**SW LONDON LPC WOULD LIKE TO ACKNOWLEDGE COMMUNITY PHARMACY ENGLAND (15.07.2024)**

[https://cpe.org.uk/quality-and-regulations/the-pharmacy-contract/contract-monitoring/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcpe.org.uk%2Fquality-and-regulations%2Fthe-pharmacy-contract%2Fcontract-monitoring%2F&data=05%7C02%7Cdavid.tambyrajah%40nhs.net%7Cf648fdda5db4468294e508dca1beec32%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638563088590260693%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=I3vZw4%2FZ9Bvzpz1bAhZd3jtHXNSIJXFuclVxbvBTUMs%3D&reserved=0)

**Recording advice, interventions and referrals in community pharmacies**

As part of the NHS Terms of Service for community pharmacies in England, there are various requirements for pharmacies to keep records of advice, interventions and referrals.

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| **Service** | **Requirements** |
| **Dispensing** | Pharmacies need to keep and maintain records in appropriate cases, of advice given and any interventions or referrals made.  |
| **Repeat dispensing** | Pharmacies need to keep and maintain records of clinically significant interventions in cases involving repeatable prescriptions. These will include instances where:* the pharmacy has notified the prescriber that a supply of medicines or appliances have been refused,
* the patient is referred back to prescriber for further advice if supply of medicines or appliances has been refused,

The pharmacy notifies the prescriber of any clinically significant issues arising in connection with the prescription. |
| **Public Health Interventions**  | **Prescription linked interventions:**Where a person using a pharmacy presents a prescription and it appears to the pharmacist or staff that the person:* has diabetes,
* is at risk of coronary heart disease, especially those with high blood pressure, or
* smokes or is overweight,

The pharmacy must, as appropriate, provide advice to the person with the aim of increasing the person’s knowledge and understanding of the health issues which are relevant to that person’s personal circumstances. In appropriate cases, the pharmacy must keep and maintain a record of the advice given in a form that facilitates:* auditing of the provision of the service by the pharmacy,
* follow-up care for the person who has been given the advice.
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| **Signposting**  | The pharmacy must, in appropriate cases, keep and maintain a record of any information given or referrals made in relation to signposting which includes * referral to another provider of health or social care services or support where the pharmacy cannot provide the advice, support or treatment needed,
* referral to another pharmacy or dispensing appliance contractor where, on presentation of a prescription form or repeatable prescription, the pharmacy is unable to provide an appliance or stoma appliance customisation because the provision of the appliance or customisation is not within the pharmacy’s normal course of business.

The records must be in a form that facilitates:* auditing of the provision of the service by the pharmacy, and
* follow-up care for the person who has been given the information or in respect of whom the referral has been made.
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| **Self care**  | In order to minimise the inappropriate use of health and social care services, pharmacies are required to support patients by providing advice where appropriate to help the patient manage a medical condition. The support may include advice:* on treatment options, including advice on the selection and use of appropriate drugs which are not prescription only medicines; and
* on changes to the patient’s lifestyle.

The pharmacy must, in appropriate cases, keep and maintain a record of any advice given and of any drugs supplied when the advice was given. The record must be in a form that facilitates:* auditing of the provision of the service by the pharmacy;
* follow-up care for the person to whom or in respect of whom the advice has been given.
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**What is the reason for keeping the records?**

The Terms of Service require records to be kept ‘where appropriate’ or when ‘clinically significant’ so the pharmacy will need to consider for each provision of advice, intervention, or referral whether a record should be kept.  The record will be of no value if it is made just for the sake of making it – it must be linked to improving patient care, maintaining high quality service from the pharmacy or in some cases managing risk. For example records enable:

* the pharmacy to ensure that there is continuity of care e.g. a particular brand of medicine is supplied for a patient, allergies to particular excipients, medication is supplied with larger label fonts or in specific containers etc;
* other pharmacists and staff to understand what you discussed with a patient if you are not working in the pharmacy the next time the patient comes in to the pharmacy; and
* you to follow up on advice given or treatment recommended to enhance patient care particularly if you would want to double check that a patient had taken on board important advice.

Another reason to keep records is to manage risk. It is important to keep records of anything that concerns you in case you need to refer back to it in the future.

**Where should we keep the records?**

The records should be kept in the best way for your pharmacy that enables all pharmacy staff to make use of them to provide a high quality of service for the people who use your pharmacy.

This is most likely to be somewhere on your PMR ideally linked to the patients dispensing record.

If the records are kept separately in a book or a log for example, you will be less likely to be able to use them for the purposes described above.

NHS England may wish to discuss records of advice, interventions and referrals with you as part of a contract monitoring visit. It is important that you can describe what you do and provide some evidence.

**How should we decide which pieces of advice and which interventions to record?**

Pharmacies are unlikely to be able to record all the advice, interventions and referrals they make and indeed there is little benefit in recording every single piece of advice given. In deciding what to record think about:

* Risk management – is there something that has worried you?
* Have you made a significant difference to the patient?
* Is it something that another pharmacist or member of staff might need to know about the next time the patient visits?
* Is it something that you may need to refer back to in the future?

**Who should make the records?**

Any member of staff can make the records and this may be covered in your SOPs. It will depend where you make the records and how your pharmacy works.

It may be more likely that the pharmacist or other staff in the dispensary makes records in relation to dispensing and repeat dispensing. For public health, signposting and self-care, there could be a whole team approach.

**How many records should we make?**

The number of records will vary from pharmacy to pharmacy.  Experience has shown that pharmacy recording of advice, interventions and referrals have varied significantly and it is likely that patient care could be improved if more records were kept, which could then be acted upon at a later date.  There is no specified number of records required by the Terms of Service because each pharmacy will be different, but if you are giving advice every day, you are having to intervene several times a week and you find that referrals back to the GP are frequent, then your procedures which should encourage consideration of every incident to determine whether a record is needed, could lead to more records being kept than previously.

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