NHS Bradford Districts CCG

Pharmacy First Self Care Service

11 Month Evaluation
27th February 2015 – 26th January 2016

Anonymised Report

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Version 1

SUMMARY OF EVALUATION AND RECOMMENDATIONS

Pharmacy First was introduced February 2015 within 92 pharmacies which serve patients within NHS Bradford Districts 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 Bradford Districts 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 11 months, *Pharmacy First* in Bradford Districts has delivered a large number of consultations, however when weighted for population and social deprivation the numbers delivered were slightly lower than other areas.

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 viral symptoms with analgesia/ antipyretic medication being the most common medication supplied. The cost for medication was low (per patient £1.63 and per item £1.35). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.13 (exc VAT). This is similar to the Bradford City scheme and lower than all other evaluated *Pharmacy First* Schemes.

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 increased 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 deprivation.

Feedback from GP practice staff and pharmacy staff was also positive with some commenting that the service 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. Feedback also highlighted that working relationships between some pharmacies and general practices could be enhanced.

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

RECOMMENDATIONS

- Encourage increased engagement and liaison and communication between general practice and pharmacies
- Consider further ways to increase promotion of the service by GP practice staff to ensure appropriate use and referral
- Work with GP practices to ensure that *Pharmacy First* is embedded into their triage systems and patient pathways
- 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
- Promote increased recording of patient access to *Pharmacy First* on GP electronic health record.
- Produce a 1-page document which helps patients and practice staff to understand how *Pharmacy First* works
- Re-iterate rationale for formulary choices to pharmacists and general practice
- Provide increased education and information to practice staff to improve accuracy of referrals to *Pharmacy First*
- Plot practice IMD score against use per 1000 population to determine whether there is a correlation
- Produce a list of pharmacies which do/ do not provide the service to aid signposting by others
- Review whether the pharmacy paperwork can be reduced.
- Explore the reasons why the number of cough and antibiotic leaflets is lower than the number of patients eligible and reiterate the importance of the provision of printed information.
- Determine reasons for high levels of consultations at outlying practices and pharmacies and share good practice

1 INTRODUCTION

Pharmacy Self-Care Schemes or Minor Ailment Schemes (MASs) are commissioned 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 February 2015, *Pharmacy First* was commissioned by NHS Bradford Districts CCG, following the success of *Pharmacy First* in Bradford City CCG which commenced in January 2014.[3] It provides Bradford Districts' patients 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 Bradford Districts 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 at the end of February 2015 within 92 pharmacies which serve patients within NHS Bradford Districts CCG. The presenting patient must currently be registered with a GP within Bradford Districts 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)

Formulary
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)
Paracetamol Susp SF 120 mg / 5 ml (100ml) SF
Paracetamol Susp 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 intertrigo) 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 Bradford Districts' *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 27th February 2015 – 26th January 2016. 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 eleven month evaluation period, 92 community pharmacies, conducted a total of 7054 consultations. The range of consultations per pharmacy varied from 1 to 2356 with a mean of 76.7 consultations per pharmacy and a median of 23 consultations per pharmacy. Four of the pharmacies delivered approximately half of all consultations (3975/7054) (see figure 1). Of the 7054 consultations, 2217 (31.4%) were delivered in a private consultation room, the rest in a private area of the pharmacy (4837/7054 – 68.6%).

Patient Demographics

Out of 7054 consultations, 3904 (55.3%) were female and 3149 (44.6%) male. Nearly 60% (59.0% - 4164/7054) of the patients seen were under 10 years old (see figure 2), with the majority of those being under 5 years old (38.0%, 2679/7054). Thus, the majority were exempt from prescription charges due to being under 16 (see figure 3). Most patients described themselves as Asian or Asian British - Pakistani (47.3% - 3339/7054) with White –

British being next highest (31.7% - 2237/7054) (see figure 4). Thirty-seven per cent (2612/7054) of patients accessing the service lived within BD5, with a large number from BD6 (16.4% - 1160/7054) (see figure 5).

Practices

The patients using the service were registered at 41 practices, with most consultations coming from one practice (see figure 6). The mean number of patient visits per GP practice was 172.0 visits and the median 57 visits (range 3-2090 visits). The range per 1000 practice population was 0.33 – 444.9 consultations with mean 24.1 consultations and median 6.7 consultations (see figure 7).

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

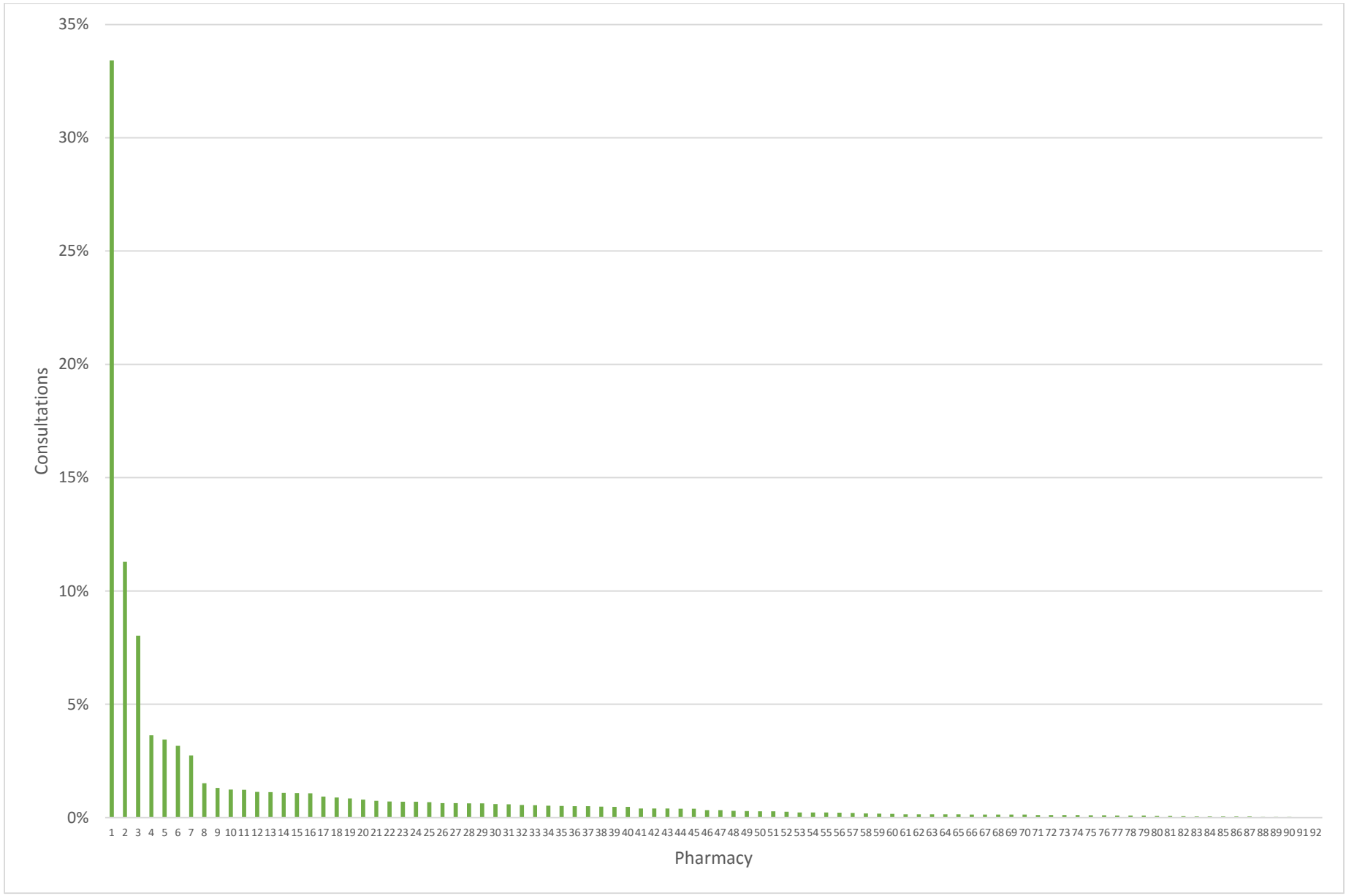


Figure 2 **Age of patients using *Pharmacy First***

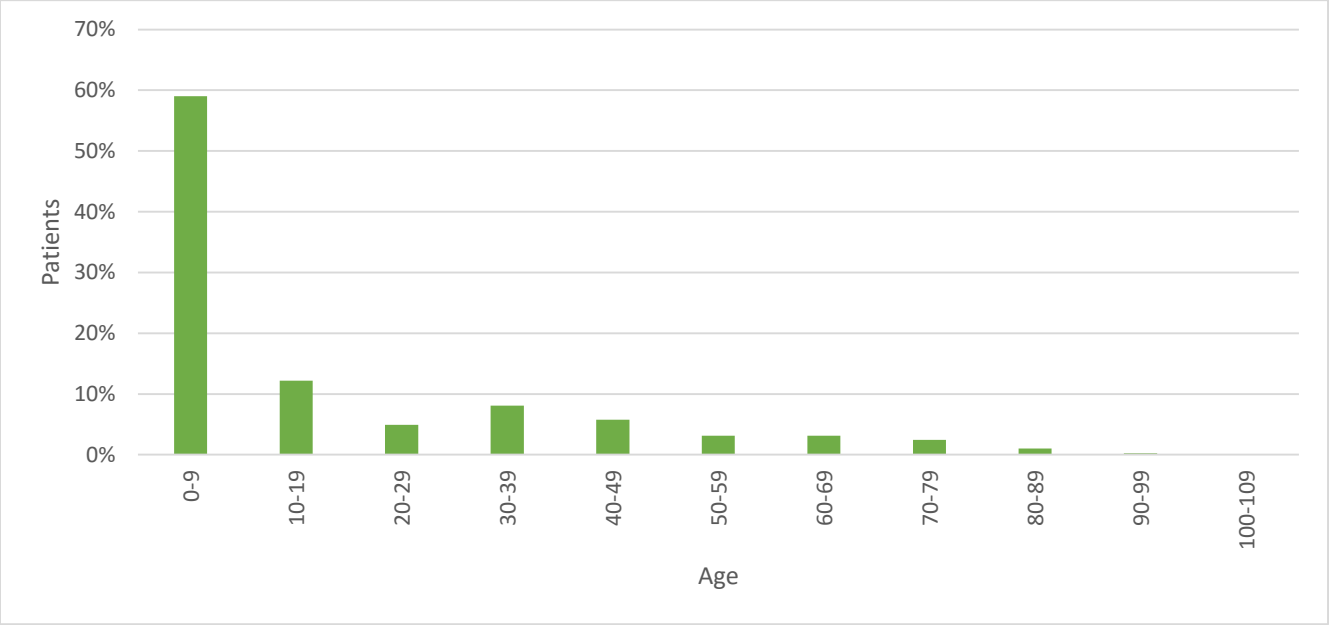


Figure 3 **Exemption status of patients using *Pharmacy First***

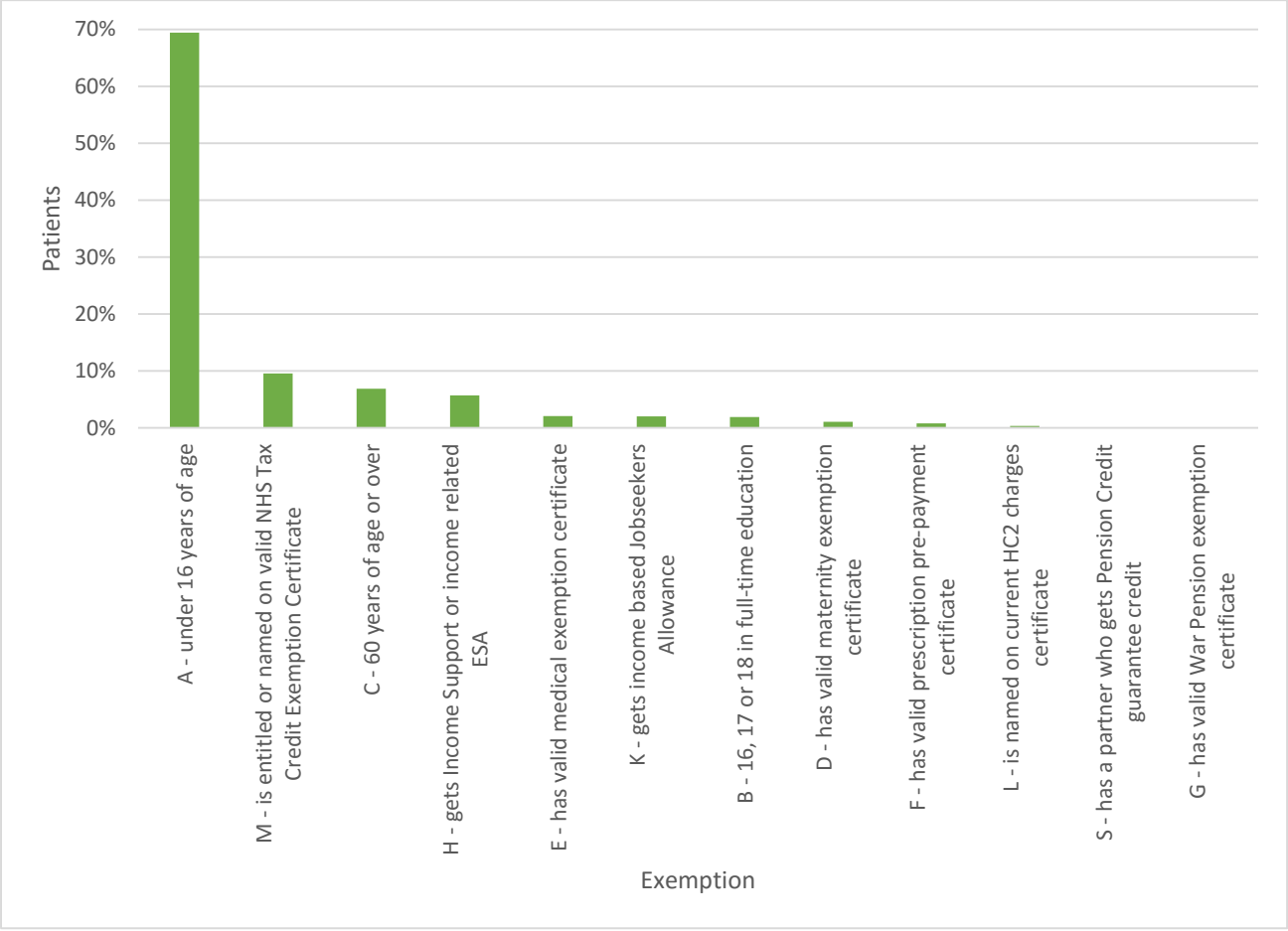


Figure 4 **Ethnicity of Patients using *Pharmacy First***

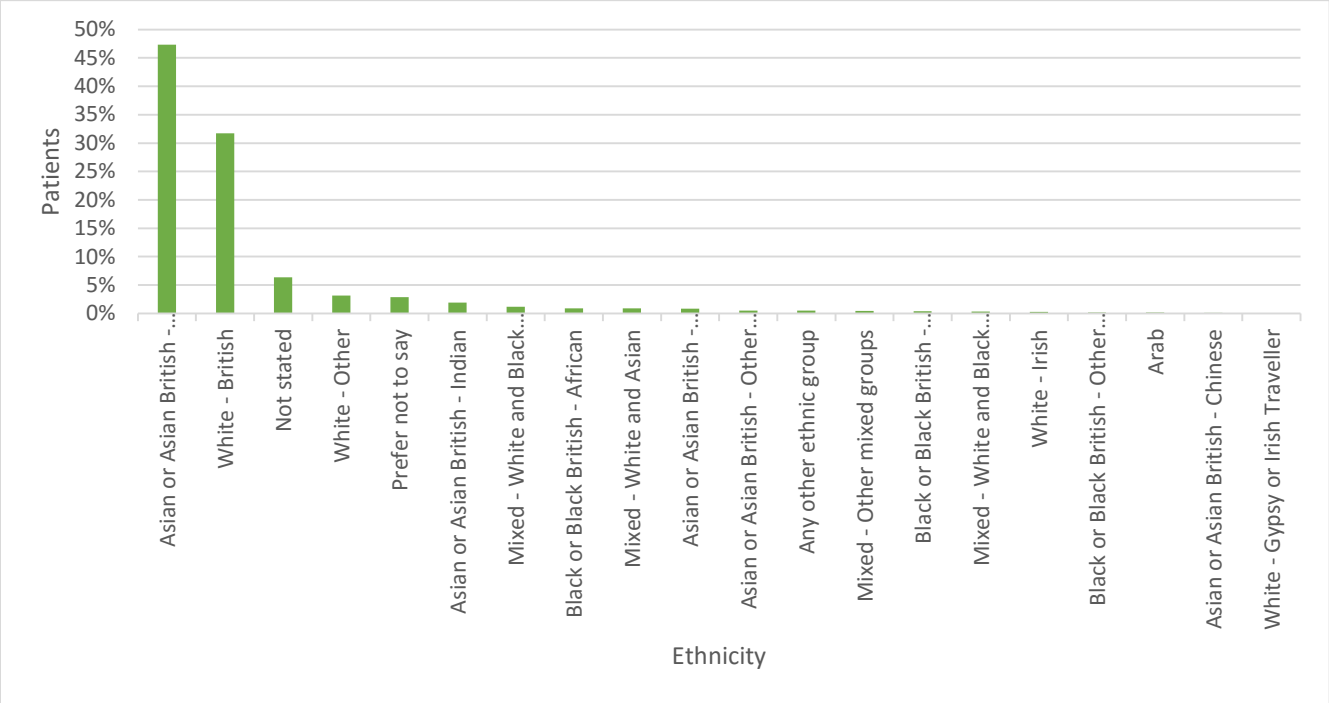


Figure 5 **Post code area of patients using *Pharmacy First***

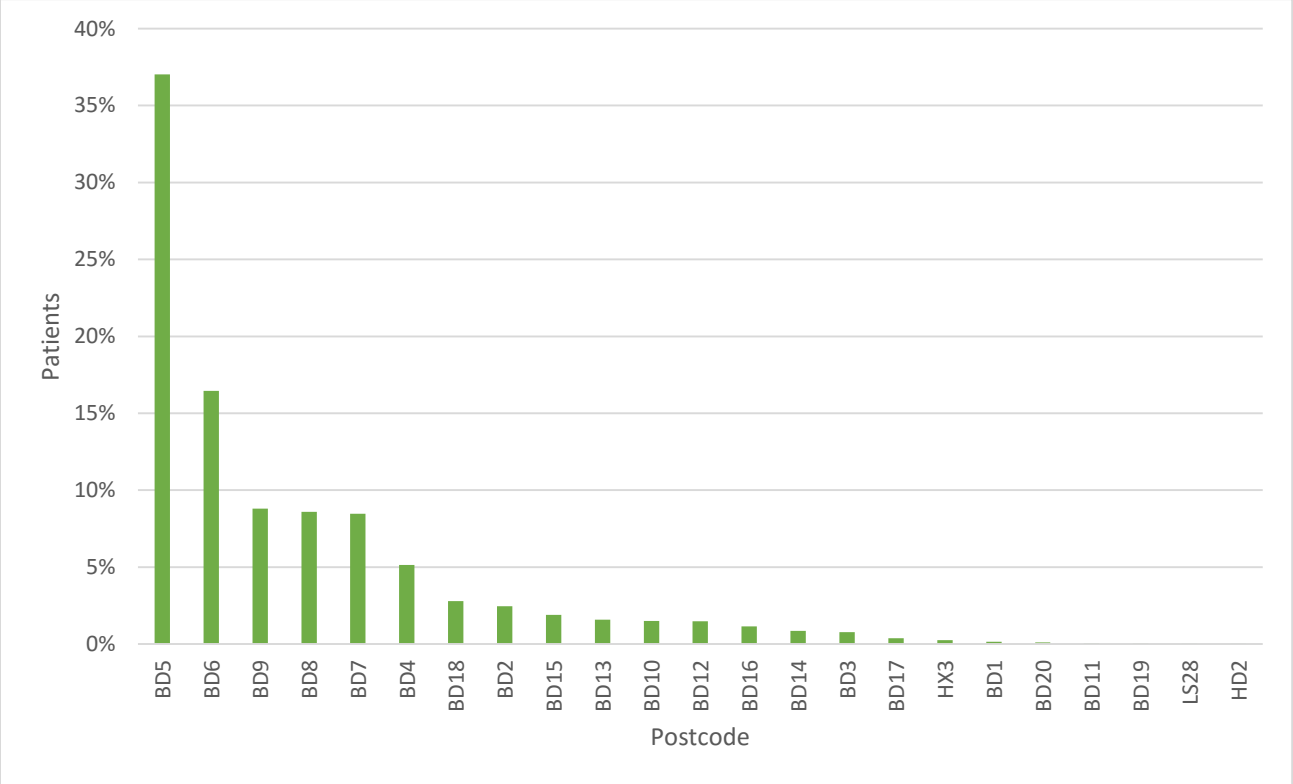


Figure 6 **Registered practice of patients using *Pharmacy First***

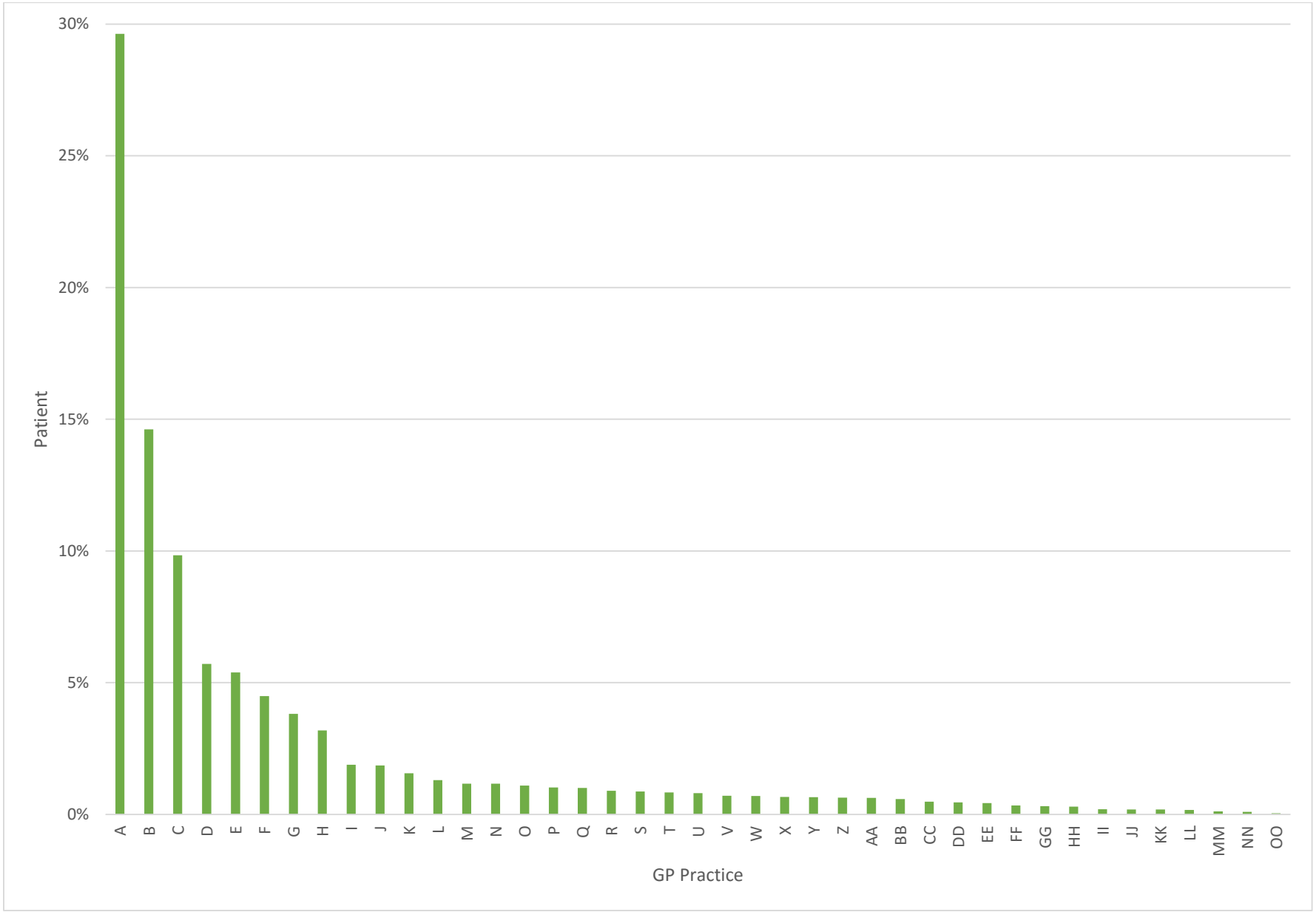
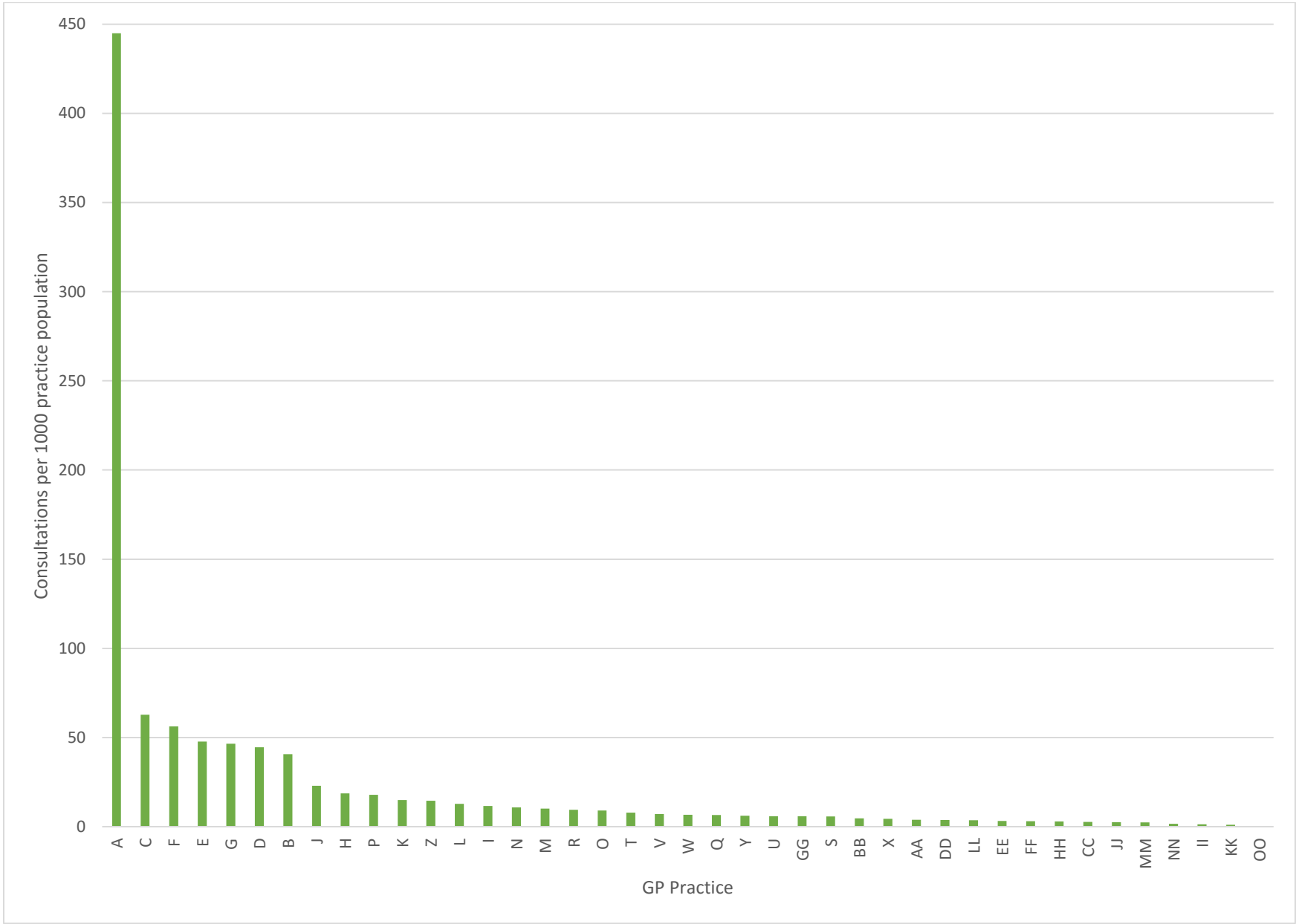


Figure 7 **Number of patient consultations per 1000 practice population**



Comparison of consultations delivered per *Pharmacy First* area in the last six months

Comparison of absolute numbers of consultations shows that NHS Bradford City CCG (the longest established scheme) delivered the most consultations in the six months between April and September with Bradford Districts the second highest (see figure 8), however, when weighted for population size and social deprivation Bradford City still remains the highest with Bradford Districts delivering approximately a third of Bradford City (see figure 9).

Figure 8 Number of consultations delivered per *Pharmacy First* area in the last 6 months

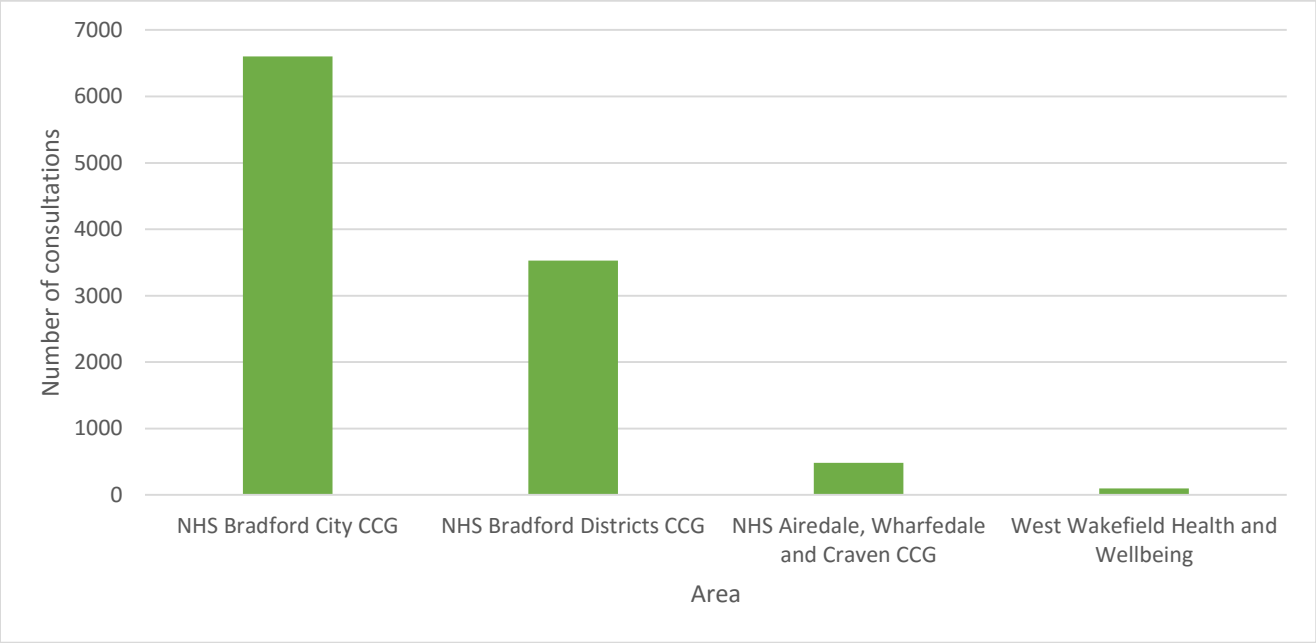
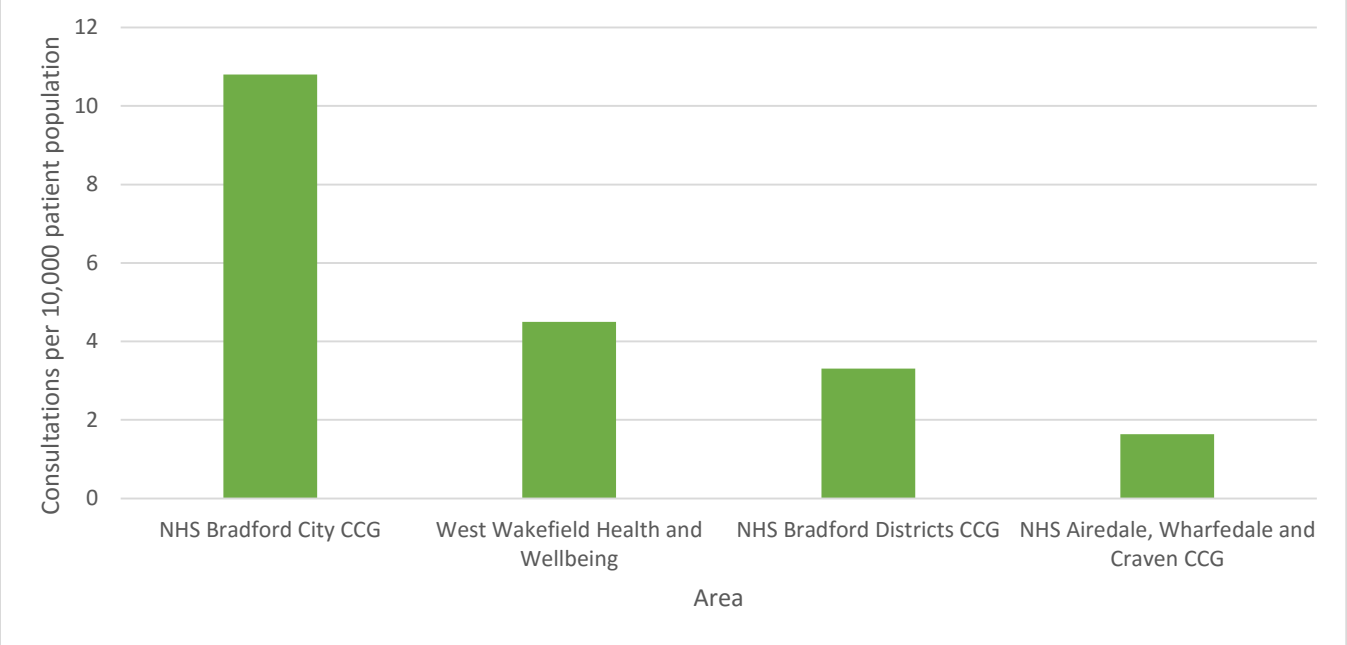


Figure 9 Number of consultations per CCG area weighted for population and social deprivation in the last 6 months



The Consultation

Figure 10 Distribution of patient consultations throughout the week

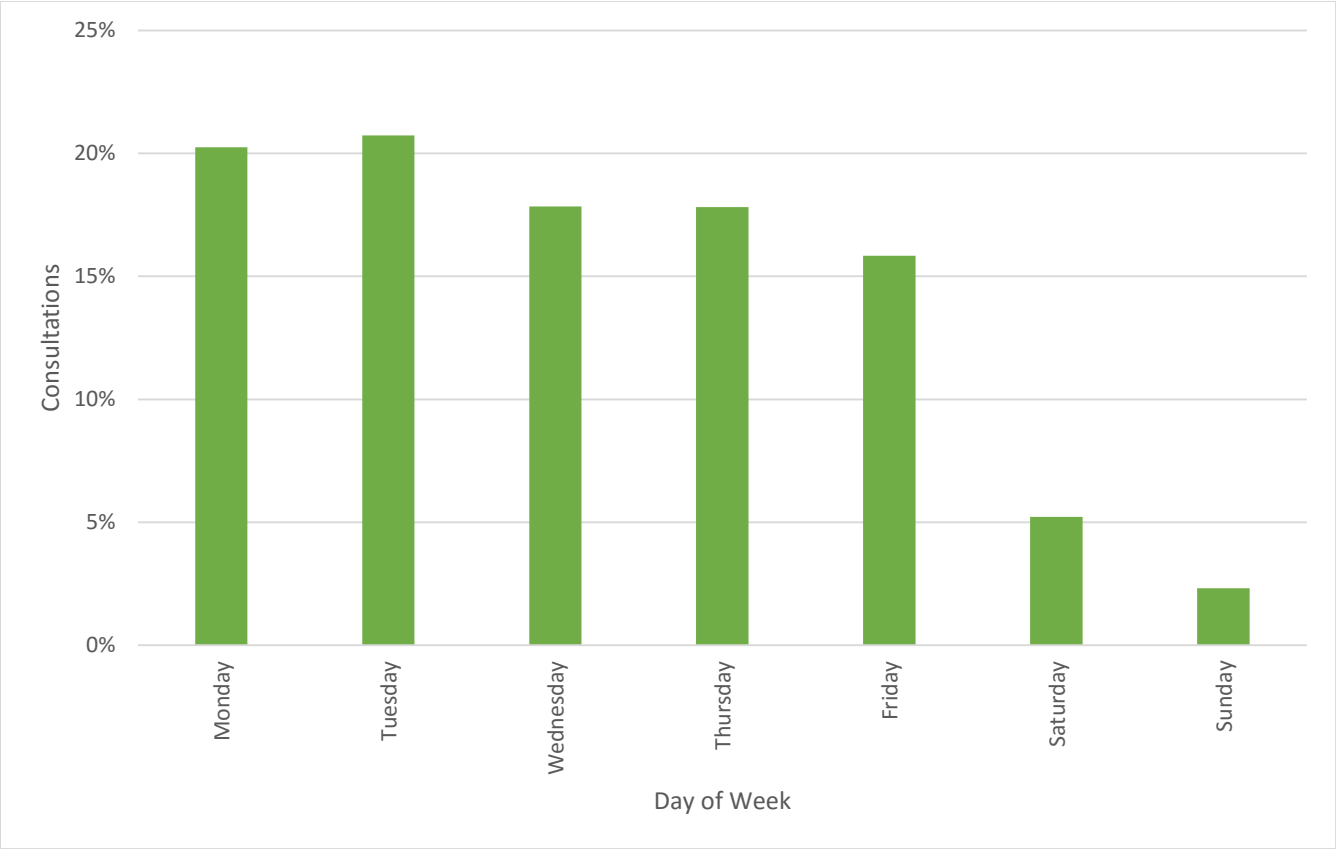
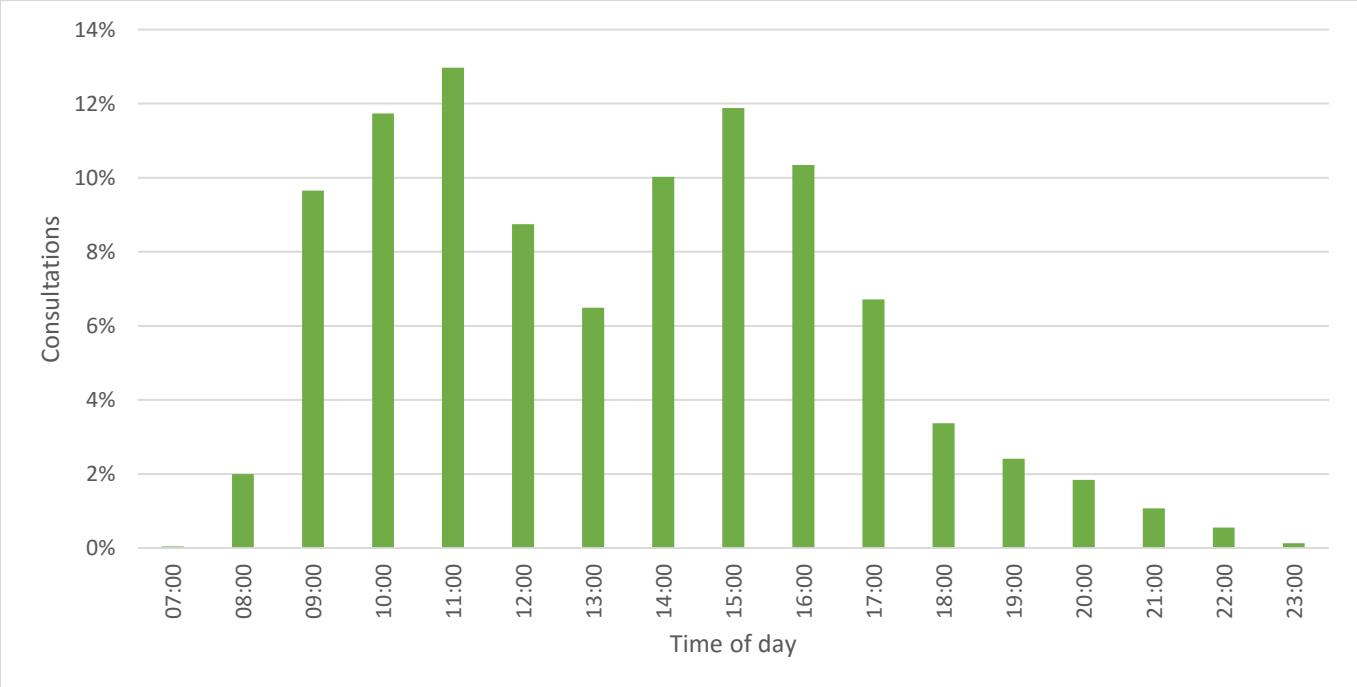


Figure 11 Distribution of patient consultations throughout day Monday to Sunday



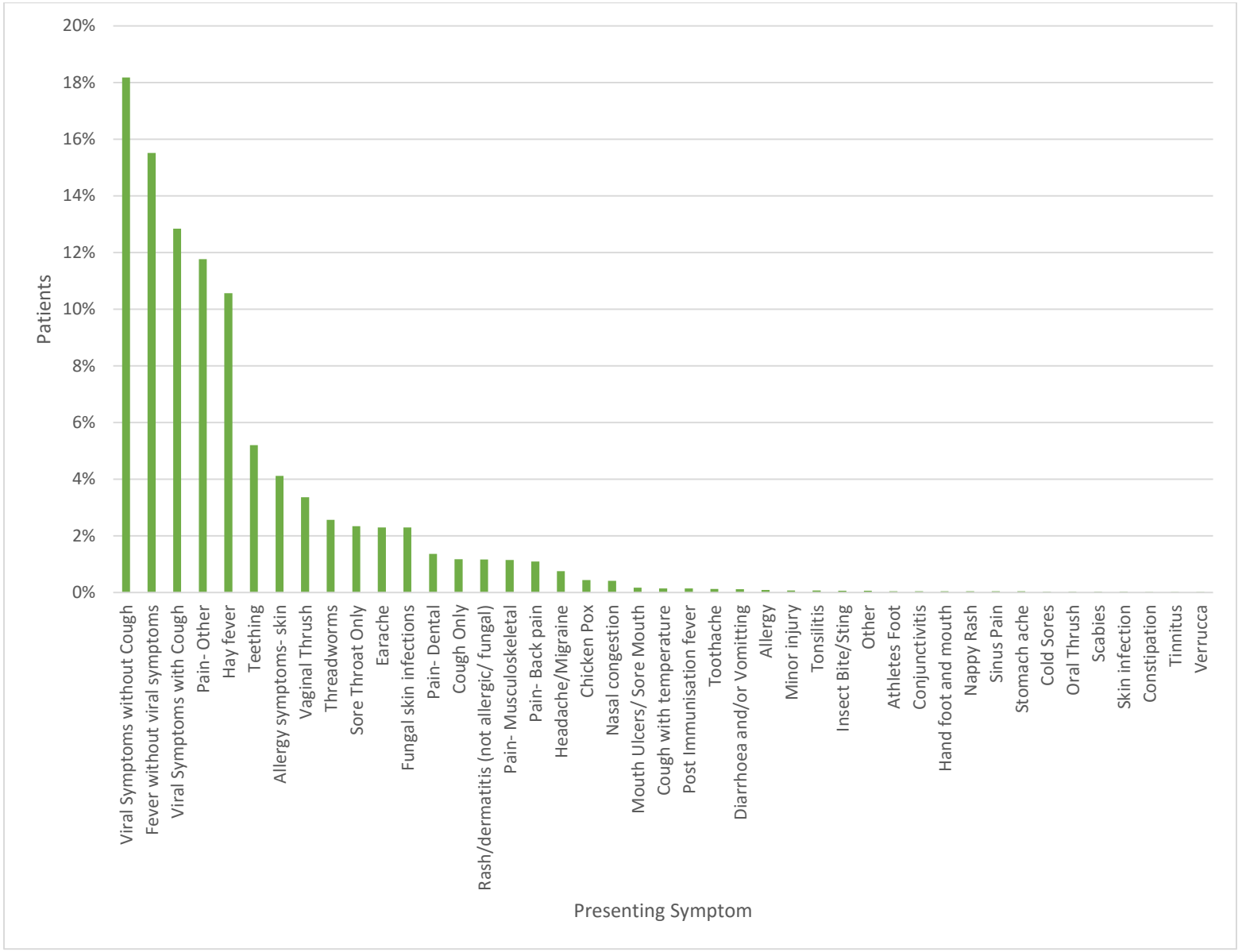
The number of consultations were spread evenly through Monday to Friday with fewer on the weekend. The peak times of day for consultations were mid-morning and mid-afternoon, with 531 consultations (7.5%) being on a Saturday or Sunday and 427 (6.1%) consultations being out of hours on a weekday (before 8am or after 6pm); total 13.6% (958/7054) out of hours (see figures 10 & 11).

Patients presented at the pharmacy with a total of 43 different symptoms. 641 (9.1%) patients presented with two different presenting complaints. The majority of patients presented at the pharmacy with viral symptoms (see figure 12). Ninety-eight per cent (6889/7054) of patients were treated in the pharmacy and did not require any onward referral to other services; the remainder were referred onward (see table 3).

Table 3 Onward referral to other health care providers

Referral	Number of Patients	Percentage Patients
None required	6889	97.7%
In hours usual care to GP	130	1.8%
Urgent (via telephone) to GP	23	0.3%
Urgent (via telephone) to NHS 111	5	0.1%
Dentist	5	0.1%
Nurse	1	0.0%
Hospital consultant	1	0.0%

Figure 12 **Presenting Symptoms treated as part of *Pharmacy First***



Supply of Medication

A total of 8523 medications were supplied to patients. The range of medicines supplied varied from 0 to 3 medicines per patient with most people receiving one medicine (59.6%, 4206/7054) (see figure 13). Most commonly patients were supplied with an analgesic/antipyretic (see figure 14). The cost per patient was £1.63 (£1.95 inc VAT) and cost per item was £1.35 (£1.62 inc VAT). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.13 (£6.45 inc VAT). The total cost of the service (consultation fee + cost of medication) for the first ten months was £31857.89 (£45529.20 inc VAT) (assuming all consultations were claimed).

Figure 13 Number of medicines supplied per patient

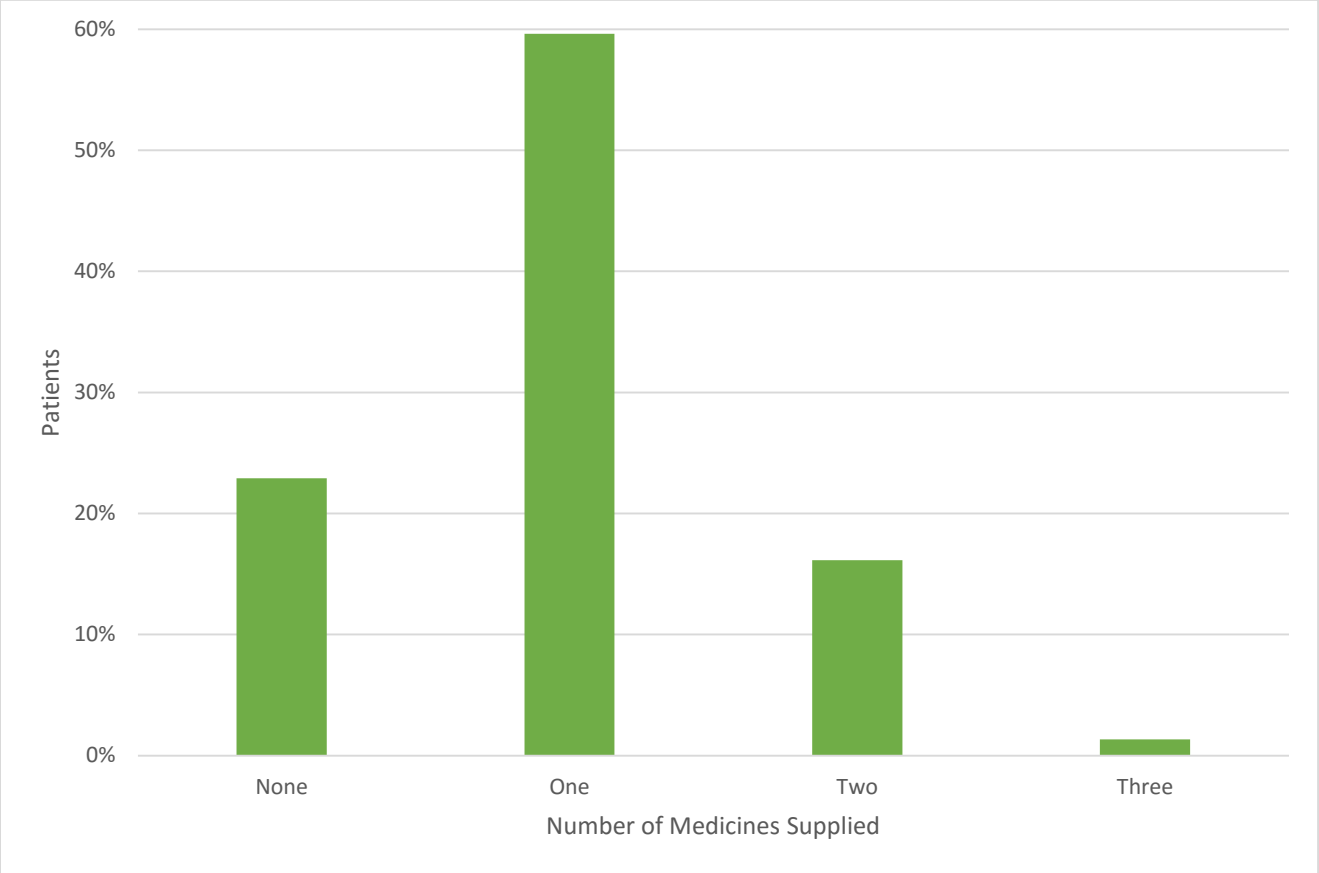


Figure 14 Medication provided to the patient following consultation

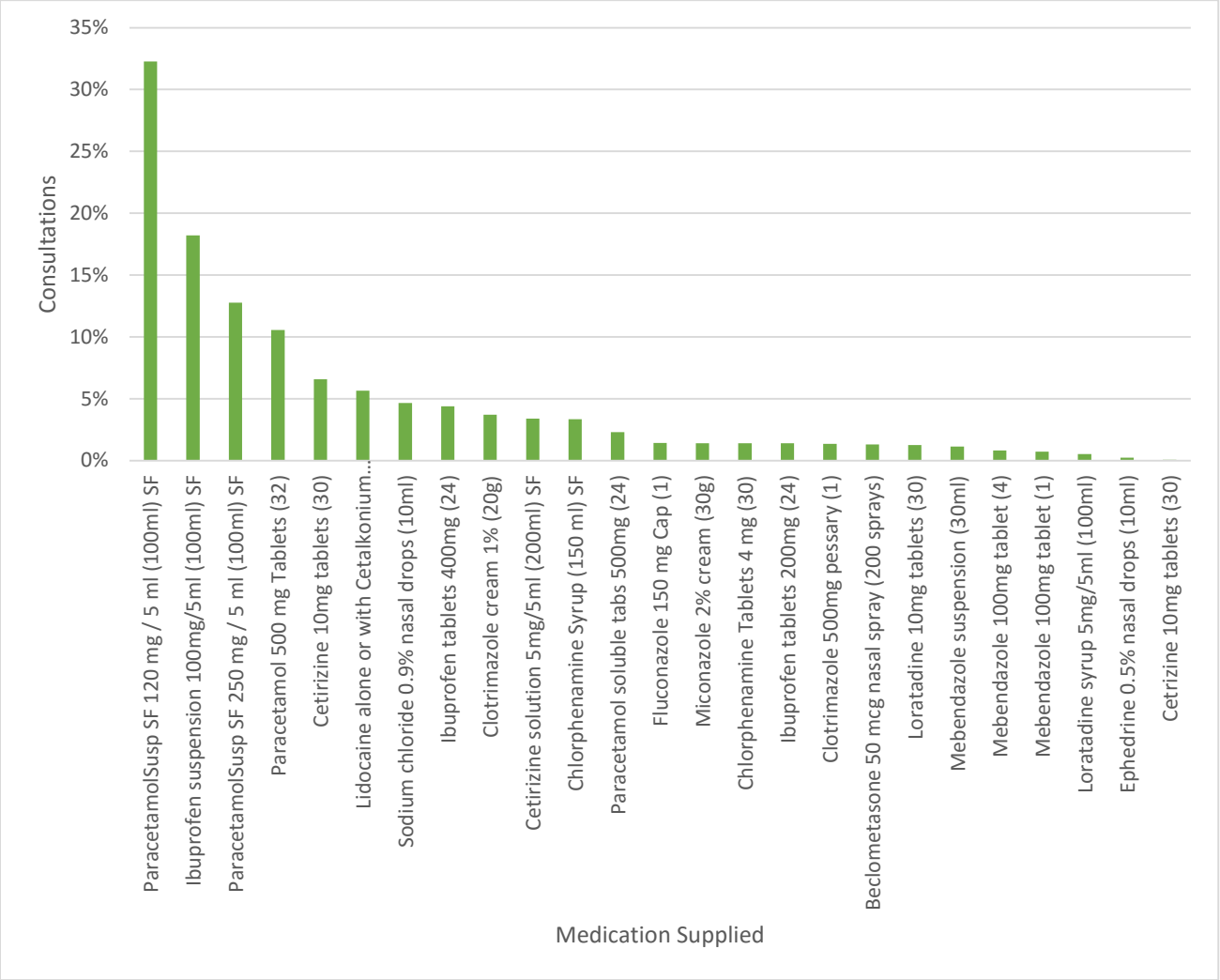
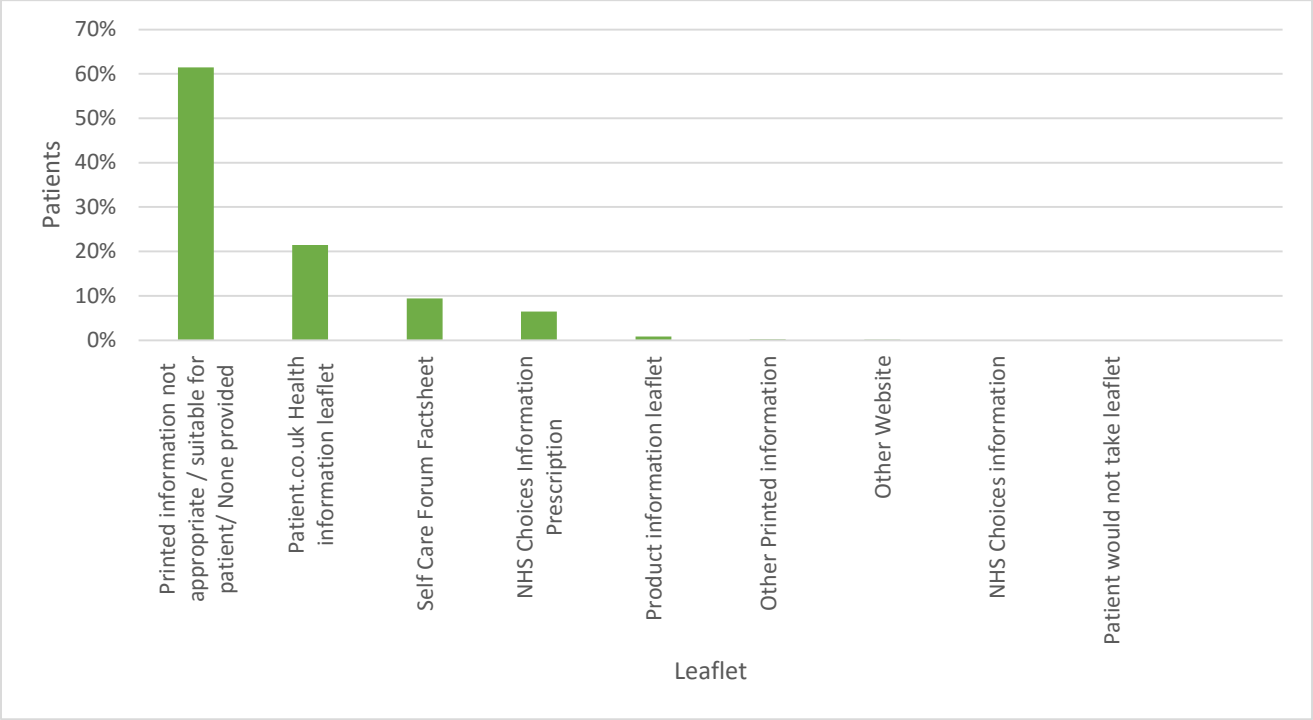


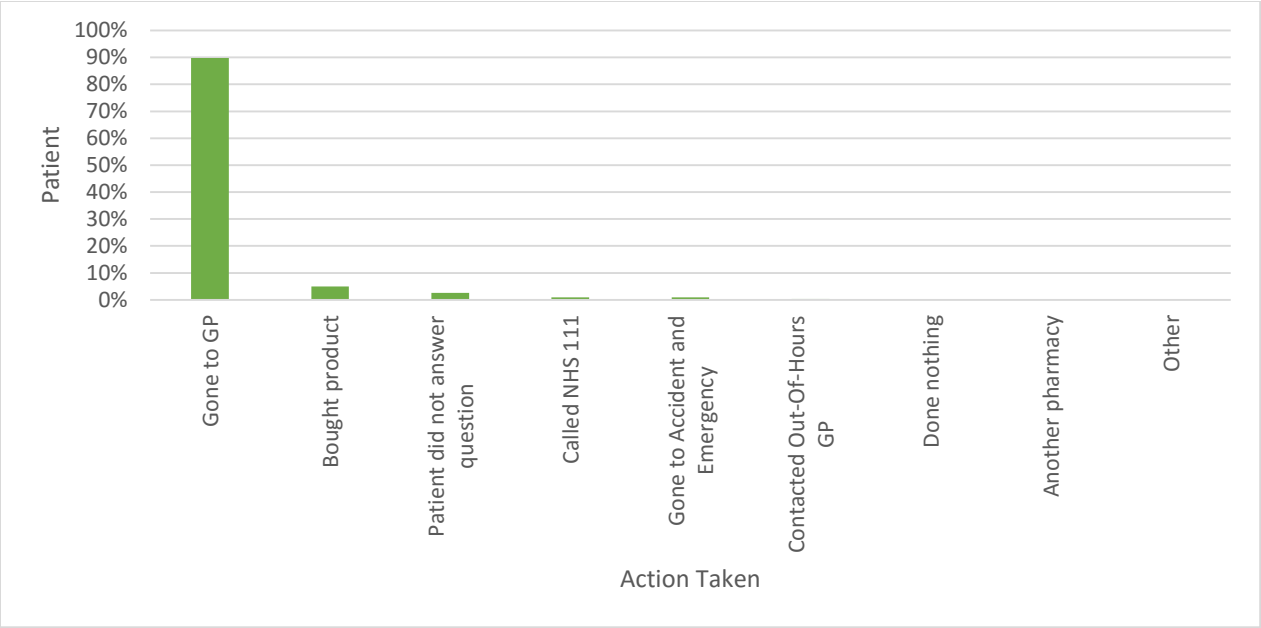
Figure 15 Leaflet provided to patient during consultation



All patients were provided with verbal advice during the consultation. This varied depending on the patient's presenting complaint/symptoms. Only 38.5% (2719/ 7054) of patients were provided with written information or referred to a website to support their consultation. The majority of those patients who were provided with written information from patient.co.uk (see figure 15). A small number of patients received '*get better without antibiotics'* information (15.3%, 1080/7054) and information on managing cough (10.9%, 768/7054). This is lower than the number of patients which were eligible to receive a leaflet.

Patient Experience Captured on PharmOutcomes®

Figure 16 Action the patient would have taken if *Pharmacy First* was not available



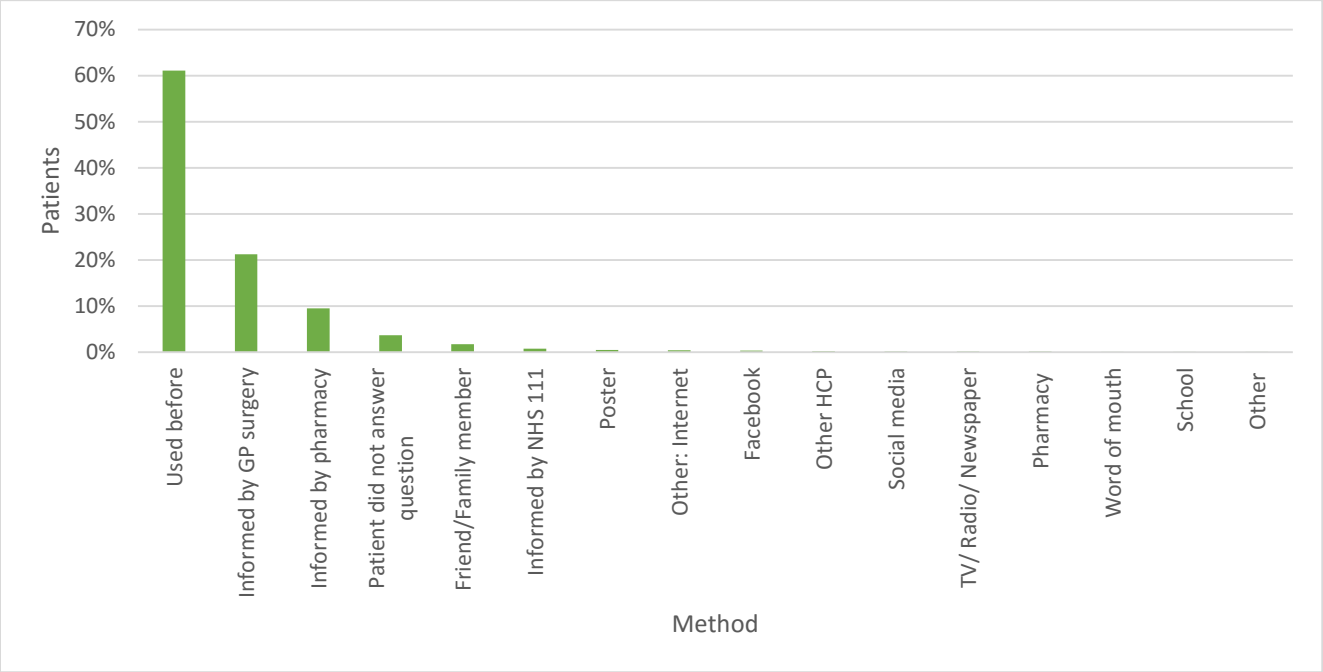
The majority of patients (89.8%, 6335/7054) stated they would have used the GP had they not accessed the service (see figure 16). Using this information and assuming the average GP consultation is 10 minutes[5] this has released 1055 hours 50 minutes practice time across 41 practices (see table 4). The mean time released per practice was 25 hours 45 minutes, with a median of 6 hours 50 minutes. Using a fee of £57[6] for A&E attendance the overall savings from the service for the first eight months is £3591.

Table 4 Number of hours released per practice

GP Practice	Hours	Min
A	346	10
B	145	20
c	88	10
D	64	30
E	60	10
F	51	50
G	42	0
H	33	40
J	21	20
I	19	50
K	15	40
M	12	20
L	11	30

P	11	30
N	11	20
Q	9	30
O	9	0
T	8	0
U	7	30
S	7	0
W	6	50
X	6	50
Z	6	50
AA	6	20
Y	5	40
V	5	40
BB	5	20
CC	4	50
DD	4	50
R	4	50
EE	3	50
GG	3	40
FF	2	40
HH	2	30
JJ	1	50
LL	1	40
II	1	40
KK	1	30
MM	1	0
NN	0	50
OO	0	20
Total	1055	50

Figure 17 Method through which the patient found out about the service



Most patients knew about the service because they had used it previously (61.1%, 4310/7054); many had also been informed by their GP practice (21.2%, 1498/7054) (see figure 17). Over 90% of patients (93.7%, 6608/7054) stated that they would recommend the service to a friend, the remainder either did not respond (5.3%, 375/7054), were not sure (0.7%, 52/7054) or stated that they would not use it again (0.3%, 19/7054).

Most patients felt that *Pharmacy First* had increased their confidence to self-care without seeing a doctor (92.8%, 6543/7054), with 92.9% (6554/7054) saying that they would use *Pharmacy First* next time they needed advice.

GP Practice Staff Opinion

A total of twenty-six GP practice staff responded to the questionnaire. Ten respondents suggested that there should be additional conditions included in *Pharmacy First* (see table 5). Nine also suggested further medications to be included in the formulary (see table 6). One practice emphasised the need for second line treatments for hay fever ie nasal spray and eye drops. Most practice staff (23/26) felt they were well informed about the service before it started.

Table 5 Conditions to add to *Pharmacy First* suggested by GP Practice Staff

Condition	Number of respondents
Head lice	5
Conjunctivitis	2
Eczema/ contact dermatitis	2
Nappy rash	2
Chicken pox	2
Minor skin infections	2
Diarrhoea and vomiting	1
EHC	1
Tablets to stop periods before holidays	1
Oral thrush	1
Cold Sores	1
Veruccas/ Warts	1
Flu-like symptoms	1

Table 6 Medications to add to the *Pharmacy First* formulary suggested by GP Practice Staff

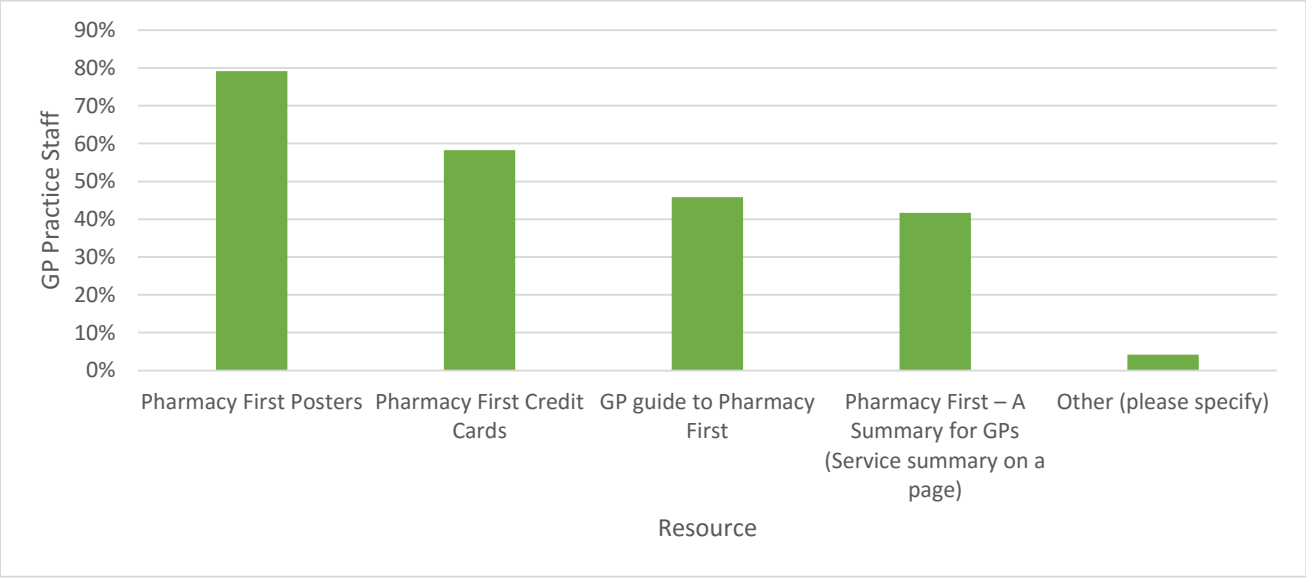
Medication	Number of respondents
Steroid cream	4
Head Lice treatment	3
Emollient	2
Chloramphenicol eye ointment/drops	2
Benzydamine topical	2
Aciclovir cream	1
Sudocrem	1
Nystatin suspension	1
Levonorgestrel (EHC)	1
Verrruca treatment	1
Fexofenadine 120/180	1
Miconazole with hydrocortisone	1
Clotrimazole with hydrocortisone	1
Miconazole oral gel	1
Cough medicine	1

Fusidic acid	1
Pseudoephedrine	1
Antifungals	1
Dioralyte	1
Cystitis sachets	1

Twenty-five respondents stated that they had promoted the service within the GP practice for example through care navigation and signposting; one practice had not actively promoted the service. Practices had also used other methods to promote *Pharmacy First* such as text messages, posters, messages on the prescription counterfoil, information on the practice website, promotion at patient participation groups, the practice newsletter and distribution of *Pharmacy First* credit cards during consultation. One practice mentioned that some of their patients had been turned away from pharmacies following referral without appropriate assessment. Staff felt that patients could be better informed through increased advertising and more publicity including the use of television and radio plus audio visual boards. Other suggestions included having a list of participating pharmacies, more posters and credit cards, the same formulary as Bradford City and participating pharmacies which were closer to the practice. One member of staff suggested that the scheme be offered to distance selling pharmacies. Another member of staff felt that discussions with local pharmacies would have helped to improve delivery of the scheme however it is unclear whether this is discussions between the practice and the pharmacy or the commissioner and the pharmacy.

The resources were well received by practice staff with most liking the posters and credit cards (see figure 18).

Figure 18 Resources found useful by GP practice staff



SIx members of staff reported that their practice routinely recorded that the patient had used *Pharmacy First* on the practice electronic health record. Sixteen specified that they did not, with two adding that they had not received any notifications. One practice did not see the need to record the consultation as they would not routinely record if the patient bought OTC medication another was unaware of the requirement to read code.

Five members of staff felt that *Pharmacy First* had decreased the number of patients attending the GP practice, the remainder had not noticed a difference, or felt it may have increased the number of consultations with one member of staff adding:

> *'If anything it may have increased as patients are encouraged to consult more not less'*

Another commented on the lack of engagement locally:

> '*When we have asked local pharmacies if they are signed up they tell us that remuneration is insufficient to make it worth their while. It seems that locally only the large supermarket based pharmacies are offering this service.'*

Twenty-one respondents felt that *Pharmacy First* was worthwhile as it educated patients, promoted self-care and reduced demand in GP practice:

> '*[Pharmacy First] appears to be helping with patient education regarding self-care, which needs to be at the fore-front of the general practice agenda. Also helping to reduce the work load in general practice regarding self-limiting illness.'*

However, GP staff still felt that more needed to be done to embed the service into routine practice and that the service needed expanding to cover more ailments.

> *'I think it will take a long time for the idea to catch on and get embedded in patient's minds as an alternative. We have a really good urgent care access and this means patients often book a phone consult without thinking of going to a pharmacist first.'*

Other suggestions to improve the service included increasing the uptake by pharmacies, increasing the range of medications on the formulary and the inclusion of head lice treatment.

Pharmacist Opinion

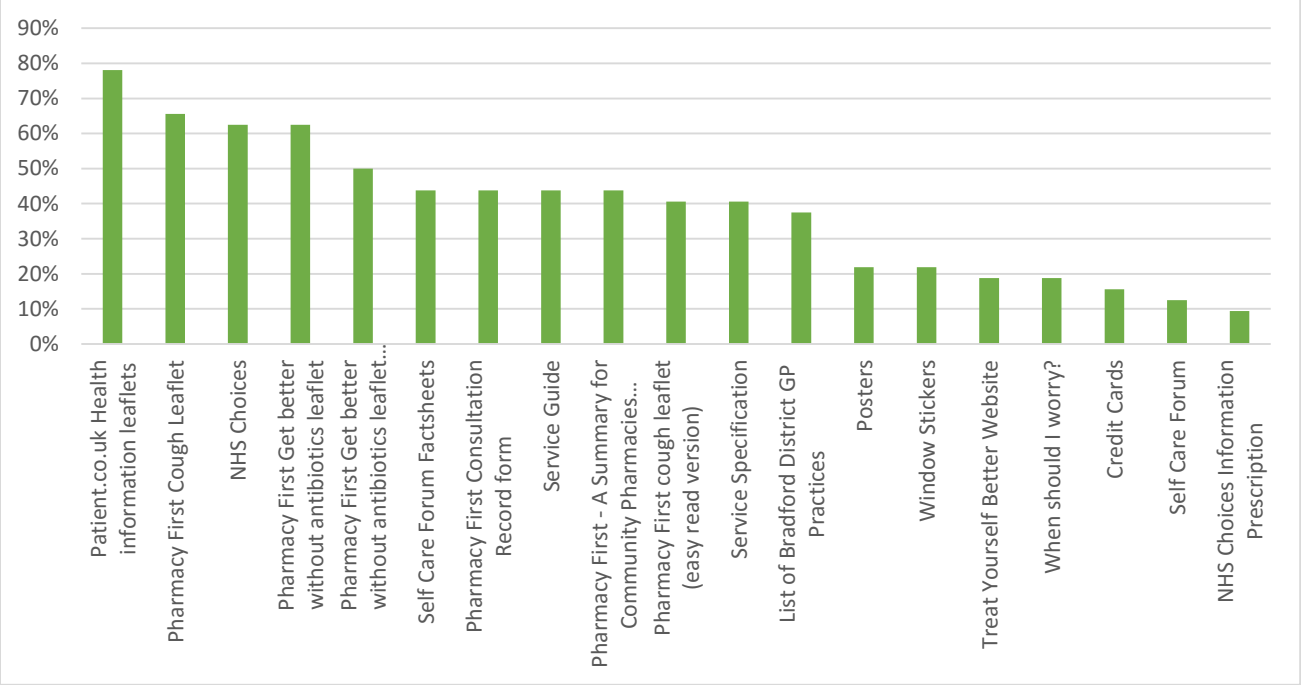
Thirty-four members of pharmacy staff completed the feedback survey. Twenty-Four suggested further medications which should be included within *Pharmacy First* (see table 7).

Table 7 Medications to add to the *Pharmacy First* formulary suggested by pharmacy staff

Medication	**Number of Respondents**
Chloramphenicol drops / ointment	13
Head lice treatment	7
Loperamide	6
Constipation treatment eg lactulose/ senna	5
Emollient	5
Cough preparations	4
Hydrocortisone cream/ointment	4
Dioralyte	4
Acyclovir cream	3
Miconazole oral gel	3

Nappy rash	3
Benzydamine topical	2
Olive oil	2
Earwax softeners	1
Antacids	1
Anti-allergy eye-drops	1
Antifungal & steroid	1
Pseudoephedrine	1
Tyrozets	1
Haemorrhoids	1
Dry eye	1
Hyoscine	1
Infacol	1
Wart treatment	1

Figure 18 Resources found useful by pharmacy staff



Most found patient.co.uk information leaflets useful, as well as NHS choices and the *Pharmacy First* antibiotic and cough leaflets (see figure 19). One respondent described how they had produced further resources to assist them with the service:

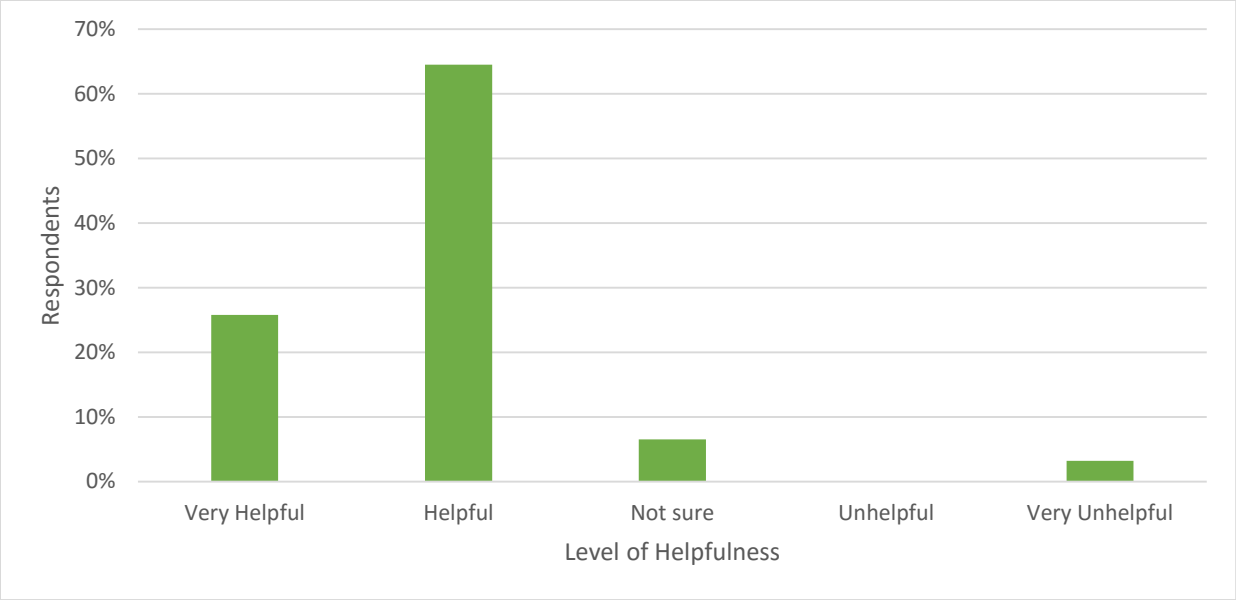
> *'[I] made my own red flag guide for when to refer where I used the NICE traffic light system and other resources. Also bought an infrared thermometer to take temperatures I think this is very important especially in children and elderly.'*

Suggestions to make the service easier to deliver included better promotion and understanding by general practice, including better education of reception staff on which ailments can be referred to the service. One pharmacist suggest a 1-page sheet for pharmacies to give to patients which explains about the service and how it works. Another suggested a resource list of things that pharmacies could purchase to help them to deliver the service eg infra-red thermometer.

All respondents felt the information received prior to starting the service prepared them sufficiently to conduct the service and the majority of respondents (28/31) felt that the support received from Community Pharmacy West Yorkshire was helpful (see figure 19).

'I thought the information and claim systems are well thought out and easy to understand'

Figure 20 Helpfulness of Support received from CPWY



PharmOutcomes® was thought to be easy and straight forward to use in most cases (25/31). Three respondents mentioned that despite it being straight forward it was time consuming.

Nineteen respondents felt that *Pharmacy First* had improved relationships with their GP practice including communication. One respondent added:

'Better working relationship with surgeries, the latter recognizing that Pharmacy can play an important part in managing minor ailments and hence some surgeries are directing patients to Pharmacies where they can access the Pharmacy First Scheme'

Another pharmacist felt that relationships could be improved further if more medications were included on the formulary:

'It could do much better if formulary is expanded, as it will then take more pressure off the GP practice. Currently in my opinion it is not reaching its full potential.'

The majority of pharmacy staff (29/31) felt that their relationship with the patients had improved with the patient putting more trust and confidence in the pharmacist.

> *'Patients often come into the pharmacy for advice before consulting the doctor …….This is very promising and shows patients have confidence in the pharmacy. In many cases patients are very satisfied with the service and would use it again'*

> *'Patients are more trusting of us and now come to us first instead of going straight to the GP.'*

> *'I feel that some patients now feel like I am the gate keeper of GP appointments and that I can give them a 'golden ticket' to see GP'*

Although some pharmacy staff felt that there were still some challenges which needed to be overcome

> *'Some situations have been challenging, where patients want to request items to stock up on, or get things for other people who aren't suffering from any problem currently, and not physically in the pharmacy for a consultation. Also the fact that it's a different service in different cities and different products available.'*

> *'Some still feel the need for my advice to be "endorsed" by the doctor so it is not working for all the patients we see.'*

Pharmacy staff felt that the numbers of patients accessing the scheme could be increased through further advertising including television advertising, increased understanding by GP reception staff and patients, promotion through schools, information in different languages and increasing the formulary.

> *'Possibly improve marketing material - more eye catching. Provide info material to patients in different languages if an area has a mix of different nationalities and where English is not their 1st spoken language.'*

> *'Increased formulary, this is the most important thing, we are health care professionals we are trained in minor conditions and are experts at when to refer so trust us more and give us more responsibilities,*

Overall, the pharmacy staff were pleased with the service but felt the service could be improved through better understanding and promotion to patients by GP practice staff plus increased promotional material. One pharmacy suggested that technicians should be able to deliver the service to increase skill mix and take pressure off the pharmacist. Half the respondents felt that the biggest improvement would be to expand the formulary:

> *'The fact that we got this service is excellent, thank you for making it happen. But it does need to grow.'*

> *'We feel that more work needs to be done by GP practices and 111 to refer patients to pharmacy for minor problems. This well help them reduce their workload and make more appointments available for more complicated matters.'*

Feedback also highlighted that working relationships between some pharmacies and general practices could be significantly improved, it was unclear what action, if any, had been taken by either party to resolve any issues experienced.

5 DISCUSSION

Over the first eleven months, a large number of consultations for minor ailments were delivered through *Pharmacy First*. The absolute number of consultations is not as high as those seen in Bradford City, but higher than other areas offering a similar scheme.[3, 4] When weighted for population size and social deprivation, however, the uptake was noticeably lower. The lower uptake may be attributable to lack of engagement with the service by GP practice, pharmacists or patients or some other reason. Further work looking at ways to appropriately increase usage is needed. It would also be useful to look at practice IMD scores and plot against number of consultations per 1000 population to determine which GP practices may benefit most from the scheme.

The majority of patients seen were under 10 years old with over half of those being under 5 years. Most commonly patients were treated for viral symptoms. Again this is similar to the findings within other neighbouring schemes. Consistent with this, the top formulary item supplied was paracetamol. Approximately one in seven patients used the service in the-out of-hours period, when their usual GP would be closed.

Written information was provided to many patients, including 'Get better without antibiotics leaflets' and '*Pharmacy First* Cough Leaflets' although more patients were eligible to receive these than actually received them. Exploration of the reasons for this and reiteration of the importance of provision of printed information is needed.

The cost for medication was low (per patient £1.63 and per item £1.35 exc VAT). This similar to the Bradford City scheme and lower than all other evaluated *Pharmacy First* Schemes. Including the service fee of £4.50, this equates to an average consultation cost per patient of £6.13 (excluding VAT). This is lower than previous evaluated *Pharmacy First* schemes plus other evaluated schemes.[2]

The variation in number of patients consulting *Pharmacy First* per pharmacy and practice is positively skewed; 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. One pharmacy and GP practice have a significantly higher number of consultations than other pharmacies. It is possibly due to previous participation in a minor ailments scheme which was established over 5 years ago. Patients who use this pharmacy and practice may have already changed their behaviour during this time to use the pharmacy first. This needs to be explored further.

Overall, there was positive feedback from patients, GP practice staff and pharmacy staff. Both practice staff and pharmacy staff felt that the formulary needed expanding to increase the use and maximise the potential of the scheme. There were some respondents who mentioned the paperwork being too onerous which was previously mentioned in two other area evaluations. This also needs exploring further. Some pharmacies and GP practices experienced improved relationships with each other; others expressed difficulties with communication and engagement with the service on both sides. It is unclear the extent to which these practices have tried to resolve their difficulties with each other and the mis-communications which have occurred. In addition, some GP practices expressed lack of participation by some pharmacies, despite all but one pharmacy being signed up in the Bradford District area. Practices and pharmacies should be supported to improve relationships and communication with each other to increase the accuracy of referrals and smooth running of the service.

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 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 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.

6 CONCLUSIONS

Overall, in the first eleven months, *Pharmacy First* has delivered a large number of consultations which have been cost-effective and embraced by the majority of patients, general practice and pharmacists. Further work to increase understanding, promotion and engagement, plus build relationships between pharmacy and practice staff is needed.

- Encourage increased engagement and liaison and communication between general practice and pharmacies
- Consider further ways to increase promotion of the service by GP practice staff to ensure appropriate use and referral
- Work with GP practices to ensure that *Pharmacy First* is embedded into their triage systems and patient pathways
- 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
- Promote increased recording of patient access to *Pharmacy First* on GP electronic health record.
- Produce a 1-page document which helps patients and practice staff to understand how *Pharmacy First* works
- Re-iterate rationale for formulary choices to pharmacists and general practice
- Provide increased education and information to practice staff to improve accuracy of referrals to *Pharmacy First*
- Plot practice IMD score against use per 1000 population to determine whether there is a correlation
- Produce a list of pharmacies which do/ do not provide the service to aid signposting by others
- Review whether the pharmacy paperwork can be reduced.
- Explore the reasons why the number of cough and antibiotic leaflets is lower than the number of patients eligible and reiterate the importance of the provision of printed information.
- Determine reasons for high levels of consultations at outlying practices and pharmacies and share good practice

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