Referral form number

Important symptoms/findings not documented by the pharmacist

Do you consider that the patient needed to be seen by a medical practitioner?

Yes (referral always needed)

Yes (always good to check)

No (could have been treated without referral)

Comments / outcome
