# **THINK**PHARMACY

# MINOR AILMENT SERVICE VIA PATIENT

**GROUP DIRECTION** 



# In the heart of your control of your control of the heart of your control of yo

# Your health challenge

- It is estimated that 57 million visits to GPs are made every year for minor ailments<sup>1</sup>
- The average adult patient has to wait four weeks for a consultation or diagnosis, but many are waiting up to seven weeks<sup>2</sup>

Fact: Pharmacists are trained to provide advice and, where appropriate, supply medicines for minor ailments

# How can community pharmacies help?

Pharmacists and pharmacy teams can offer support to patients to help them self care and, if appropriate, access medicines for minor conditions, including prescription-only medicines (POMs) via Patient Group Directions (PGDs), without having to visit their GP or an A&E department.

A service in Devon and Cornwall allows pharmacists to supply POMs via PGDs for bacterial conjunctivitis, impetigo, nappy rash, oral candidiasis and uncomplicated urinary tract infections.

The evaluation of the initial pilot<sup>3</sup> stated that the service had saved 278 hours in medical practice doctor's time, 72 hours of OOH GP time and 12 hours at A&E. The majority of service users would have contacted their GP if they could not use the service (75%) with 19% stating they would have contacted OOH services.

An evaluation for a similar service in Somerset<sup>4</sup> stated that 81% of patients would have visited their GP if the service had not been available and that 157 hours of practice consultation time was saved over the evaluation period.

# **CHOOSE**PHARMACY

## Patient experience

"I had a mother come in on a weekend when her son was suffering from impetigo. After assessing the patient, I prescribed Fucidin cream and she was very grateful. She was going to take him straight down to A&E if I had not intervened. She came back to the pharmacy a week later and told me that it had cleared up and she was very pleased with the service." 3

### **Pharmacist**

"A patient self-referred hoping for chloramphenicol, but I referred to GP as it was early shingles."<sup>4</sup>

### **Pharmacist**

100% of patients would recommend the service to friends and family.<sup>3</sup>

<sup>1.</sup> Joint PAGB/PSNC submission to the Pharmacy White Paper (2007)

<sup>2.</sup> Research by Benenden Health and Medical (2019)

<sup>3.</sup> Pharmacy First: community pharmacy helping urgent and emergency care 2015 4. An evaluation of the Somerset community pharmacy minor ailments service

An evaluation of the Somerset community pharmacy minor ailments service (February-October 2015) 2016

# **THINK**PHARMACY

# Potential benefits of a community pharmacy minor ailment service via PGD

# 1. Reducing costs and saving GP time

Nearly one in five (18%) of GP consultations are for minor ailments alone. If these consultations could be handled by a pharmacist, at least an hour a day could be released for every GP to see patients with more complex needs<sup>1</sup> and it could potentially reduce patient waiting times.

Such consultations in pharmacy are less costly than general practice consultations and have been shown to provide favourable health-related outcomes.

# 2. Reducing demand and costs for urgent care

Minor ailments are one of the most common issues that result in the use of urgent care services and it has been found that 8% of A&E consultations could be managed by a pharmacist if a pharmacy service was commissioned.<sup>5</sup>

### 3. Accessible care for patients

No appointments are needed to see a pharmacist and pharmacies generally have longer opening hours than GP practices including many being open at weekends. Since pharmacies are located near where people work and live, they are perfectly placed to catch the working population who may struggle to get an appointment during the traditional opening hours of a GP practice.

### 4. Encourages self care

In many cases people can take care of their minor ailments without having to visit a GP. Pharmacy teams can promote self-care including provision of advice and, where appropriate medicines, without the need to visit a GP practice. Pharmacy teams can also provide advice on preventing certain minor ailments from occurring such as diet and lifestyle changes.

# How might your local service work?

The service could be commissioned to only allow the supply of certain POMs via PGD or a wider service could be commissioned which allows the supply of certain over the counter (OTC) medicines when appropriate.

Generally, the service would be designed as a 'walk in service' so the patient could present without referral or appointment. However, the service could include referrals, for example, from GP practices or NHS 111.

The pharmacist would discuss with the patient, in a private consultation room, the symptoms the patient is experiencing and offer self-care advice, the option to purchase an OTC medicine or have this supplied via the service (will be dependent on the type of service commissioned) or if appropriate, supply a POM via a PGD. Patients may also be referred to another healthcare professional if appropriate.

The service could offer a small or large range of PGDs to allow the supply of certain POMs.

If the patient was exempt from prescription charges the medicine would be supplied free of charge. If the

# **CHOOSE**PHARMACY

patient was not exempt, then the medicine could be sold to the patient at the retail price (for an OTC medicine) or at the NHS prescription charge for a POM.

The patient's GP would also be notified so their medical record can be updated to include the POM supplied under the PGD (this would not be necessary if an OTC medicine was supplied).

"Community pharmacies are an under-used resource: many are now open 100 hours a week with a qualified pharmacist on hand to advise on minor illnesses, medication queries and other problems. We can capitalise on the untapped potential, and convenience, that greater utilisation of the skills and expertise of the pharmacy workforce can offer."

Transforming Urgent and Emergency Care Services in England, 2013

5. Bednall R, et al. Identification of patients attending accident and emergency who may be suitable for treatment by a pharmacist. Fam Pract (2003); 20(1): 54–57