

## **RPS response to FSRH service standards for consultations in sexual and reproductive health services (to be submitted online)**

The information shared on this form will be used to feedback to the Faculty of Sexual and Reproductive Healthcare (FSRH). This may inform possible amendments to the Standard it concerns.

FSRH will remove your information from our systems once the final version of the Standard is published.

Personal Details - Consultation Feedback Form

Please provides us with your personal details.

If you are happy for us to contact you about your feedback, please let us know your email address in the relevant field.

Your title and full name: Heidi Wright

Your place of work: Royal Pharmaceutical Society

Your job title: Practice and Policy Lead, England

Conflicts of interest?: None

If you are happy to be contacted, please provide us with your email address here.heidi.wright@rpharms.com

### **General comments on the Standard**

This section asks for general feedback on the standard.

**Usefulness of the standard:** This document is useful and will help to ensure consistency across the different providers of SRHS. However, there is no information on how these standards will be measured / monitored.

**Writing Style:** Throughout the word patient is used. As we move toward personalised care this should perhaps be replaced with 'person'

**Structure/Layout**

**Length of Document**

**Any other comments?**

The pharmacy regulator, the General Pharmaceutical Council has provide [Guidance on religion, personal values and beliefs](#) which pharmacists must follow in their day to day practice.

### **Specific Comments**

Please use this section to record any specific comments on the standard.

Additional Comments/Evidence

**Standard Statement on Promoting Privacy, Dignity and Confidentiality:**

The CQC and BASHH stance on ID verification is that patients accessing services such as STI testing should not be subject to ID verification which would be the same approach in the face to face setting. There's no reference to ID verification in the guidance but this should be clarified, although there is a reference to confirm demographic questions on point 1.10

Standard 1.4 recommends that a policy/statement on confidentiality should be displayed prominently. In mind that confidentiality is not absolute, 1.5, an example of this displayed statement would be helpful.

#### ***Standard Statement on Clinical Environment***

This statement says that patient information should be available in different formats and languages – how easy is this to provide in a community pharmacy and can community pharmacies get these resources? Community pharmacies are unlikely to undertake a consultation if there was a language barrier so, if these standards were to be implemented then there would need to be some sort of awareness of what NHS materials are available and how to access them.

Point 2.1, and 2.2 mentions the environment being comfortable, and that can facilitate confidentiality and respect for patient and consultation room: are there any standards or guidelines as to what this might entail?

Point 2.4-2.5: Stated consent but not specified if written/verbal consent is acceptable

Point 2.9: Regarding written information, this would need to undergo a process of ratification prior to use so is any particular process recommended?

#### ***Standard Statement on Verbal Communication Skills***

In a community pharmacy, if someone comes in with a relative as interpreter most community pharmacists would generally go ahead with the consultation but the advice to go ahead but the advice seems to indicate that the interpreter shouldn't be a relative. Whilst we understand the reasons for this and that there could possibly be safeguarding issues, we are not sure that community pharmacists have easy access to NHS interpreters. If this standard were to be implemented then all service providers need to have equal access to NHS interpreters

#### ***Standard Statement on Use of a Chaperone***

The requirement for having a chaperone, or not, for a remote consultation is not mentioned. Could the recording of consultation be an option rather than a need for a chaperone in this situation?

#### ***Standard Statement on Child Sexual Exploitation***

Community pharmacists would require training in this area so this should be provided for them