

MAKING **BEST** **USE** **OF** consultation **AREAS**

A guide for NPA members in England and Wales

This guidance aims to help NPA members in England and Wales:

- **Consider the financial benefits of consultation areas.**
- **Make best use of the space allocated to consultation areas.**
- **Address issues of safety and protection of the pharmacist and the public.**

For many years pharmacists have been criticised by the public, patient groups and other healthcare professionals for failing to provide adequate levels of privacy in pharmacies. Increasingly, patients will expect to be able to use a private consultation area in the pharmacy and will vote with their feet if your pharmacy does not have one.

The new pharmacy contract in England and Wales gave many pharmacists an incentive to include a consultation area in their pharmacies for the first time although consultation areas have many uses other than the provision of Medicines Use Reviews (MURs).

Financial benefits

Why should you bother installing a consultation area in your pharmacy? What financial benefits will it bring to your business?

Look at it the other way round and consider how much business you could lose as a result of **not** having a consultation area. For example:

- Medicine Use Reviews (MURs) could have generated up to £5,750 of income in the 2005/06 financial year.
- Certain PCT/LHB schemes stipulate that a consultation area must be in a pharmacy before a service can be rolled out and these are usually quite profitable.
- Measurements of elastic hosiery and trusses should be carried out in a consultation area as it portrays a professional image to the patient and ultimately increases NHS business.
- The potential increases in footfall as customers see that you are able to offer a vast range of professional and clinical services. This can be translated into increased prescription business and retail sales.
- Non-NHS income; this is an important income stream if your pharmacy is located in an area with a high percentage of people classed as the 'worried well'. These types of people welcome opportunities to sit down with healthcare professionals. In addition there are opportunities to perhaps offer a chargeable service, such as blood pressure testing¹.

¹ Please note it is important that you follow any national and local clinical guidance and that an early stage you engage with other healthcare professionals already offering the service.

Finding the space

You need to have a good look at your product categories before deciding what products need to be either removed or reduced to accommodate a consultation area. Table 1 shows the most common categories stocked in pharmacies and the average margins achieved.

Various websites are available to help you understand your customer base. This will allow you to ensure you are matching your product offering to customer demand (eg www.upmystreet.co.uk allows you to search under your postcode and gives you a demographic profile of the neighbourhood). You might think about removing product lines that provide limited profit margins or those with low turnover which do not appeal to your customers.

Table 1 – Typical Pharmacy Product Categories

Product Category	Average Margins
Baby care	13 – 23%
Bath care	10 – 32%
Cosmetics / Skin care	22 – 42%
Deodorants	Approx 20%
Hair care	20 – 30%
Men's toiletries	Approx 20%
Films	Approx 24%
Tissues	10 – 20%

Source: HM Revenue & Customs

Cost / benefit analysis

The cost of installing an area varies depending on the size required. There are no minimum or maximum size requirements (but see Specifications below).

Once you know the cost of the consultation area and the potential loss of income from the reduction in retail space, you can start projecting income over the next five years. You can then start calculating your 'payback period'. This is simply the length of time required to get back the money invested in installing the consultation area.

The straight payback period formula is:

$$\frac{\text{Cost of project}}{\text{Annual cash revenues}} = \text{Payback period}$$

Therefore, if the total cost of the consultation area and the loss of revenue from retail space is £12,500 and the consultation area is projected to generate £7,000 per annum, the payback period would be $12,500 \div 7,000 = 1.78$ years. Generally in business terms a payback period less than three years is desirable.

Specifications for consultation areas

The service specification for providing the Advanced Service (Medicines Use Review and Prescription Intervention) under the new contract in England and Wales, requires consultation areas to meet the following criteria:

- The patient and pharmacist can sit down together.
- They can talk at normal speaking volumes without being overheard by staff or customers.
- The area should be clearly signed as a private consultation area.

Consultation areas that comply with these criteria can be incorporated into the smallest pharmacy. However, if you have sufficient space, it is worth considering whether you can create a consultation area that goes beyond these minimum criteria so that you are able to provide a range of other services in the future.

Specification checklist

Location

- Is the consultation area sited close to the dispensary and medicines counter so the pharmacist can maintain close control over it?
- Is it located away from the main customer flow to prevent unintentional customer intrusion?
- For reasons of security and patient confidentiality can it be accessed without having to go through the dispensary?

If it is necessary to access the consultation area via the dispensary then you must have adequate measures in place to ensure that patients cannot view confidential information such as PMRs and have no opportunity to gain access to medicines.

Size

- The new contract does not specify minimum dimensions, but from a practical viewpoint, the area should be at least two square metres.
- Have you considered access for those with disabilities? (Openings should be at least 800mm in order to comply with the Disability Discrimination Act.)
- Have you carried out a health and safety risk assessment of the consultation area to ensure there are no hazards such as trailing wires, badly sited furniture and so on?
- Does the area have a worktop or table for completion of paperwork?
- Does the area have a sink? (Portable sinks are available – details from the NPA Information Department.)

Fixtures and fittings

- Does the area have two chairs so the pharmacist and patient can sit down together?
- Can you fit in extra chairs to enable carers to be present during consultations (with the patient's consent)?
- Have you considered the health and safety risks? Do you need to take into account the placement of furniture – for example, can the door be safely opened from the outside without injuring people sitting down?
- Do you have patient leaflets on display?
- Is it kept clean and uncluttered?

The area should have a 'clinical' look to portray a professional image but make sure it doesn't look too cold or uninviting.

Soundproofing

- Can the pharmacist and patient talk at normal speaking volume without being overheard?

The area doesn't need to be completely soundproof – it is possible to be able to hear that a conversation is taking place as long as the detail of what is being said cannot be heard. The most cost-effective option for soundproofing is to have a separate room with full height walls and a door. Background noise can help mask sound.

If your PCT/LHB is unhappy with the sound reduction of your consultation area, please contact the NPA Information Department for advice.

Premises accreditation

- Have you sent a self-certification form to the PCT/LHB to tell them the consultation area meets contract specifications?

For pharmacists in England, copies of a self-certification form (PREM1) can be downloaded from the PSNC website, www.psync.org.uk

Pharmacists in Wales should complete form PSAS-1, Contract Premises Listing, available from the LHB or from the Community Pharmacy Wales website, www.cpwales.org.uk

Signage

- Is the area clearly designated as an area for confidential consultations, distinct from other areas of the pharmacy?

The NPA's MUR resource pack contains a copy of a suitable sign. You may wish to display additional signage stating, for example, that the door can be left open or shut for increased privacy.



Using the consultation area effectively

Having invested in a consultation area and given up valuable retail sales space to accommodate it, you will want to make sure you use it effectively to generate revenue and maximise return on your investment. Are you making sure that its benefits are fully explained and that is not thought of solely as a place to go when there needs to be a conversation on a sensitive issue?



Informing patients

Consultation areas in pharmacies are still relatively new and customers are not yet accustomed to using them. It may take time for everyone to feel comfortable with the idea so you need to think of ways to encourage use of the area.

- Make sure customers are aware you have a consultation area and when it can be used.
- Display signs describing what the area is for.
- Ask counter assistants to direct customers to the area at every opportunity.
- Customers may be curious about what the consultation area is used for. Take advantage of their natural curiosity and invite them to try it out when they ask about it.

Other uses for consultation areas

The recent Government white paper in England, *'Our Health, Our Care, Our Say'* will drive the provision of healthcare services into primary care and in the future, consultation areas are also likely to prove useful for diagnostic testing, therapeutic drug monitoring and so on.

Other uses include:

- Providing advice on the sale of medicines, especially those which require discretion, such as emergency hormonal contraception.
- Sales of non-prescription medicines or the supply of a medicine under a Patient Group Direction (PGD) or Minor Ailments Scheme where additional paperwork or questionnaires are needed. These sales take more time and use of the consultation area may reduce congestion at the medicines counter.
- It is likely that future advanced and enhanced services will need to be provided from a consultation area. Some of the current enhanced services that are ideal for provision from the consultation area include smoking cessation, supervised administration of medicines, syringe and needle exchange and anticoagulant monitoring.



Staff training

- Counter staff are also likely to be a little uncomfortable using the consultation area at first. Have you made sure they are fully briefed on its benefits and understand when it can and should be used?
- Give staff ownership of the consultation area by giving them responsibility for ensuring it is kept clean, tidy and uncluttered. Let staff come up with suggestions for posters or leaflets to be displayed in the area.

Remember, if staff see the pharmacist using the consultation area, they are much more likely to use it themselves, so make sure you lead the way.

Time management

Most likely you will have found that sitting down with a patient in a consultation area prolongs conversation and is more time-consuming than the usual discussions at the medicines counter.

- If you are finding it difficult to manage the time and to bring consultations to a close, consider having a clock or watch visible or arrange for a member of staff to call you.
- You could also consider being upfront with the patient at the start of the consultation and outlining how long you expect it to last.

Supervision

The Department of Health is currently consulting on changes to the existing supervision requirements. The Royal Pharmaceutical Society (RPSGB) has recognised that it may be difficult for pharmacists to exercise their statutory duty to supervise the sales of medicines and dispensing of prescriptions while in a consultation area and has issued the following interim guidance.

Provided Standard Operating Procedures (SOPs) are in place which clearly identify when pharmacist intervention is required, when the pharmacist is with a patient in a consultation area:

- Pharmacy medicines may be sold.
- Dispensed prescriptions that have been clinically assessed and checked for accuracy can be supplied.

The pharmacist retains professional responsibility for any sales or supplies of medicines that take place while they are in the consultation area.

Further details can be found at www.pjonline.com/Editorial/20051217/society/ethics.html

Remember that staff may need to refer to you in certain situations, for example, to undertake the clinical assessment of a prescription or for help and advice with the sale of a medicine.

- Have you considered how you want to handle interruptions from staff while you are in the consultation area, and made sure that all staff are aware of the procedure?

Security issues

If you are unused to working in enclosed areas on a one-to-one basis with patients you should consider the implications for personal safety. There are some risks inherent in undertaking a consultation in an enclosed area with a member of the public, especially where this might involve physical contact, for example when fitting trusses or hosiery.

Protection and safety checklist

There is a need to create a safe working environment to ensure that both the public and the pharmacist are adequately protected from violence and from accusations of inappropriate behaviour.

Many of these issues can be overcome by installing windows or glazed panels in doors.

- Health and safety legislation requires the workplace to be a safe environment. You should undertake a risk assessment for working alone with patients in an enclosed consultation area and take steps to minimise risks identified.
- Consider situations that have the highest risk of turning violent. For example, explaining to a patient that you cannot supply buprenorphine because they are 'under the influence'.
- Certain patient groups such as young people or vulnerable adults might feel particularly distressed by the unfamiliar surroundings of a consultation area and this may increase the risk of allegations of inappropriate behaviour. For example, supplying emergency hormonal contraception to girls under the age of 16.
- Different cultures have different views on 'personal space'. What might seem like a reasonable distance to you might be invasion of personal space to another.
- Think carefully about how you intend to handle such situations. You may wish to have a third party present (with the patient's consent).
- If you have an enclosed consultation room, install windows or a glazed door with blinds that can be drawn when visual privacy is required. Inform patients using the area that the door can be kept open or shut and make sure blinds are kept open during risky consultations so that others can see in.
- Consider where you and the patient will sit in the consultation area. You may be safer sitting near the door in case a situation becomes difficult but patients may feel 'trapped' by this arrangement. You should also ensure that during risky consultations, you sit where others outside the consultation area can see you.
- Make it part of your routine procedures to inform staff when you go into the consultation area so that they are aware of your whereabouts.
- If you have a CCTV system in operation in the consultation area, inform patients that it is normally switched on for their protection but that they can choose to have it switched off during the consultation if they prefer.
- Be aware of the sort of behaviour pattern that normally precedes a violent incident, for example, raised voice, agitation, more rapid speech, standing up etc.
- Consider installing a panic alarm which can be easily accessed in an emergency and make sure staff know what to do when the alarm has been activated.
- Consider drawing up and displaying a policy on violence towards pharmacy staff. This should state that violence is unacceptable and set out what will happen in such cases, for example, refusal to provide services and/or possible prosecution. Appendices 1 and 2 contain a sample policy and patient notice. The NHS Security Management Service also has suitable posters that can be downloaded from its website. www.cfsms.nhs.uk/pub/sms/documents.html
- The NHS Security Management Service (SMS) is also working with PSNC to implement conflict resolution training for pharmacists and their staff as well as a system for reporting violent incidents and prosecuting the perpetrators.
- The Terms of Service for pharmacy contractors allow you to refuse to dispense NHS prescriptions where the patient subjects staff to violence, makes threats or commits a criminal offence.

Use of chaperones

Sometimes it may be beneficial for the protection of both the pharmacist and the patient to have a chaperone present during consultations. This may also be necessary for cultural or religious reasons.

A chaperone is another responsible adult who can be present during a consultation to act as a witness and to provide a safeguard for the patient and the pharmacist.



- The presence of a chaperone may be particularly useful during consultations of a sensitive nature or when dealing with young people or vulnerable adults. Chaperones can be a family member, friend or carer or a trained member of the pharmacy team.
- When undertaking MURs, it is good practice to ask patients at the time of booking whether they would like to have a chaperone present for all or part of the consultation and whether they would like this to be a member of pharmacy staff or a friend or carer. When a chaperone is present during an MUR, this information should be recorded on the form.
- Consider developing a chaperone policy and displaying a notice to inform patients they can choose to have a chaperone present during one-to-one consultations. A draft policy and sample patient notice are available in Appendices 3 and 4.

Draft Policy On Violence and Aggression

Definition

For the purposes of this policy, 'violence and aggression' are defined as follows:

'any incident in which a person is abused, threatened or assaulted in the workplace'.

Policy statement

_____ Pharmacy is committed to providing a safe and comfortable environment for patients and pharmacy staff.

This policy adheres to national and local guidance and policy and to Health and Safety legislation.

The policy applies throughout the premises of the pharmacy including the car park (if applicable). It also applies to any employee of the pharmacy insofar as it relates to the business of the pharmacy.

The policy is clearly advertised to customers through the pharmacy's practice leaflet, the website (if applicable) and by a notice displayed in the pharmacy.

_____ Pharmacy will do all that is reasonably practicable to ensure that employees, visitors and customers are not exposed to violence or aggression.

Procedures

When violence and aggression is encountered:

- A member of staff should tell the perpetrator that the behaviour is unacceptable and draw their attention to the pharmacy's policy.
- Staff should use non-aggressive body language and should not respond in a like manner.
- If the violence or aggression continues, the pharmacist should be called and the member of staff should explain clearly and calmly what has happened.
- The perpetrator should be asked to leave the premises but staff should not attempt to physically remove the person.
- If the perpetrator causes damage or makes a physical attack, the police should be called immediately and any panic alarm activated.
- Staff involved in the incident should make a written note in the pharmacy diary detailing exactly what happened including the exact words said.
- If any employee, visitor or customer receives an injury, an entry will be made in the pharmacy's accident book and, if necessary, the incident will be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- Other than in exceptional circumstances, the pharmacy will press charges against any person who assaults any member of staff.
- Appropriate training will be given to staff to assist them in defusing potentially violent situations.
- Where appropriate, incidents should be reported to the NHS Security Management Service's local security manager.
- The pharmacy reserves the right to refuse to provide NHS services to those who exhibit violent or aggressive behaviour, make threats to staff or commit a criminal offence.
- The pharmacy will provide support to employees, both in dealing with violent or abusive situations and with any after-effects.
- Following such incidents, the procedures outlined above will be reviewed.

Signed on behalf of _____ Pharmacy

Name _____ Signature _____

Policy date _____ Policy review date _____

Draft Customer Notice

Policy on Violence and Aggressive Behaviour

Our staff work hard to provide you with the best possible service. Please treat them with the respect and courtesy they deserve.

We do not tolerate aggression, threats, abuse or violence towards our staff or other customers.

We do not tolerate racial, religious or sexual harassment of staff or other customers.

Perpetrators will be reported to the police and criminal charges may result.

We reserve the right to refuse to provide services to individuals who act in a violent, threatening or aggressive manner.

Draft Chaperone Policy

1. _____ Pharmacy is committed to providing a safe and comfortable environment for patients and pharmacy staff. We respect the cultural and religious needs of our patients.
2. This chaperone policy adheres to national and local guidance and policy.
3. The chaperone policy is clearly advertised to patients through the pharmacy's practice leaflet, the website (if applicable) and by a notice displayed in the pharmacy.
4. Patients are encouraged to ask for a chaperone if booking appointments ahead of time.
5. Chaperones may be a family member or friend of the patient or a trained member of pharmacy staff.
6. Patients are offered the opportunity of having a chaperone present for part of consultation if they wish to discuss a matter in private.
7. Information on the presence of chaperones during consultations is recorded.
8. Patients requesting chaperones are made aware that their appointments may be rescheduled if a chaperone cannot be provided.
9. All staff are aware of the pharmacy's chaperone policy.
10. Pharmacy staff adhere to the pharmacy's policy on privacy and confidentiality.
11. All trained chaperones are aware of their role and responsibility and are competent to undertake the task.

Signed on behalf of _____ Pharmacy

Name _____ Signature _____

Policy date _____ Policy review date _____

Draft Customer Notice

Chaperones

_____ Pharmacy is committed to providing a safe and comfortable environment for patients and pharmacy staff. In the interests of everyone's safety, when using our consultation area it may sometimes be necessary to have a chaperone present.

A chaperone provides a safeguard against allegations of verbal, physical or sexual abuse, for both patients and pharmacy staff.

You are entitled to have a chaperone present during any consultation where you feel this is necessary. The chaperone may be a family member or friend or you may choose to have a trained member of our staff present.

If you are booking an appointment with the pharmacist, please make your request for a chaperone at the time of booking so that your appointment is not delayed. If a chaperone cannot be provided we may need to reschedule your appointment.

The pharmacist may also choose to have a chaperone present for certain consultations.

If a chaperone is present, the pharmacist will also provide the opportunity for a private conversation if required.

If you would like to see a copy of our Chaperone Policy or have any questions on this, please speak to our pharmacist _____

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