

# Briefing: 008/24: Pharmacy Advice Audit 2024 – Team Guide

This briefing describes how community pharmacy teams can take part in Community Pharmacy England's Pharmacy Advice Audit to capture information about the increasing number of people relying on pharmacies.

## Summary

- Community Pharmacy Teams are asked to undertake this audit during the weeks commencing 3rd June or 10th June 2024 for one day only.
- Instructions and background are available below.
- Data capture forms are available [here](#).

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## Background and summary of previous audits

In the summer of 2020 and the winters of 2021 and 2022, Community Pharmacy England undertook three audits across English community pharmacies with the data received and conclusions drawn supportive of the impact pharmacies have on their local communities.

A summary of the audits is as follows:

- Summer 2020
  - Over **9,400 pharmacies** took part and recorded data on **198,043 patient consultations**.
  - Around **75 minutes per day** per pharmacy is spent providing consultations with **fewer than 10%** being referred to the patient's GP, yet **49% of patients** reported that if the pharmacy had not been there, they would have visited their GP **saving 492,000 additional GP appointments** per week.
- Winter 2021
  - Over **5,830 pharmacies** took part and recorded data on **114,898 patient consultations**.

- Around **85 minutes per day** per pharmacy is spent providing consultations with **over 11% informally referred** from the GP (9%) or NHS111 (2.4%). Almost a quarter of consultations also included a **discussion relating to COVID-19** and these consultations took on average 20% longer. Lastly, almost **half the patients** reported that had they not been able to visit their pharmacy, they would have visited their GP saving more than **500,000 additional GP appointments** per week.
- Winter 2022
  - Over **5,100 pharmacies** took part and recorded data on **82,782 patient consultations**.
  - This audit showed a further increase in the number of consultations with **19.2** recorded per day which represented a **29% increase** since the original 2020 audit.
  - If community pharmacy was not able to provide these consultations, it would have resulted in an **additional 619,000 surgery appointments** per week.

These conclusions are being used as part of our bid to uplift core funding for the community pharmacy sector. As well as providing data for Ministers, the statistics are regularly referenced in meetings with MPs, charities, and other stakeholders by Community Pharmacy England, Local Pharmaceutical Committees and pharmacy owners.

**Janet Morrison, Chief Executive, Community Pharmacy England, said:**

“Since Pharmacy First was first touted, our Committee thought it may have a ‘halo effect’ in driving more people to pharmacies for health care information and advice that does not meet the gateway criteria for a paid consultation. Pharmacy owners are telling us that this is already the case, so it’s critical that we measure this – and quickly. The Pharmacy Advice Audit is an important tool in gathering evidence of the efforts and value of community pharmacy teams across the country.

The data you provide will show Government the huge amount of unpaid work pharmacy teams do for the NHS, demonstrating the situation clearly to decision makers and those who influence them. We know that evidence like this is persuasive, with the results of previous audits being covered in the national media and quoted by MPs in Parliament. They formed part of our business case for Pharmacy First – which of course led to the commissioning of the service. As



we work to monitor the implementation of Pharmacy First and set the building blocks for the future CPCF, such data will be of critical importance.

I would therefore ask all pharmacies to take part in this audit if they can – we've made it as easy as we can to do so, and would like to receive as many responses as possible to help strengthen our calls and cases for more investment and support for pharmacies. This invaluable evidence will greatly improve our chances of gaining traction through our campaigning and lobbying work. Thank you in advance for your participation."

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## 2024 Pharmacy Advice Audit – weeks commencing 3rd June or 10th June 2024

Years of financial and operational pressures are continuing to take their toll on the sector, with many community pharmacy businesses being pushed to the brink. Meanwhile, an increasing number of people are relying on pharmacies.

We need to get an accurate picture of the 'halo' effect of ever-more people seeking advice from community pharmacies – some of which falls outside of the funded Pharmacy First service – and make the case for increased funding for the sector.

**Therefore, Community Pharmacy England is asking you and your team to participate in this Pharmacy Advice Audit to allow the collation of data to understand the key reasons why people are choosing community pharmacy.**

### Criteria

The audit will examine **patient/customer interactions** (consultations) by either a non-pharmacist team member and/or a pharmacist. You will record these by ticking a series of boxes on the audit form, then submitting data on **two PharmOutcomes** templates (one service to record the audit data and one service to record a summary of the pharmacy).

You must **record data for every consultation for one day**. Data from the audit will be submitted to Community Pharmacy England for national analysis and for use in discussions about community pharmacy.

All interactions would ideally be recorded, but if some are not, this could lead to a misinterpretation of the number of consultations your team has undertaken. You must **estimate**



**the percentage of consultations that were recorded**, e.g. the pharmacy team recorded 20 consultations but believe they conducted 25, therefore the percentage recorded was 80% of the total.

### Consultations NOT to be recorded

The following consultations are **not to be recorded** as part of this audit:

- Where a product is requested by **name**
  - Unless this leads to additional advice being provided beyond the safe use of the product
- Advice given relating to a **prescription** being dispensed
- All consultations included in Pharmacy First
- All consultations included in a locally commissioned minor illness service (where the pharmacy will be able to claim a payment for provision of the service)

### Data Capture

You must record the following data on the **Community Pharmacy England Pharmacy Advice Audit 2024 – Data Collection** template, choosing the most appropriate response from each list.

1. Record the **presenting reason** to understand why the person chose to visit the pharmacy on that occasion:
  - *Self-refer*
    - For example, a patient who made their own choice to visit the pharmacy.
  - *Informal referral*
    - This is to understand if a **GP, NHS111, or other** healthcare worker has referred the patient to the pharmacy **without** sending it via a formal referral pathway such as the Pharmacy First service.
    - Please note, formal referrals via Pharmacy First are **not** to be included in this audit.
  - *Unable to access other healthcare setting*
    - Select this if the patient has presented or contacted the pharmacy because they **cannot access the health system** via their original chosen route, for example, not being able to speak to the surgery or obtain a GP appointment.

**This data will help us understand how and why people are accessing pharmacy.**

2. Record what **advice** was requested:

- *Responding to symptoms (minor ailments)*
- *A known medical condition or medicine*
  - This relates to queries outside of the normal dispensing process of a medication. For example, a COPD patient with symptoms of a chest infection resulting in referral.
- *Other consultations not listed above*

**This data will help us review the type of advice sought by patients.**

3. **Outcomes:**

- Advice may be *Appropriate advice only* or *Appropriate advice and sale* of a medicine. If you advised a patient about a medicine that was not sold at that point, for example because the patient had a supply at home, then record as Advice only.
- Referral to either the *pharmacist* in the pharmacy or to another healthcare setting such as:
  - *GP surgery*
  - *Out of hours*
    - This can include Urgent Treatment Centres or Minor Injury Units.
  - *A&E*
  - *Other acute care centre*

**This data will help us to see what type of advice is given by pharmacy teams.**

4. **Referral Urgency:**

Indicate how urgently you felt the patient needed to be seen by the other healthcare setting.

- *Urgent*
- *Non-urgent*

**Do not** include referrals made from the non-pharmacist to the pharmacist in this section.

**This data will enable us to begin to explore the level of acuity of the patient's symptoms or condition with the assumption being made that the more urgent the referral, the more seriously unwell the patient was.**

## 5. Alternatives:

Tell the patient that you are doing an audit and ask them what they would have done if they could not contact a pharmacy. Record their response.

**This data will help us to estimate savings made by the NHS through use of pharmacy advice.**

## 6. Duration:

Estimate how long you spent with the patient gathering information and giving advice. If the pharmacist and another team member both spent time with the patient, then you must record the duration for each.

**This data will help us to estimate workload for pharmacy teams.**

### The data capture form

Each person who completes a consultation must also complete the data capture form. Each consultation is made on a different line.

If two team members consulted with a patient, they both must record the consultation on the same line. For example, if one team member started the consultation and referred to the pharmacist, the pharmacist would complete the remainder of the form capturing the outcome. Both team members would need to record their time spent with the patient.

There is an example of how to complete the data capture form in Appendix 1.

### Data entry

When all consultations have been completed, you must complete **two PharmOutcomes modules** so that Community Pharmacy England can act on your findings.

1. Community Pharmacy England Pharmacy Advice Audit 2024 – Overview
  - **One-time** entry to give us context about your consultations.
2. Community Pharmacy England Pharmacy Advice Audit 2024 – Data Entry
  - Complete this form once for **each consultation** that was held. Each entry takes approximately 30 seconds.



## Frequently asked questions

**Q. The patient identifies that they have been formally referred by their GP for a consultation with the pharmacist. Do I record this?**

No. This is part of the Pharmacy First service and as such, is not part of the audit. The same is true for NHS111 formal referrals.

**Q. If a patient presents asking for a 'box of paracetamol', do I record the consultation?**

No. If the only outcome was the safe sale of the medication, then this is not covered by the audit.

**Q. If a patient presents asking for a product to help with a headache, do I record the consultation?**

Yes. This consultation will have allowed the pharmacy team to identify the condition and provide the right support, guidance, referral and product as required.

**Q. The pharmacy conducts the audit over one day but forgets to record consultations for 3 out of the 10 hours the pharmacy is open. How do I record this?**

In the PharmOutcomes Overview form, enter that you captured 70% of the consultations.

**Q. A customer asks about their existing condition whilst I am dispensing the medication for it. Can I include this?**

No. This advice is part of the dispensing service. If the patient contacts you at some other point, this can be included in the audit.

**Q. The 3rd – 5th June is busy with end of month processes, such as submitting prescriptions to the NHSBSA. Can I take part at a later time?**

The audit can be completed anytime from Monday 3rd June until Sunday 16th June.

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**If you have any queries or require more information, please contact:**

[comms.team@cpe.org.uk](mailto:comms.team@cpe.org.uk)



## Appendix 1 - Example of how to complete the form

Date of audit \_\_\_\_\_

First contact with patient		Type of consultation			Presenting Reason				Presenting Complaint			Outcome								What would the patient have done if they hadn't contacted the pharmacy?				Consultation Time (mins)					
												Referral				Referral Urgency													
Pharmacist	Non-Pharmacist	Phone	Face to Face	Online	Self-refer	Referral From			Unable to access other health setting	Responding to Symptoms	An existing medical condition or medicine	Other	Appropriate advice given only	Appropriate advice given and sale of a medicine	Pharmacist (if applicable)	GP Surgery	Out of Hours (inc minor injury)	A&E	Other	Referral Urgency		Not done anything else	GP Surgery	A&E / Walk in centre	Accessed NHS111	Other	Pharmacist	Non-pharmacist	
GP	NHS111	Other	Urgent	Non-urgent																									
✓		✓			✓						✓		✓			✓							✓					6	
	✓		✓					✓	✓				✓								✓			✓				5	4
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