

The non-supply of over-the-counter (OTC) products to people seeking self care

Practice-based Audit 2015/16 – Full Report

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Executive Summary

- **All community pharmacies in England provide the public with support for self care and signpost people on to other providers or services where appropriate as a core part of their everyday operation. Community pharmacy teams are specially trained to assess the individual circumstances of each patient** who presents in a pharmacy and to provide advice on a multitude of common ailments. Teams are knowledgeable about the many different types of over-the-counter (OTC) products available for sale to help treat self-limiting conditions. **This practice-based audit sought to explore the reasons why people seeking to care for themselves may leave a pharmacy without being provided with a requested OTC medicine.**
- **Data was collected from 5,035 community pharmacies**, including seven of the largest national multiple pharmacy chains, six regional independent multiples (together representing 250 branches) and 95 independent pharmacies. Over the one-week period, **pharmacies recorded a total of 113,278 instances** where pharmacy teams used their professional judgement to support a decision not to supply a requested OTC product to a patient/customer. Through cautious extrapolation, this suggests that, on average, community pharmacy teams in England choose not to supply a requested OTC product over 13 million times per annum.
 - The most common reason for not supplying an OTC product was because the **pharmacy team provided advice instead** (accounting for 29.34% of all instances of non-supply).
 - Instances where **pharmacy teams refused to supply an OTC product** to people because of suspected misuse, unsuitability or legal reasons accounted for nearly **1 in 5 of the instances of non-supply** (n=19.03%).
 - A proportion of the people not supplied with a requested OTC product were recognised as requiring appropriate **onward referrals to other healthcare providers or services**, with the majority of these being clinical referrals to general practice (18.12% of all instances of non-supply).
 - Instances where people were **unable or unwilling to pay** for pharmacy-recommended OTC products represented **8.00% of the reasons for non-supply**.
- The findings presented here further demonstrate the **value of community pharmacy teams, as patient-centred, qualified healthcare professionals**, who offer both product-related and non-product-related self care advice to large numbers of people, and frequently refuse or avoid OTC sales of products that are not necessary or appropriate for an individual's circumstances.
- The role of the pharmacy team in supporting the public to care for themselves would be more efficient and effective if community **pharmacies were better integrated into urgent care networks and services**, especially through enabling **direct referrals from NHS 111** to community pharmacies. Full **'read and write' access to the patient record** for community pharmacies will also improve the holistic care of every person.
- A planned and coordinated approach from the Department of Health and NHS England to making **progress at pace and scale toward nationwide delivery of a minor ailments and advice service** would allow community pharmacy teams to considerably build upon the support for self care they already deliver to the public through their interactions in the pharmacy every day.
- Pharmacy Voice will continue to promote the **widening of access to medicines in pharmacies** by the MHRA for the benefit of public health, when it is safe to do so, through representation on the UK Medicines Reclassification Platform.

Introduction

The contractual framework for community pharmacy in England requires each pharmacy to complete two types of audit every year over a total combined period of one week. The first audit is completed at the request of NHS England and the second is a practice-based audit conducted by the pharmacy on a topic of its choosing.

Practice-based audits present an opportunity to review the systems and procedures operating in a pharmacy and, having assessed what is happening, ascertain what can be done better. Audits can also be used to gain data about what is happening in a pharmacy as a prompt for working with other health professionals to improve safety, quality and the whole patient experience.

Pharmacy Voice has worked with pharmacy owners over the last few years to develop an audit process that can be carried out on a large scale across a number of companies and different types of community pharmacy, allowing individual providers to meet the contractual requirement to undertake a practice-based audit, and the sector as a whole to gather results that can be used to gain a picture of an issue or topic at a national level.

Each year a relevant topic is identified, and an audit designed to generate useful data and learning on the issue is developed, through consultation with the Pharmacy Voice Pharmacy Practice Group. The audit materials (background briefing, data collection sheets etc.) are made available to all members of Pharmacy Voice's constituent members: the Association of Independent Multiple Pharmacies, Company Chemists' Association and National Pharmacy Association.

This paper reports on the fifth audit that Pharmacy Voice has carried out in this way, which was undertaken in the contractual year 2015-16. The purpose of the audit on this occasion was to explore the reasons why a patient or customer may leave a pharmacy without being provided with a specific OTC medication that they requested. This topic was chosen because Pharmacy Voice recognises that there is a great deal of care and guidance offered by pharmacy teams which results in the non-supply of products. We wanted greater insight into these situations so we could gain a more complete picture of pharmacy teams' interactions with patients and to address perceptions that many community pharmacy teams are primarily retail-focused.

Background / Context

Every year in England, 438 million visits are made to community pharmacies for health-related reasons; more than any other NHS care setting.¹ The location of community pharmacies, in the heart of their communities, means that they are familiar and trusted providers of health services, including out of hours. The most recent estimates suggest that 89.2% of the population can reach a community pharmacy within 20 minutes by walking.² Working from high street, local and rural locations, pharmacy teams ensure that prescriptions are correctly and safely supplied to the public, together with information and advice. However, community pharmacies do not only dispense prescribed medicines.

Providing people with support for self care and signposting people to other services where appropriate comprise two of the eight Essential Services in the NHS Community Pharmacy Contractual Framework and all pharmacies in England provide these services. Triage and signposting to health, social care and other services is a core component of the work carried out by the whole community pharmacy team. As part of the 'signposting' Essential Service, pharmacy teams recognised and refer people visiting the pharmacy who are in need of further support or advice on to other healthcare professionals, care providers when appropriate or other sources of help, such as social services or voluntary organisations.

The 'support for self care' Essential Service covers the provision of advice and support to enable people to derive maximum benefit from caring for themselves or their families.³ As part of the service, pharmacy teams provide the public with advice for treating minor illnesses and their support may also include recommending and supplying OTC products.

¹ NHS England (2013) Improving health and patient care through community pharmacy - a call to action. Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf>

² Todd, Adam *et al.* (2014) The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open*. Available at: <http://bmjopen.bmj.com/content/4/8/e005764.full>

³ PSNC (2004) NHS Community Pharmacy Contractual Framework Essential Service – Support for self care. Available at: http://psnc.org.uk/wp-content/uploads/2013/07/service20spec20es62020support20for20selfcare20_v1201020oct2004_.pdf

OTC products refer to all medicines sold to the public without the need for a prescription. These are generally used to manage common and/or self-limiting ailments and examples include painkillers, cough and cold remedies, sleeping aids, indigestion remedies, anti-fungal treatments, allergy treatments and other products approved for use as self-medication.⁴ OTC products are convenient for the public and can be obtained from all community pharmacies and certain products can also be obtained from other retail outlets. Over the past twenty years, the range of medicines available without a prescription has continued to increase and the total market value for these products in Britain in 2015 was £2.55billion.⁵

As laid out in The Human Medicines Regulations 2012⁶, OTC products are classified into two legal categories which determine how they can be supplied to the public. These are Pharmacy (P) medicines which can only be sold under the supervision of a pharmacist and General Sales List (GSL) medicines which can be sold without the supervision of a pharmacist (e.g. in other retail outlets).

In the UK, the supply of OTC medicines is tightly regulated to ensure that products are safe, effective and of a consistently high quality. The role of pharmacy teams with respect to these products is to ensure, as far as possible, that medicines are sold within the conditions of the OTC license, that the potential for drug interactions (with both other OTC products and prescribed medicines) is assessed and avoided, and that people with contraindications are not sold the preparations.⁷ As such, on occasion, pharmacists and their support staff will choose not to fulfil someone's request for a particular OTC product. The broad reasons for this are:

1. The pharmacist/pharmacy staff provide advice on more appropriate self care options to the patient / customer instead
2. The patient / customer is unable or unwilling to pay for a recommended item
3. The pharmacist / pharmacy staff refuse to supply a requested item on the basis of:
 - Suspected abuse, or
 - Unsuitability of the product requested for the particular person's circumstances, or
 - Legal reasons relating to restrictions on the product (e.g. quantity, age of patient)
4. The pharmacist/pharmacy staff advise the patient/customer to consult another healthcare professional/support service instead of or before using an OTC medicine.

Due to the role that community pharmacy teams play in regularly supplying OTC products to the public, there are some perceptions of community pharmacy owners as 'retailers' or as primarily retail-focussed businesses, who potentially prioritise sales over appropriate assessment and alternative advice. It is unclear how widespread these perceptions are, however, a survey conducted by Pharmacy Voice in 2013 found that only 48% of around 2,000 UK adults knew that their community pharmacy offered help and advice to support people with minor ailments.⁸

The circumstances of 'non-supply' of OTC medicines are not often considered as part of the community pharmacy service, and what they tell us about the role of community pharmacy teams in patient safety and signposting, or about the accessibility of OTC medicines and self care options, is not well understood. One of the reasons why this aspect of pharmacy practice is less visible is that, unlike when prescription-only medicines are supplied in a pharmacy, records are not routinely kept when an OTC product is sold, especially if this product is a GSL medicine. For patients known to the pharmacy staff, records of advice given, products purchased or referrals made may be added to a patient's pharmacy record when the pharmacist deems it to be of clinical significance to improve the quality and continuity of patient care. These may be used in reflective learning within the team or in the future care of the patient or customer. However, pharmacists are not expected to record every intervention that they make nor make a record of all advice that they give. As such, unlike prescribing data, information on the number of instances in which a pharmacy team decided that an OTC product *was* suitable and safe to supply was not collected during this audit and is not readily available through other mediums for comparative analysis.

⁴ Key Note (2015) Key Note Market Update on OTC Pharmaceuticals. Available at: <https://www.keynote.co.uk/market-update/healthcare-medical-pharmaceuticals/otc-pharmaceuticals-0>

⁵ Connelly, Dawn (2016) The OTC market in Britain in 2015. The Pharmaceutical Journal, Vol 296, No 7887. Available at: <http://www.pharmaceutical-journal.com/news-and-analysis/features/information-graphic-sales-of-over-the-counter-medicines-in-2015-by-clinical-area-and-top-50-selling-brands/20200923.article>

⁶ Statutory Instruments (2012) The Human Medicines Regulations 2012. Available at: http://www.legislation.gov.uk/ukxi/2012/1916/pdfs/ukxi_20121916_en.pdf

⁷ Bond, Christine (2002) The over-the-counter pharmaceutical market – policy and practice. Eurohealth Vol 14 No 3. Available at: <http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/eurohealth/Vol14No3/Bond.pdf>

⁸ Pharmacy Voice (2013) Dispensing Health: Who do you think we are? Available at: <http://www.dispensinghealth.org/reports/>

Methodological Approach

The audit topic was identified through discussion with members of the Pharmacy Voice Pharmacy Practice Group and the Group agreed that it would be valuable to gather data on a topic which had not been widely investigated across the community pharmacy sector. This topic was chosen to help build further strong data about the important role that pharmacy teams play in contributing to patient care.

Once the final design was agreed, data collection forms and an associated [two-page guidance document](#) were made available for pharmacy teams on the Pharmacy Voice website. Details of the audit and where to find the resources were disseminated to individual pharmacy teams by Pharmacy Voice member associations.

Data were collected manually in each pharmacy. The [data collection form](#) could be downloaded and saved for completing electronically or printed out and filled in by hand. Appropriate records were made by all members of pharmacy teams working during a selected one-week period in August-November 2015. If there was doubt as to whether a particular event should be included as part of the data capture, this was referred to the pharmacist, who then used their professional judgement to decide.

Once the one-week audit period was over, pharmacy teams assessed their own data, and used the findings to determine what actions the team members might take to provide a better service to patients. The audit data was then shared directly with Pharmacy Voice or collated first by some of the larger multiples. The collated, anonymous data was analysed centrally and the results are reported below.

Definitions

The following definitions were provided to aid community pharmacy teams when conducting the audit:

Over-the-counter (OTC) products – Over-the-counter (OTC) products refer to all products sold to the public without a prescription. These can include painkillers, cough and cold remedies, sleeping aids, indigestion remedies, anti-fungal treatments, allergy tablets and other products approved for use as self-medication.⁹

Self care – The use of over-the-counter products and/or the following of pharmacy advice on minor, self-limiting conditions so that a patient does not access health and social care services inappropriately.

Health and social care services – Services which are provided by the NHS (e.g. urgent care services) or a local government organisation (e.g. Child services, housing benefit).

Results

Audit results were collated from 5,035 pharmacies. Data was collected by seven of the largest national multiple pharmacy chains, six regional independent multiples (together representing 250 branches) and 95 independent pharmacies. According to the Health and Social Care Information Centre, there were 11,674 community pharmacies in England at 31st March 2015¹⁰ so this sample is representative of around 43% of the total community pharmacy population (n=43.13%)¹¹.

In total, over the one-week period, the 5,035 pharmacies involved in the audit recorded 113,278 instances where an OTC product was not supplied and the reasons for this. This works out as approximately 22 decisions not to supply a requested product in each pharmacy each week (n=22.50). Depending on the opening hours of the pharmacy, cautious extrapolation suggests this would be anywhere between 3 and 5 decisions not to supply an OTC product every day and further cautious extrapolation of these figures would suggest that **community pharmacy teams in England are using their professional judgement to support decisions not to supply an inappropriate or unnecessary OTC product upwards of 13.5million times per annum.**

As displayed in Figure 1 below, instances where pharmacy staff provided only advice to patients/customers without supplying an OTC product accounted for around 3 in 10 of the 'non-supplies' (29.34%) recorded during the audit period. The remainder of the instances of non-supply were a result of payment issues (8%),

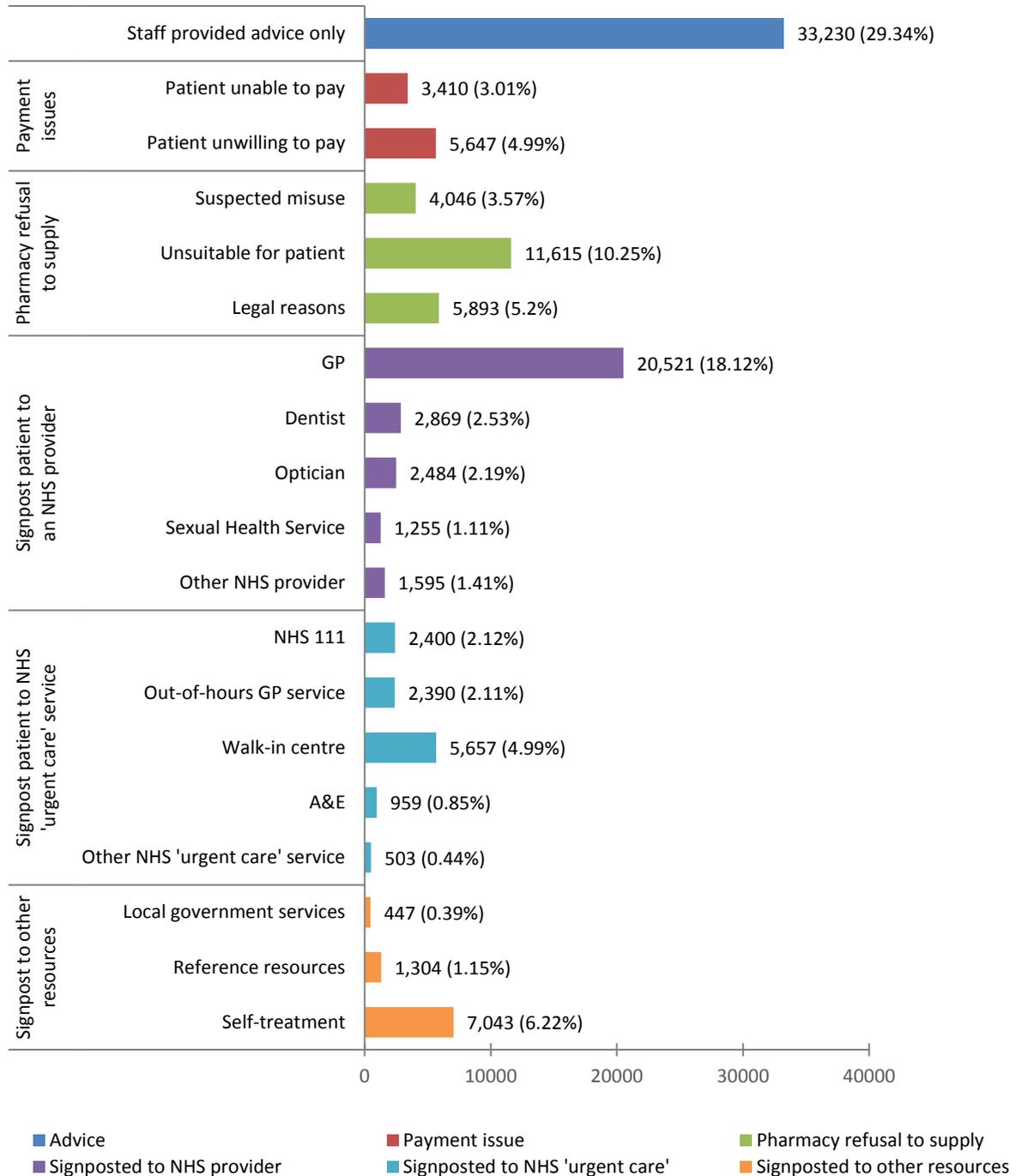
⁹ Key Note (2015) Key Note Market Update on OTC Pharmaceuticals. Available at: <https://www.keynote.co.uk/market-update/healthcare-medical-pharmaceuticals/otc-pharmaceuticals-0>

¹⁰ HSCIC (2015) General Pharmaceutical Services England 2005-6 to 2015-16. Available at: <http://www.hscic.gov.uk/catalogue/PUB19026>

¹¹ Given the way in which the audit data was provided (in some cases already collated by larger companies) for inclusion in this analysis, some of the data may have come from branches/pharmacies in Wales. Statistical analysis has however been applied treating all respondents as community pharmacies in England.

pharmacy refusal to supply (19.03%), pharmacy staff signposting patients to 'non-urgent' NHS services (25.36%), to NHS 'urgent care' services (10.51%) and to other resources (7.76%) including self-treatment using medicines already in the home or non-drug remedies.

Figure 1 – Reasons for the non-supply of OTC products to people seeking self care



Discussion and analysis

The first and second principles of the pharmacy standards of conduct, ethics and performance set out that all pharmacy professionals must make patients their first concern and must always use their professional judgement in the interests of patients and the public.¹² In some circumstances, meeting these standards involves *not* supplying medicines and products to individuals who have requested them. The data collected in

¹² General Pharmaceutical Council (2012) Standards of conduct, ethics and performance. Available at: https://www.pharmacyregulation.org/sites/default/files/standards_of_conduct_ethics_and_performance_july_2014.pdf

this audit confirms that members of community pharmacy teams frequently take such decisions, whether in the interests of patient safety, because they believe an alternative self-care option is more appropriate or because the individual would benefit from more specialised advice and support. The data also highlights the fact that many people are unable or unwilling to pay for OTC medicines which could support their self care.

Patient-centred professionalism in community pharmacy

Patient-centred professionalism underpins all activity within a pharmacy. One of the core features of this professionalism is the ability to make dynamic judgements, dependent on circumstances and context. Patients are treated as individuals and community pharmacy teams use a number of different practices and techniques to support them in opening up conversations with people who present in the pharmacy with a particular ailment or request for an OTC product. One of the techniques which many teams are familiar with involves a series of questions commonly referred to as the 'WWHAM' questions. WWHAM is a mnemonic aid which guides the member of the pharmacy team to make appropriate enquiries as part of a conversation before a medicine is sold, to ensure it is suitable and will be used safely. The questions provide a basic structure for communicating with patients or customers and any information obtained is considered carefully when offering advice or making a product recommendation. The WWHAM questions are:

- **Who** is the medicine for?
- **What** are the symptoms?
- **How** long have the symptoms been present?
- **Actions** already taken?
- **Medicines** being taken? (prescribed or otherwise)

If the answers to these types of questions result in a decision not to supply a product, the reasons for this are explained to the patient and they are referred to another healthcare professional where appropriate.

This audit demonstrates that, whether using specific tools such as the WWHAM mnemonic or other approaches to guide professional decision-making, the outcome of taking a patient-centred approach is that OTC medicines and products are frequently not supplied to individuals who request them. Extrapolation from our audit data suggests that, depending on opening hours, this may occur between 3-5 times per day in every community pharmacy and up to 13.5million times per annum across the network in England.

The pharmacy team's role in supporting self care

Around 80% of all care in the UK is self care.¹³ Community pharmacies provide enhanced access and choice for people who wish and are able to take care of themselves when they have common symptoms of self-limiting conditions. The role pharmacy teams play as the first port of call for the public in dealing with minor illnesses is important in managing demand for other (more specialist and/or higher cost) NHS services. The results of this audit demonstrate the role that pharmacy teams play in providing self care advice or guidance, including the advice that a particular product is not necessary or appropriate. Instances in which pharmacy staff provided only advice and chose not to supply a requested OTC product because it was not deemed necessary accounted for approximately 33,230 instances recorded during the week audit period. Cautious extrapolation of this recorded data suggests that community pharmacy teams across England are providing the public with advice in place of selling them an unnecessary or inappropriate OTC product or directing them elsewhere over 4 million times per annum.

This 'non-supply' advice is a routine aspect of community pharmacy practice and of the supported self care that pharmacy teams provide as a core function. According to a recent survey carried out by the Royal Pharmaceutical Society, 90% of pharmacists who help people with common ailments reported doing so at least once a day and some survey respondents reported treating more than 500 common ailments a week.¹⁴ And pharmacists are not the only staff involved in helping people with common ailments in a pharmacy: the whole pharmacy team play a key role in helping empower people to make informed decisions when caring for themselves and selecting any products for self-medication. Pharmacy assistants and counter staff are specially trained to provide advice on a multitude of common ailments and are knowledgeable about the OTC products

¹³ PSNC (2014) Minor Ailments: How pharmacy can reduce the burden and support self care. Available at: <http://psnc.org.uk/wp-content/uploads/2014/10/Minor-Ailments-Business-Case-flyer-Nov-2014.pdf>

¹⁴ Royal Pharmaceutical Society (2016) RPS survey illustrates value of pharmacists to holistic patient care. Available at: http://www.rpharms.com/what-s-happening-/news_show.asp?id=3958

available. All pharmacy staff are trained to be person-centred and to tailor their advice to an individual patient's circumstances, using their professional judgement to ensure any requested or recommended products are appropriate for a patient and to intervene if not. Staff are also trained to refer patients on to the pharmacist or on to other healthcare services (e.g. for further diagnosis) where this is required.

Steps should be taken to improve awareness amongst the public and other healthcare professionals of the expertise that pharmacy teams have to provide valuable self care advice, and of the fact this free advice frequently results in an OTC purchase being avoided or even refused. The perception of community pharmacies as retail outlets rather than as integral parts of the NHS needs to be addressed. Ongoing public awareness campaigns, such as Dispensing Health, which aims to increase awareness of the services available from community pharmacies, in addition to the publication of this audit data will prove valuable in helping to dispel some of the misperceptions that pharmacies are primarily retail-focussed. However, further work in the future, including larger scale studies building upon this one, may be required.

Minor ailments and payment issues

It is estimated that 5.3% of A&E consultations and 13.2% of GP consultations for common ailments could be managed in community pharmacies at a significantly reduced cost to the NHS.¹⁵ There are a variety of reasons why people do not access pharmacy services when they could, including lack of awareness of the level of support and advice available. For some people, another barrier might be the need to pay for OTC treatments supplied by community pharmacy teams without a prescription. People who would be exempt from prescription charges for the same items may be unable or unwilling to pay, preferring to obtain a prescription first by visiting a GP surgery, walk-in centre or other urgent care service. This is an extremely inefficient use of these scarce NHS resources.

In 8.00% of cases during this audit (n=9,057), the reason why an OTC product was not supplied was because the patient/customer was unable or unwilling to pay for the pharmacy-recommended product. Cautious extrapolation of this figure would suggest that due to payment issues, pharmacy-recommended OTC products are not supplied to people with a common ailment around 21,000 times per week across pharmacies in England. Further cautious extrapolation would suggest that over 1 million people every year are unable or unwilling to pay for the products recommended to them by qualified healthcare professionals to help them get better.

In some parts of the country, 'Pharmacy First' or minor ailments services have been established to help address this issue. These services are currently commissioned locally and designed to enable people with common, easily treatable health conditions to access medicines and advice that they would otherwise visit their GP for. The services allow pharmacists to use their clinical expertise, together with their practical knowledge, to offer expert advice in a timely manner on the best medicines to treat various ailments. Additionally, for those patients who are exempt from NHS prescription charges, OTC medicines can be supplied by the pharmacist free of charge. The services help to free up valuable GP time, which can then be used to deal with more complex or serious health needs.

The Department of Health has estimated that savings of up to £300m could be made through wide-scale implementation of these pharmacy minor ailments services.¹⁶ As well as improving efficiency and reducing costs for the NHS, nationwide availability of the services would help improve access and convenience for people who cannot afford to purchase the OTC products they require to adequately care for themselves.

Additionally, NHS England states in its *Quick Guide: Extending the role of community pharmacy in urgent care* that locally commissioned 'Pharmacy First' or minor ailments services have the most impact when referrals are made from NHS 111.¹⁷ However, in 2015 it was reported that less than 1% of calls made to NHS 111 result in a recommendation for the caller to visit their local pharmacy.¹⁸

¹⁵ Pharmacy Research UK (2014) The Minor Ailment (MINA) Study: Community Pharmacy Management of Minor Illness. Available at: <http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf>

¹⁶ Department of Health (2008) Pharmacy in England: building on strengths - delivering the future. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf

¹⁷ NHS England (2015) Quick Guide: Extending the role of community pharmacy in urgent care. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf>

¹⁸ Pharmaceutical Journal (2015) Why doesn't NHS 111 refer patients to pharmacists? Available at: <http://www.pharmaceutical-journal.com/your-rps/why-doesnt-nhs-111-refer-patients-to-pharmacists/20068378.article>

Pharmacy Voice will use the evidence from this audit in its ongoing work to help the Government and NHS recognise how the important role of the pharmacy team as knowledgeable experts could be better utilised through nation-wide availability of minor ailments services, and better integration of community pharmacy into urgent care services, including more direct referrals from calls made to NHS 111.

Pharmacy refusal to supply

In nearly 1 in 5 of the instances of non-supply recorded during this audit (n=19.03%), the pharmacy team refused to supply an OTC product on the basis of unsuitability for the patient, suspected misuse or because it was not legal to supply in that instance (e.g. due to the quantity requested or the age of the person making the request). These figures further demonstrate the patient-centred professionalism underpinning the sales activity within the pharmacy and the essential role that teams play every day in protecting the public from harm and ensuring patient safety. This role the team play in preventing harm when people purchase an unsuitable product will also have resulted in an explanation and advice being provided where appropriate.

Signposting patients to other providers or services

The data in this audit demonstrates that the pharmacy team are being used as a first port of call and preventing inappropriate use of health and social care services. Signposting or referring people on to other providers also aims to further minimise inappropriate use of services. In total, throughout the one-week audit period, in over 4 in 10 instances where an OTC product was not supplied this was because the community pharmacy team recognised that a person actually needed to seek help from another service. Signposting patients to a GP surgery was the most common referral made (n=18.12%). In these situations, the community pharmacy team recognised that a person's symptoms required further investigation and an appropriate clinical referral. When it is felt appropriate, a written referral note may have also been provided. Alternatively, if the person is known to the pharmacy staff, a record of the referral or advice given may be made on the patient's pharmacy record (Patient Medical Record or PMR) if it is deemed to be of clinical significance.

These referrals demonstrate the effective filter that community pharmacy teams provide, ensuring patients who need to see appropriate healthcare professionals to help them get better have been directed to do so, when they otherwise may have waited until their symptoms or condition had become more serious. These groups of people may not have been identified if they hadn't received the trusted and readily available advice from their local community pharmacy.

Increasing range of OTC products

The Medicines and Healthcare products Regulatory Agency (MHRA) has established a UK Stakeholders' Reclassification Platform to consider strategic issues related to reclassifying prescription-only medicines. The MHRA anticipates that this initiative will help to enable more medicines to be made available OTC either as a P medicine or as a GSL medicine through increasing engagement with patients and healthcare professionals in the switch process.

With an increasing range and choice of OTC products becoming available, the role of the pharmacy team in safely and appropriately supplying these to the public will become more significant. In order to carefully consider whether or not an OTC product should be supplied, some pharmacy professionals may first, with the permission of the patient, access their Shared Care Record to ensure that the person is not allergic to any active ingredients or to ensure the product does not interact with any prescribed medicines. Allowing community pharmacies to have 'write' access to patient care records would allow for more holistic patient care and better integration with other NHS services. This would be beneficial in ensuring that GPs have better sight of any OTC products supplied and any potential for interactions with prescribed medicines or other OTC products could be better monitored. This would also allow the pharmacy team to raise any concerns of suspected misuse of OTC products, which accounted for 3.57% of the instances where a pharmacy refused sale during this audit.

Conclusions and next steps

This practice-based audit has provided strong evidence of the professional judgement, knowledge and skills used by community pharmacy teams in their everyday practice to determine whether or not to supply someone with an OTC medicine. The data demonstrates that community pharmacy teams are patient-centred, trusted healthcare professionals who offer both product-related and non-product related self care advice to

large numbers of people, and frequently refuse or avoid OTC sales of products that are not necessary or appropriate for an individual's circumstances.

The audit also demonstrated that community pharmacy teams are good at appropriately signposting people and teams effectively triage and refer people on to other services where this is necessary for them to get better. The data shows the role that community pharmacies are playing as the first port of call for the public, helping to reduce demand and pressure on other services, however, more could be done. With nationwide availability of 'Pharmacy First' or minor ailments services, this existing role which pharmacies play as a first port of call for the public in seeking to care for themselves could be further enhanced, resulting in less pressure on other parts of the health and care system.

Each of the community pharmacy teams involved in the audit used a field on the data collection sheets to note the practice changes that they planned to make as a result of what they had learned through conducting the exercise. This data was not required centrally for analysis by Pharmacy Voice, however, a number of pharmacies submitted their action plans and next steps nonetheless. Although difficult to effectively analyse this qualitative data for only the pharmacies who submitted these answers, through scanning the responses, it was noticeable that many of the community pharmacy teams found the audit valuable in helping them recognise that their signposting resources required updating with additional information and reconciling with local services to ensure the details included are current. Updating these resources will help to embed consistent information into patient care pathways and better integration of community pharmacy into urgent care networks and services, such as NHS 111 would build on this further.

Pharmacy Voice will use the evidence collected during this audit to support its ongoing discussions and activities to raise awareness amongst the public, stakeholders and policy-makers of the capabilities of community pharmacy. The 2016-17 practice-based audit is currently in development and will aim to build on this data and further examine the value that the entire community pharmacy network provides to the public through its regular every day interactions with patients and customers.

Realising the potential of community pharmacy

In order for community pharmacy to be able to contribute fully to improving outcomes and driving efficiency in the NHS, it will be important to ensure the findings from this audit are effectively used and learned from.

Actions to embed these findings include:

- **Pharmacy Voice has called for a planned, coordinated approach from the Department of Health and NHS England to making progress at pace and scale toward nationwide delivery of Pharmacy First or minor ailments services**
- **Pharmacy Voice has called on the Department of Health to initiate and manage a clear, funded plan to integrate community pharmacy into urgent care networks and services, including through enabling direct referrals from NHS 111 to community pharmacies**
- **Building on the positive announcement last year of widespread access to the Summary Care Record for all community pharmacies, Pharmacy Voice will continue to call for full 'read and write' access to the patient record for community pharmacy professionals**
- **Pharmacy Voice will continue to support the widening of access to medicines in pharmacies by the MHRA for the benefit of public health, when it is safe to do so, through representation on the UK Medicines Reclassification Platform**
- **Pharmacy Voice will continue to raise public awareness of community pharmacies as the first port of call for minor ailments and will use campaigns, such as Dispensing Health, to improve awareness of the range of services available from pharmacies outside of prescription medicine supply**