

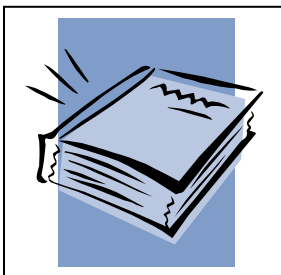
## Communications.

Community pharmacists are inundated with communications from a variety of individuals and organisations, in a number of different ways. As a profession, it is paramount to prioritise any actions from these communications, and where possible have SOPs in place for specific cases e.g. faxed prescriptions.

The following types of communications are more commonly seen:

- Letters – e.g. prescriptions, PCT information, drug information, company correspondence, invitations, subscriptions etc.
- Faxes – e.g. prescriptions, drug alerts, PCT information, stolen/missing prescriptions
- Emails – e.g. company correspondence, various organisations
- Telephone calls – e.g. healthcare professionals, patients, PCTs, wholesalers etc.

Of course this list will be unlimited, but most will affect the conduct of the pharmacy in some way and thus must be dealt accordingly.



It may be the case that different members of the pharmacy team will receive the communications, so it a good idea to have a communications/message book that is easily accessible and read regularly. This is particularly useful for telephone calls. If the message was about a specific patient, this could be recorded as

an intervention.

There should also be a dedicated place for letters, faxes and emails so the appropriate person can action e.g. an IN tray on the manager/pharmacists desk. If the pharmacy is locum run or unmanaged, one member of the team should take the lead for this and a clear note should be made in the locum handbook.

Communications needing an action should be prioritised and done as soon as is practical. Actions may include delegating the task e.g. posted prescriptions or disseminating the information to the team e.g. stolen prescriptions. It is a good idea to date paperwork on receipt, when it was actioned, if appropriate how it was actioned and the responsible person's initials. This would be crucial on e.g. a drug alert.

Actioned paper work should be filed accordingly (NB this doesn't mean in the bin!). Some communications should have a dedicated file and need to be kept for a certain time e.g. drug alerts, CD invoices, private prescriptions and there should be SOPs in place for these.

Examples of High Priority communications – action immediately

- Posted prescriptions
- Drug Alerts
- Messages from other healthcare professionals
- PCT correspondence

SOPs that should be in place are:

- Receipt of Rxs. This MUST include Rx from other agencies e.g. drug agency, care homes, surgery etc. and is becoming increasingly important as more services are being taken on. Please always chase up any queries ASAP and complete near miss documents if necessary (missing Rx communications). Have a named lead for this.
- Drug Alerts
- Some PCT correspondence e.g. health promotions, training, services. The more urgent will be faxed – up to 10% doesn't reach the destination pharmacy so please remember to let the PCT know if you change your fax number, and also keep it switched on with paper in!
- Interventions

Communication procedures will be specific to individual pharmacies, so this is a general document. If you need any tips or ideas, please contact Emma at the Devon LPC offices 01392 834022