NHS Airedale, Wharfedale and Craven CCG Pharmacy First Self Care Service

10 Month Evaluation

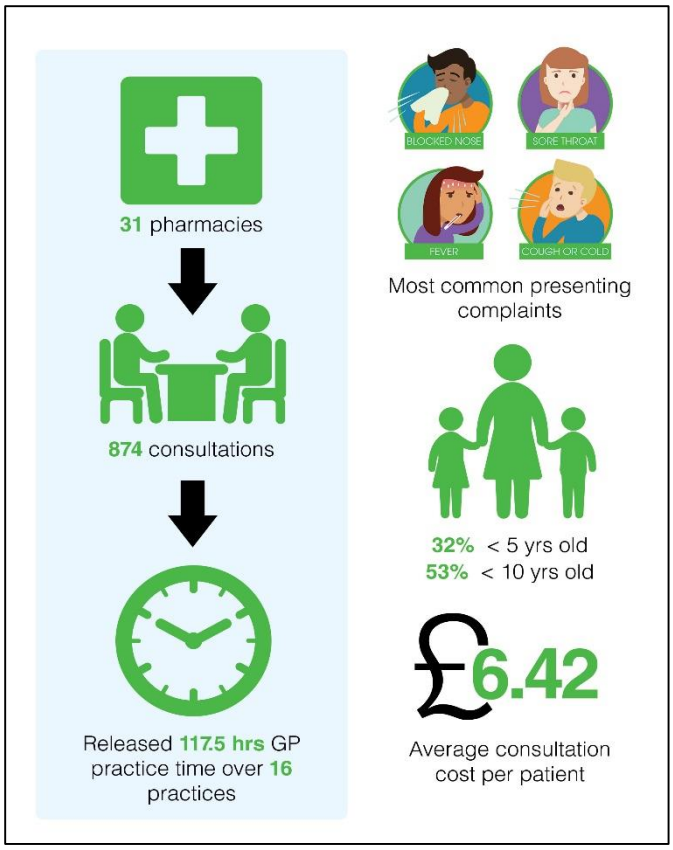
18th September 2014 – 17th July 2015

Anonymised Version

Produced by Dr Rachel Urban, Research and Evaluation Manager, Community Pharmacy West Yorkshire

Version 1

SUMMARY OF EVALUATION AND RECOMMENDATIONS



Pharmacy First was introduced mid-September 2014 within 31 pharmacies which serve patients within Airedale, Wharfedale and Craven (AWC) CCG. The service supports patients to self-care through the provision of advice, printed information and, where necessary, the supply of medication from a defined formulary by the pharmacist. All patients registered with a GP within AWC can be signposted to Pharmacy First. The Pharmacy First service is only available to those exempt from prescription charges, to whom medication is supplied free of charge. Patients attending the pharmacy who are not exempt from prescription charges can access free advice under the community pharmacy essential service - self-care and can be offered the purchase of a medicine. The cost of all medicines for conditions included within Pharmacy First is less than the current prescription charge.

Overall, in the first ten months, *Pharmacy First* has shown to be a cost-effective way to manage patients presenting with minor ailments. A number of consultations for minor ailments were delivered through this service with the estimated release of approximately 117 hours GP time across 16 practices, improving GP access. Most patients who accessed *Pharmacy First* were under 10 years old with over half of those being under 5 years. The majority of patients were treated for self-limiting viral symptoms such as cough, cold, sore throat and fever and were provided with symptomatic relief for their symptoms. The cost for medication was low (per patient £1.92 and per item £1.54). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.42 (exc VAT). This is lower than several other schemes which have previously been evaluated, most likely due to the differences in both service fees and formulary.

The feedback from patients was positive with most patients indicating that they would be willing to re-use the service and would recommend it to others. The variation of number of patients consulting the self-care service per pharmacy and practice is positively skewed, with the majority of patients visiting a small number of pharmacies and being from a small number of practices. It is unclear whether this is due to pharmacy or GP practice promotion of the service in these areas, whether these practices have a higher rate of minor ailment consultations or some other reason for example levels of high deprivation.

A number of further actions could be taken improve the success of the service. These are outlined in the summary of recommendations below.

RECOMMENDATIONS

- Determine potential reason in the variation of uptake through discussion with pharmacy and GP practice staff and analysis of minor ailment consultation rates in GP practices pre and post-implementation.
- Consider further ways to increase promotion of the service amongst staff and patients to ensure appropriate use and referral
- Consider joint GP CP meetings to improve understanding of service between providers and improve understanding, engagement, referral rates and use plus explore the perceived barriers eg amount of paperwork
- Work with GP practices to ensure that Pharmacy First is embedded into their triage systems and patient pathways
- Review other reasons why the uptake is less than that of other areas eg mapping to social deprivation
- Conduct GP read code analysis to determine whether Pharmacy First is being reused by the same patients
- Continue to work with NHS111 to ensure Pharmacy First is an integral part of the urgent care provision in the CCG area.
- Review list of conditions and formulary with the Pharmacy First project group and devise a further business case to expand the service to include further conditions such as head lice, diarrhoea and vomiting, mild eczema, heartburn/indigestion and constipation.
- Remind pharmacies of the requirement to provide written information in accordance with the service specification where appropriate
- Promote increased recording of patient access to Pharmacy First on GP electronic health record.

1 INTRODUCTION

Pharmacy Self-Care Schemes or Minor Ailment Schemes (MASs) are commissioned locally to promote self-care through a consultation with the pharmacist.[1,2,3] They have the opportunity to provide treatment and symptomatic relief, where appropriate, using a defined formulary for self-limiting and easily treatable conditions that do not require medical intervention. Approximately 30% of consultations within general practice are for minor ailments of which approximately 60% can be treated by a community pharmacist.[1] A systematic review published in 2013 has shown that MASs provide a suitable alternative to GP consultation and decrease re-consultation rates in GP practices, with most patients reporting complete resolution of symptoms.[2] This leads to a decrease in GP prescribing costs and the number of consultations for minor ailments.[2]

In September 2014, *Pharmacy First* was commissioned by AWC CCG, following the success of *Pharmacy First* in Bradford City CCG.[3] It provides the CCG population with rapid access to a pharmacist for self-care advice and, where necessary, medication from a defined formulary for a range of minor ailments. The ultimate aim is to provide a more appropriate alternative to the use of general practice or other health care providers (e.g. A&E, Out of Hours Urgent Care) for minor ailments, potentially releasing capacity within general practice through the provision of a more cost-effective service. The service is aimed at patients who use GP or Out of Hours services when they have a minor ailment rather than self-care or purchasing medicines over-the-counter (OTC). It is hoped that this service will change patient behaviours, educating and assisting patients in how to access self-care and the appropriate use of healthcare services.

The service supports patients to self-care through the provision of advice, printed information and, where necessary, supplied medication from a defined formulary by the pharmacist. All patients registered with a GP within AWC can be signposted to Pharmacy First. The Pharmacy First service is only available to those exempt from prescription charges, to whom medication is supplied free of charge. Patients attending the pharmacy who are not exempt from prescription charges can access free advice under the community pharmacy essential service - self-care and can be offered the purchase of a medicine. The cost of all medicines for conditions included within Pharmacy First is less than the current prescription charge (see service specification and service guide for further details accessed at www.cpwy.org).

2 SERVICE

Pharmacy First was introduced mid-September 2015 within 31 pharmacies which serve patients within AWC. The presenting patient must currently be registered with a GP within AWC CCG and be suffering from an ailment which is included in the service. The following conditions can be managed within the *Pharmacy First* service:

- Cough
- Cold
- Earache
- Sore throat
- Threadworms
- Teething
- Athletes foot
- Thrush
- Hay fever
- Fever
- Sprains and strains
- Blocked nose

These conditions can be treated using medication listed in the *Pharmacy First* formulary (see table 1):

Table 1 *Pharmacy First* Formulary

Formulary
Beclometasone 50 mcg nasal spray (200 sprays)
Cetirizine solution 5mg/5ml (200ml) SF
Cetrizine 10mg tablets (30)
Chlorphenamine Syrup (150 ml) SF
Chlorphenamine Tablets 4 mg (30)
Clotrimazole 500mg pessary (1)
Clotrimazole cream 1% (20g)
Ephedrine 0.5% nasal drops (10ml)
Fluconazole 150 mg Cap (1)
Ibuprofen suspension 100mg/5ml (100ml) SF
Ibuprofen tablets 200mg (24)
Ibuprofen tablets 400mg (24)
Lidocaine alone or with Cetalkonium /Cetylpyridiniumteething gel (10/15g)
Loratadine syrup 5mg/5ml (100ml)
Loratadine 10mg tablets (30)
Mebendazole suspension (30ml)
Mebendazole 100mg tablet (1)
Mebendazole 100mg tablet (4)
Miconazole 2% cream (30g)
Paracetamol 500 mg Tablets (32)
Paracetamol soluble tabs 500mg (24)
ParacetamolSusp SF 120 mg / 5 ml (100ml) SF
ParacetamolSusp SF 250 mg / 5 ml (100ml) SF
Sodium chloride 0.9% nasal drops (10ml)
Pharmacists can supply any brand of product as long as the active ingredients are the same and pack size is at least the size specified above (i.e. larger packs can be supplied). The products supplied must not be POM packs and each product must be supplied with a corresponding Patient Information Leaflet.

The formulary products can be used for any of their licensed indications at licensed doses and therefore pharmacists can also treat: self-limiting pain, fungal infections (Ringworm, Candida interigo) and headache (this list is not exhaustive) if an eligible patient presents with these symptoms or conditions.

The pharmacist assesses the patient's condition using a structured approach to responding to symptoms (see table 2), then provides information and where appropriate medication according to the formulary (see table 1). The Airedale, Wharfedale & Craven Pharmacy First service does not include any cough preparations within their formulary. The rationale being there is no good evidence from trials that cough medicines are effective or reduce the severity / length of a cough. Cough medicines are considered to be drugs of limited clinical value and GPs are encouraged not to prescribe them. Additionally the MHRA has stated that cough medicines containing

antihistamines, cough suppressants, expectorants, or decongestants should be avoided in children under 6. Patients presenting with a cough are managed by the provision of information (oral and printed) regarding the management of coughs.

Table 2 Summary of assessment and provision of advice

Assessment	Provision of advice
The pharmacist identifies: • Nature and duration of symptoms • Concurrent medication and medical conditions • Exclusion of any serious disease / alarm / red flag symptoms • If the patient is pregnant/ breastfeeding • If any medication has already been supplied / taken for the ailment Symptoms	The pharmacist provides advice on: • Expected symptoms • What is normal • Probable duration of symptoms • Self-care messages: What patients can do for themselves to help manage the ailment • Where (and when) to go for further advice / treatment if necessary e.g. If the cough lasts for more than 3 weeks visit your GP • Antibiotic stewardship message

Data from each consultation is recorded on *PharmOutcomes®* (a data capture system which pharmacy use to claim for service provision).

3 METHOD OF EVALUATION

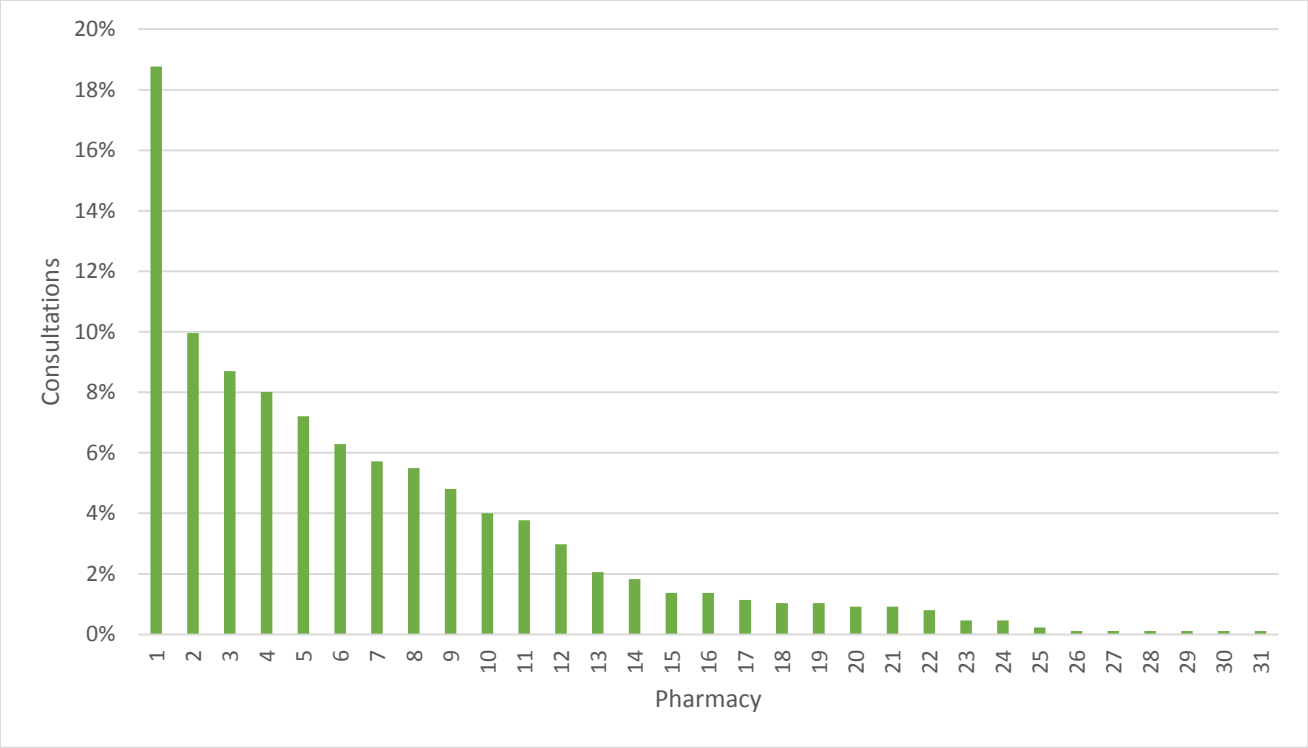
All data inputted on to *PharmOutcomes* was evaluated from 18th September 2014 – 17th July 2015. This included patient feedback questions asked at the end of each Pharmacy First consultation. Data was extracted into Excel and reported using descriptive statistics. Questionnaires were devised to gain opinions from GP practice staff and pharmacy staff. The GP questionnaire was distributed via SurveyMonkey® (to GPs, Practice Nurses and Practice Managers) and the pharmacy staff questionnaire using both paper-based questionnaires and SurveyMonkey®.

4 RESULTS

Overview

Over the ten month evaluation period 31 community pharmacies, conducted a total of 874 consultations. The range of consultations per pharmacy varied from one to 164 with a mean of 28 consultations per pharmacy and a median of 12 consultations per pharmacy. The top 5 pharmacies delivered just over half of all consultations (52.6% - 460/874), with the pharmacy who delivered the most consultations delivering almost double that of the second highest pharmacy (see figure 1). Of the 874 consultations 509 (58.2%) were delivered in a private consultation room, the rest in a private area of the pharmacy (365/874 – 41.8%).

Figure 1 Percentage of consultations delivered per pharmacy



Patient Demographics

Of the 874 patients seen 476 (54.5%) were female and 398 (45.5%) male. Just over 50% (53.0% - 463/874) of the patients seen were under 10 years old (see figure 2), with the majority of those being under 5 years old (31.6%, 277/874). Thus, the majority were exempt from prescription charges due to being under 16 (see figure 3). The majority of patients described themselves as White - British (57.7% - 504/874). With the next highest ethnic category being Asian or Asian British – Pakistani (32.6% - 285/874) (see figure 4). Thirty-seven per cent (321/874) of patients accessing the service lived within BD21, with a large number from BD20 (31.1% - 272/874) and BD22 (19.3% - 169/874) also using the service (see figure 5).

Figure 2 **Age of patients using *Pharmacy First***

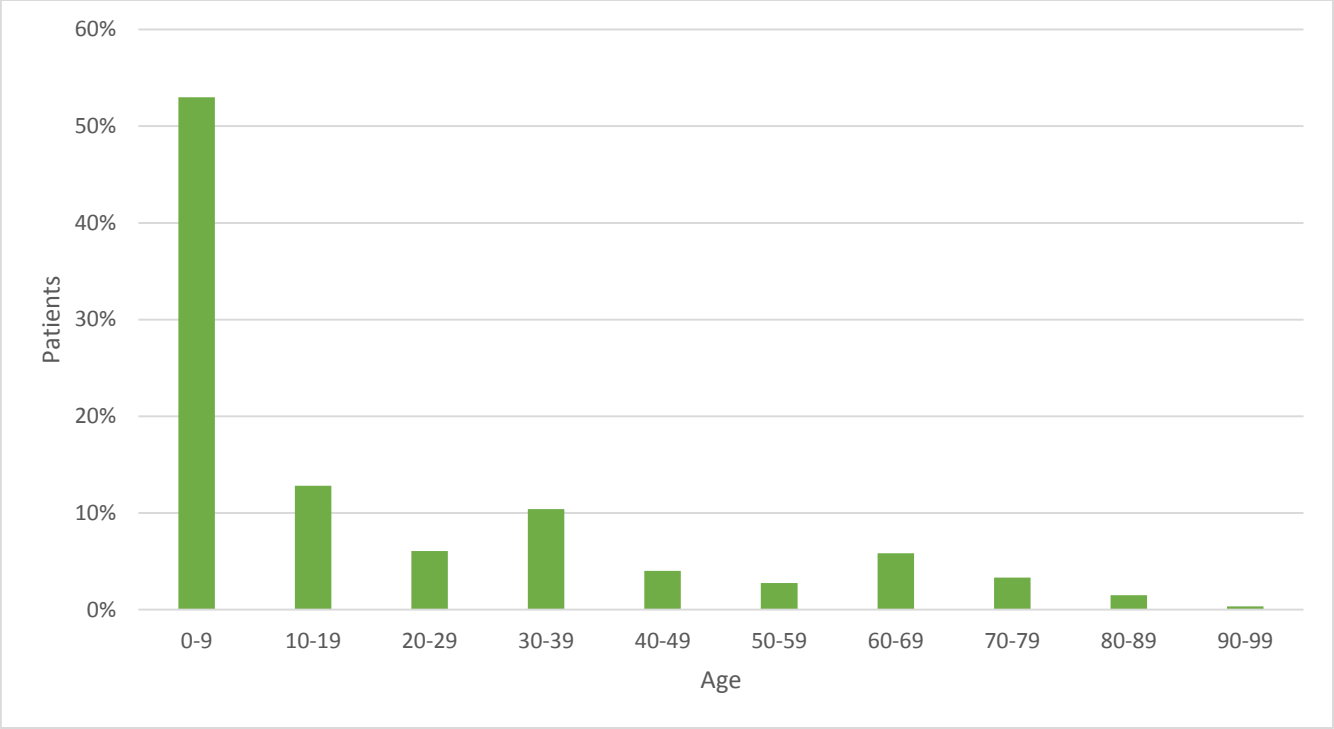


Figure 3 **Exemption status of patients using *Pharmacy First***

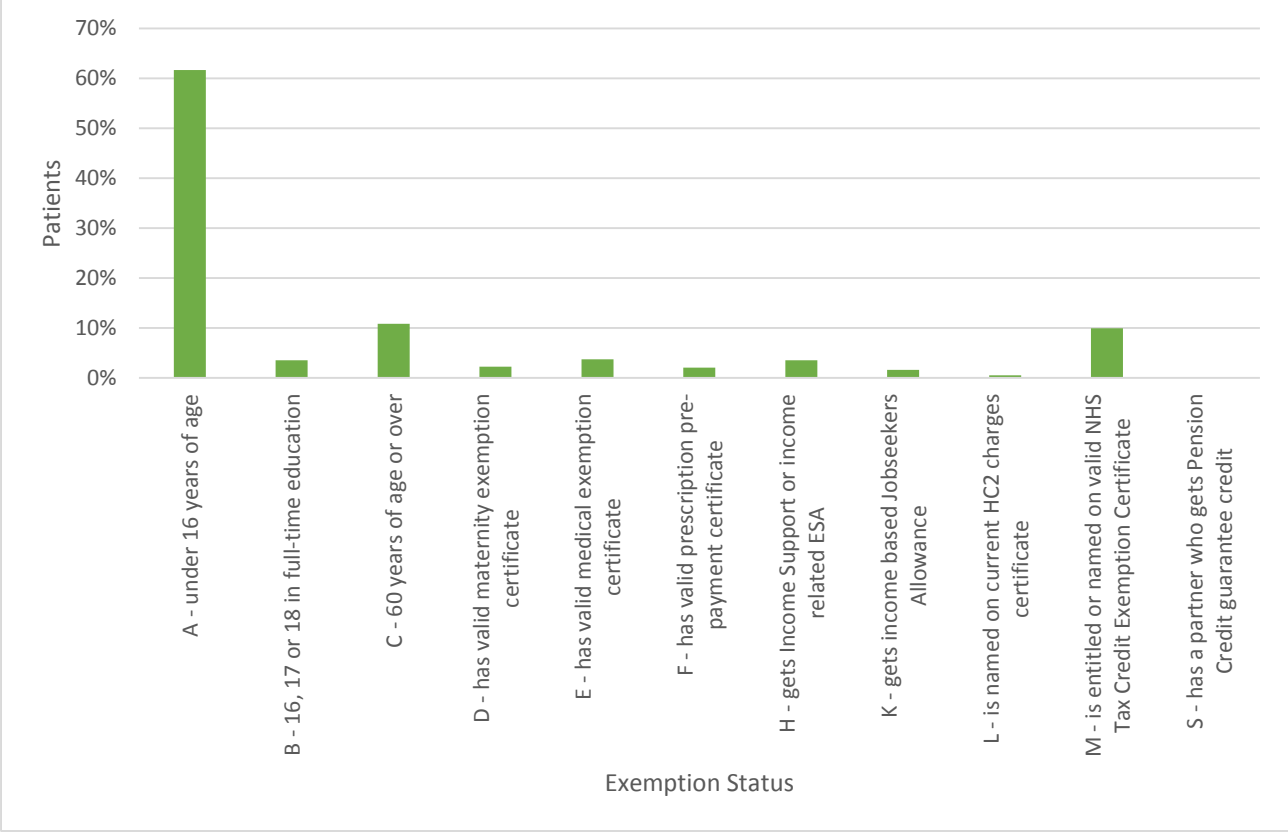


Figure 4 **Ethnicity of Patients using *Pharmacy First***

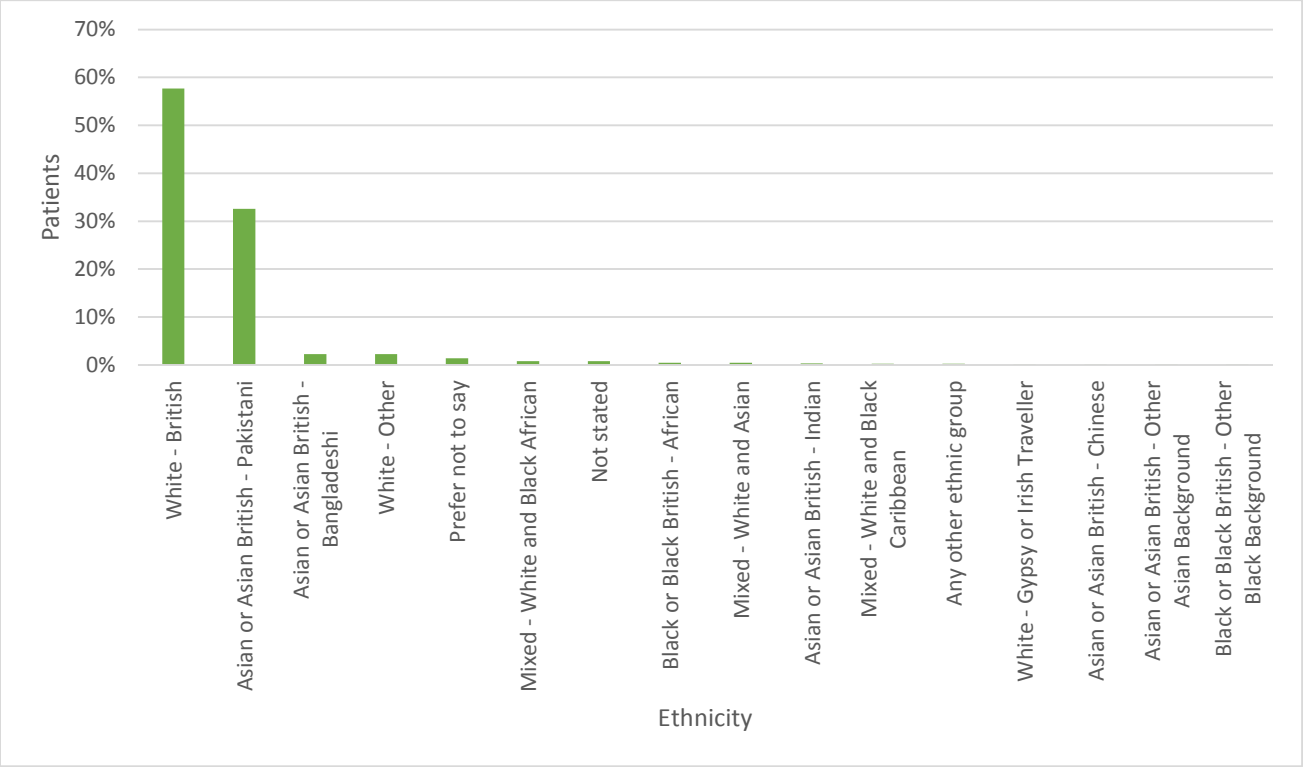
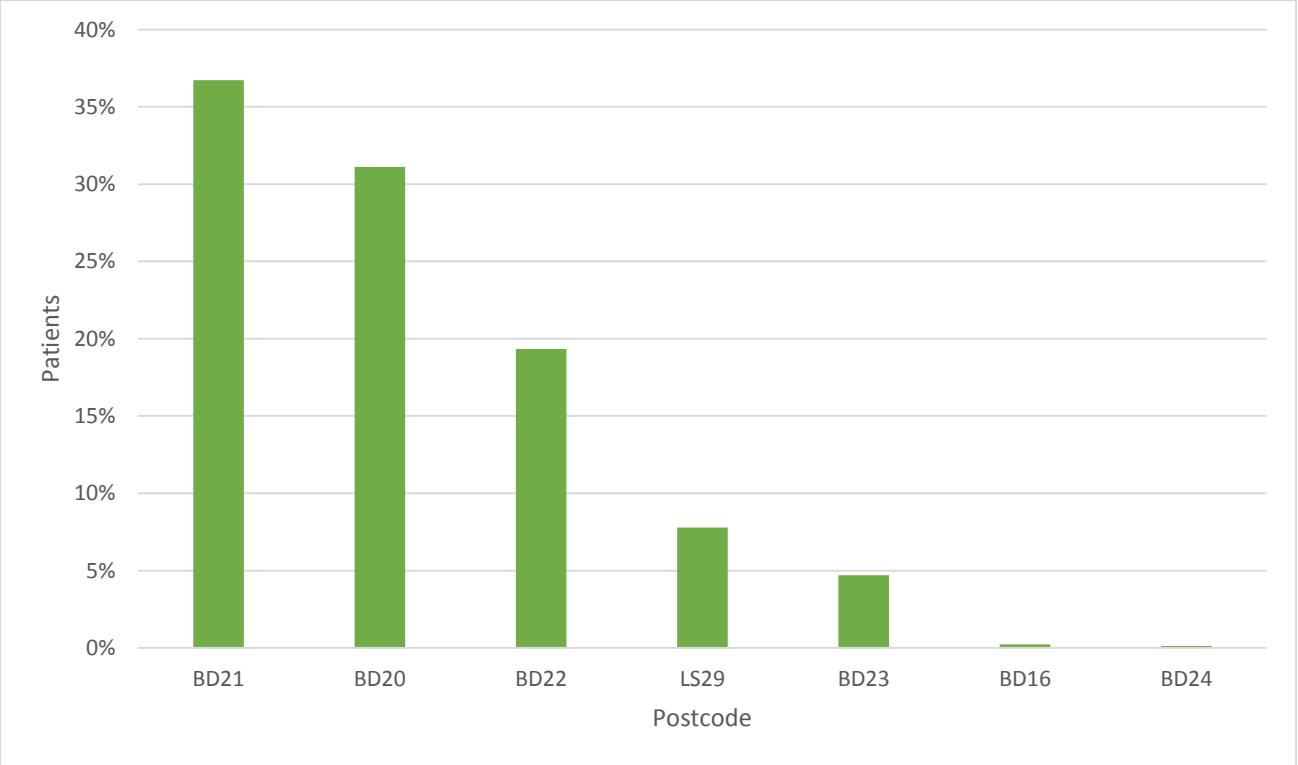


Figure 5 **Post code area of patients using *Pharmacy First***



Practices

The patients using the service were registered at 16 practices, however 81.6% of consultations within the service came from 7 practices (see figure 6). The mean number of patient visits per GP practice was 54.6 visits and the median 51 visits (range 1-186 visits). The range per 1000 practice population was 27.6 - 0.2 consultations with mean 5.4 consultations and median 4.4 consultations (see figure 7).

Figure 6 Registered practice of patients using *Pharmacy First*

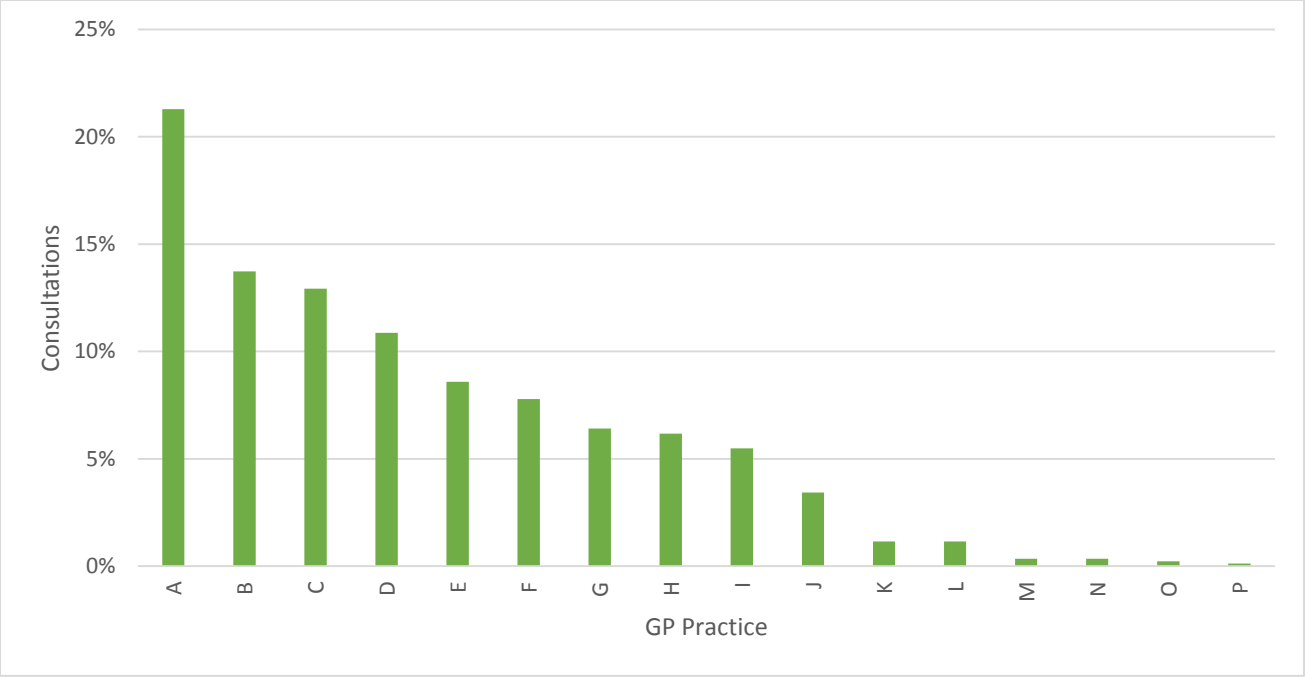
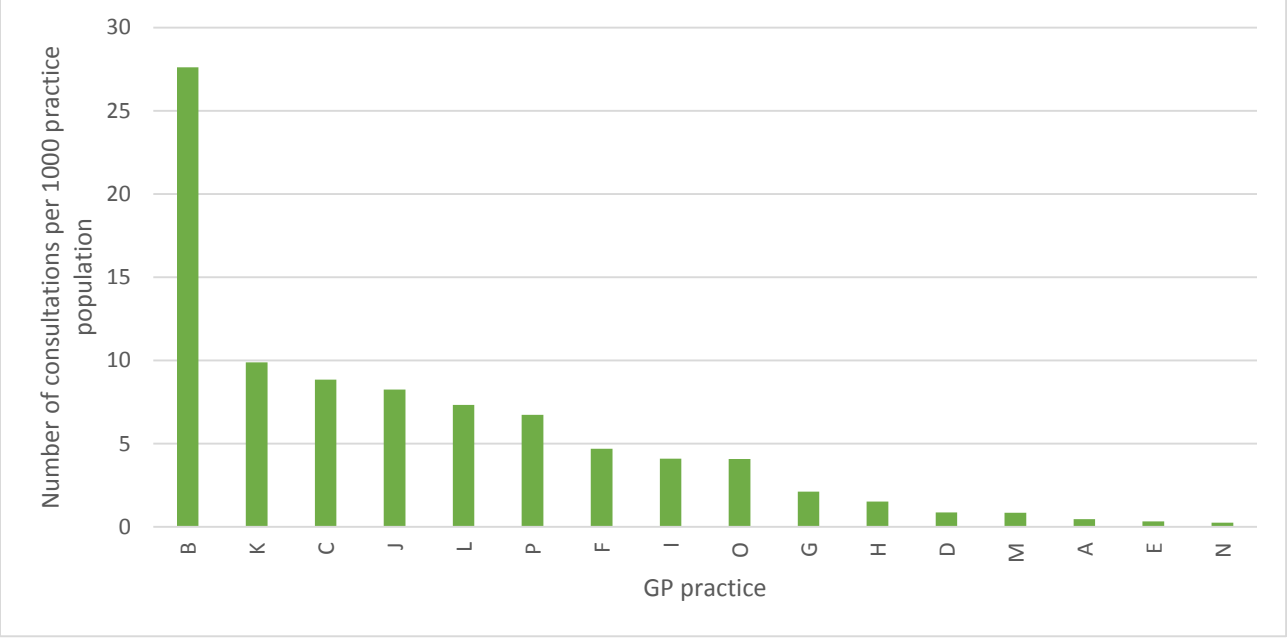
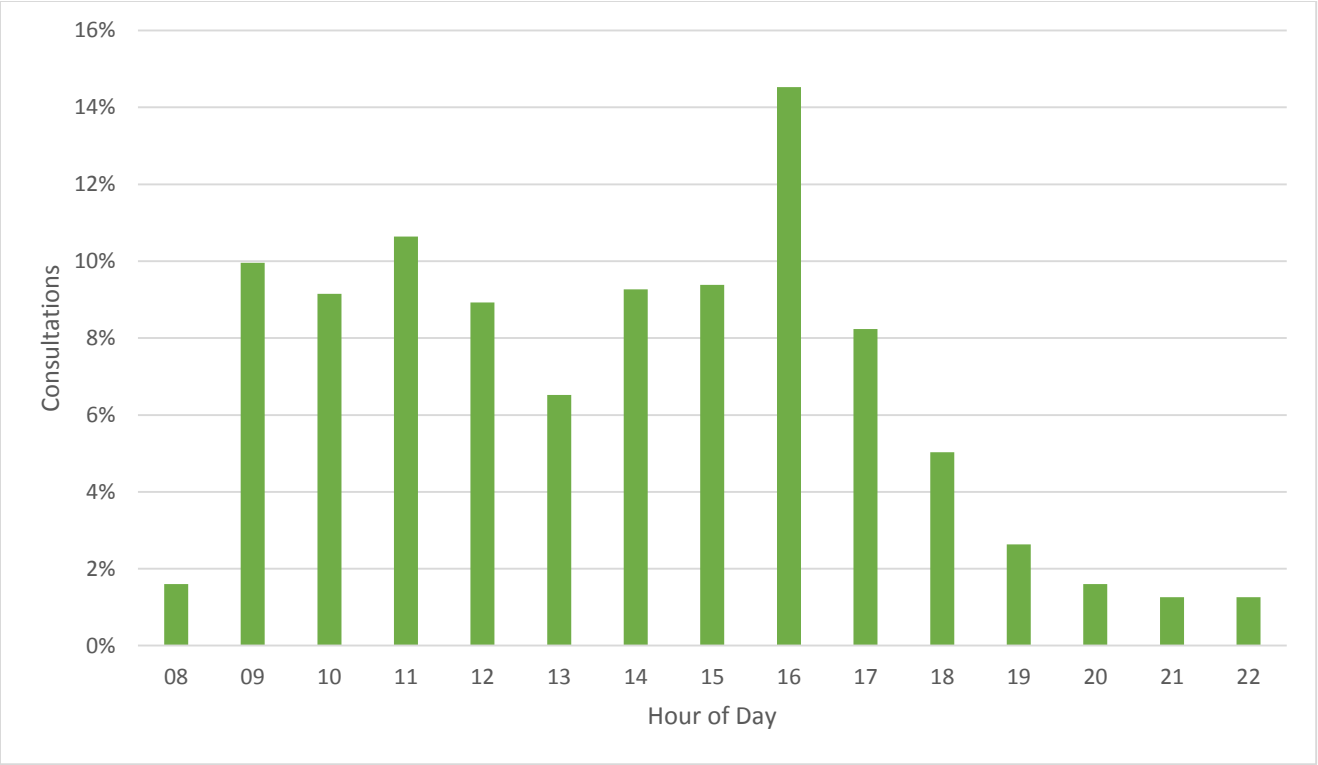


Figure 7 Number of patient consultations per 1000 practice population



The Consultation

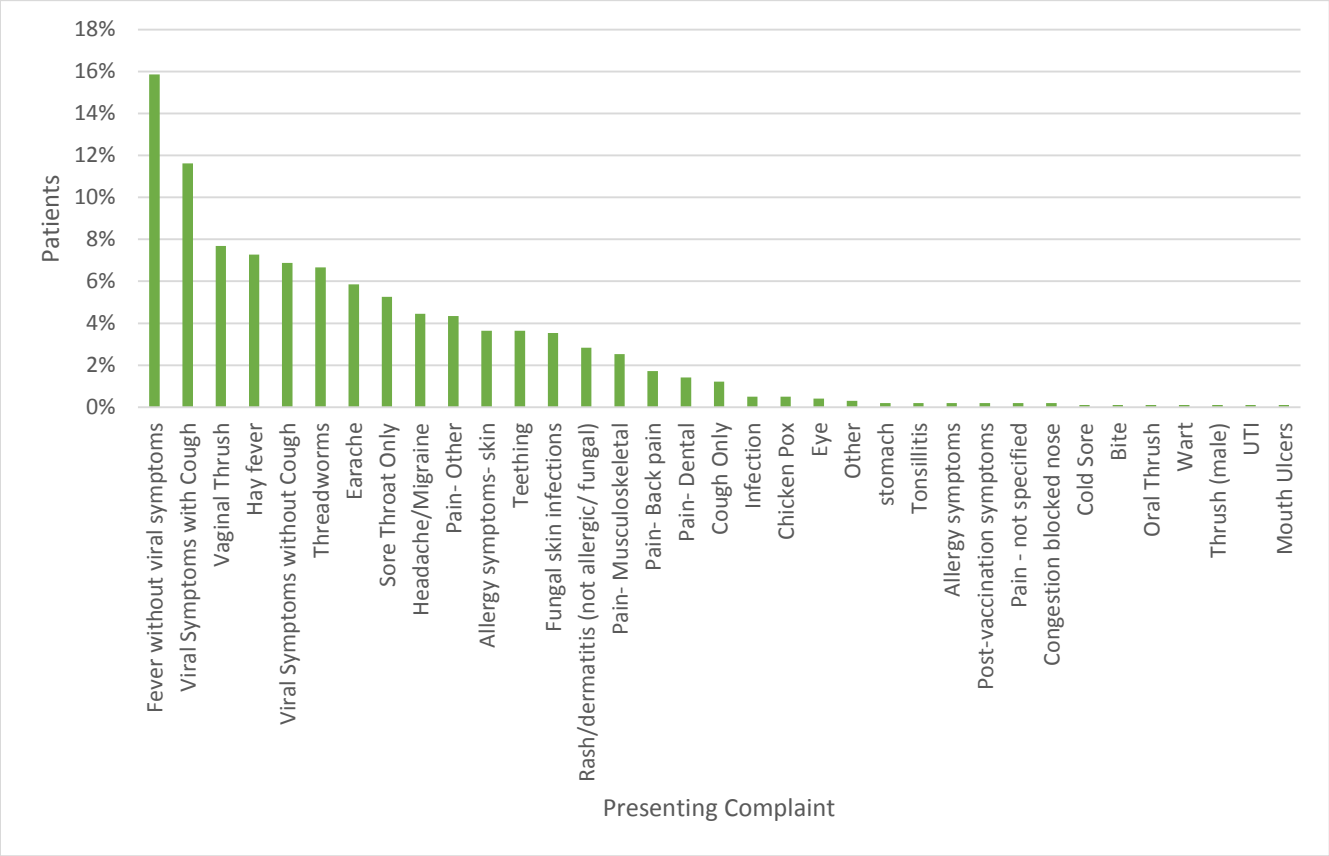
Figure 8 Distribution of patient consultations throughout day Monday to Sunday



The peak time of day for consultations was 4pm, with 86 consultations (9.8%) being on a Saturday or Sunday and 87 (10.0%) consultations being out of hours on a weekday (before 8am or after 6pm); total 19.8% (173/874) out of hours (see figure 8).

Patients presented at the pharmacy with a total of 37 different symptoms. 116 (13.3%) patients presented with two different presenting complaints. The majority of patients presented at the pharmacy for symptomatic relief of viral symptoms e.g. runny nose and sore throat with or without a cough or a fever. Ninety-one per cent (792/874) patients were treated in the pharmacy and did not require any onward referral to other services. Only 17 (1.9%) patients were referred urgently to either the GP or NHS 111, one patient was referred to the dentist. The remainder were referred to the GP for non-urgent appointments (7.3%, 64/874).

Figure 9 Presenting Symptoms treated as part of Pharmacy *First*



Supply of Medication

A total of 1092 medications were supplied to patients. At least one medicine was supplied in 92.6% (809/874) consultations to either treat or provide symptomatic relief of their symptoms. The range of medicines supplied varied from 0 to 3 medicines with most people receiving one medicine (62.4%, 545/874) (see figure 10). Most commonly patients were supplied with an analgesic/antipyretic (see figure 11). The cost per patient was £1.92 (£2.31 inc VAT) and cost per item was £1.54 (£1.85 inc VAT). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.42 (£6.81 inc VAT). The total cost of the service (consultation fee + cost of medication) for the first ten months was £5492.41 (£5828.59 inc VAT) (assuming all consultations were claimed).

Figure 10 Number of medicines supplied per patient

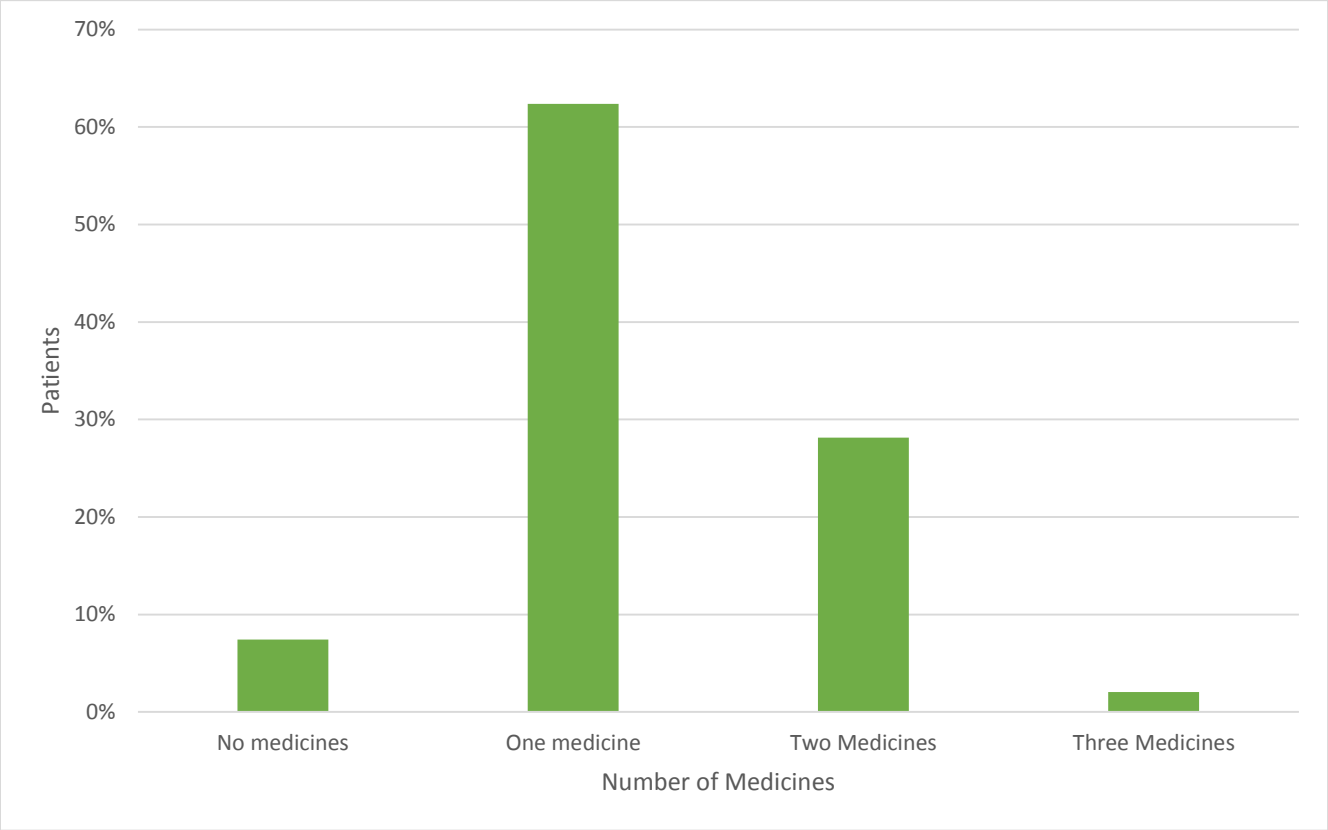


Figure 11 Medication provided to the patient following consultation

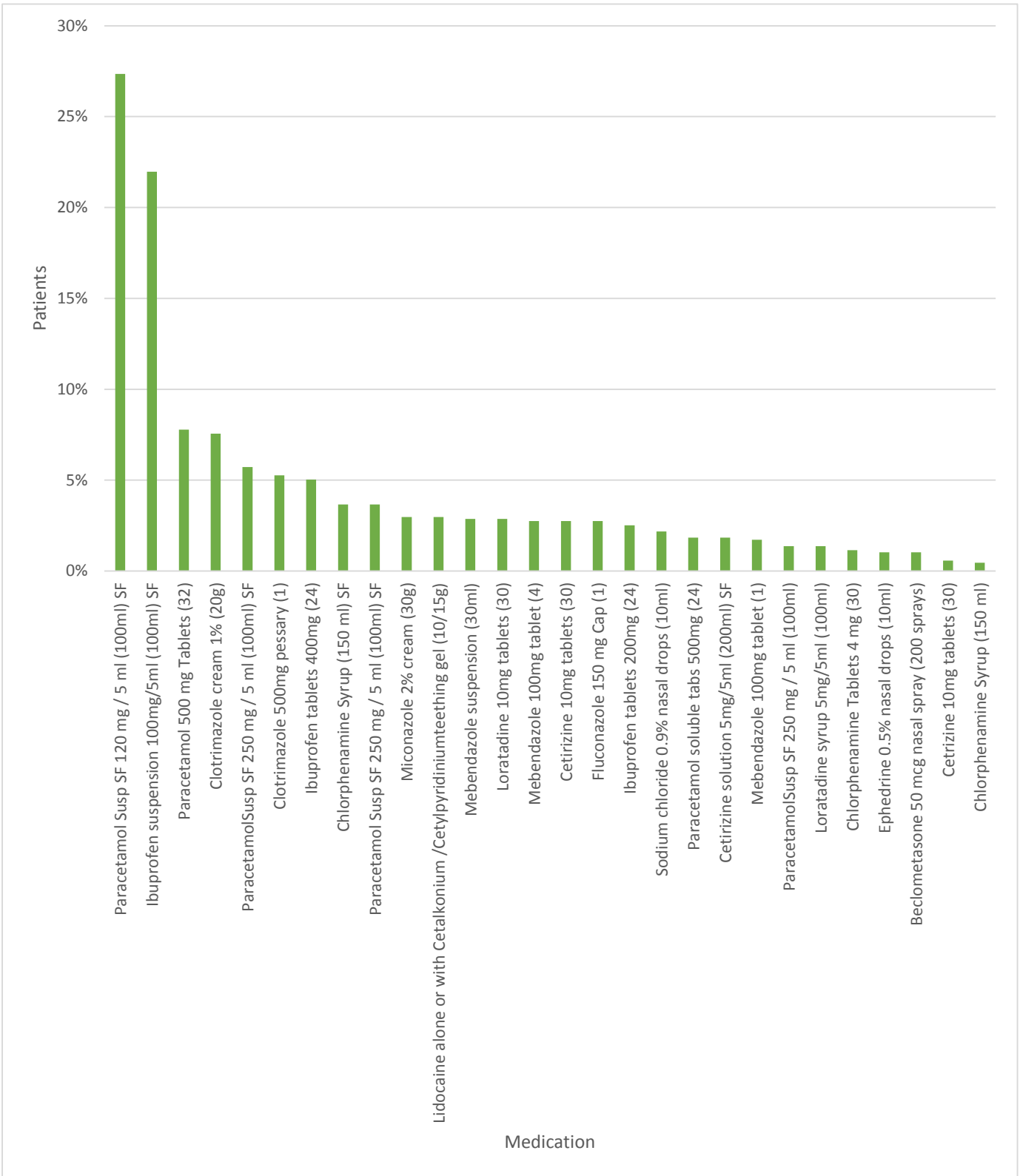
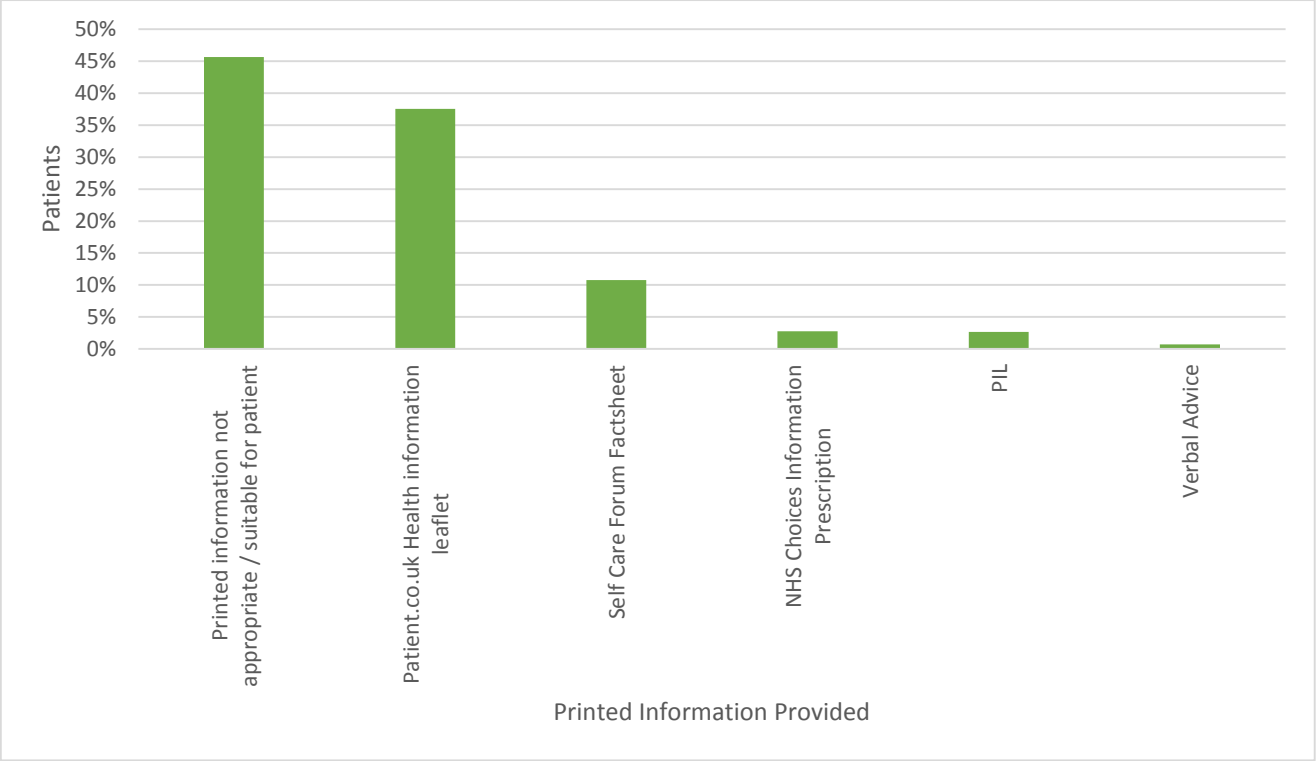


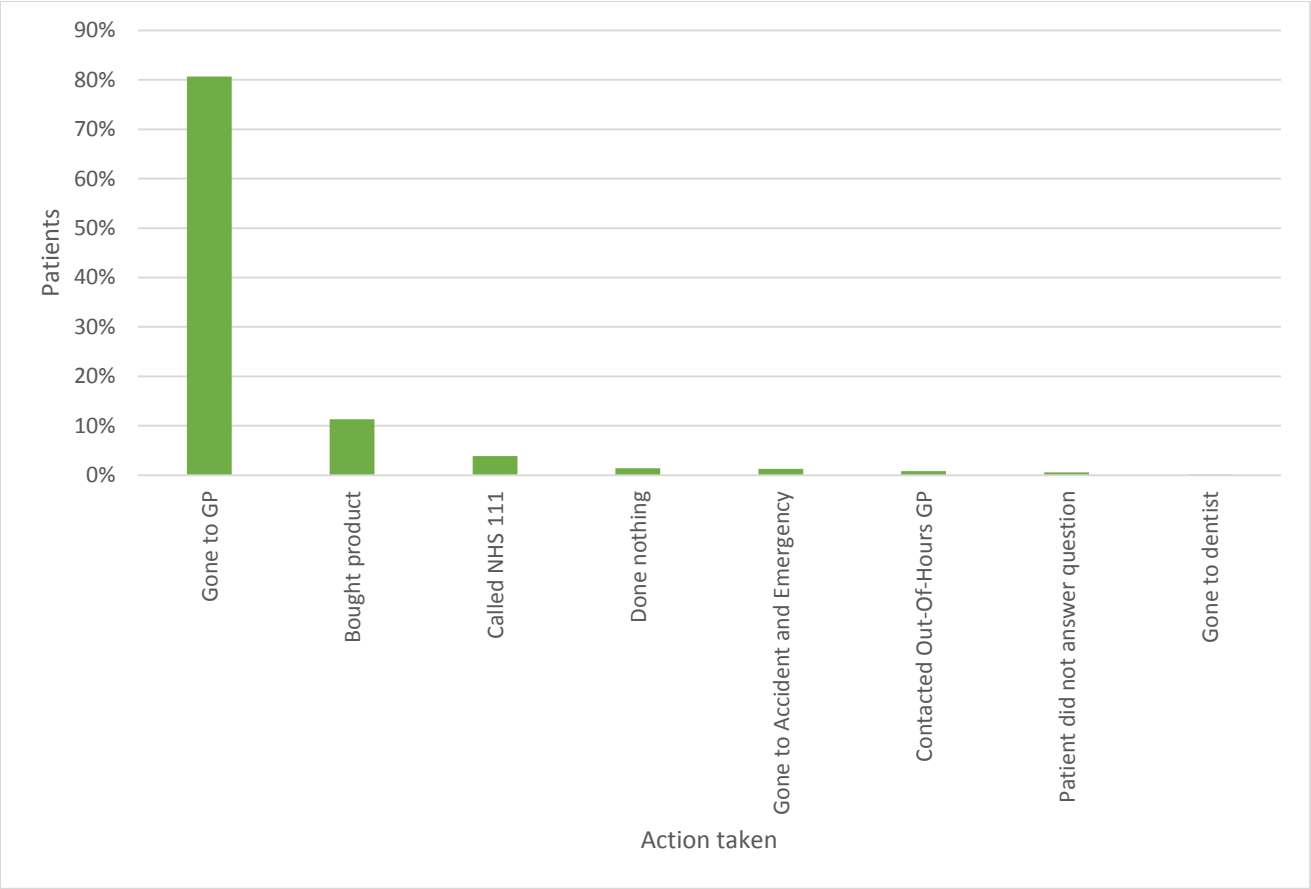
Figure 12 Leaflet provided to patient during consultation



All patients were provided with verbal advice during the consultation. This varied depending on the patient's presenting complaint/symptoms. The majority of patients were provided with written information from patient.co.uk (see figure 12). One Hundred and seventy patients received get better without antibiotics information (19.5%) and 41 patients received a leaflet on managing cough (4.7%) despite 13.6% (119/874) patients having cough recorded as their presenting complaint.

Patient Experience Captured on PharmOutcomes®

Figure 13 Action the patient would have taken if *Pharmacy First* was not available

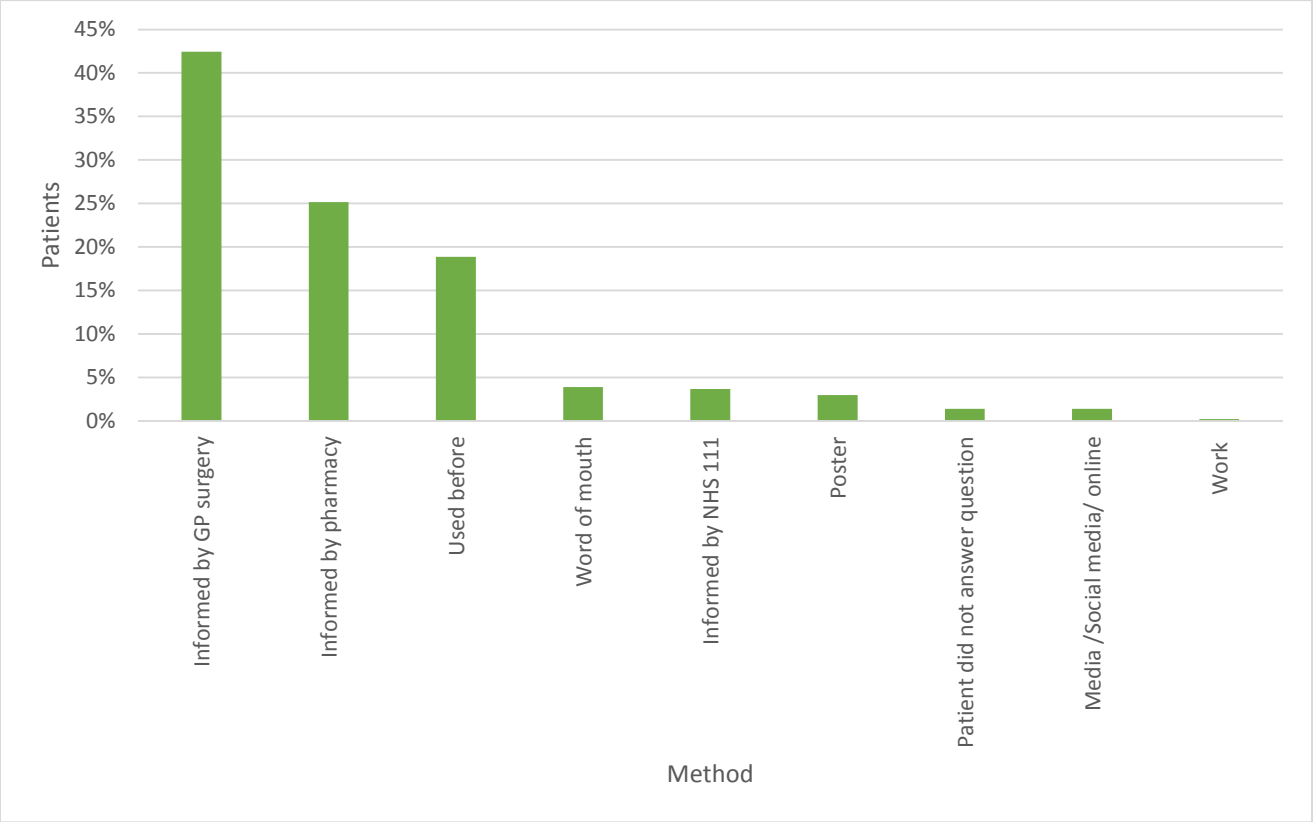


The majority of patients (80.7%, 705/874) stated they would have used the GP had they not accessed the service (see figure 13). Using this information and assuming the average GP consultation is 10 minutes[4] this has released 705 x 10 = 7050 minutes = 117 hours 30 minutes practice time across AWC (see table 3). The mean time released per practice was 7 hours 21 minutes, with a median of 5 hours 40 minutes. Using a fee of £57[5] for A&E attendance the overall savings from the service for the first eight months is £627.

Table 3 Number of hours released per practice

GP Practice	Hours	Min
A	28	30
B	17	0
C	16	0
D	12	50
E	9	10
F	8	0
G	7	20
H	5	40
I	5	40
J	3	50
K	1	20
L	1	0
M		30
N		20
O		10
P		10
Total	117	30

Figure 14 How the patient found out about the service

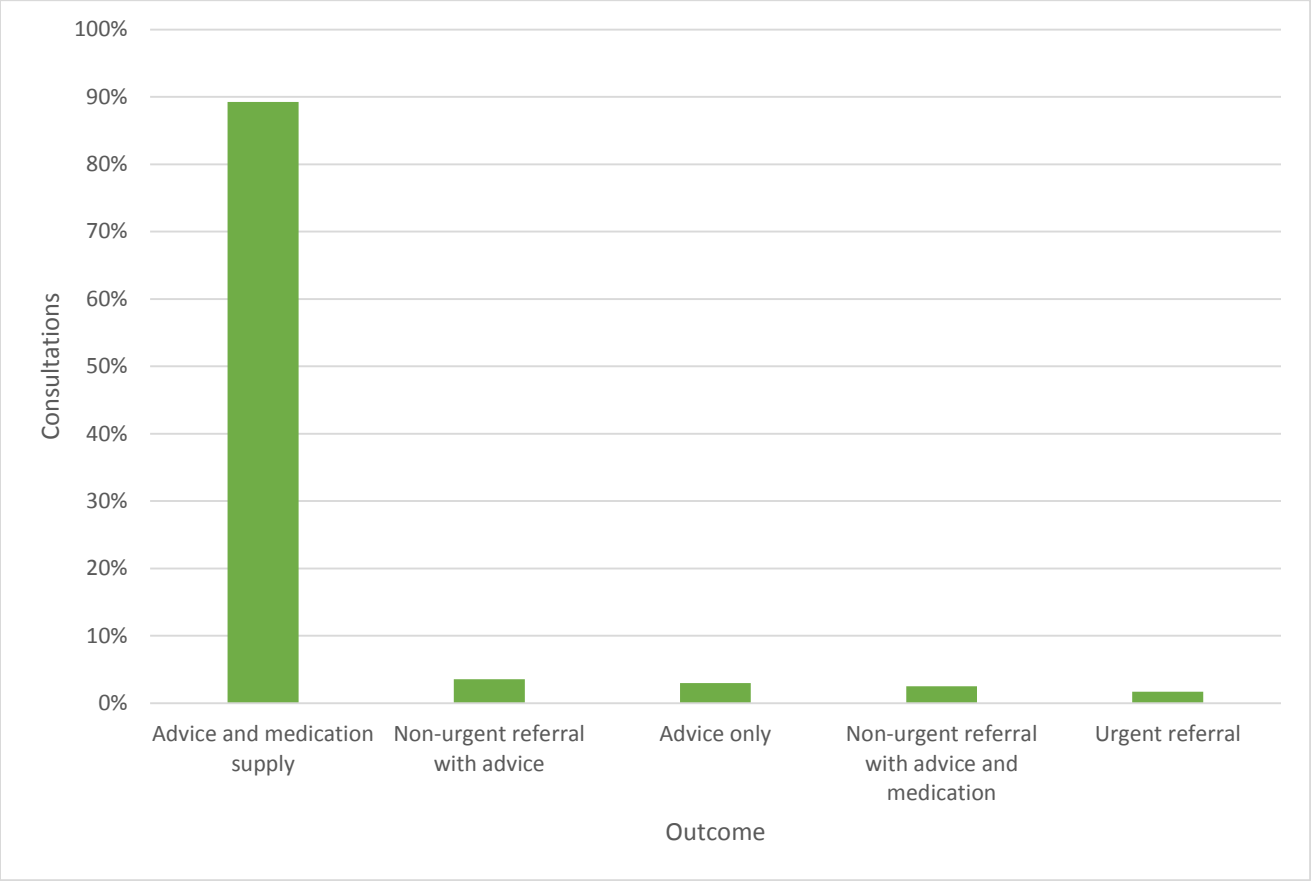


Most patients were informed about the service by their GP practice (42.4%, 371/874). Over 95% of patients (96.1%, 840/874) stated that they would recommend the service to a friend, the remainder either did not respond (2.3%, 20/874), were not sure (1.5%, 13/874). Only one out of 874 said they would not recommend the service (0.1%).

Most patients felt that *Pharmacy First* had increased their confidence to self-care without seeing a doctor (93.2%, 815/874), with 95.4% (834/874) saying that they would use the *Pharmacy First* next time they needed advice. Three patients (0.3%) did not feel more confident to self-care, 5 (0.5%) did not know whether they felt more confident or were unsure (18 (2.1%) patients did not respond). Five patients (0.6%) felt they would not use *Pharmacy First* in future, 22 (2.5%) were unsure and one (0.1%) did not know. The remainder did not respond (1.3, 12/874).

The overall patient outcomes are summarised in figure 16.

Figure 16 Overall patient outcome



GP Practice Staff Opinion

A total of 13 GP practice staff responded to the questionnaire. Not every respondent answered each question which accounts for the difference in denominators. Six respondents suggested that there should be additional conditions included in *Pharmacy First* (see table 4). Seven also suggested further medications to be included in the formulary (see table 5). Most practice staff (9/12) felt they were well informed about the service before it started. Leaflets and posters were specifically mentioned plus information from the practice pharmacist in one instance. In contrast, one person added:

> *'We were given info for display but not explained to how the actual service would work in pharmacies regarding medications'*

And another:

> *'[we had] lack of Promotional Patient Posters compared to Bradford CCG. Nil in Local Papers'*

Table 4 Conditions to add to P*harmacy First* suggested by GP Practice Staff

Condition	Number of respondents
Eye Problems	4
Diarrhoea	1
Emergency Contraception	1
Otitis externa	1
UTI	1
Oral Contraception	1

Table 5 Medications to add to the *Pharmacy First* formulary suggested by GP Practice Staff

Medication	Number of respondents
Chloramphenicol eye drops/ eye ointment	4
Gaviscon	1
Lactulose	1
Loperamide	1
Fucithalmic eye ointment	1
Otomise/Sofradex	1
Nitrofurantoin for UTI	1
Oral contraception	1

Eleven respondents stated that they had promoted the service within the GP practice, one was unsure. Promotion was conducted through the display of posters, leaflets, messages on display screens, reception staff advice, and doctor triaging. Nine members of GP staff felt that there was more that could be done to promote the service. This included increased local media and advertising, for example, TV adverts, promotion in community centres and mosques, informing schools and playgroups and bigger posters. Two GP practices

highlighted lack of clarity amongst their staff of which ailments were included in the service. Another member of staff felt the service was *'too complex for patients to understand'.* With another adding:

> *'[There is] lots of confusion amongst patients about what they can expect from PF. Many different schemes across the country all doing different things so patients get confused about what is covered and what isn't.'*

Only four members of staff reported that their practice routinely recorded that the patient had used *Pharmacy First* on the practice electronic health record. Six specified that they did not, the remainder did not respond. None of the respondents expanded on their answer.

Only two members of staff felt that *Pharmacy First* had decreased the number of patients attending the GP practice; one felt it had increased. A couple of staff added that they felt the patients did not trust the pharmacist as much as the GP. Others found it difficult to tell whether there had been a change in numbers as their numbers of consultations for minor ailments were so high.

> *'We actively promote PF so this must have made a difference but demand is so high that is it hard to quantify.'*

Only 2 members of practice staff felt that *Pharmacy First* had had a positive influence on relationships between them and the pharmacy, one didn't know and another felt that they *only 'tend to receive feedback when it is negative'.*

Overall, despite some negative comments, *Pharmacy First* was deemed a worthwhile service by most GP practice staff (8/11) . The main reason provided was the reduction in patients needing to see the GP, increasing capacity. It was felt that this would increase the more people used it and would be helped with further promotion. The comments are summarised in Table 6.

Table 6 GP practice staff comments on overall value of the service
If patients knew how it worked
Patients can get advise straightaway and the problem actioned
If all pharmacies are involved and their remit is extended
As it stands , it is not making the impact it could
Prevents appointments for minor self-managed illnesses
Fantastic scheme if everyone was on board and giving out a unified message to patients.
In my practice's experience this does not provide a worthwhile service. Pharmacists often send the patients back to the GP - to take back the workload. Perhaps if it was better advertised and more treatments could be issued then it may work. Conjunctivitis is a common minor illness that pharmacists can manage so why has this been left off the list?
Very, keep banging on about it & someone may take notice
In theory but doesn't seem to have impacted on patients behaviour. Hasn't reduced our workload.
But it could be if it were worthwhile and efficient
Very low uptake from our patients. Takes longer for them to fill in a form with the pharmacist than speak over the telephone and get a prescription
Yes - why don't you look at making some real impact and savings instead of fluffing about around the edges?

Respondents provided various comments on what was liked about the service. These included the ease and quickness of the service with lack of waiting times. One commented that *Pharmacy First* had

> '*Taken off some demand from General Practice. Given staff an option to give to the patient instead of having to squeeze an appointment in or give an urgent appointment for a minor ailment.'*

Practice staff felt that the service could be improved through increased education, promotion and advertising of the service of the service and expanding the number of conditions which can be treated. Suggestions included:

> *'Having dedicated clinics in pharmacy so patients know they can get health advice between certain hours instead of being signposted by the practice.'*

and

> *'[A reduction in] bureaucracy - pharmacists avoid it because it require such a lot of paperwork. Be clearer about what it includes and WHEN - i.e at what age'*

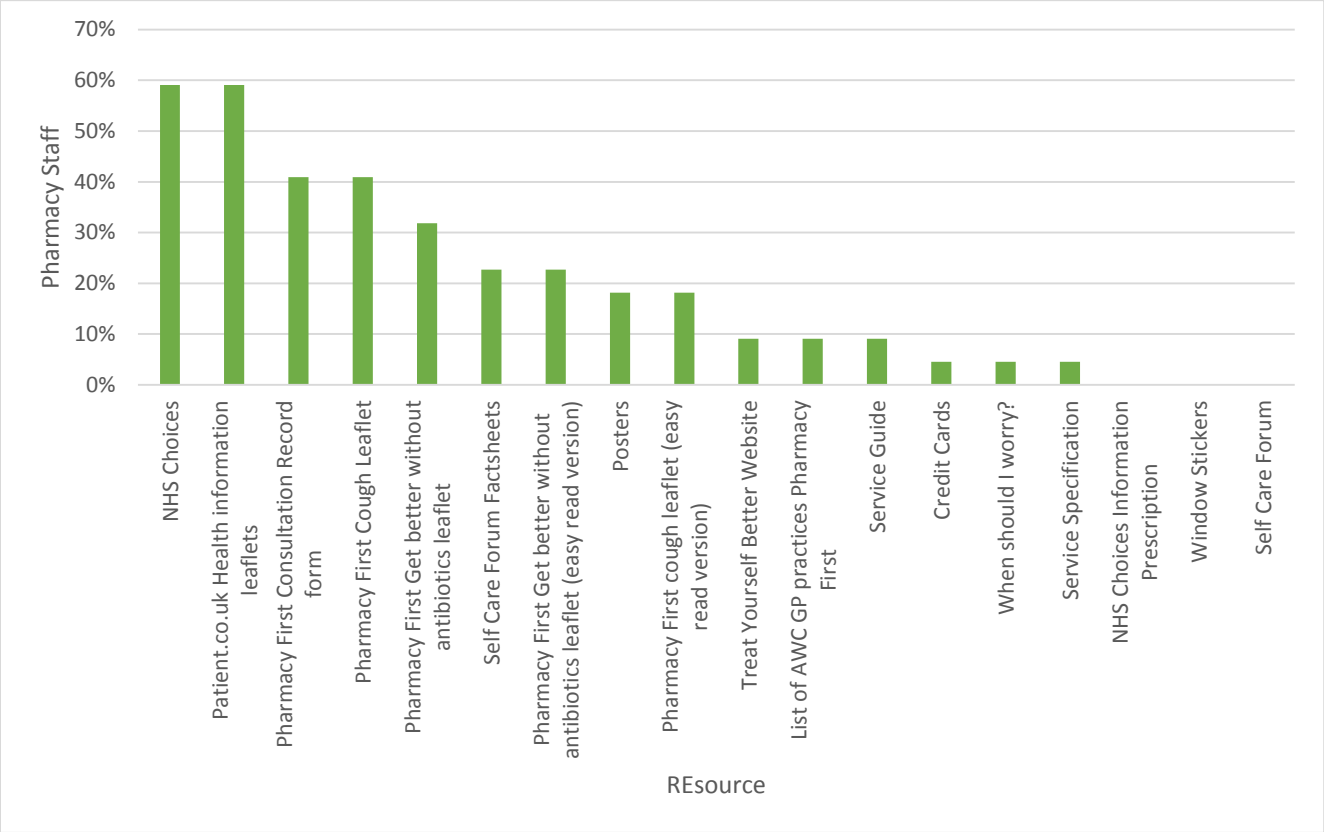
Pharmacist Opinion

Twenty-two members of pharmacy staff completed the feedback survey. Thirteen suggested further medications which should be included within *Pharmacy First* (see table 7).

Table 7 Medications to add to the *Pharmacy First* Formulary suggested by Pharmacy Staff

Medication	**Number of Respondents**
Chloramphenicol eye drops/ eye ointment	9
Head lice treatment	4
Aciclovir cream	3
Hydrocortisone cream	3
Indigestion remedies	3
Cough Preparations	3
Constipation remedies/ Lactulose	2
NSAID gel	2
Bonjela adult and child	1
Benzydamine oral spray	1
Miconazole oral gel	1
Sodium Bicarbonate ear drops	1
Miconazole HC	1
Throat lozenges	1
Loperamide	1
Miconazole oral gel	1
Beclomethasone nasal spray	1
Co-codamol 8/500 tablets	1
Emollient	1
Cystitis treatment	1
Diarrhea treatment	1

Figure 17 Resources found useful by pharmacy staff



The majority of respondents felt that NHS choices, patient.co.uk and the "*Pharmacy First* Cough leaflet" were most useful (see figure 17). Most respondents (20/22) did not seek out further resources for the service as they felt that there were enough supplied, however one used the product patient information leaflets and another made an A3 poster to display outside the pharmacy.

They also felt the service was straight forward and easy to carry out: 'it is quite simple to follow and effective' However, there was agreement that the service would be easier to deliver if there was increased promotion, less paperwork, better understanding and communication with GP practices and more medication available. Others suggested that better knowledge of the service by the whole pharmacy team would improve delivery when the usual pharmacist was not working. It was suggested by one contractor that there was a

> '*perception by patients that it is easy a way to access 'free medicines' Some contractors simply tick boxing and giving medication out*.'

One individual thought that '*The fact that we were asked not to really push the service too much'* had contributed to the low uptake.

The staff suggested that the service would be easier to conduct if the formulary was extended, the form filling decreased, pharmacy support staff were able to provide the service and GP staff were better informed of the service to be able to explain it better to patients, referring more appropriately.

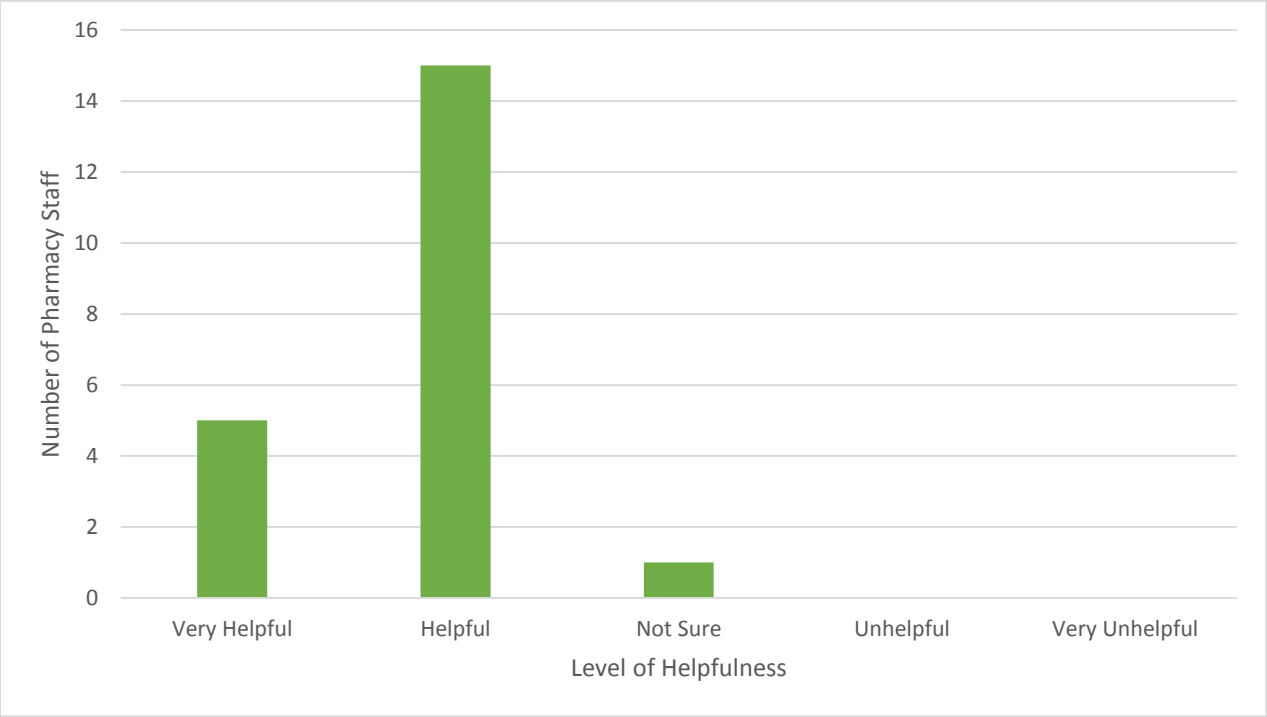
Nearly all respondents (20/21) felt the information received prior to starting the service prepared them sufficiently to conduct the service adding that the training was informative and well-explained allowing the service to be initiated easily. One pharmacy added:

> *'Absolutely brilliant induction to the service. Cannot fault the delivery in any way. Well done!'*

In contrast another member of pharmacy staff stated:

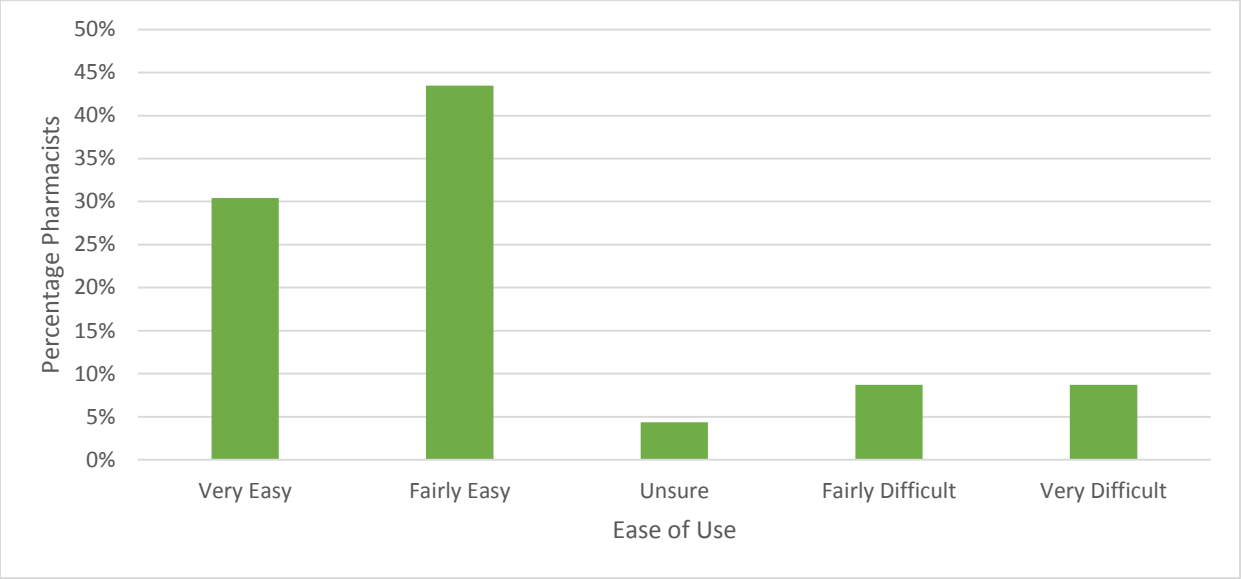
> *'We had not received any information around this service. Staff are not aware that they should offer this service.'*

Figure 18 Helpfulness of Support received from CPWY



The majority of respondents felt that the support received from Community Pharmacy West Yorkshire was helpful, specifically the training evening and service guide (see figure 18).

Figure 19 Ease of completing PharmOutcomes®



PharmOutcomes® was thought to be easy and straight forward to use in the majority of cases (see figure 19).

> *'All the input data was in the same format as the written sheet so it was easy to deal with the patient and then enter the data later.'*

One member of staff had tried to enter the data directly on to PharmOutcomes® during a consultation, but had found this difficult another had had difficulties logging on to the system initially but had subsequently resolved these issues.

Half (10/20) of the respondents felt that *Pharmacy First* had improved relationships with their GP practice. Two felt they already had a good relationship. A number also reported that despite the relationship being improved there were still some issues with inappropriate referrals due to GP practice staff not understanding the limitations of the service. One person felt that the doctor sometimes undermined the pharmacist for cough consultations and that the referral process could be improved.

Pharmacy staff felt that their relationship with the patients had improved (12/20) with the patient putting more trust and confidence in the pharmacist. Several felt that the patient was more likely to visit the pharmacy for advice and medication before going to the GP surgery:

> *'The scheme has reinforced the view by many patients that it is good to ask their pharmacist before visiting their surgery as this may avoid having to see a Dr altogether or confirm that they do need to see a Dr and they will not be wasting their time.'*

> *'They struggle to see GP's so is useful to visit pharmacist first where they can get advice and now medicines if needed'*

> *'Patients find it a lot easier to treat minor condition from pharmacy than waiting for two weeks to see the GP.'*

'Patients 'love being able to access pharmacy as opposed to GP - great for out of hours'

Overall, pharmacy staff felt that *Pharmacy First* worked well especially the accessibility, increased patient interaction and the claim process. They also felt the service could be improved further through better understanding and promotion to patients by GP practice staff, especially amongst reception staff. This would increase referrals and the appropriateness of referrals. Most felt access would also be increased through increasing the formulary and increased advertising. Other suggestions included GPs notifying patients that they could have seen a pharmacist for their ailment during a GP consultation, better referral through NHS111, recorded messages on GP answering services and repeat counterfoils and allowing the pharmacists to promote more to patients.

'I think receptionist training in GP practices is the most important improvement that could be made because their impact as the face of the surgery is key to referrals and saving Dr's time. Also, the 111 service are still making inappropriate referrals to Pharmacies with the minor ailment scheme and causing a lot of damage to the reputation of the scheme. Including telling patients they can get prescription only medicines and then when the patient rings 111 back to say they can't, 111 sends them to another pharmacy on the minor ailment list where they still can't get prescription only medicine. Expanding the list of minor ailments that can be treatment within the pharmacy e.g. conjunctivitis'

5 DISCUSSION

Over the first ten months, a number of consultations for minor ailments were delivered through this pharmacy service with the estimated release of approximately 117 hours GP time. The number of consultations and amount of time released is not as large as demonstrated in other schemes. The exact reason for this is unclear. It could be attributable to differences in population and eligibility for the scheme or lack of awareness by patients and practice staff as indicated by questionnaire respondents. Some practice staff felt they had noticed a difference in demand for appointments for common ailments. Joint GP staff and community pharmacy staff meetings may help to improve understanding of the service between providers and improve understanding, engagement, referral rates and use. Further work to compare uptake within different areas according to demographics may be useful, for example weighting for population size and social deprivation.

Most of the patients were under 10 years old with over half of those being under 5 years. The majority of patients were treated for self-limiting viral symptoms such as cough, cold, sore throat and fever and were provided with symptomatic relief for their symptoms. The top formulary items supplied were similar to those provided within the Scottish minor ailment scheme and the Bradford City service, although in Scotland they also provided number of emollients and head lice treatments not available within this service.[3,6]

Positively, approximately one in five patients used the service in the out of hours period, when their usual GP would be closed. This may reduce demand on out of hours services and allow patients to attend at a more convenient time, especially where patients are unable to attend during working hours. The volume of printed information distributed to patients as part of the scheme was low considering it is an essential aspect. Reiteration of the importance of dissemination of printed information is needed.

The cost for medication was low (per patient £1.92 and per item £1.54 exc VAT). This is lower than medicines in the Scotland MAS[6] and other schemes reported in the recent systematic review.[2] Including the service fee of

£4.50 this equates to an average consultation cost per patient of £6.42. This is also lower than several other schemes which have previously been evaluated and all of which were published more than 5 years ago.[2] This variation is most likely due to the differences in both service fees and formulary.

The variation of number of patients consulting *Pharmacy First* per pharmacy and practice is positively skewed, with the majority of patients visiting a small number of pharmacies and being from a small number of practices. It is unclear whether this is due to pharmacy or GP practice promotion of the service in these areas, whether these practices have a higher rate of minor ailment consultations or some other reason such as level of deprivation. It would be useful to analyse GP read codes to determine whether the same patients are reusing the service. This relies on the GP practices routinely recording this information. It would also be useful to weight the number of consultations per practice using a measure of deprivation to compare practice uptake to see if this has influenced numbers.

Feedback from GP practice staff and pharmacy staff was in the main positive with several people feeling the service was worthwhile and had improved access, and working relationships between practice staff and pharmacy staff. There were several mentions of the paperwork being too onerous which has not previously been raised in other areas and needs exploring further. All suggested the service could be further improved through increased understanding of the service, promotion of the service to patients and extension of the current formulary.

Limitations

Other studies have looked at the impact of minor ailment schemes on general practice prescribing for minor ailments and also the number of re-consultation rates. It is not possible to evaluate this with current available data, however the potential use of PACT and practice date could be explored for future evaluation of the service.

The GP time released was based on the patients specifying where they would have gone this may differ from where they may have gone had the service not been in place. The patient opinion data was collected by the pharmacists providing the service which may have biased the results due to the patient not wanting to offend the pharmacist. Although the same was found through the patient feedback questionnaire, albeit a small number of respondents.

Recent links with NHS 111 have embedded *Pharmacy First* into their triage pathways. There is potential to show further cost savings through data from NHS 111 once this data is available.

6 CONCLUSIONS

Overall, in the first ten months, *Pharmacy First* has shown to be a cost-effective way to manage patients presenting with minor ailments. A number of consultations have been delivered through community pharmacies releasing an estimated 117 hours GP time. The findings for this service are in line with the findings of other minor ailment schemes, however uptake has been lower than other areas which needs to be explored further. A number of further actions could be taken improve the record keeping and to strengthen the evaluation. These are outlined in the summary of recommendations below.

Recommendations

- Determine potential reason in the variation of uptake through discussion with pharmacy and GP practice staff and analysis of minor ailment consultation rates in GP practices pre and post- implementation.
- Consider further ways to increase promotion of the service amongst staff and patients to ensure appropriate use and referral
- Consider joint GP CP meetings to improve understanding of service between providers and improve understanding, engagement, referral rates and use plus explore the perceived barriers eg amount of paperwork
- Work with GP practices to ensure that *Pharmacy First* is embedded into their triage systems and patient pathways
- Review other reasons why the uptake is less than that of other areas eg mapping to social deprivation
- Conduct GP read code analysis to determine whether *Pharmacy First* is being reused by the same patients
- Continue to work with NHS111 to ensure *Pharmacy First* is an integral part of the urgent care provision in the CCG area.
- Review list of conditions and formulary with the *Pharmacy First* project group and devise a further business case to expand the service to include further conditions such as head lice, diarrhoea and vomiting, mild eczema, heartburn/indigestion and constipation.
- Remind pharmacies of the requirement to provide written information in accordance with the service specification where appropriate
- Promote increased recording of patient access to *Pharmacy First* on GP electronic health record.

7 REFERENCES

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