



**Bradford City CCG Self Care Service  
Pharmacy First - 8 Month Evaluation  
28<sup>th</sup> January – 30<sup>th</sup> September 2014  
Anonymised Report**

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## SUMMARY OF EVALUATION AND RECOMMENDATIONS

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*Pharmacy First* was introduced at the end of January 2014 within 32 pharmacies in Bradford City. Since then a further five pharmacies have joined the scheme. Its aim is to promote self-care through a consultation with the pharmacist. The pharmacist also has the opportunity to provide treatment and symptomatic relief using a defined formulary for self-limiting and easily treatable conditions which do not require medical intervention. The service can be accessed by any patient registered with a Bradford City GP. Patients are supported to self-care through the provision of advice, printed information and, where necessary, supplied medication from a defined formulary. Medication is supplied free of charge to those exempt from prescription charges.

Overall, in the first eight months, *Pharmacy First* has shown to be a cost-effective way to manage patients presenting with minor ailments. A high volume of consultations for minor ailments were delivered through this service with the estimated release of over 900 hours GP time across 27 practices, improving GP access. 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 cost for medication was low (per patient £1.82 and per item £1.23). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.32 (exc VAT). This is lower than several other schemes which have previously been evaluated.

The feedback from patients was positive with most patients indicating that they would be willing to re-use the scheme and would recommend it to others. The variation of number of patients consulting the self-care scheme 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.

Feedback from GP practice staff and pharmacy staff was also very positive with most feeling the service was worthwhile and had improved access, and working relationships between practice staff and pharmacy staff. Staff suggested the service could be further improved through increased promotion and extension of the current formulary.

The findings for this service are in line with the findings of other similar schemes. 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

- Change the field on PharmOutcomes® to record indication for treatment rather than presenting symptom
- Analyse PACT data to determine change in prescribing costs for minor ailments
- 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.
- 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.
- Consider further ways to increase promotion of the service amongst staff and patients to ensure appropriate use and referral
- Ensure as far as possible order of questions on PharmOutcomes® matches patient form
- Promote increased recording of patient access to *Pharmacy First* on GP electronic health record.

# 1 INTRODUCTION

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Pharmacy Self-Care Schemes or Minor Ailment Schemes (MASs) are commissioned locally to promote self-care through a consultation with the pharmacist who has 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.<sup>1</sup> 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.<sup>2</sup> This leads to a decrease in GP prescribing costs and the number of consultations for minor ailments.<sup>2</sup>

*Pharmacy First* is commissioned by Bradford City CCG. 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 can be accessed by any patient registered with a Bradford City GP. Patients are provided with advice from a pharmacist, given printed information where appropriate and, where necessary, supplied medication from a defined formulary. Medication is supplied free of charge to those exempt from prescription charges (see service specification and service guide for further details accessed at [www.cpwv.org](http://www.cpwv.org)).

## 2 SERVICE

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*Pharmacy First* was introduced at the end of January 2014 within 32 pharmacies in Bradford City, since then a further five pharmacies have delivered the service. The presenting patient must currently be registered with a GP within Bradford City 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
- Blocked nose

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

**Table 1 Pharmacy First Formulary**

<b>Formulary</b>
Beclometasone 50 mcg nasal spray (200 sprays)
Cetirizine solution 5mg/5ml (200ml) SF
Cetirizine 10mg tablets (30)
Chlorphenamine Syrup (150 ml) SF Chlorphenamine Syrup (150 ml)
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 ParacetamolSusp SF 250 mg / 5 ml (100ml)
Pholcodine Linctus 5mg/5ml (200ml) SF Pholcodine Linctus 5mg/5ml (200ml)
Simple Linctus (200ml) SF Simple Linctus (200ml)
Simple Linctus Paediatric (200ml) SF Simple Linctus Paediatric (200ml)
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. It is preferable that sugar free products are supplied. However, where these are not available or the patient specifically requires sugar based medicines these can be supplied.

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

**Table 2 Summary of assessment and provision of advice**

Assessment	Provision of advice
<p>The pharmacist identifies:</p> <ul style="list-style-type: none"> <li>• Nature and duration of symptoms</li> <li>• Concurrent medication and medical conditions</li> <li>• Exclusion of any serious disease / alarm / red flag symptoms</li> <li>• If the patient is pregnant/ breastfeeding</li> <li>• If any medication has already been supplied / taken for the ailment</li> </ul> <p>Symptoms</p>	<p>The pharmacist provides advice on:</p> <ul style="list-style-type: none"> <li>• Expected symptoms</li> <li>• What is normal</li> <li>• Probable duration of symptoms</li> <li>• Self-care messages: What patients can do for themselves to help manage the ailment</li> <li>• 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</li> <li>• Antibiotic stewardship message</li> </ul>

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

### 3 METHOD OF EVALUATION

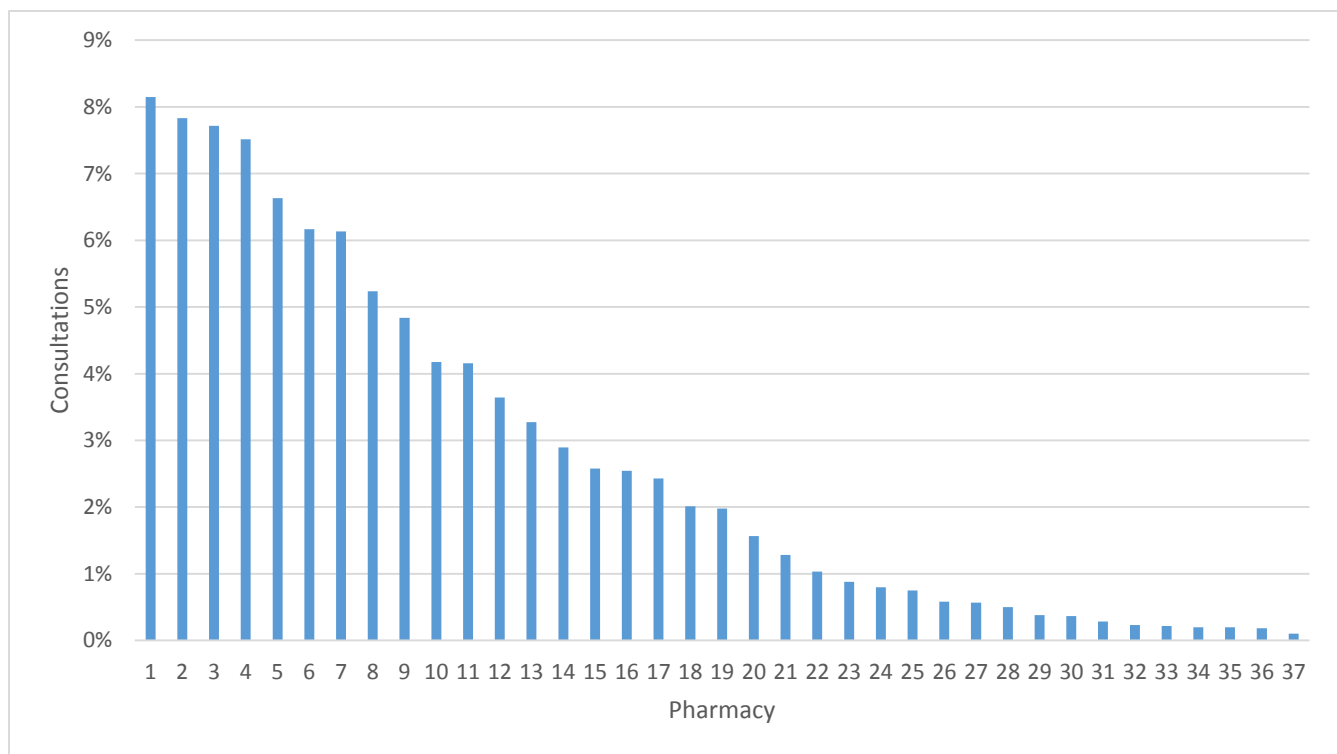
All data inputted on to *PharmOutcomes* was evaluated from January 27<sup>th</sup> to September 30<sup>th</sup> 2014. Data was extracted into Excel and reported using descriptive statistics. Three questionnaires were devised to gain opinions from GP practice staff, pharmacy staff and patients. Different methods were used to distribute the questionnaire to gain maximum uptake. 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®. Pharmacy staff were also asked to distribute paper-based questionnaires to patients post consultation. The patients were encouraged to complete the questionnaire within the pharmacy, place in the sealed envelope, then hand back to a member of staff. The envelopes could be placed into any post box and returned to Community Pharmacy West Yorkshire free of charge. Support for completion was offered where necessary, for example, patients who were visually impaired. For patients who do not speak English a family member or member of pharmacy staff were encouraged to help them to complete the questionnaire.

## 4 RESULTS

### Overview

Over the eight month evaluation period 37 community pharmacies, which serve patients living within the Bradford City CCG area, conducted a total of 6015 consultations. The range of consultations per pharmacy varied from six to 490 with a mean of 163 consultations per pharmacy and a median of 119 consultations per pharmacy. The top 7 pharmacies delivered just over half of all consultations (50.1% - 3016/6015) (see figure 1). Of the 6015 consultations 4096 (68.1%) were delivered in a private consultation room, the rest in a private area of the pharmacy (1919/6015 – 31.9%).

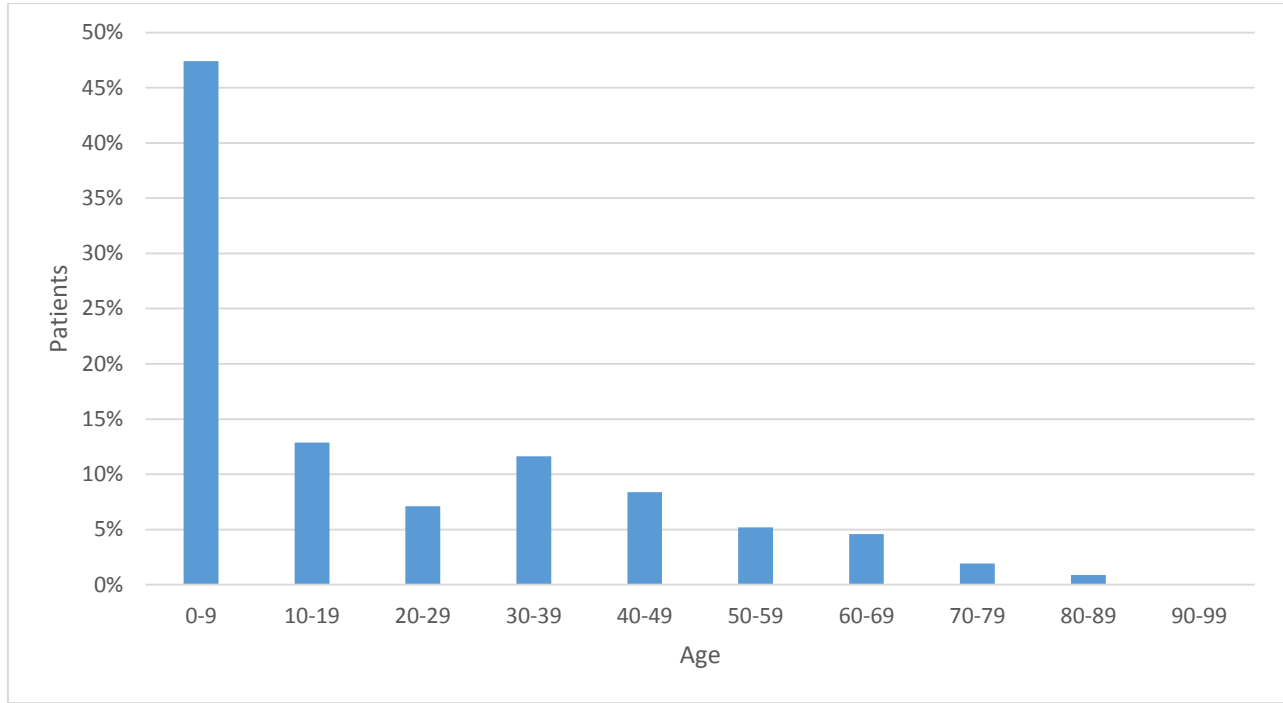
**Figure 1** Percentage of consultations delivered per pharmacy



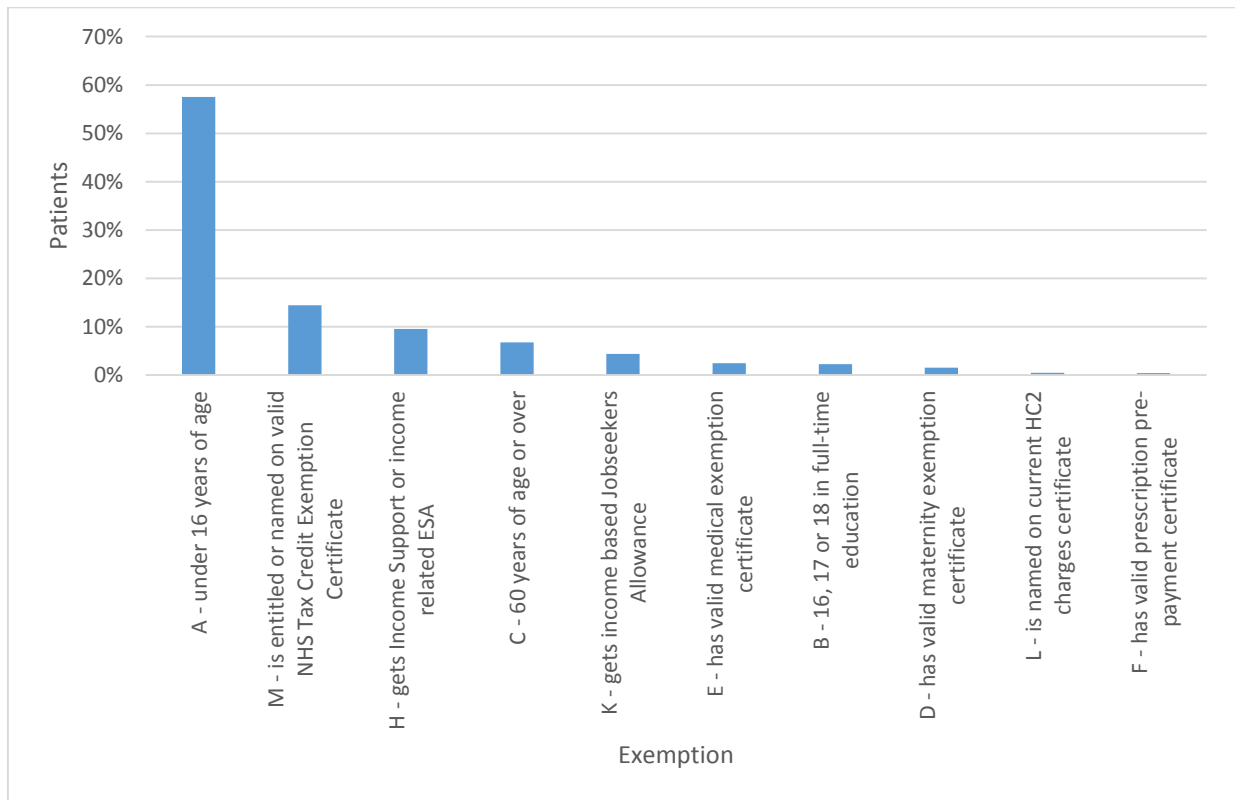
### Patient Demographics

Of the 6015 patients seen 3183 (52.9%) were female and 2832 (47.1%) male. Nearly 50% (47.4% - 2852/6015) of the patients seen were under 10 years old (see figure 2), with the majority of those being under 5 years old (30.9%, 1857/6015). Thus, the majority were exempt from prescription charges due to being under 16 (see figure 3). The majority of patients described themselves as Asian or Asian British – Pakistani (78.3% - 4710/6015). With the next highest ethnic category being Asian or Asian British – Bangladeshi (272/6015 - 4.5%) (see figure 4). Thirty per cent (1804/6015) of patients accessing the service lived within BD8, with a large number from BD3 (19.1 - 1149/6015) and BD9 (15.9% - 959/1948) also using the scheme (see figure 5).

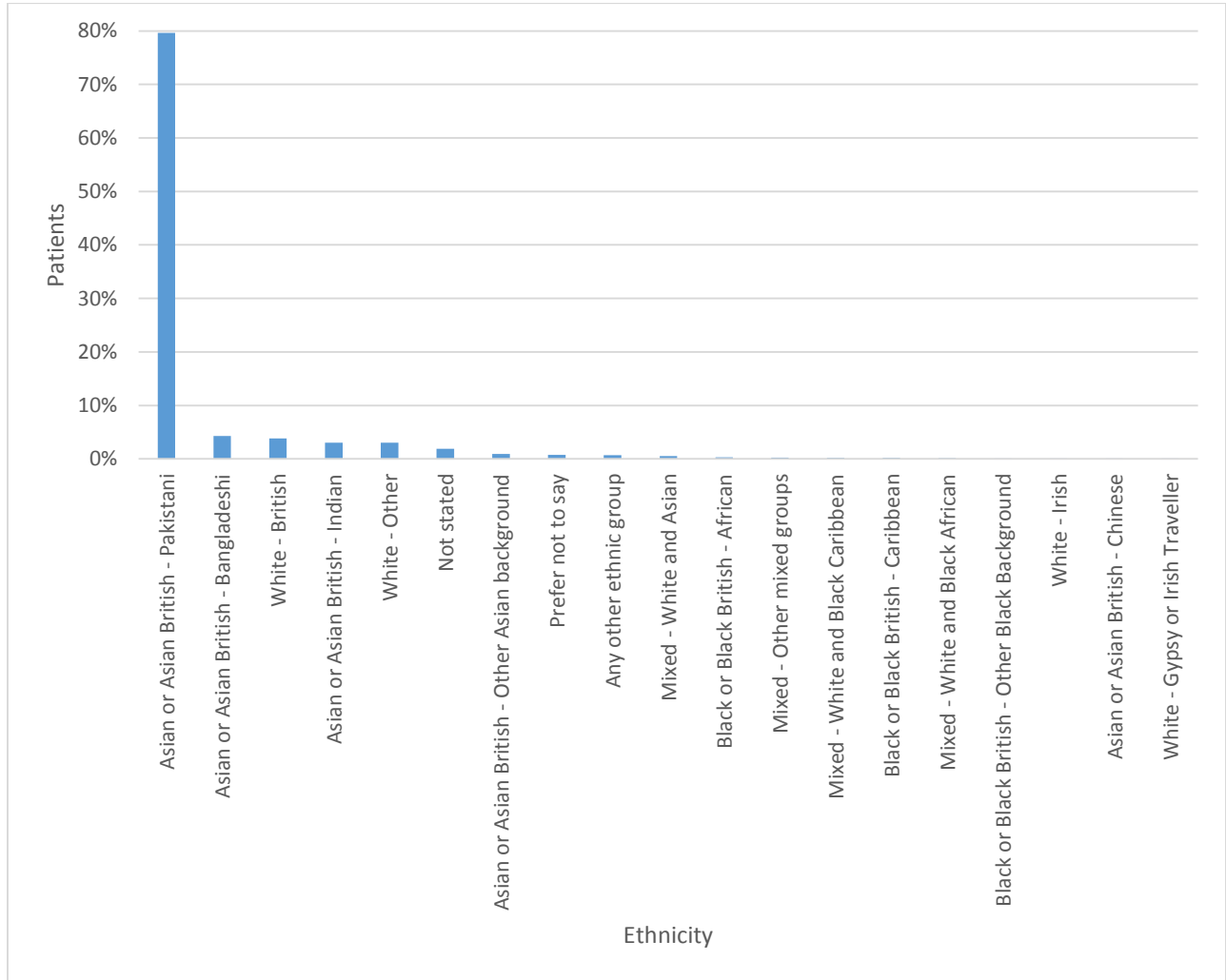
**Figure 2 Age of patients using Pharmacy First**



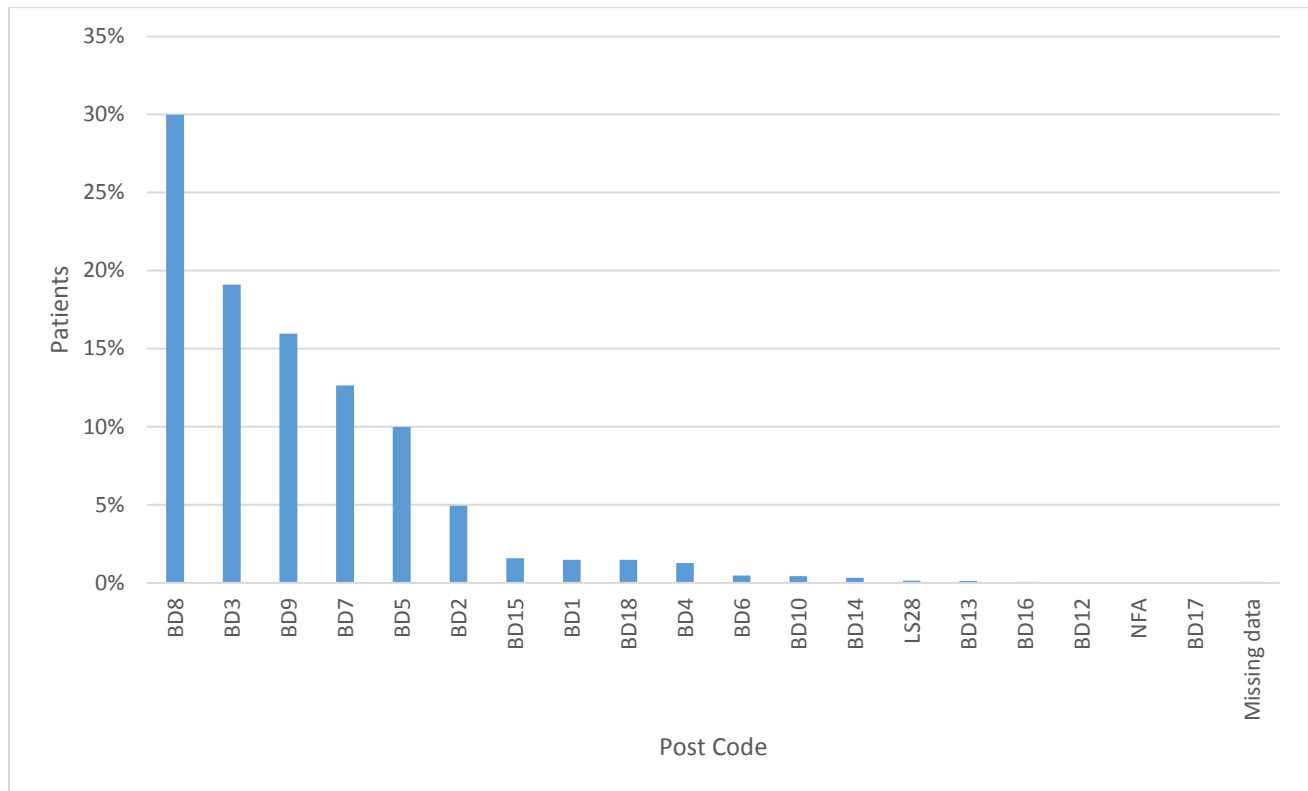
**Figure 3 Exemption status of patients using Pharmacy First**



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



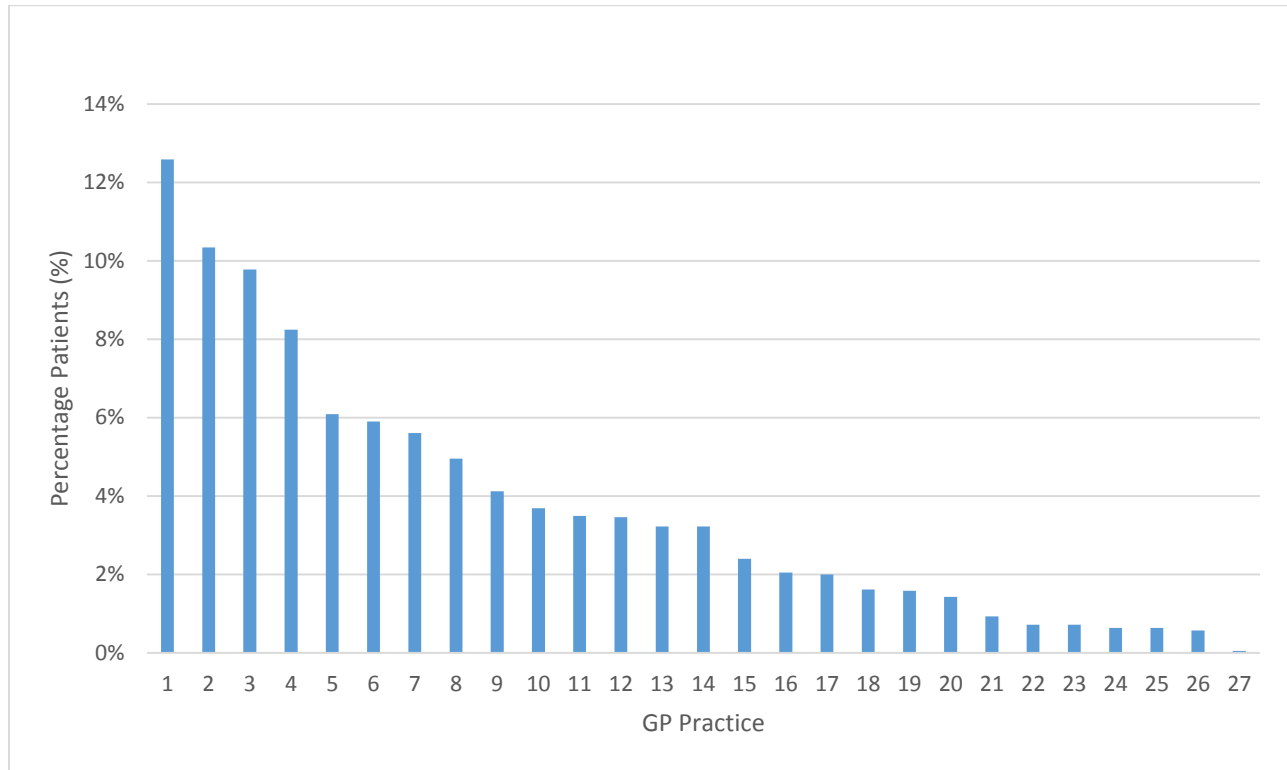
**Figure 5** Post code area of patients using Pharmacy First



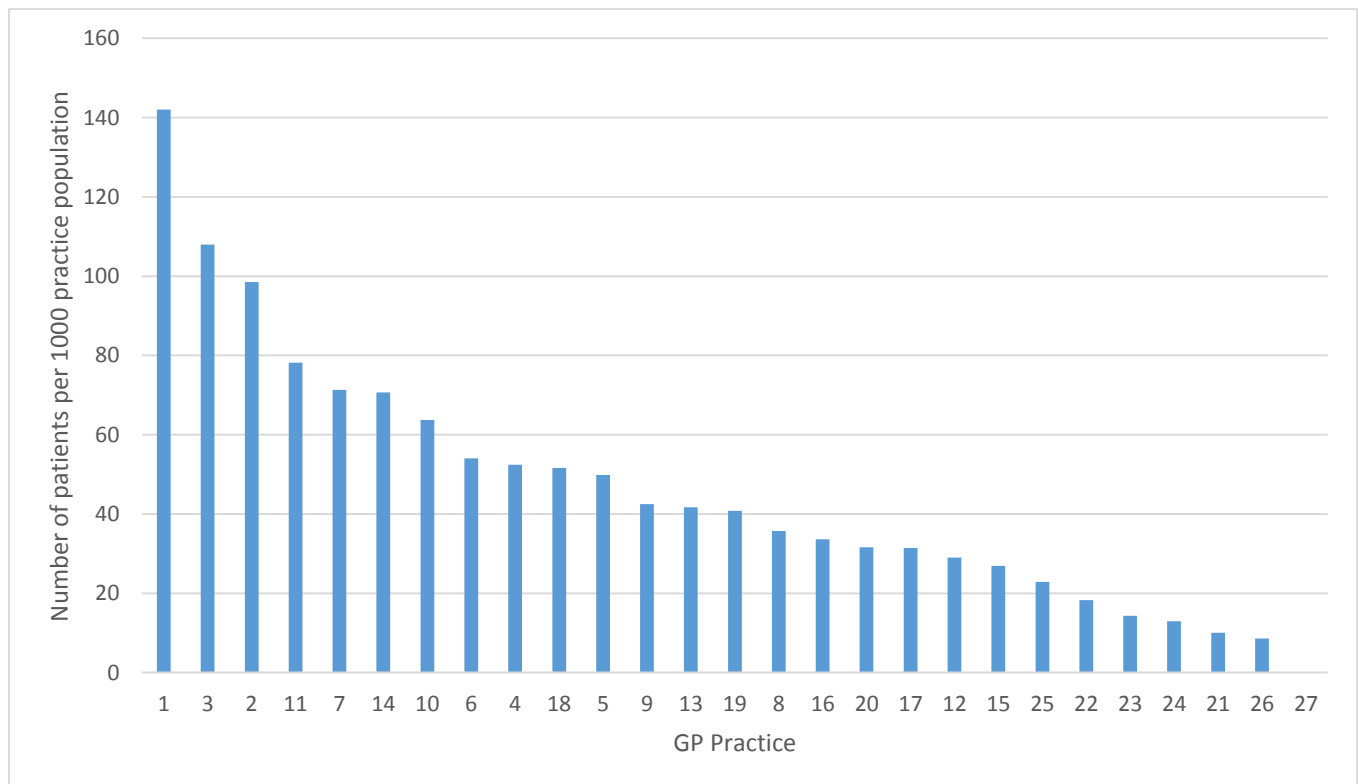
### Practices

The patients using the scheme were registered at 27 practices, however 52.9% of consultations within the scheme came from 6 practices (see figure 6). The mean number of patient visits per GP practice was 222.8 visits and the median 194 visits (range 3-757 visits). The range per 1000 practice population was 0.01 – 142.06 consultations with mean 45.9 consultations and median 40.8 consultations (see figure 7).

**Figure 6 Registered practice of patients using Pharmacy First**

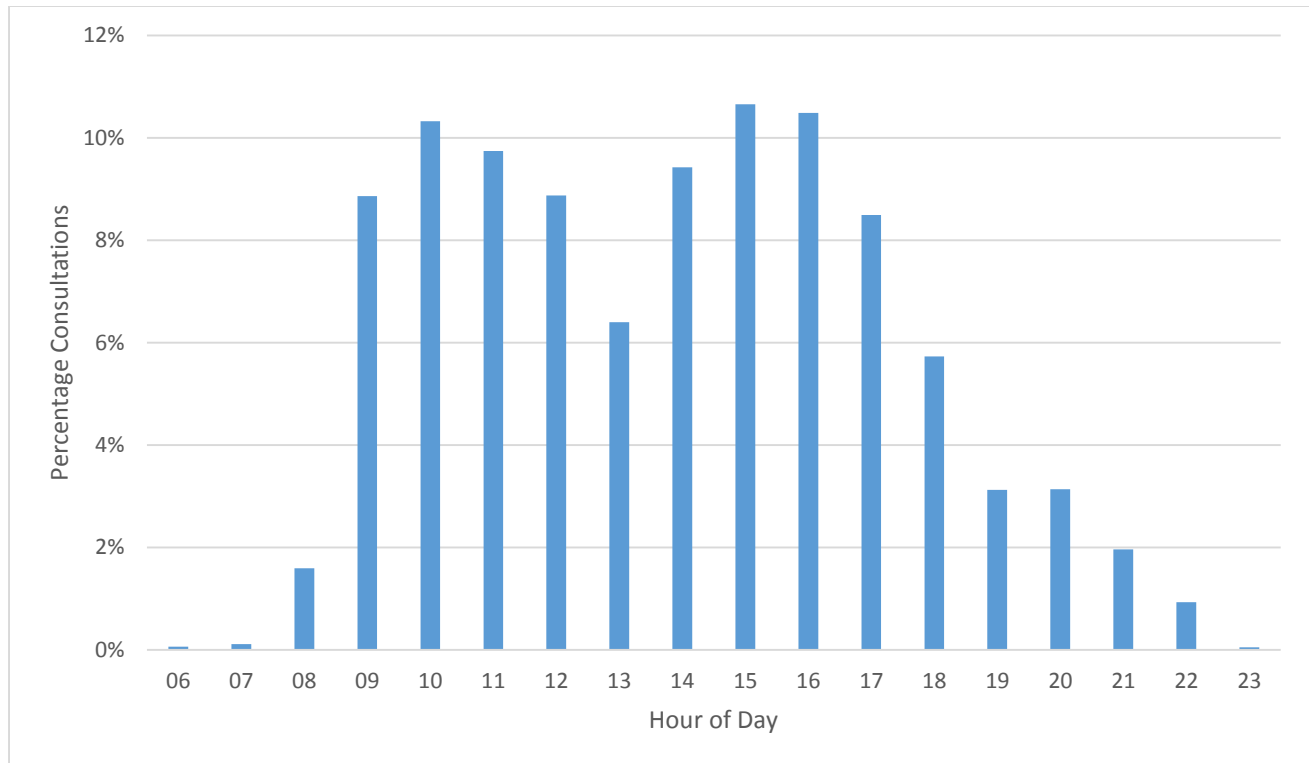


**Figure 7 Number of patient consultations per 1000 practice population**



## The Consultation

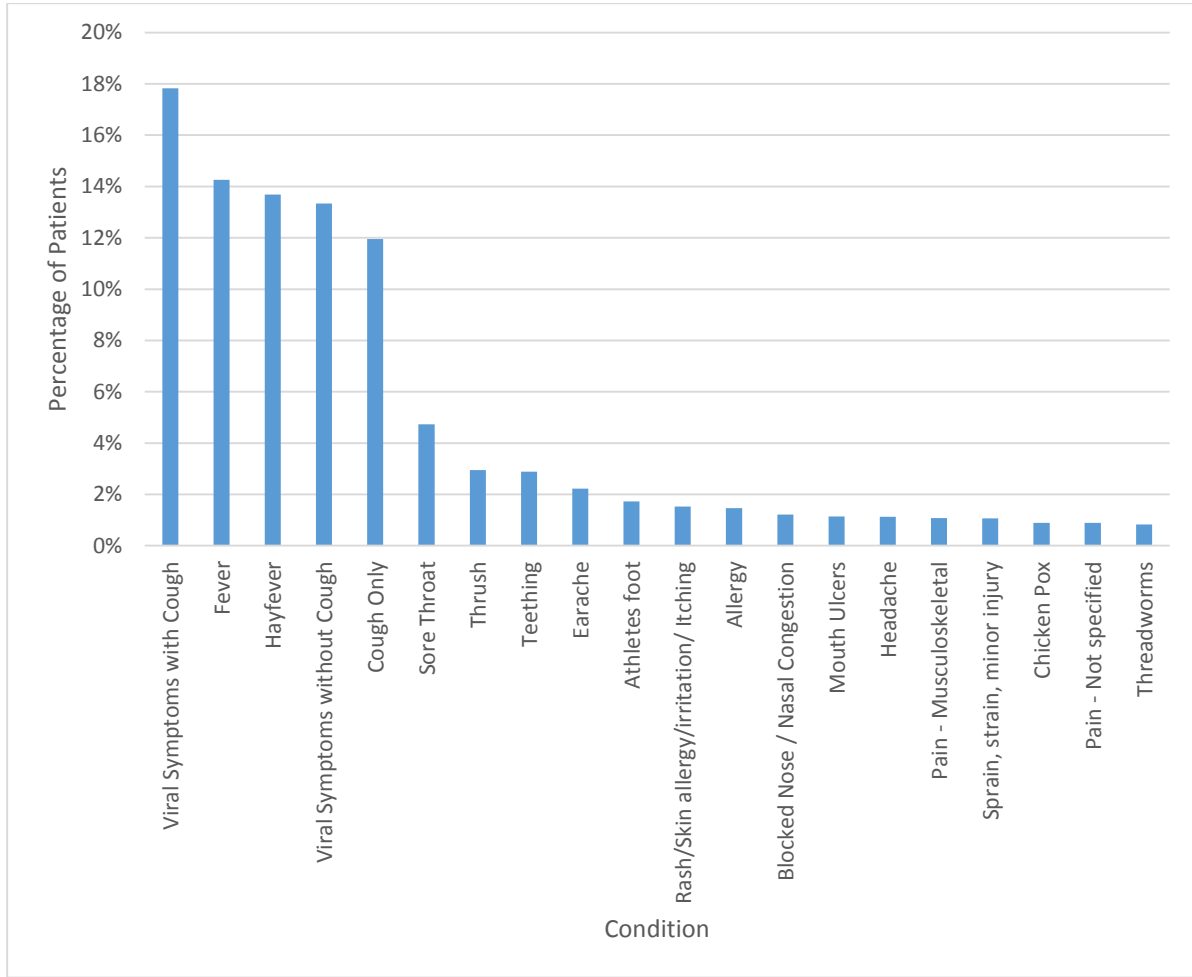
**Figure 8** Distribution of patient consultations throughout day



The peak times of day for consultation were mid-morning and mid-afternoon, with 535 consultations (27.4%) being on a Saturday or Sunday and 688 (35.3%) consultations being out of hours on a weekday (before 8am or after 6pm); total 62.8% (1223/1948) out of hours (see figure 8).

Patients presented at the pharmacy with a total of 66 different symptoms. 184 (3.0%) patients presented with 2 different unrelated symptoms. 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. (Where 50 or more patients presented with the symptom, these are shown in figure 9, the remainder [<50 consultations] are summarised in table 3). 95.3% (1856/1948) patients were treated in the pharmacy and did not require any onward referral to other services. Only 29 (1.5%) 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 (3.2%, 62/1948).

**Figure 9 Presenting Symptoms of patients using Pharmacy First**



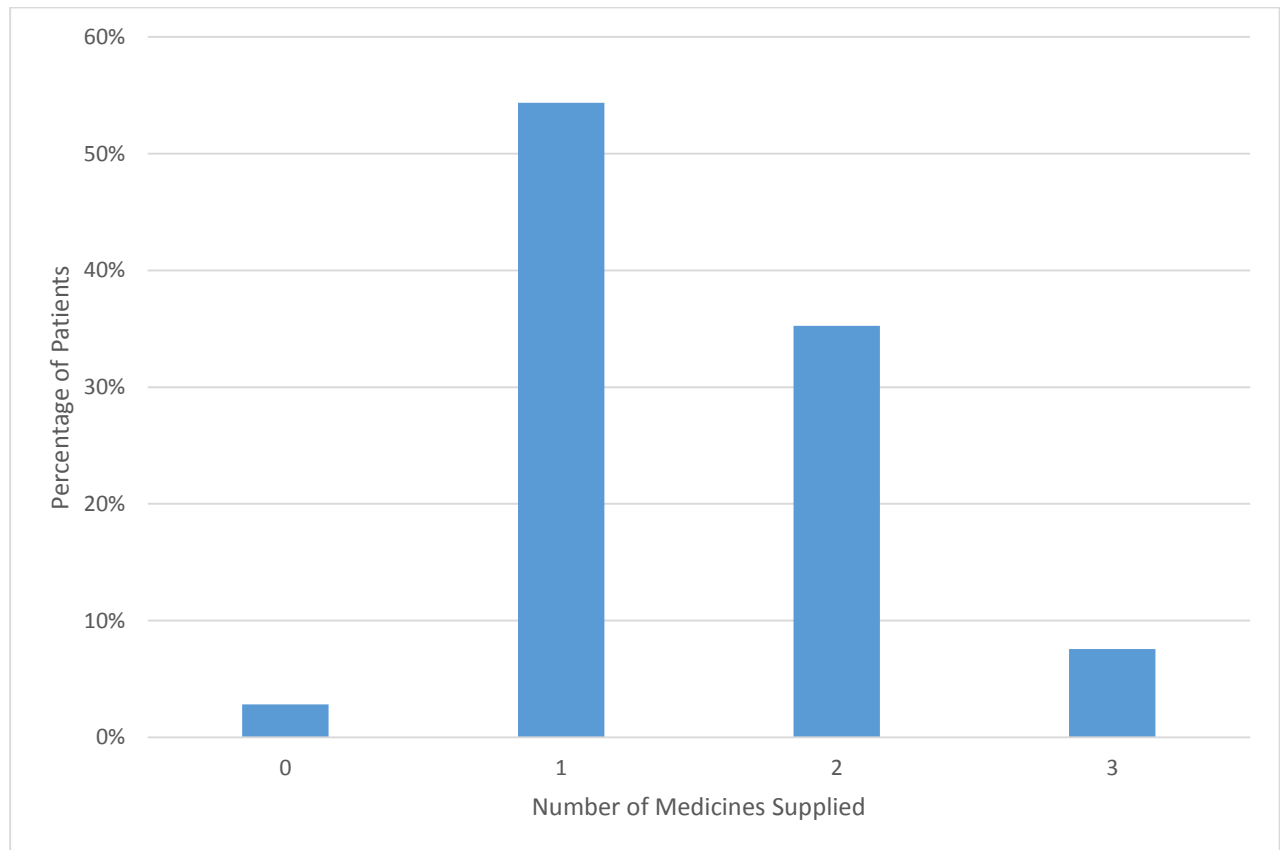
**Table 4 Other presenting symptoms for less than 50 consultations**

<b>Presenting Symptom</b>	<b>Number of consultations</b>	<b>Percentage of all consultations</b>
Dental Pain	28	0.45%
Vomiting /Diarrhoea	27	0.44%
Fungal Infection	18	0.29%
Stomach ache	16	0.26%
Earache with fever	13	0.21%
Red eye	10	0.16%
Sore Mouth	9	0.15%
Not specified	6	0.10%
Fever with Rash	6	0.10%
Post-Vaccination Fever	5	0.08%
Teething with blocked nose	5	0.08%
Insect Bite	4	0.06%
Eczema	4	0.06%
Heartburn/ Indigestion	3	0.05%
Dizziness	3	0.05%
Pain - Jaw	3	0.05%
UTI	3	0.05%
Constipation	3	0.05%
Acne	2	0.03%
Boil	2	0.03%
skin Rash	2	0.03%
Wheezing	2	0.03%
Bites	1	0.02%
Infection	1	0.02%
Sore Nose	1	0.02%
Red Eye	1	0.02%
Asthma	1	0.02%
Sore Ear	1	0.02%
Earache with dizziness	1	0.02%
Gout	1	0.02%
Allergy with Fever	1	0.02%
Anaemia	1	0.02%
Sun burn	1	0.02%
Menorrhagia	1	0.02%
Swollen ankle	1	0.02%
Angular Cheilitis	1	0.02%
Swollen Face	1	0.02%
Skin Lesions to right arm	1	0.02%
Discharge	1	0.02%
Caesarean pain	1	0.02%
Ear Wax	1	0.02%
Dry Mouth	1	0.02%
Swollen glands	1	0.02%
Painful urination	1	0.02%
Swollen hand	1	0.02%
Swollen Left Nipple	1	0.02%

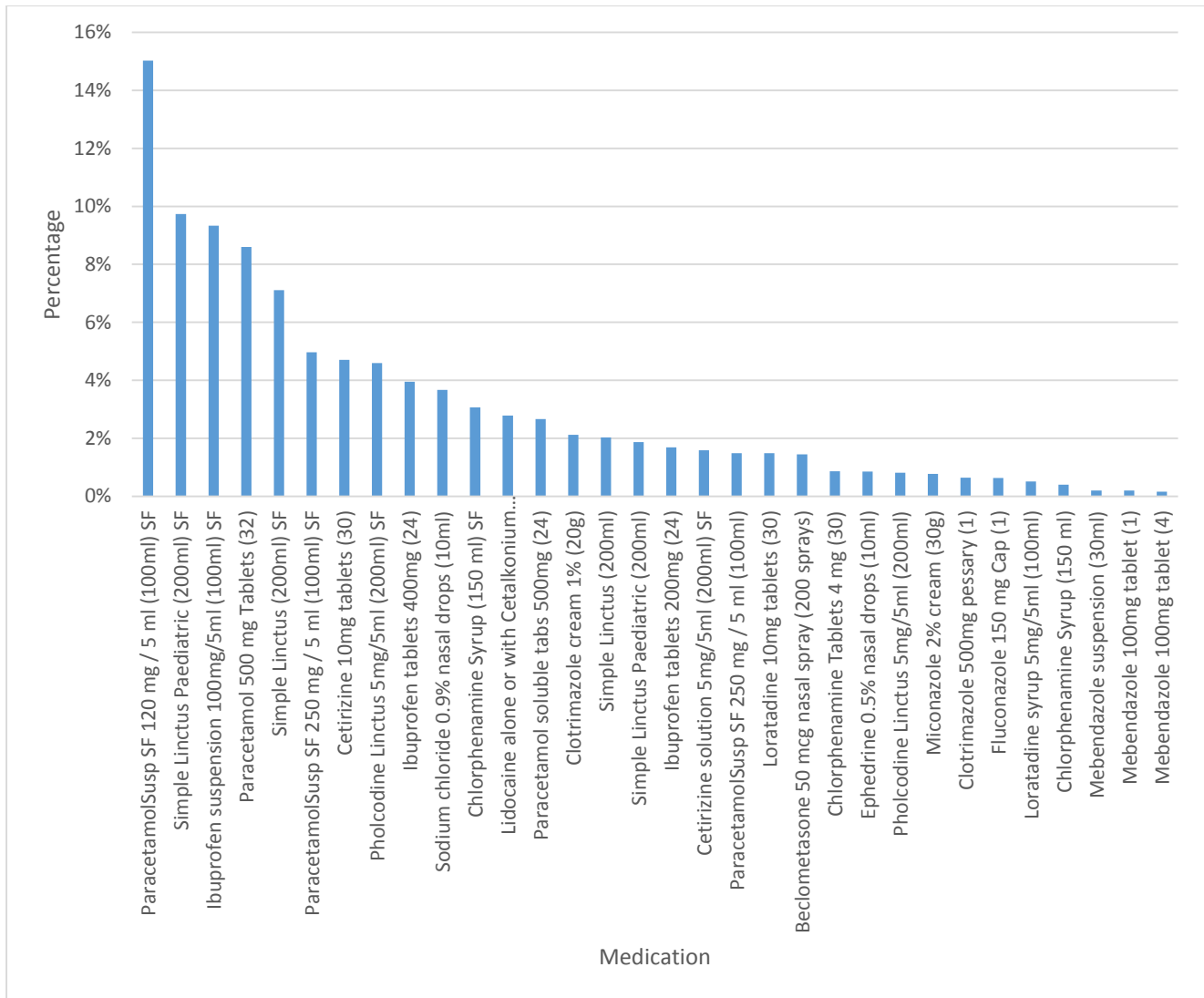
## Supply of Medication

A total of 8863 medications were supplied to patients. At least one medicine was supplied in 97.2% (4845/6015) 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 (54.3%, 3269/6015) (see figure 10). Most commonly patients were supplied with an analgesic/antipyretic and or cough medicine (see figure 11). The cost per patient was £1.82 (£2.18 inc VAT) and cost per item was £1.23 (£1.51 inc VAT). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.32 (£6.68 inc VAT). The total cost of the service (consultation fee + cost of medication) for the first eight months was £38,023.32 (£40,204.26 inc VAT) (assuming all consultations were claimed).

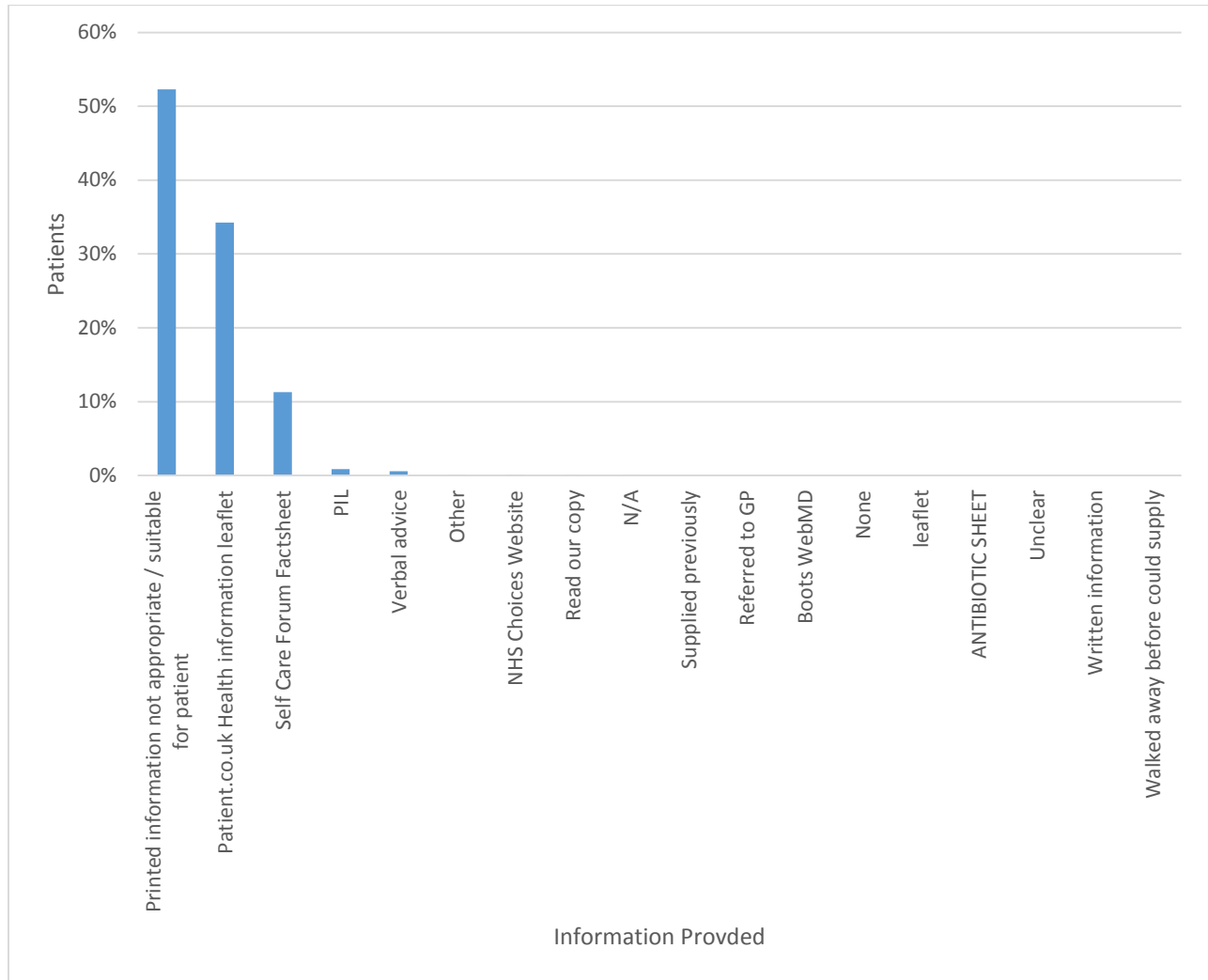
**Figure 10** Number of medicines supplied per patient



**Figure 11 Medication provided to the patient following consultation**



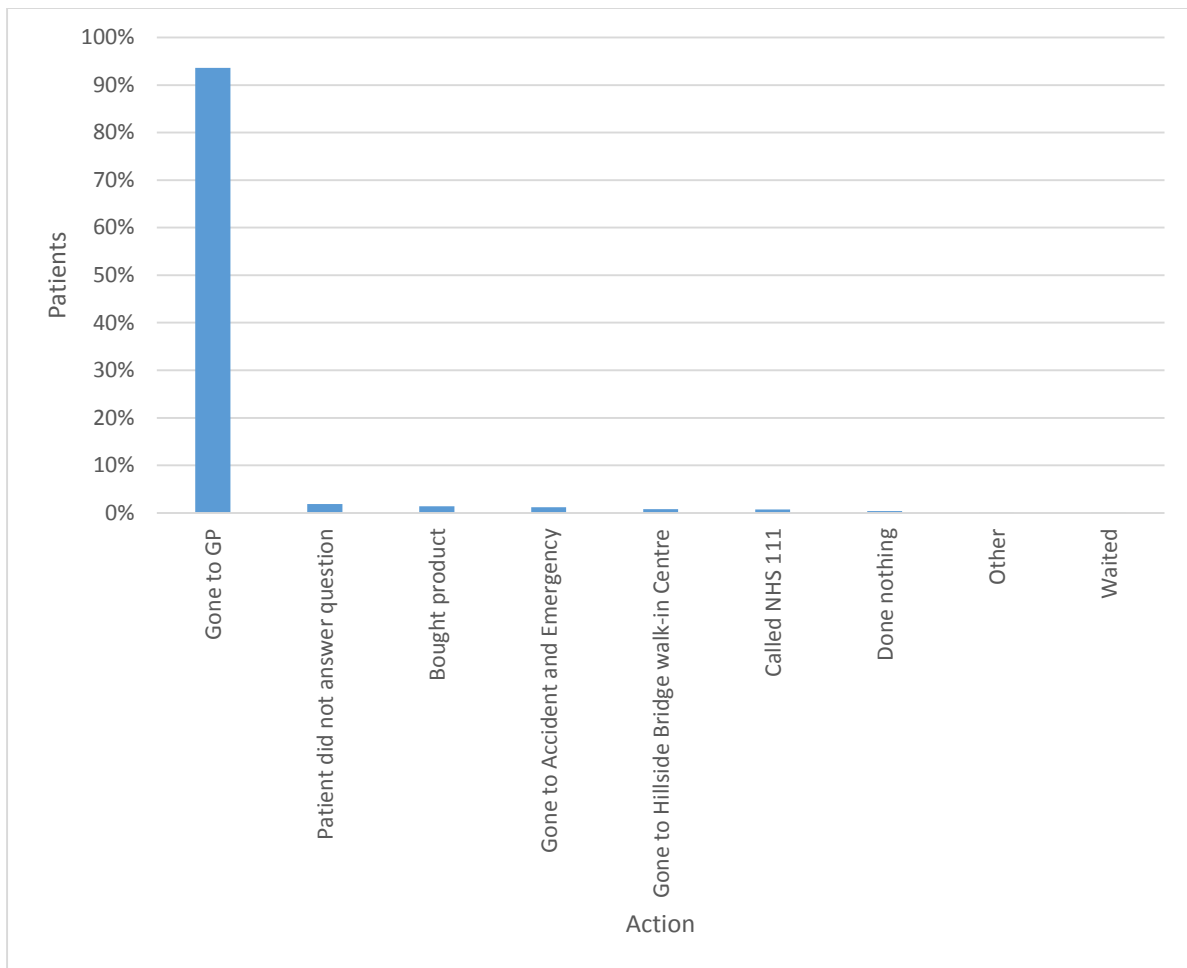
**Figure 12** Leaflet provided to patient during consultation



All patients were provided with verbal advice during the consultation. This varied depending on the patient's presenting complaint/symptoms. The majority of patients who were received information from patient.co.uk (see figure 12).

## Patient Experience Captured on PharmOutcomes®

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

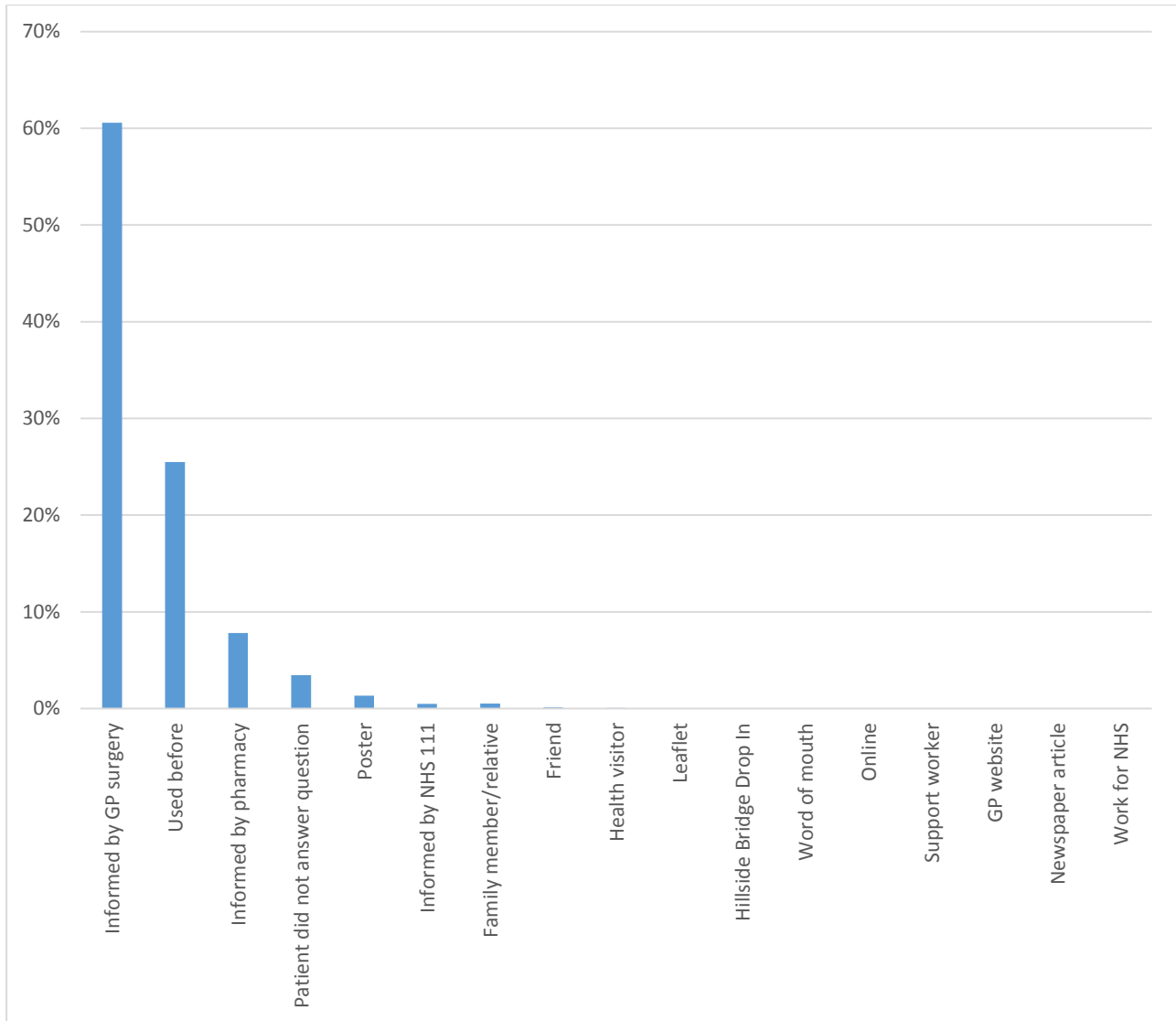


The majority of patients (93.6%, 5631/6015) stated they would have used the GP had they not accessed the scheme (see figure 13). Using this information and assuming the average GP consultation is 10 minutes this has released  $5631 \times 10 = 56310$  minutes = 938 hours 30 minutes practice time across Bradford City (see table 3). The mean time released per practice was 34 hours 46 minutes, with a median of 28 hours 30 minutes. Using a fee of £57<sup>4</sup> for A&E attendance the overall savings from the scheme for the first eight months is £4104.

**Table 5**            **Number of hours released per practice**

<b>GP Practice</b>	<b>Hours</b>	<b>Min</b>
1	122	20
2	102	10
3	94	40
4	76	10
6	57	10
7	52	40
8	46	50
5	45	10
9	36	50
10	35	0
11	33	40
12	33	40
14	30	50
13	28	30
15	21	10
16	19	40
17	18	40
18	15	30
19	15	10
20	13	50
21	7	20
23	7	0
22	6	50
25	6	20
26	5	40
24	5	30
27		10
<b>Total</b>	938	30

**Figure 14** How the patient found out about the service

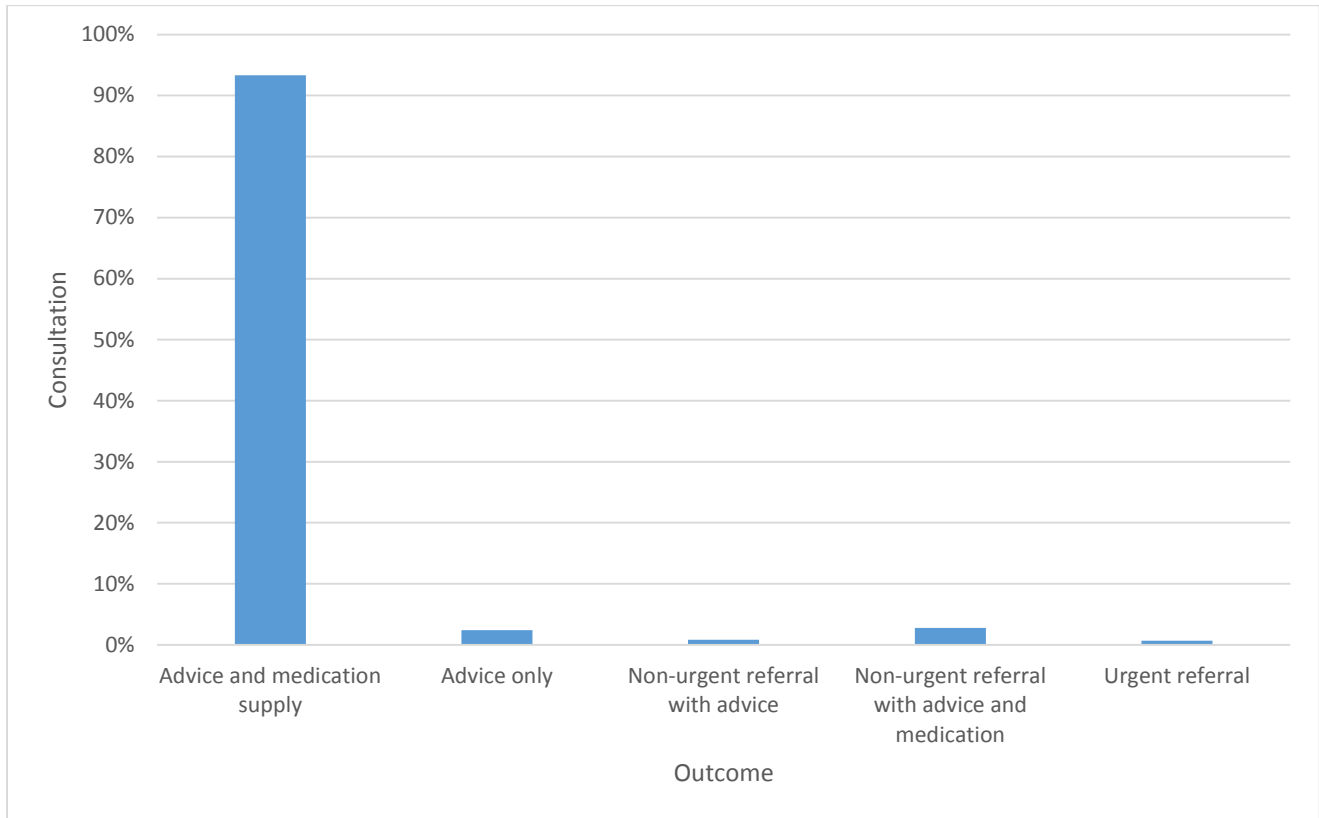


Most patients were informed about the scheme by their GP practice. Over 90% of patients (92.4%, 5558/6015) stated that they would recommend the service to a friend, the remainder either did not respond (5.1%, 305/1948), were not sure (1.7%, 99/1948). Only 53 out of 6015 said they would not recommend the service (0.9%).

Most patients felt that *Pharmacy First* had increased their confidence to self-care without seeing a doctor (91.9%, 5525/6015), with 92.9% (5587/6015) saying that they would use the pharmacy first next time they needed advice. Forty patients (0.7%) did not feel more confident to self-care, 65 (1.1%) did not know whether they felt more confident and 106 (1.8%) were unsure (279 (4.7%) patients did not respond). Thirty patients (0.5%) felt they would not use Pharmacy First in future, 82 (1.4%) were unsure and 42 (0.7%) did not know. The remainder did not respond (4.6, 274/6015).

The overall patient outcomes are summarised in figure 16.

**Figure 16 Overall patient outcome**



## GP Practice Staff Opinion

A total of 14 GP practice staff responded to the questionnaire. Eleven respondents suggested that there should be other conditions included in the Pharmacy first scheme (see table 6). Nine of these also suggested further medications to be included in the formulary (see table 7). Most practice staff (12/14) felt they were well informed about the service before it started. The staff indicated that they had received information via the City CCG & City Practice Mangers Group, as well as emails, posters, leaflets, and information from local pharmacies. One person added:

*'The written information that came to the practice was very user friendly especially for non-clinical staff'*

**Table 6** Conditions to add to the pharmacy First Scheme suggested by GP Practice Staff

Condition	Number of respondents
Diarrhoea/ Vomiting	3
Nappy Rash	2
Heartburn/ Indigestion	2
Mild Eczema	2
Sore Eyes	1
Ear Wax	1
Head Lice	1
Constipation	1
Cystitis	1
Conjunctivitis	1
Headache	1
Muscular aches/pains	1
Haemorrhoids	1
Mouth Ulcers	1
Mild burns	1
Bites/stings	1
Dental pain plus referral to emergency dentist	1
Runny Nose	1

**Table 7 Medications to add to the pharmacy First Formulary suggested by GP Practice Staff**

Medication	Number of respondents
Chloramphenicol eye drops/ eye ointment	3
Olive Oil Drops	2
Gaviscon/peptac	2
Emollients	2
Potassium Citrate	1
Anusol cream	1
Bonjela	1
Hydrocortisone Cream/ointment	1
Sudocrem	1
Oral Rehydration sachets	1
Lactulose	1
Senna	1
Fybogel	1
Loperamide	1
Nystan oral drops	1

All respondents stated that they had promoted the service within the GP practice. This was conducted through the display of posters, leaflets, the patient newsletter, messages on display screens, reception staff advice, practice website, education of staff. Nine members of GP staff felt that there was more that could be done to promote the service. This included increased local media and advertisements including TV and radio, promotion in local shops, schools, libraries, community centres and mosques, increased promotion by community pharmacies, and increased literature with more direct/succinct information and in other languages. The practice staff felt that patients could also be better informed through NHS 111, practice websites and practice reception staff.

Only six members of staff reported that their practice routinely recorded on the practice electronic health record that the patient had used *Pharmacy First*. Six specified that they did not, the remainder did not respond. Some of the respondents expanded on the answer indicating either that they were not aware they needed to, felt it would be time consuming or were unsure whether it currently happened.

Nine members of staff felt that *Pharmacy First* had decreased the number of patients attending the GP practice, specifically mentioned were a reduction in attendance for coughs, colds and hayfever and also a reduction in calls coming through the practice triage. Conversely another practice felt that their triage calls had not reduced however they were signposting many patients from their triage to *Pharmacy First*. For another practice, they felt it difficult to tell as their list size had increased and the number of patients with minor ailments was increasing in general. Two respondents felt that more could be done to promote the service and constantly remind patients.

*Pharmacy First* has had a positive impact on relationships between the pharmacy and general practice staff. Eight practices reported that pharmacy first had improved relationships between them and the pharmacy. Four reported that it had not improved things because they already had a good working relationship. One respondent stated that Pharmacy first had led to:

*'More integrated working. More recognition of the pharmacist as a healthcare professional by patients.'*

Conversely one member of practice staff felt the relationship between the practice and the pharmacy had worsened as the pharmacy were not happy with the patients sent.

Overall *Pharmacy First* was deemed a worthwhile service by most GP practice staff (12/14) . 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 8.

<b>Table 8 GP practice staff comments on overall service</b>
'Most definitely [worthwhile]. The whole ethos of self-care followed by accessing the skills and knowledge of community pharmacy needs to be promoted and strengthened if primary care is to survive in the future further collaboration between primary care and pharmacy would be welcomed'
'I believe that there is untapped capacity in pharmacy to support front line healthcare & support General Practice'
'It is definitely worthwhile in deprived Bradford City area with large number of young population and children.'
'GP practice staff like the integrated working and increased communication between the GP and Pharmacy staff, the prompt service with no need for appointment, the consistent message provided by the two different health care settings, the commitment by the pharmacies. One respondent described trust in the pharmacist'
'We knew that patients who really needed to be seen by a GP would get seen as the pharmacist would contact surgery direct to organise this.'
'[This is a] smooth service, we have no complaints from patients, except when we have inadvertently sent them for minor complaints that are not currently on the list eg simple constipation patients referred back from the pharmacy are usually appropriate- but not always, maybe this is a training need for the pharmacists?'

Practice staff felt that the service could be improved through increased education, promotion and advertising of the service of the service especially via 111, expanding the number of conditions which can be treated & the formulary and allowing pharmacy support staff to deliver the service.

There was concern expressed by one respondent who felt that the scheme could be open to abuse:

*'The majority of the uptake of the scheme is for <5 year olds - The majority of patients accessing the scheme will not purchase the items if they know they can get them for 'free' on prescription - They will use up GP time instead & inappropriately. Many patients are repeatedly utilising the scheme because the items are free - rather than better managing symptoms. Introducing more emphasis on patient education within the scheme would be useful.'*

Some staff felt that the service needed to continue to be expanded, extending to long term condition management such as COPD and asthma. One member of staff said:

*"We need to continue and expand services such as these to offset increasing workload pressures in general practice"*

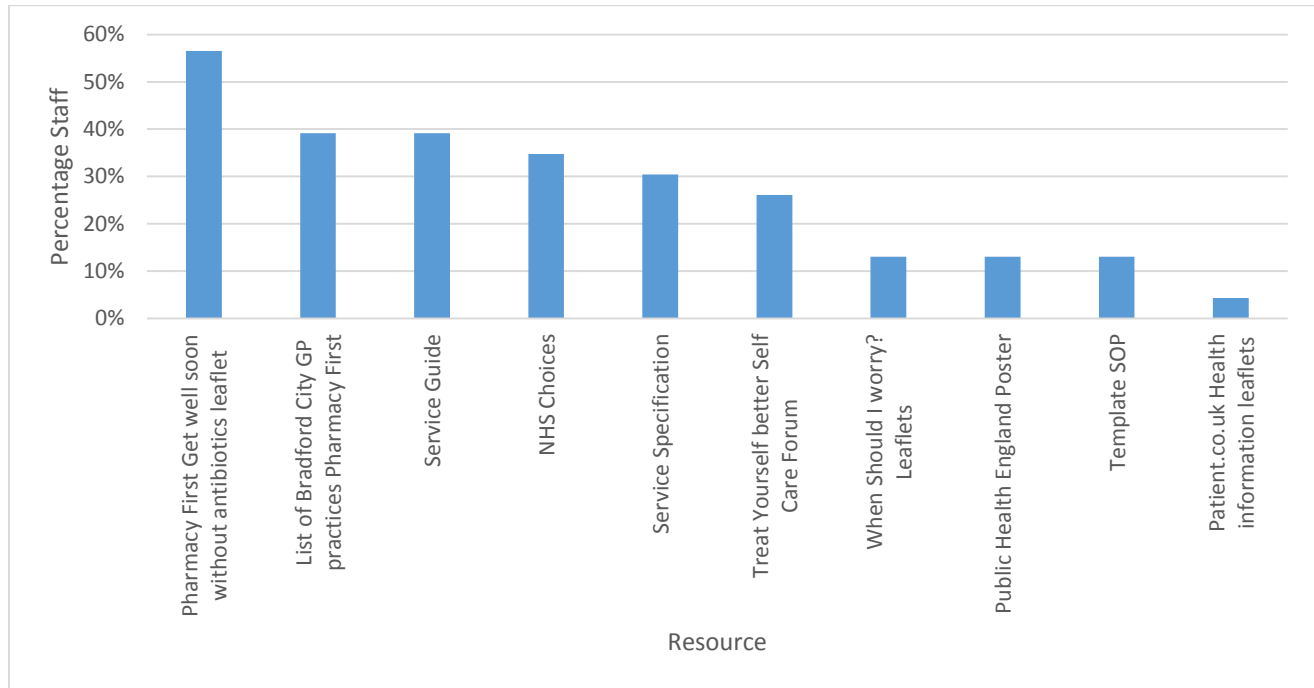
## Pharmacist Opinion

Twenty-Three pharmacists completed the feedback survey. Eighteen pharmacists suggested further medications which should be included on the *Pharmacy First* scheme (see table 9).

**Table 9 Medications to add to the *Pharmacy First* Formulary suggested by Pharmacy Staff**

<b>Medication</b>	<b>Number of Respondents</b>
Chloramphenicol eye drops/ eye ointment	8
Oral rehydration sachets	4
Head lice treatment including nit combs	4
Benzydamine oral spray	3
Decongestant/ xylometazoline	3
Hydrocortisone cream	2
Lactulose	2
Miconazole oral gel	2
Gaviscon/ peptac	2
Chest Cough Preparation	1
Olive oil ear drops	1
Clotrimazole HC	1
Trimethoprim 200mg – uncomplicated UTI	1
Loperamide	1
Calamine lotion/cream	1
Sodium Cromoglycate eye drops	1
Fluconazole 150mg tablet	1
Senna	1
Guifenesin	1

**Figure 17 Resources found useful by Pharmacy Staff**



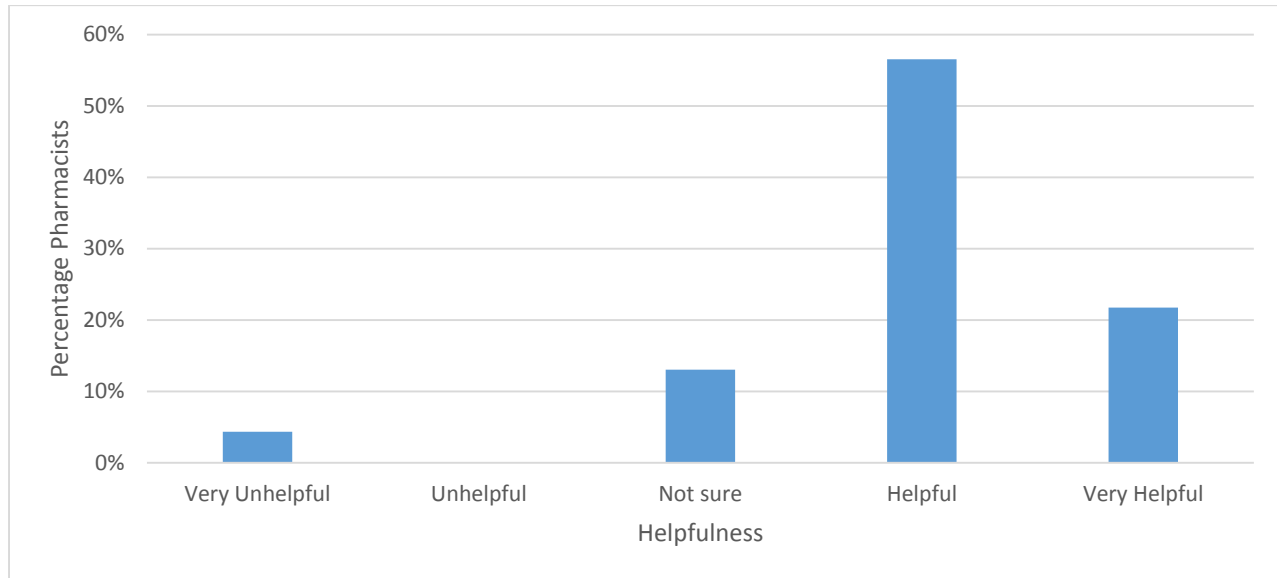
The majority of pharmacists felt that the “Get well without antibiotics leaflet” was most useful (see figure 17), with one pharmacist stating that it was:

*‘Useful as printed material to backup discussing the time scale that the condition would last and re-assurance to the patient when giving messages that antibiotics were not the solution but the body needed more time to fight off the infection. Good for helping to control patient expectations.’*

Most pharmacists (18/23) did not seek out further resources for the service as they felt that there were enough supplied, however, a few used other information leaflets and went online to find other relevant information for their patients. The pharmacists also felt 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. One pharmacist expressed difficulties with patients speaking other languages eg urdu and polish which acted as a barrier to consultation, another felt record cards may be useful to determine which patients are presenting on multiple occasions.

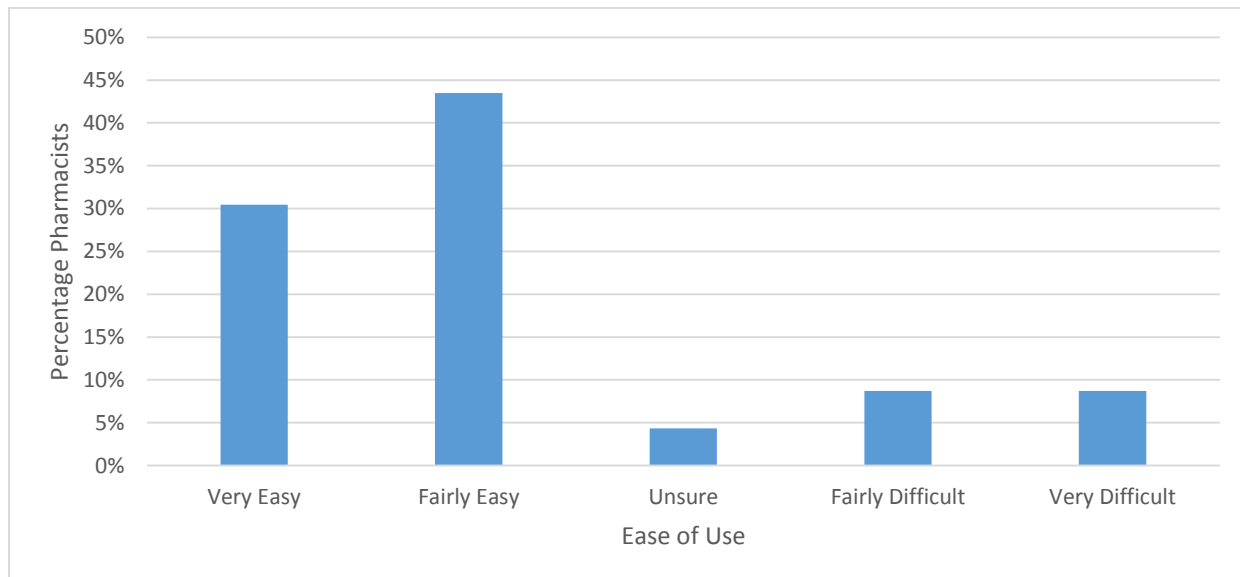
Nearly all pharmacists (21/23) felt the information received prior to starting the service prepared them sufficiently to conduct the service. Two pharmacists explained how they continue to receive referrals from the GP for items not on the formulary.

**Figure 18 Helpfulness of Support received from CPWY**



The majority of pharmacists 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). One pharmacist stated that it would be easier if the questions on the form were in the same order as on PharmOutcomes®. One pharmacist expressed concern that they could not ensure the patient was registered with the GP which they specified:

*“However, there is no way I actually confirming which GP the patient is actually with and if given the wrong details can lead to financial loss and data protection issues”*

Three-Quarters (17/23) of the pharmacists felt that Pharmacy First had improved relationships with their GP practice. One pharmacist stated:

*“Pharmacy is now being recognised as a first port of call for minor ailments by GP practices for their patients, to alleviate pressure on appointments. More time available for serious cases.”*

Another described the increased awareness of the pharmacy role:

*“We are seeing that most GPs are becoming more aware of the role of pharmacists in patient primary care, but again the formulary needs to be expanded”*

Where relationships were not as positive this was believed to be due to pharmacies dealing with small numbers of prescriptions from large numbers of practices.

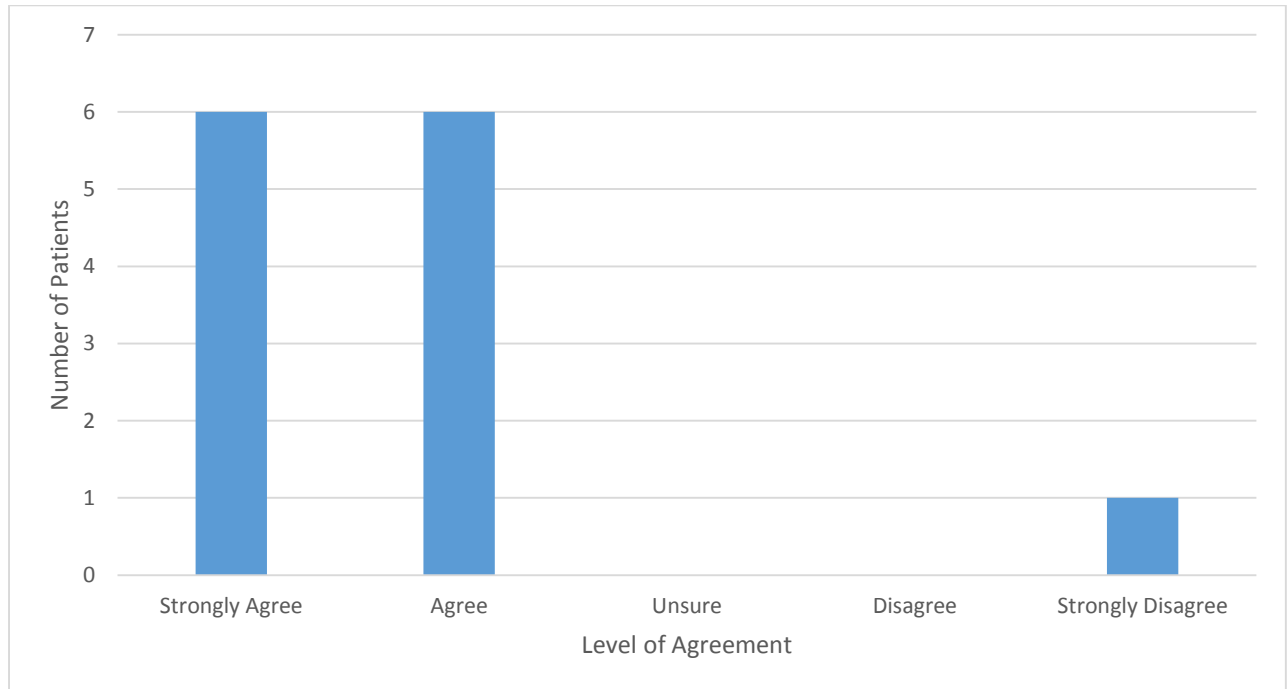
Pharmacists also felt that their relationship with the patients had improved (20/23) with the patient putting more trust and confidence in the pharmacist. One pharmacist felt an improved mechanism to allow patients to be seen more quickly where necessary if referred by the pharmacist should be implemented.

Overall pharmacists felt that Pharmacy First worked well especially the accessibility, increased patient interaction and the claim process. The pharmacists felt it could be improved further through better understanding and promotion to patients and within the GP practices to increase referrals and the appropriateness of referrals. Most felt this would be resolved through increasing the formulary. A few felt the service would be more efficient (3 pharmacists) if the amount of paperwork/ form filling to be decreased and support staff were allowed to conduct the consultation.

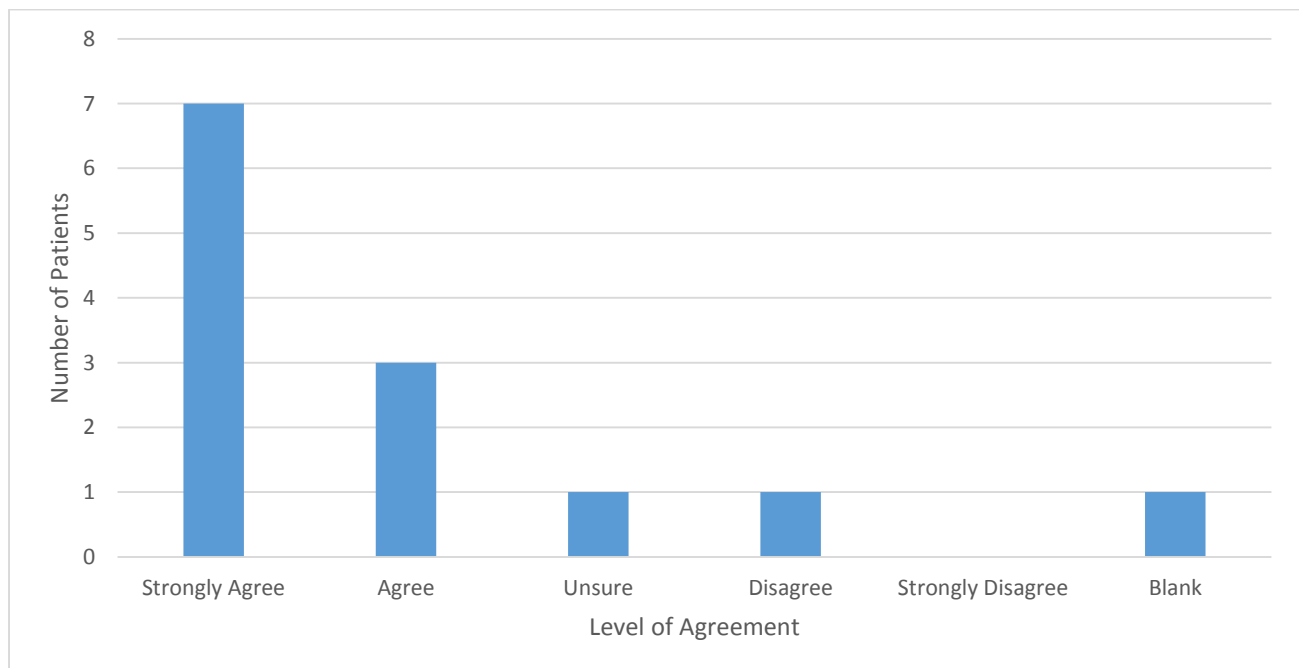
## Patient Opinion

Thirteen Patients responded to the feedback questionnaire. The majority of patients were satisfied with the overall consultation, the confidentiality, the pharmacist's ability to deal with the presenting complaint and the information provided (see figures 20 to 25), and would therefore recommend the service (see figure 26).

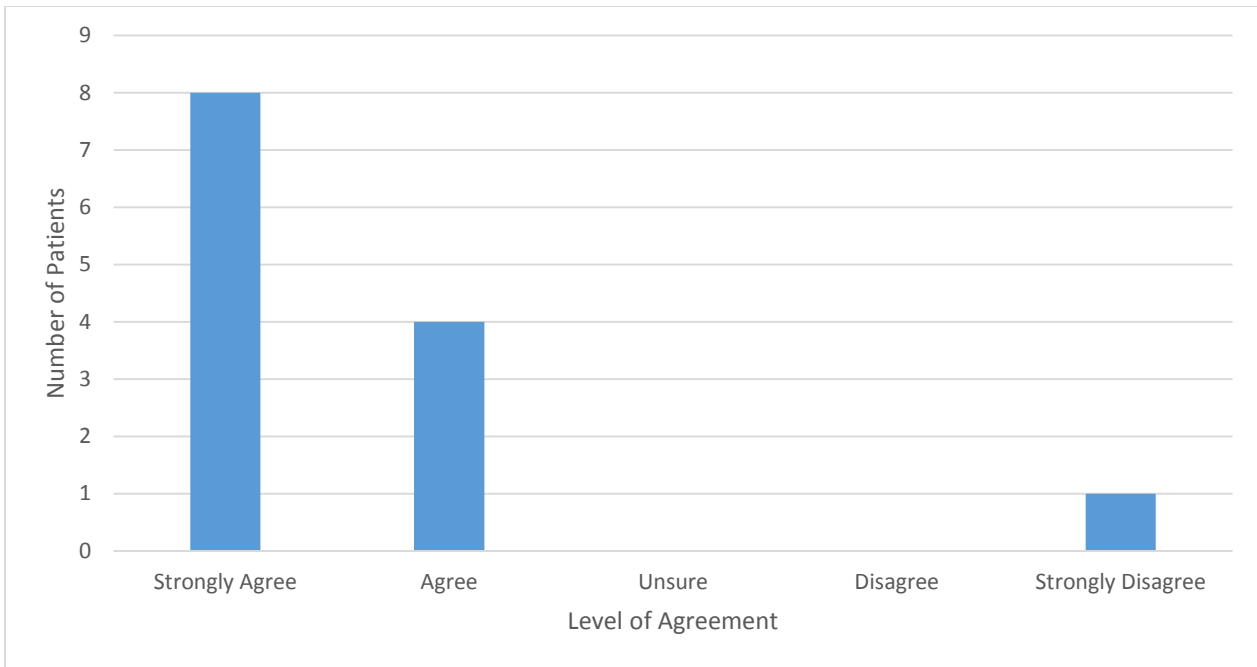
**Figure 20** I was satisfied with the way the pharmacist conducted the consultation



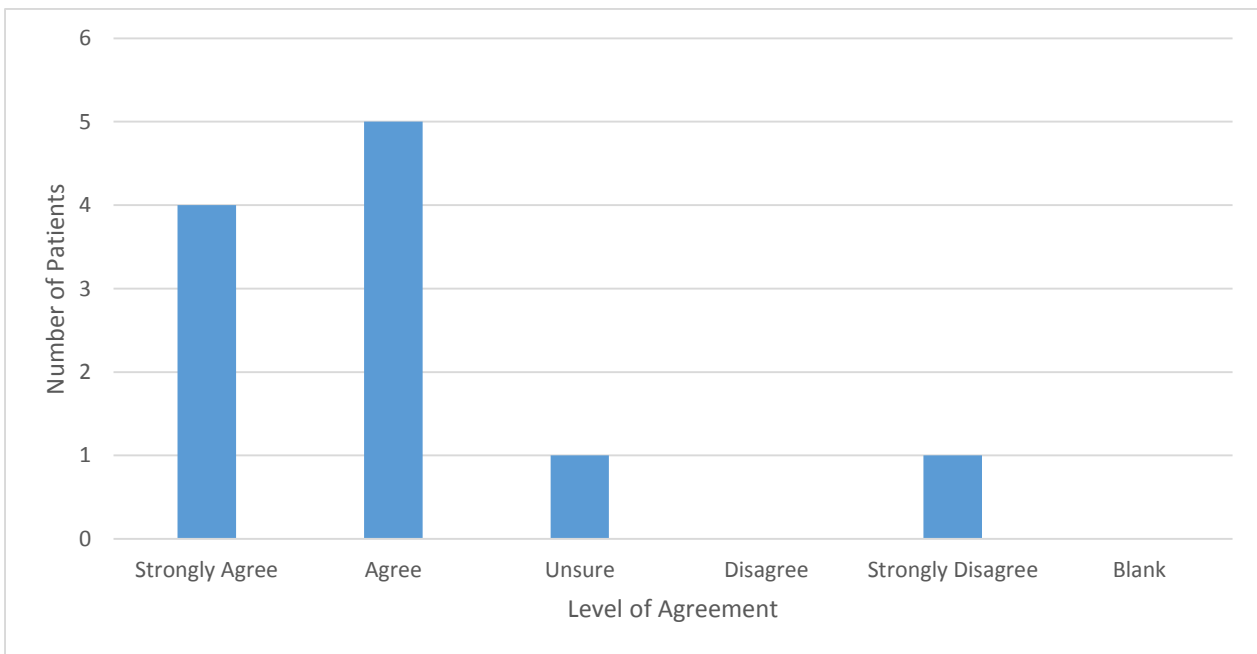
**Figure 21** I was offered somewhere private for the consultation



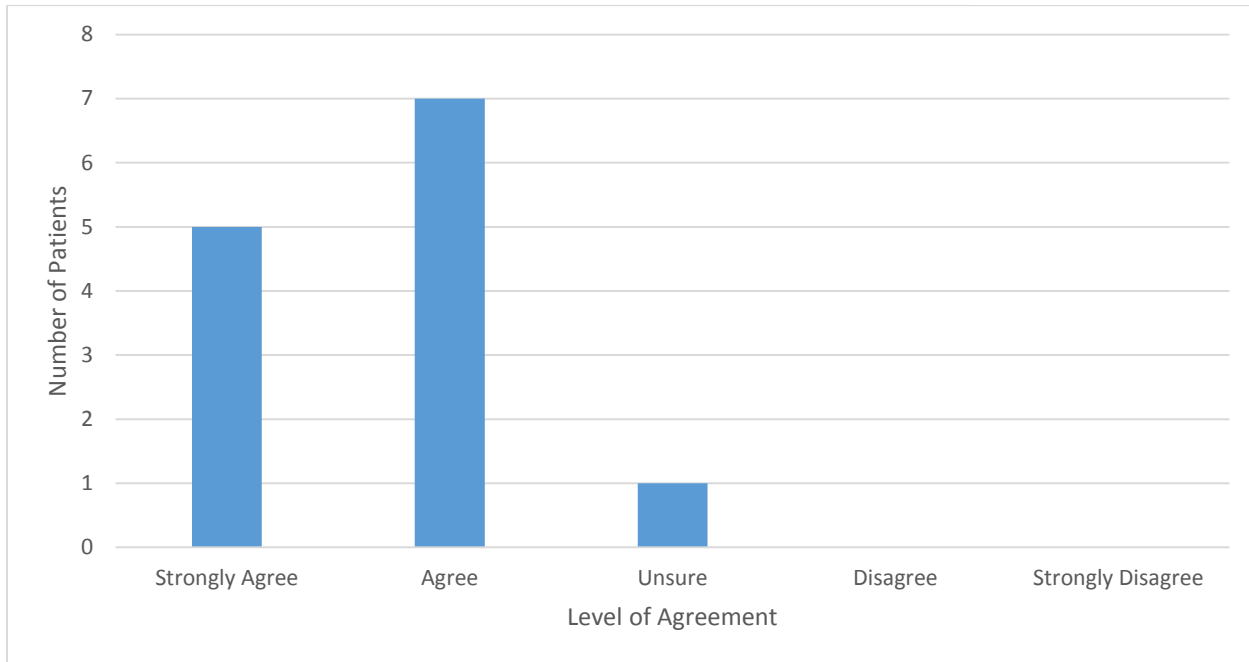
**Figure 22** I was confident with the pharmacist's ability to deal with the condition I came in with today



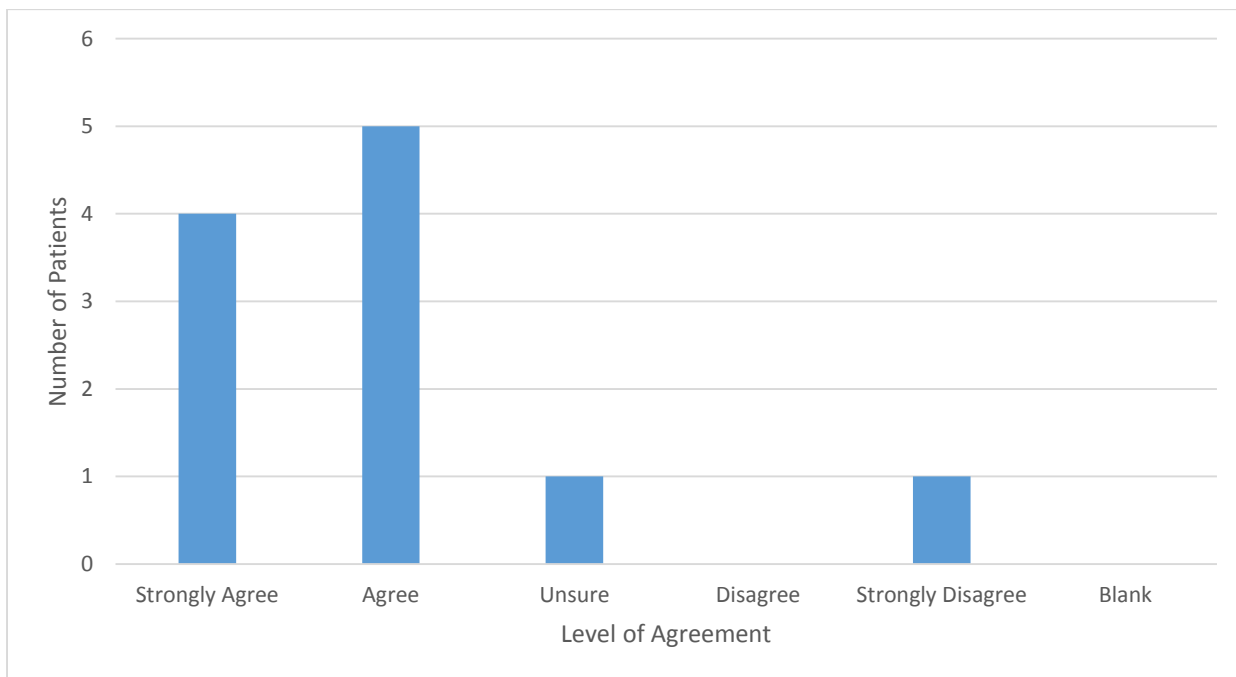
**Figure 23** My questions were answered in a helpful way



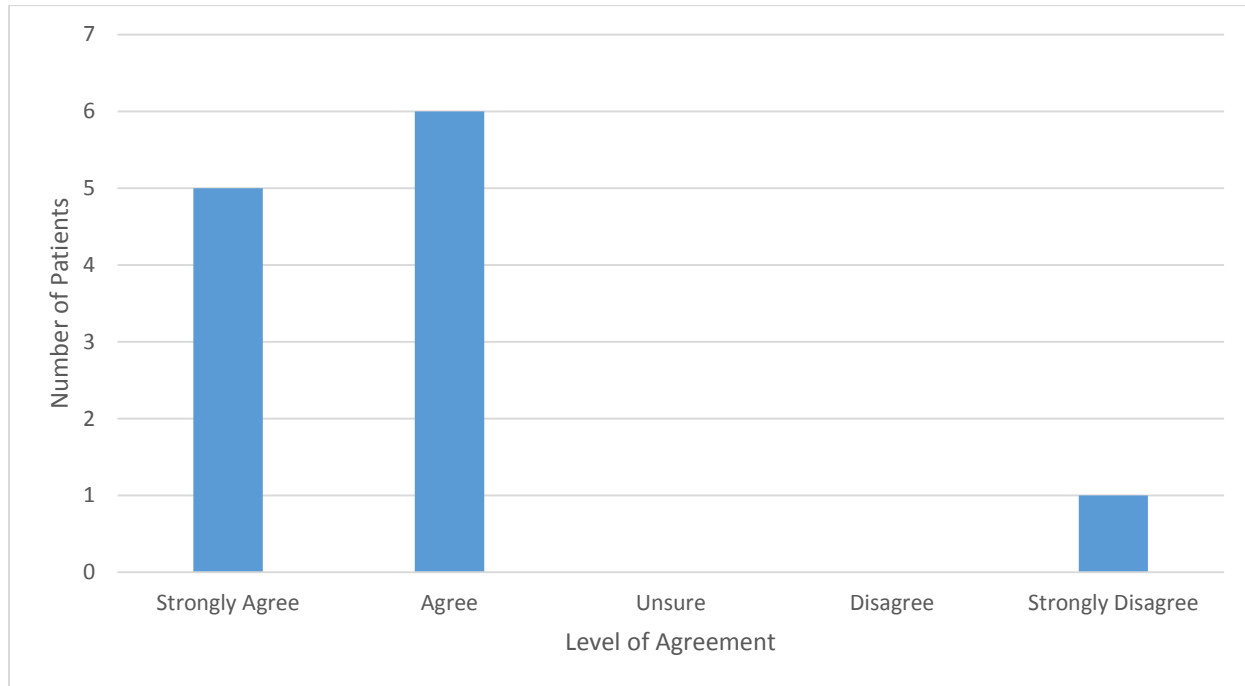
**Figure 24** The pharmacist made the advice easy to understand



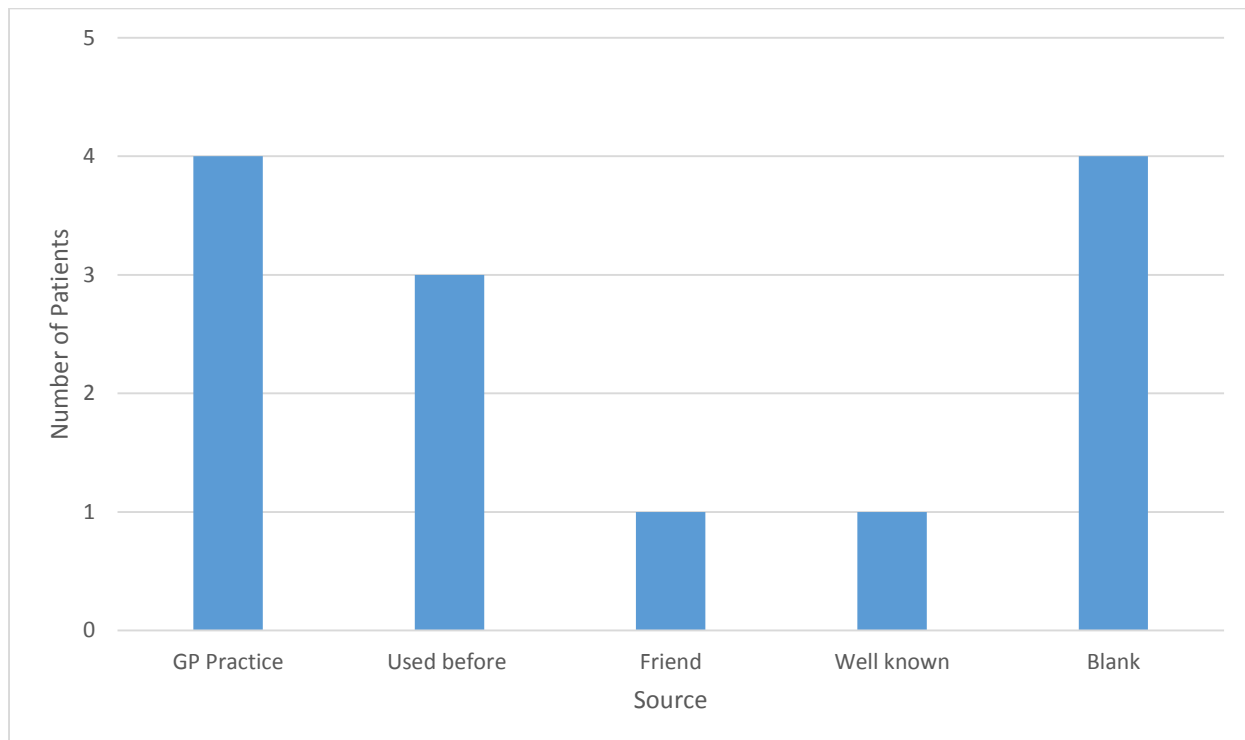
**Figure 25** The information leaflets I received were useful to me



**Figure 26** I would recommend this service to other people I know



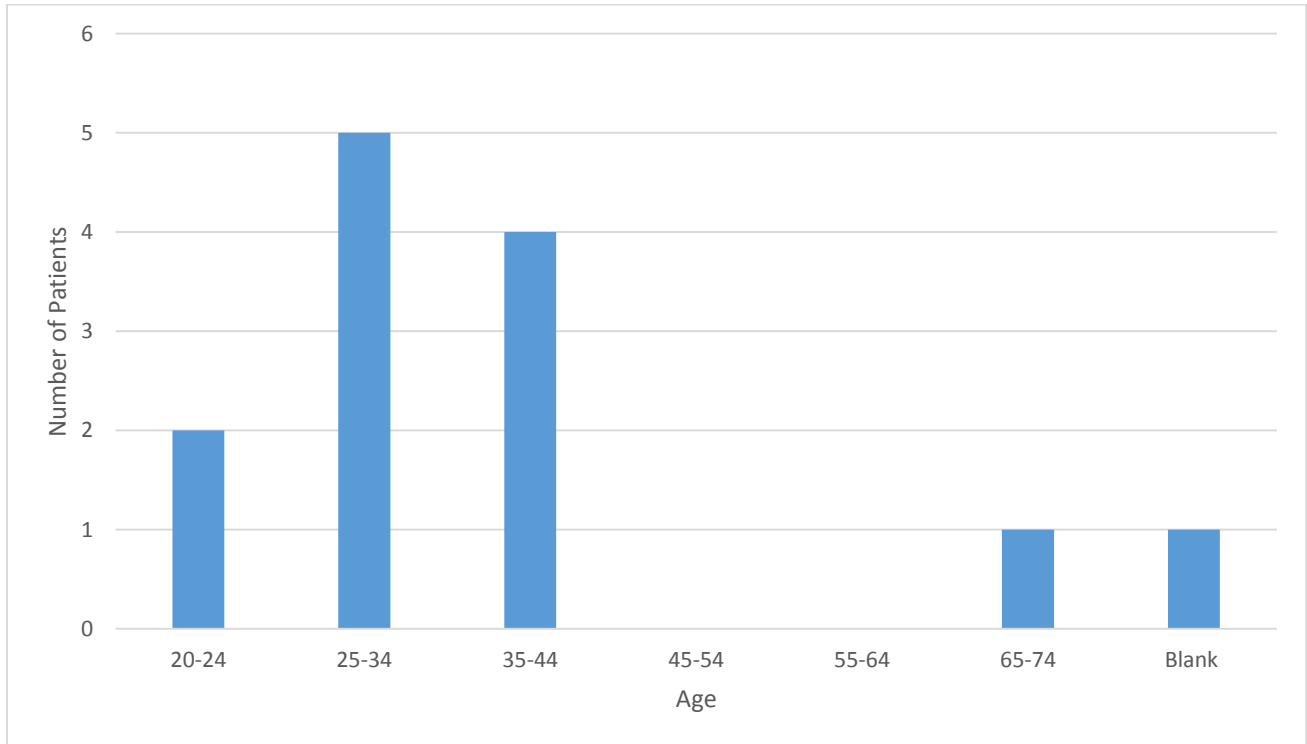
**Figure 27** Where the patient had heard about the scheme



Patients had heard about the scheme from various sources (see figure 27). Eleven of the 13 patients said they would have gone to the GP had the scheme not been in place. The remainder did not respond. Three patients had been referred to other sources of information including the GP and the internet. All patients stated that they only had to wait 2 -3 minutes to speak to the pharmacist. Overall the majority of patients felt they were

happy with the service as it improved access and saved time. Suggestions were made to increase the formulary and advertise the scheme in the newspaper. Most patients responding to the feedback questionnaire were between 20 and 44 (see figure 28).

**Figure 28** Age of patients providing feedback



## 5 DISCUSSION

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Over the first eight months, a high number of consultations for minor ailments were delivered through this pharmacy service with the estimated release of over 900 hours GP time, improving GP access. 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, although in Scotland they also provided number of emollients and head lice treatments not available within this scheme.<sup>5</sup>

The cost for medication was low (per patient £1.82 and per item £1.23 exc VAT). This is lower than medicines in the Scotland MAS<sup>3</sup> and other schemes reported in the recent systematic review.<sup>2</sup> Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.32. This is also lower than several other schemes which have previously been evaluated and all of which were published more than 5 years ago.<sup>2</sup>

The feedback from patients was positive with most patients indicating that they would be willing to re-use the scheme and would recommend it to others. This is in line with other UK minor ailment schemes.<sup>5</sup> The variation of number of patients consulting the minor ailments scheme 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. It would be useful to examine GP practice minor ailment consultation rates prior to the scheme starting and subsequently to determine any change in rate as a result of implementation of the scheme.

There is a difference in how the patients knew about the scheme compared with the previous 3 month evaluation with 25.5% (1534/6015) using the scheme because they have used it before compared with 11.9% (232/1948). This may demonstrate a change in patient behaviour.

Feedback from GP practice staff and pharmacy staff was also very positive with most feeling the service was worthwhile and had improved access, and working relationships between practice staff and pharmacy staff. All suggested the service could be further improved through increased promotion and extension of the current formulary.

### **Limitations**

The current method of recording presenting symptoms yielded a wide range of different recorded symptoms, making it difficult to know either the diagnosis or the indication for treatment e.g. nasal congestion may be a viral symptom or a result of allergy. It would be more useful for pharmacies to record the indication for treatment rather than presenting symptom to improve standardisation of recording and aid analysis.

Other studies have looked at the impact of the minor ailments scheme 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 data 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 scheme 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.

## Conclusions

Overall, in the first eight months, *Pharmacy First* scheme has shown to be a cost-effective way to manage patients presenting with minor ailments. A high number of consultations have been delivered through community pharmacies releasing an estimated 900 hours GP time, improving access within GP practice. The findings for this service are in line with the findings of other minor ailment schemes. 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

- Change the field on PharmOutcomes® to record indication for treatment rather than presenting symptom
- Analyse PACT data to determine change in prescribing costs for minor ailments
- 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.
- 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.
- Consider further ways to increase promotion of the service amongst staff and patients to ensure appropriate use and referral.
- Promote increased recording of patient access to *Pharmacy First* on GP electronic health record.

## References

- 1) Watson MC. Community Pharmacy Management of Minor Illness. MINA study Report. Final Report to Pharmacy Research UK. 2014. Accessed at <http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf> on 26th June 2014.
- 2) Paudyal V, Watson MC, Sach T, Porteous T, Bond CM, Wright DJ, Cleland J, Barton G, Holland R. Are pharmacy-based minor ailment schemes a substitute for other service providers? A systematic review. *Br J Gen Pract.* 2013; 63(612):e472-81.
- 3) Curtis L. Unit Costs of Health and Social Care 2011. PSSRU. 2011. Accessed at <http://www.pssru.ac.uk/archive/pdf/uc/uc2011/uc2011.pdf> on 26th June 2014.
- 4) National tariff payment system 2014/15. Annex 5A - National prices. Accessed at <https://www.gov.uk/government/publications/national-tariff-payment-system-2014-to-2015> on 26th June 2014.
- 5) National Services Scotland (NHS). Prescribing & Medicines: Minor Ailments Service (MAS). Financial Year 2013/14. Information Services Division. Accessed at <https://isdscotland.scot.nhs.uk/Health-Topics/Prescribing-and-Medicines/Publications/2014-06-24/2014-06-24-Prescribing-MinorAilmentsService-Report.pdf?12537783385> on 26<sup>th</sup> June 2014.