BETTER MANAGEMENT OF MINOR AILMENTS: USING THE PHARMACIST

Foreword

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Most GPs spend a significant proportion of their working day dealing with minor ailments. For some patients, this is entirely appropriate. But for many others, it is an inconvenient and inefficient way of getting help to look after themselves. For health professionals, it can be a distraction from tasks that really need a medical input.

Pharmacists have an important role to play in providing alternative support for such patients in a convenient and accessible manner from their local community pharmacy. There are now more than a dozen successful schemes around the country which enable this to happen, safely and with little extra administrative burden.

This briefing paper outlines some of the key issues that need to be addressed when setting up such schemes and identifies sources of further information. I would commend it to all PCTs and primary care staff.

Royal Pharmaceutical Society of Great Britain

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the regulatory and professional body for pharmacists in England, Scotland and Wales.

MINOR AILMENTS IN A NUTSHELL

The problem	A solution
The NHS is struggling to help people with minor ailments: ■ between 100 and 150 million GP consultations a year are for conditions that are potentially self-treatable ■ emergency appointments are taken up by people with minor ailments ■ each GP's workload could be reduced by up to 16 consultations a day if self-medication were encouraged for certain minor ailments	Around the UK there are now more than a dozen successful schemes that refer patients to a local pharmacy for the treatment of minor ailments: ■ access to treatment for patients is quicker and easier ■ GPs spend more time with those patients who really need them ■ medicines are used more appropriately ■ there is potential for such schemes in every PCT area

Minor ailments: the problem and a potential solution

The NHS does not always handle minor ailments very well. It has been estimated that between 100 and 150 million GP consultations a year are for conditions that are potentially self-treatable [1], with perhaps a quarter of adults with minor ailments consulting a GP or dentist about them at some stage [2]. One study found that GPs spend 39% of their time dealing with minor ailments [3] and another that each GP's workload could be reduced by 16 consultations a day if self-medication were used for certain minor ailments [4].

There are various solutions to this problem. One which has considerable merit involves the better integration of community pharmacists into the primary care team. By establishing a systematic referral process from the GP to the pharmacist for specified minor conditions, patients get quicker, easier and more appropriate access to the support they need to look after themselves and GPs spend less time on conditions for which their input is not needed [5].

There are now more than a dozen different schemes in place that achieve this objective and there is scope to extend such schemes throughout the country.

What are 'minor ailments'?

Minor ailments are variously defined but are generally taken to include conditions that require little or no medical intervention. Established minor ailments schemes – using locally agreed protocols – have included:

- athlete's foot
- bites and stings
- constipation
- contact dermatitis
- cough
- diarrhoea
- dyspepsia
- earache
- hay fever
- headache
- head lice
- mouth ulcers
- nasal symptoms
- sore throat
- teething
- temperature
- vaginal thrush
- viral upper respiratory tract infection (URTI)

How do such schemes work?

The key to success is the active involvement of the main stakeholders – patients, practices, pharmacists and primary care organisations.

Schemes can be as large or small as desired, with narrow or broad categories of ailment included. Some are for specific groups, such as families with children under the age of four; others are for everyone. Most of the practical difficulties have already been encountered elsewhere and advice is readily available (see following pages).

A variety of different approaches has been developed to date to suit local circumstances:

- every scheme has a formal, written protocol setting out agreed arrangements;
- the interventions available to pharmacists are usually of three main types: advice, supply of medicines and referral to a GP;
- referral onto a scheme can include direct referral by the practice receptionist, nurse, GP, community pharmacist, or self-referral by the patient;
- arrangements are generally included for fast-track referral back to the GP, if this is required. With self-referral, there are arrangements for formal notification of pharmacy consultations back to the GP practice and primary care organisation;
- some schemes provide patients with a voucher to take to the pharmacist;
- a formulary of medicines that can be supplied under the scheme is drawn up and agreed locally. If prescription-only medicines are to be included, a patient group direction can be used.

What about costs?

Overall, the set-up and ongoing administrative costs for schemes are quite low and it would appear that the cost to the NHS of treating minor ailments is not increased.

A major issue can be the cost of medicines for the patient, especially for those normally exempt from paying prescription charges. Such patients may choose to go to their GP simply to ensure that they do not have to pay for any medicines they need. Most schemes therefore ensure that 'exempt' patients still receive their medicines free by employing a variety of methods to reimburse the pharmacist.

Different approaches to payment for pharmacists are possible. Some schemes pay the pharmacist a consultation or capitation fee, plus the price of medicines supplied; some pharmacists and practices have also received a one-off or annual fee.

What are the benefits?

For patients, waiting times are reduced and access to help improved; they have an alternative to a GP consultation; and there is no anxiety about 'bothering the doctor'.

For the GP practice and PCT, 'inappropriate' consultations are reduced, freeing time for other activities and making it easier to achieve access targets. There should also be reductions in certain categories of drugs expenditure as patients are helped to manage their conditions more effectively.

For the pharmacist, there is the prospect of making better use of professional skills and working in a more integrated way with other members of the primary healthcare team.

What about clinical governance?

In the design of any new scheme, all the participants must think through the issues of quality assurance and clinical governance. Three elements are probably key. First, the protocols for referral and intervention – and supporting formularies – must address any likely eventualities and meet everyone's concerns. Secondly, a formal process of multi-disciplinary audit should support compliance and develop practice further. Finally, all of the staff involved – including practice receptionists and pharmacy counter staff – must have appropriate and ongoing training and development. The primary care organisation will wish to assure itself that these arrangements are robust and that each scheme learns from the experience of others.

EXAMPLES OF MINOR AILMENTS SCHEMES

Location	Referral method	Conditions/symptoms included	Coverage	Results
Bootle and Litherland PCT (Pilot 1999-2001, PCT wide December 2001 onwards)	■ Self-referral ■ Surgery referral ■ Walk-in Centre referral	Athlete's foot; cold sores; colic; constipation; cough; cystitis; diarrhoea; earache/ temperature/ headache; ear wax; eczema; hay fever; head lice; haemorrhoids; indigestion; nappy rash; nasal symptoms; scabies; sore throat; teething; thread worms; thrush; URTI; verrucas/warts	■ All community pharmacies in PCT and 6 in neighbouring PCT ■ Soon to be extended to cover all GP practices/pharmacies in neighbouring PCT	Independent evaluation: ■ 38% of eligible patients transferred from GP consultation to pharmacy referral ■ ›1,000 consultations per month now being undertaken [*See Further reading 5*]
Scotland (2 areas from March 2001; now rolling out in 2 Health Boards)	Self-referral with pharmacy registration	Variety of minor ailments	By September 2003: ■ 45-50 GP practices and 50-60 pharmacies in Ayrshire ■ 70 GP practices and 70 pharmacies in Tayside	Independent evaluation: ■ reduced GP consultations ■ high patient satisfaction ■ head lice most common condition [*See Further reading 3 and 4*]
Tyne and Wear Health Action Zone (November 2000 onwards)	From GP practice. Patients exempt from prescription charges receive leaflet + 2 vouchers	Colds; coughs; cystitis; hay fever; stomach upsets; thrush	3 GP practices and 13 pharmacies. Population of 25,000	At 19 months: ■ 96% of referred patients went to the pharmacy ■ 29% redeemed 2nd voucher ■ referrals: 81% respiratory, 8% GI, 9% hay fever, 2% cystitis, thrush

[Source material: see reference no. 6]

continued overleaf

EXAMPLES OF MINOR AILMENTS SCHEMES continued

Location	Referral method	Conditions/symptoms included	Coverage	Results
Croydon (February 2001 onwards)	From GP practice (via receptionist or practice nurse)	Athlete's foot; back pain; contact dermatitis; cough; diarrhoea; fever; hay fever; headache; head lice; insect bites and stings; mouth ulcers; soft tissue injury; sore throat; teething; vaginal thrush; viral URTI	17 GP practices and associated pharmacies	At 6 months: ■ 1,772 vouchers issued ■ 78% redeemed at a pharmacy ■ average price per voucher £3.46 ■ highest usage in more deprived areas
Derbyshire	■ GP practice ■ Self-referral	Cough; hay fever; nasal congestion; sore throat; temperature/ headache/ earache associated with URTI	5 GPs in 4 practices and 12 pharmacies	Evaluation ongoing
Hull (April 2002 onwards; collaborative scheme with Sure Start)	Families with children aged under 4 years old	Aches and pains; nappy rash; nasal congestion; temperature	4 pharmacies	Evaluation ongoing
Sheffield (February 2002 onwards)	■ GP practice ■ Self-referral	Constipation; cough; diarrhoea; hay fever; head lice; indigestion/heartburn/tummy upset; nasal congestion; sore throat; temperature/headache/ earache associated with URTI; thrush	13 GP practices and 29 pharmacies	At 6 months: ■ 1,017 patients treated (61% referred by surgeries); 88% would otherwise have consulted a GP ■ 1,239 items prescribed (two-thirds for head lice, analgesics and hay fever) ■ costs; £1,844 on fees, £3,096 on medicines
Cambridge and South Cambs (October 2002 onwards)	Self-referral by obtaining ID number from surgery reception	Constipation; cough; diarrhoea; earache; hayfever; headlice; indigestion; nasal congestion; sore throat; temperature; thrush	All but 1 (non-dispensing) GP practices All 33 pharmacies	Evaluation ongoing

Further information

The examples quoted in this information sheet give a flavour of the different types of scheme that have evolved. Further information is available from the sources listed below.

Further reading

1. National Pharmaceutical Association (2002) *Minor Ailment Schemes: Lessons Learnt to Date*, National Pharmaceutical Association, www.npa.co.uk
2. Pharmaceutical Services Negotiating Committee Online Community Pharmacy Services Database, www.psnc.co.uk
3. Schaftheutle E et al (2003) *Direct Supply of Medicines in Scotland: Evaluation of a Pilot Scheme,* Scottish Executive Social Research, www.scotland.gov.uk/cru/resfinds/hcc29-00.asp
4. Sheehy C and Jones L (2003) *Direct Supply of Medicines in Scotland: Extended Monitoring of a Pilot Scheme*, Scottish Executive Social Research, www.scotland.gov.uk/cru/resfinds/hcc30-00.asp
5. Whittington Z et al (2001) *Care at the Chemist: A Question of Access*. A feasibility study comparing community pharmacist and general practice management of minor ailments, Royal Pharmaceutical Society of Great Britain, www.rpsgb.org.uk/pdfs/minailrepa.pdf and www.rpsgb.org.uk/pdfs/minailrepb.pdf

References

1 Editorial (1994) *Over-the-counter drugs,* Lancet 343: 1374-5

2 Thomas DHV and Noyce P (1996) *Over the counter drugs: the interface between self medication and the NHS*, BMJ 312: 688-91

3 Bradley C (1998) *Self-medication and the GP,* in Proprietary Association of Great Britain OTC Directory 1997/1998 London: PAGB

4 Hoog S (1992) *The self-medication market – a literature review,* Journal of Social and Administrative Pharmacy 9: 123-137

5 Hassell K et al (2001) *Managing demand: transfer of management of self-limiting conditions from general practice to community pharmacies*, BMJ 323: 146-7

6 Source material: Blenkinsopp A (2003) *Community Pharmacy Minor Ailments Scheme*, can be viewed at www.rpsgb.org.uk/nhsplan/pdfs/minailmat.pdf

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