



**NHS Leeds North CCG**  
**Pharmacy First Self Care Service**  
**Evaluation**  
**18 November 2015 – 31 December 2016**

Anonymised Report

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## SUMMARY OF EVALUATION

	Nov 15 – Dec 16 (14 Month Period)
<b>Pharmacy First Usage</b>	
Total number of consultations	3598 <sup>1</sup>
Number of active pharmacies	29
Average number of consultations per active pharmacy	124
Average number of consultations per GP practice	144
% of consultations on Saturday/Sunday	7%
% of consultations in OOH period <i>*(includes S&amp;S, BHs and before 8am/after 6:00pm)</i>	14% (n=492)
Total number of medicines supplied	4842
<b>Costs of Pharmacy First</b>	
Cost of medicines supplied (inc VAT)	£10,286.11
Total cost of service activity	£26,256.61
Average cost per consultation (inc VAT)	£7.30 <sup>2</sup>
Average monthly cost of activity	£1875.47
Average monthly cost of Pharmacy First (including management fees)	£2,633.40
<b>Patient Feedback &amp; Patient Change Behaviours</b>	
% of patients who would recommend Pharmacy First	89%
% of patients who reported to feel more confident to self-manage future minor ailments as a result of the service	88%
% of patients who reported they will visit the pharmacy without seeing a doctor the next time they have a minor ailment	87%
<b>Benefits</b>	
<ul style="list-style-type: none"> <li>• <b>Improving access to GP appointments/helping to reduce demand for urgent appointments</b> - the majority of patients, (79.6%, n= 2863), stated they would have used the GP had they not accessed the service. Using this information and assuming the average GP consultation is 10 minutes this has released 2863 x 10 = 28,630 minutes = 477 hours 10 minutes practice time across LN CCG. This equates to an estimated release time of 63 DAYS across 25 practices in Leeds North.</li> <li>• <b>Provides a service outside of normal GP opening hours helping to reduce demand on OOH and emergency services such as A&amp;E</b> – 14% of Pharmacy First usage in Leeds North is in the OOH periods. 12 patients stated they would have attended A&amp;E without Pharmacy First, whilst 28 would have contacted the out-of-hours GP. A further 75 patients stated they would have called NHS 111.</li> <li>• <b>Helps reduce costs of services</b> - using a fee of £57 for A&amp;E attendance, savings from the service for Nov 15 to Dec 16 is £684. Using a fee of £36<sup>3</sup>for an average GP consultation this would have cost £103,068 if the 2863 patients had made an appointment to see the GP rather than Pharmacy First. Therefore, total savings from Pharmacy First for Nov 15 to Dec 16 is approximately £66,884.39 (once cost of Pharmacy First removed).</li> <li>• Pharmacy First is a <b>cost effective way</b> to manage patients with minor ailments.</li> <li>• <b>Supports and encourages self-care</b>; an essential priority in today's NHS.</li> <li>• Supports ambition of 5 Year Forward View; <b>“helping patients get the right care at the right time in the right place, making more appropriate use of primary care”</b>.</li> <li>• Feedback from patients has been positive with most patients indicating that they would be willing to re-use the service and would recommend it to others.</li> </ul>	

<sup>1</sup> 3598 consultations provided but only 3549 actually claimed for

<sup>2</sup> Based on ACTUAL cost, ie. consultations claimed

<sup>3</sup> Unit Costs of Health & Social Care, 2010

- Results from this evaluation validate findings from the Murray Report (King's Fund, December 16) mainly that providing easy access to patients with minor ailments reduces pressure on General Practice and other parts of the health and care system whilst providing good value for money.
- Pharmacy First also contributes to reducing demand in the future through patient education on the management of minor ailments.

*Pharmacy First* was introduced in November 2015 within 40 pharmacies which serve patients in NHS Leeds North 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 Leeds North 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 most medicines for conditions included within the Leeds North *Pharmacy First* service is less than the current prescription charge.

In the first 14 months, *Pharmacy First* in Leeds North has delivered a high number of consultations. Most patients who accessed *Pharmacy First* were under 10 years old, with just under half 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; analgesia/antipyretic medication was the most common medication supplied. The cost for medication, although low, (per patient £2.42 and per item £1.80), was slightly higher than seen in other evaluated Pharmacy First Schemes in West Yorkshire. This is likely due to the inclusion of head lice products in the Leeds North service. Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.92 (exc VAT).

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 very positive with most feeling the service was worthwhile. Staff suggested the service could be further improved through increased promotion/publicity and by increasing the formulary. Further work to raise awareness of the requirements of the service to GP practices is also required.

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 to improve joint understanding, resolve issues and increase uptake
- Consider further ways to increase promotion of the service by GP practice staff to ensure appropriate use
- Provide increased education and information to practice staff to improve appropriateness of referrals to *Pharmacy First*
- Work with GP practices to ensure that *Pharmacy First* is embedded into their triage systems and patient pathways.
- Consider the possibility of sending out regular (quarterly/6-monthly) *Pharmacy First* updates to GP practices
- 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 if agreed 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 summary document or leaflet which helps patients understand how *Pharmacy First* works
- Explore the reasons why the number of antibiotic leaflets is lower than the number of patients eligible and reiterate the importance of the provision of printed information.
- Work with commissioners to ensure a single common ailments service, rather than the current split system in Leeds.

# 1 INTRODUCTION

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Pharmacy self-care schemes or minor ailment schemes (MASs) are commissioned to promote self-care through a consultation with the pharmacist.<sup>1,2,3</sup> 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.<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>

In November 2015, *Pharmacy First* was commissioned by NHS Leeds North CCG, following the success of *Pharmacy First* in Bradford City CCG which commenced in January 2014.<sup>3</sup> It provides Leeds North 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 Leeds North 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 most medicines for conditions included within the Leeds North *Pharmacy First* service is less than the current prescription charge (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 mid November 2015 within 40 pharmacies which serve NHS Leeds North CCG patients. The presenting patient must currently be registered with a GP within Leeds North and be suffering from an ailment which is included in the service.

The following conditions can be managed within the Leeds North *Pharmacy First* service:

- Cough
- Cold
- Earache
- Sore throat
- Threadworms
- Teething
- Athletes foot
- Thrush

- Hay fever
- Fever
- Sprains and strains
- Blocked nose
- Constipation
- Indigestion
- Warts and verrucas
- Head lice
- Diarrhoea
- Chicken pox
- Insect bites and stings

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

**Table 1** *Pharmacy First Formulary (Leeds North)*

Alginate raft-forming oral suspension sugar free	Loratadine 5mg/5ml Liquid
Beclometasone nasal spray	Macrogol Oral Powder Sachets
Calamine Aqueous Cream	Mebendazole 100mg tablet (1)
Cetirizine liquid 5mg/5ml	Mebendazole 100mg/5ml liquid (30ml)
Cetirizine tabs 10mg	Mebendazole tablets 100mg – (4pk)
Chlorphenamine Oral Solution 2mg/5ml SF	Metanium ointment
Chlorphenamine tabs 4mg	Miconazole 2% cream
Clotrimazole Cream 1%	Miconazole Oral Gel 20mg/g
Clotrimazole Pessary 500mg	Oral rehydration sachets
Dentinox teething gel	Paracetamol SF Suspension 120mg/5ml (100ml)
Fluconazole Capsule 150mg	Paracetamol SF Suspension 250mg/5ml (100ml)
Hedrin 4% Lotion (50ml)	Paracetamol tablets 500mg
Hedrin 4% Lotion (150ml)	Senna 7.5mg Tablets
Hydrocortisone cream 1% (15g)	Simple Linctus Paediatric SF
Hydrocortisone ointment 1% (15g)	Simple linctus SF
Ibuprofen oral suspension: sugar free 100mg/5ml	Sodium Chloride nasal drops 0.9%
Ibuprofen tablets 200mg	Sodium Cromoglicate eye drops 2%
Ibuprofen tablets 400mg	Terbinafine 1% cream
Ispaghula Husk	Verrugon® Ointment (6g)
Lactulose Solution	Xylometazoline nasal spray 0.1%
Loratadine 10mg tablets	Xylometazoline paediatric 0.05% nasal drops

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 (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> <li>• Symptoms</li> </ul>	<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*<sup>®</sup> (a data capture system which pharmacy use to claim for service provision).

### 3 METHOD OF EVALUATION

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All data inputted on to *PharmOutcomes* was evaluated from 18<sup>th</sup> November 2015 – 31<sup>st</sup> December 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 on Pharmacy First. The GP questionnaire was distributed via SurveyMonkey<sup>®</sup> (to GPs, Practice Nurses and Practice Managers) and the pharmacy staff questionnaire using both paper-based questionnaires and SurveyMonkey<sup>®</sup>.

### 4 RESULTS

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#### Pharmacy First

##### Overview

Over the fourteen month evaluation period, 29 community pharmacies, conducted a total of 3598 consultations (40 pharmacies are accredited to deliver the service). The range of consultations per pharmacy varied from 1 to 647 with a mean of 124 consultations per pharmacy and a median of 37 consultations per pharmacy (see figure 1). The top 6 pharmacies delivered nearly three-quarters of all consultations (74.3%, 2674/3598).

Of the 3598 consultations, 1454 (40.4%) were delivered in a private consultation room, the rest in a private area of the pharmacy (2144 – 59.6%).

### **Patient Demographics**

Out of 3598 consultations, 2094 (58.2%) were female, 1503 (41.8%) male and 1 (<1%) transgender. Over 60% (63.4% - 2280/3598) of the patients seen were aged under 10 years old, (see figure 2), with the majority being aged 5 years and under (46.2%, 1662/3598). Thus, the majority of patients were exempt from prescription charges due to being under 16 (see figure 3).

Most patients described themselves as White – British (43.2% - 1553/3598) with Asian or Asian British – Pakistani being next highest (14.8% - 533/3598) (see figure 4). Over 60% (2219/3598) of patients accessing the service lived within LS7 or LS8, with large proportions from LS14 and LS17 (see figure 5).

### **Practices**

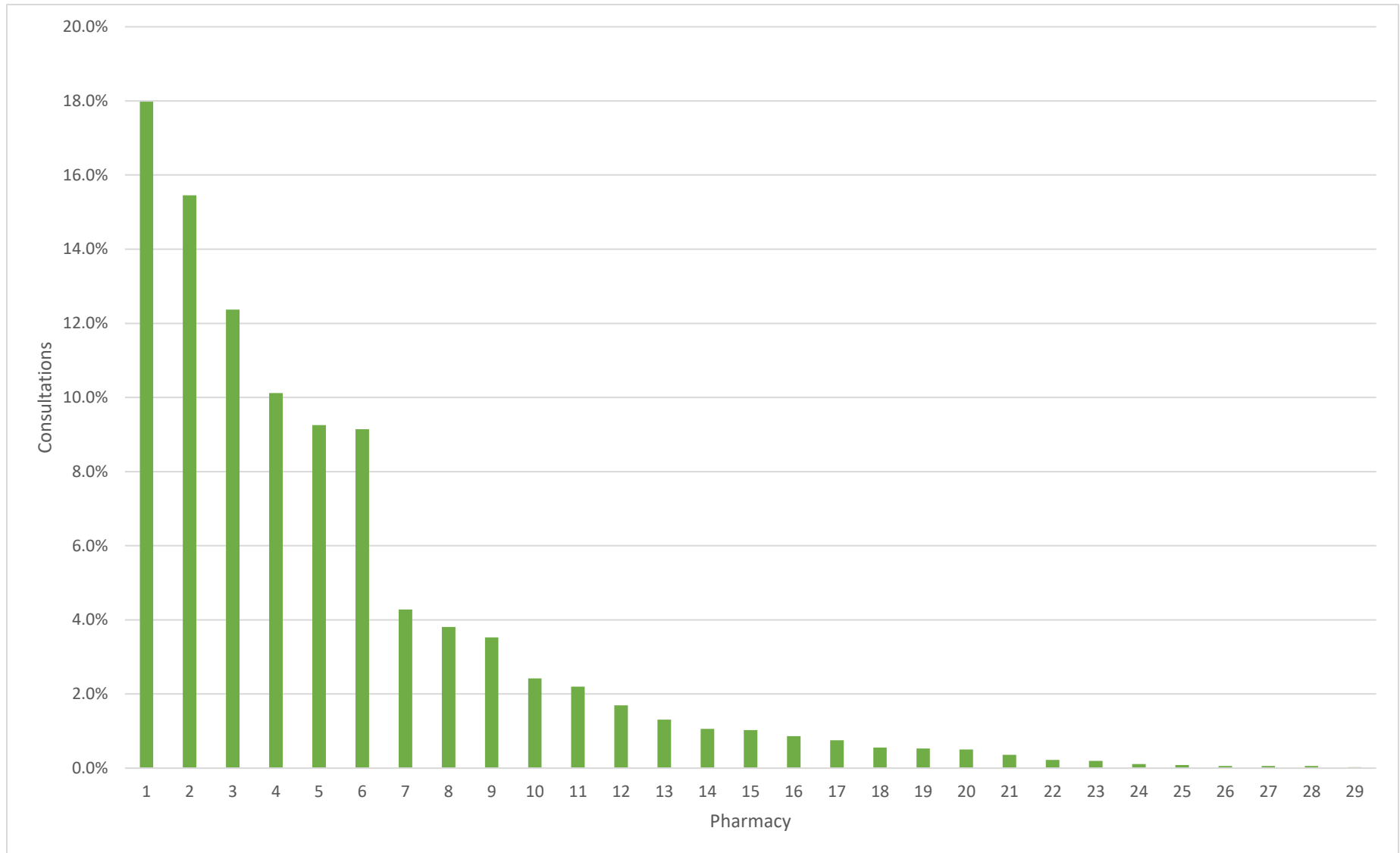
The patients using the service were registered at 24 of the 26 GP practices in Leeds North CCG (see figure 6)<sup>4</sup>. The mean number of patient visits per GP practice was 144 visits and the median 47 visits (range 0-691 visits). The range per 1000 practice population was 0 – 52.64 consultations with mean 16.94 consultations and median 7.69 consultations (see figure 7).

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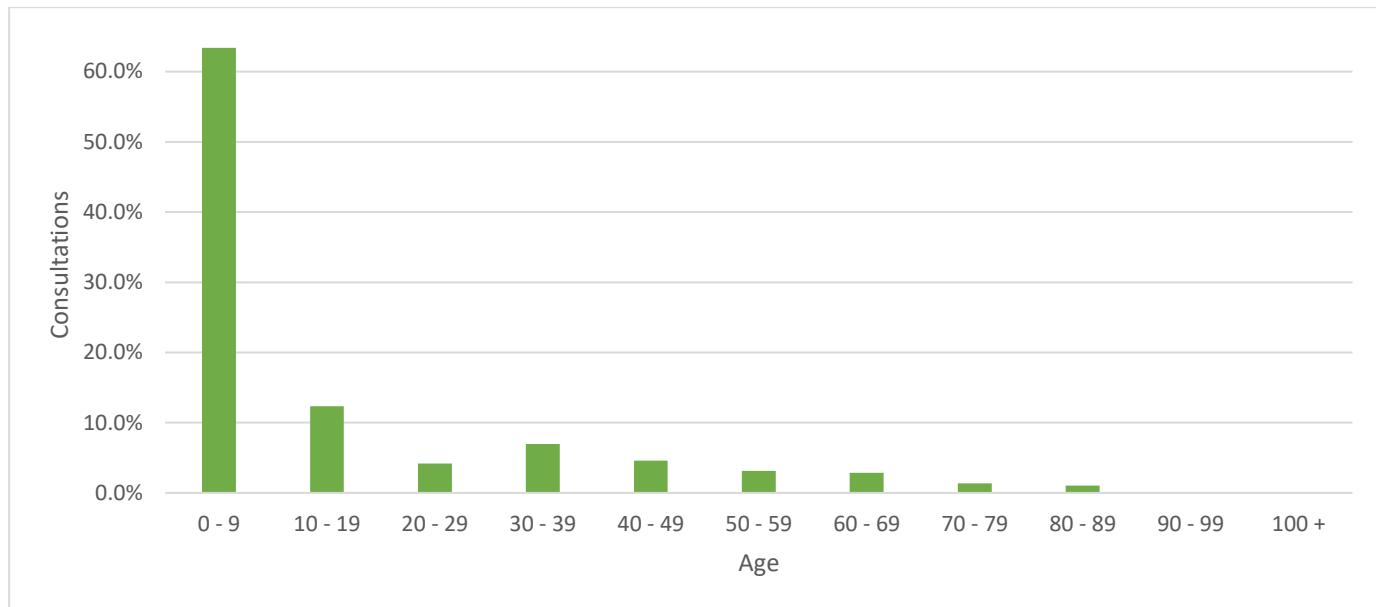
<sup>4</sup> Note – Hilton Road Practice has since closed and there are now 25 GP practices in Leeds North CCG



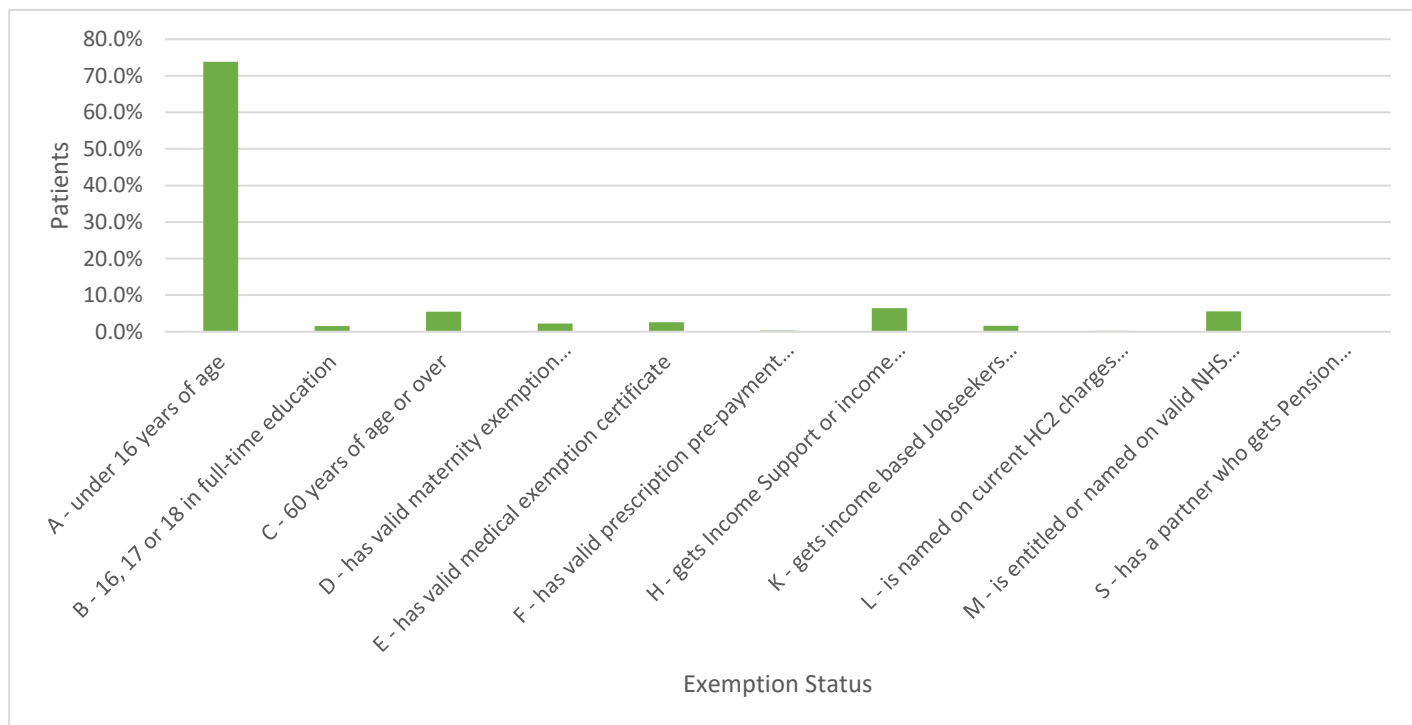
**Figure 1** Percentage of consultations delivered per pharmacy



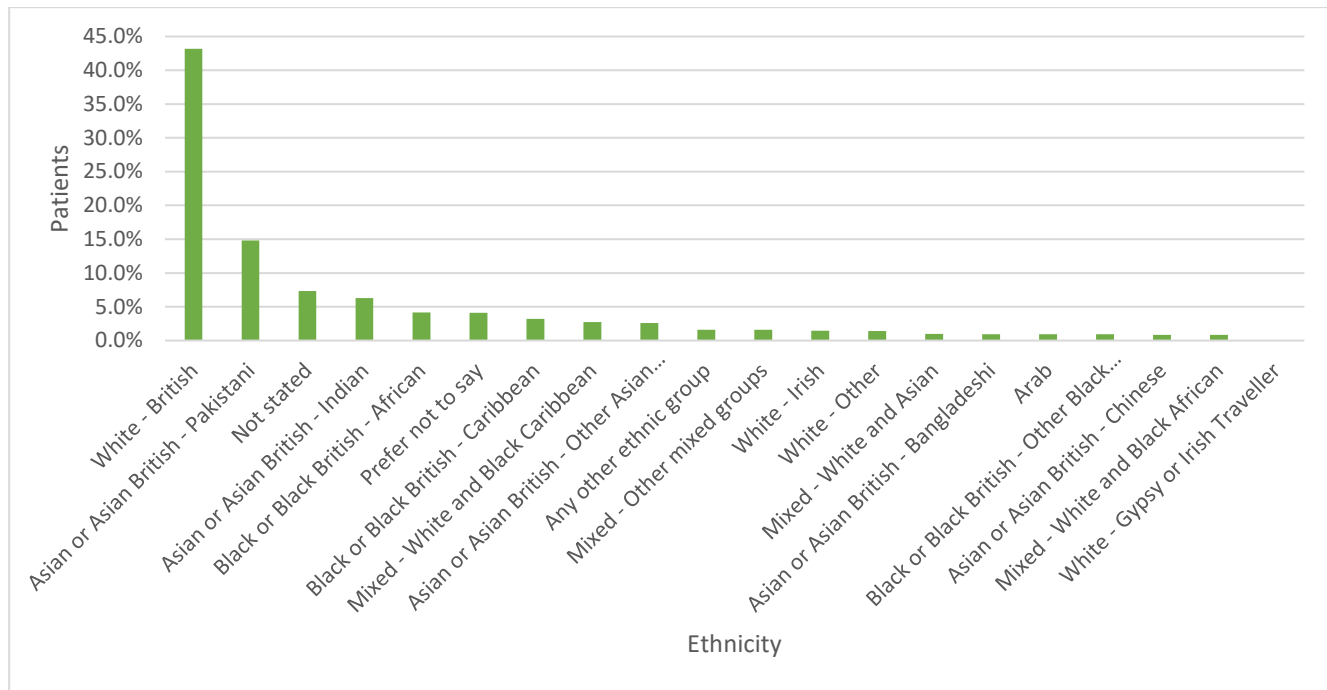
**Figure 2** Age of patients using *Pharmacy First*



**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*

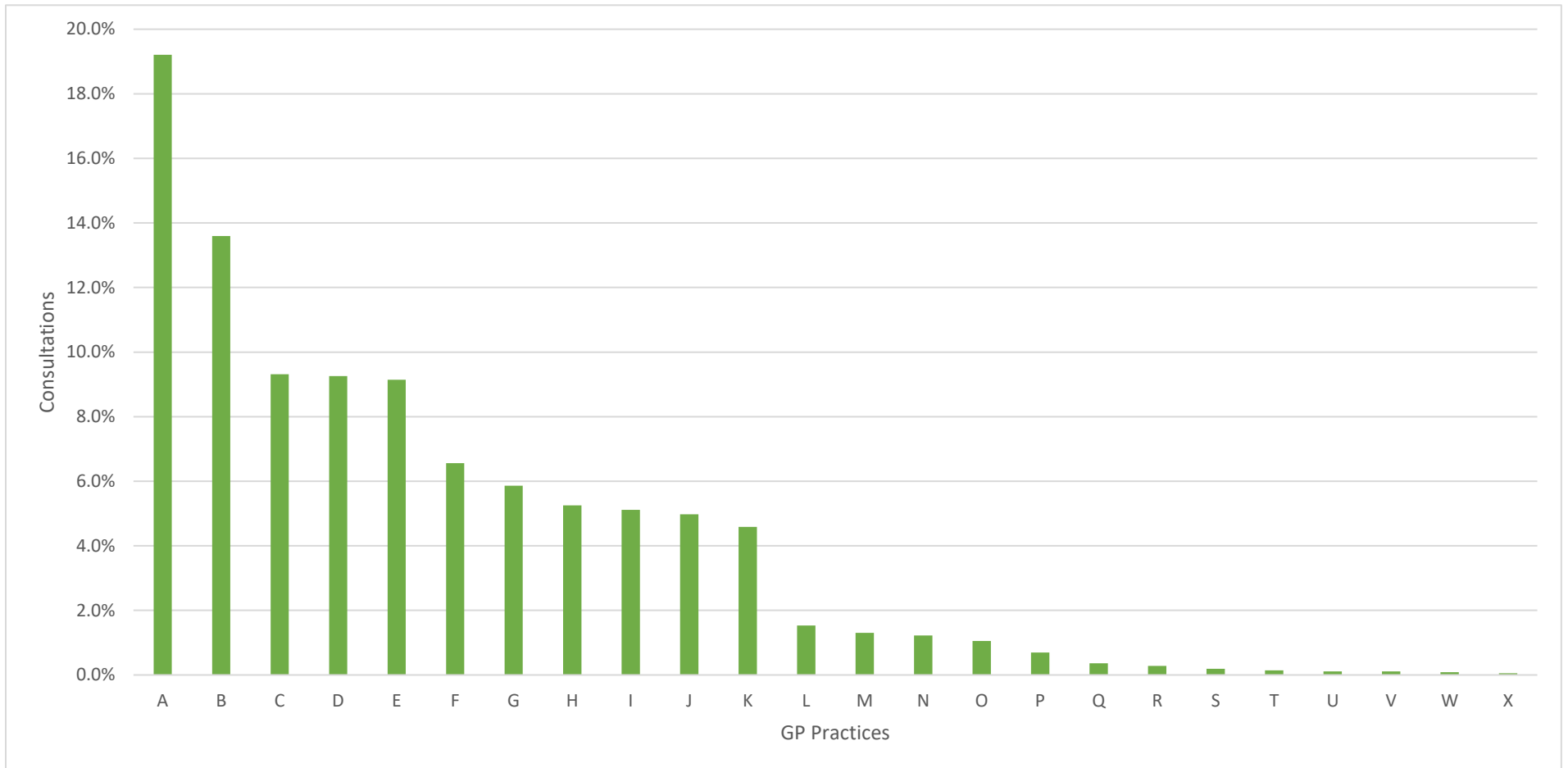
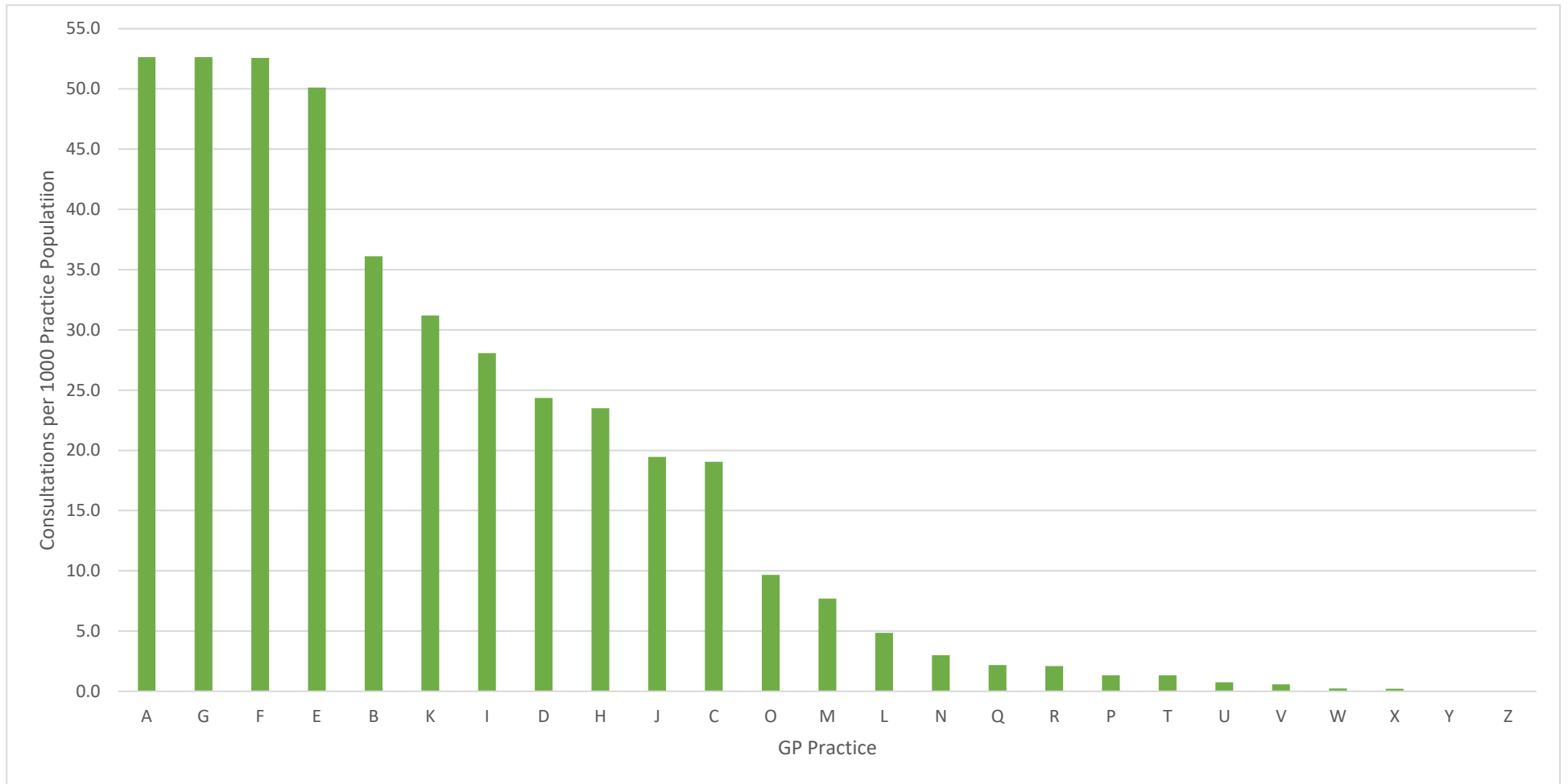


Figure 7

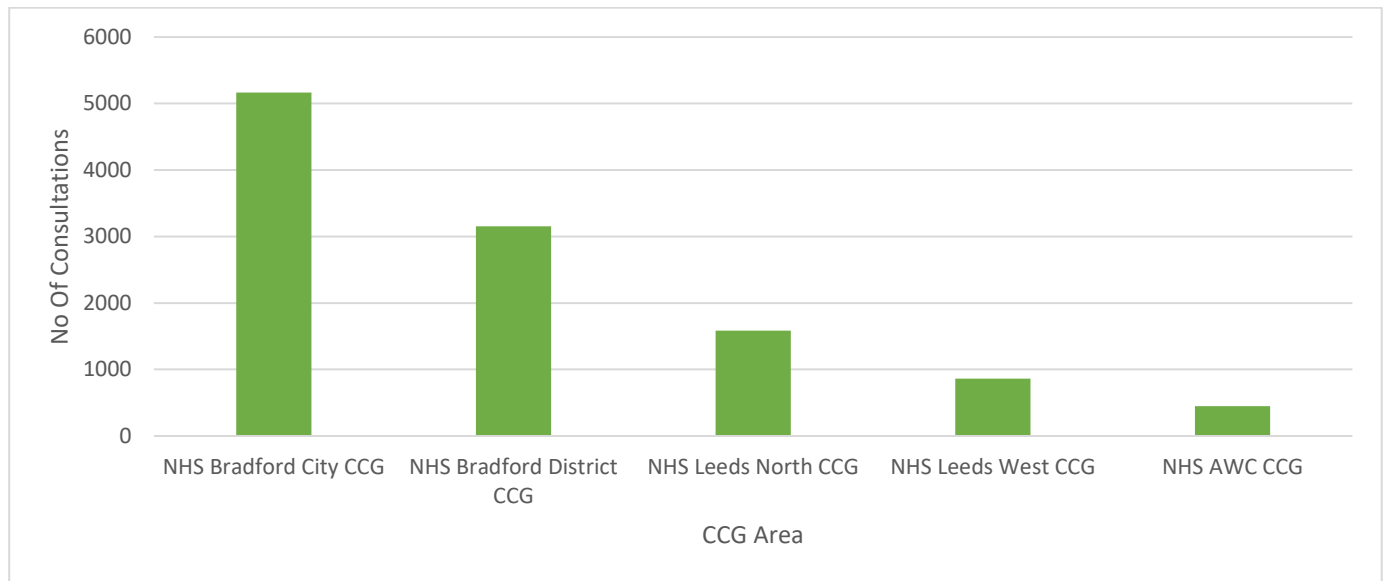
Number of patient consultations per 1000 practice population



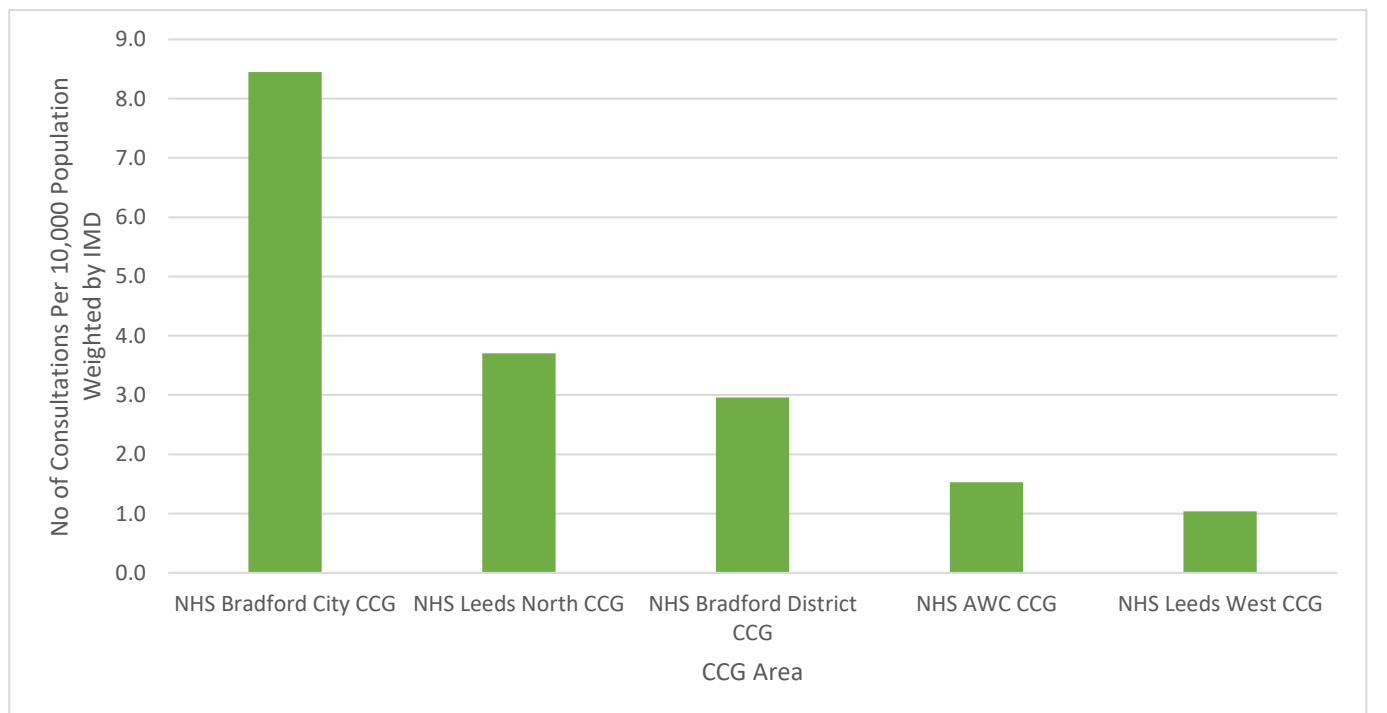
### Comparison of consultations delivered per *Pharmacy First* area in the last six months

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 2016 with NHS Leeds North CCG the third highest (see figure 8). When weighted for population size and social deprivation, Bradford City still remains the highest with NHS Leeds North CCG second highest (see figure 9).

**Figure 8 Number of consultations delivered per *Pharmacy First* area in the last 6 months (April - September 2016)**

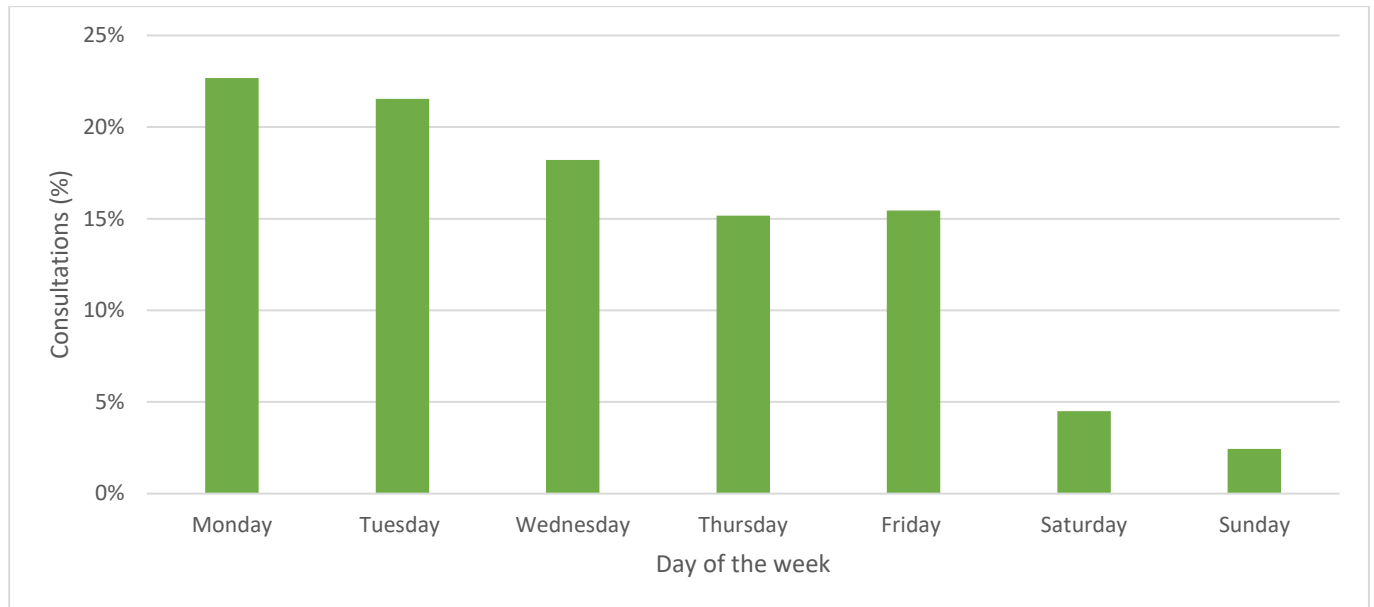


**Figure 9 Number of consultations per CCG area weighted for population and social deprivation in the last 6 months (April – September 2016)**

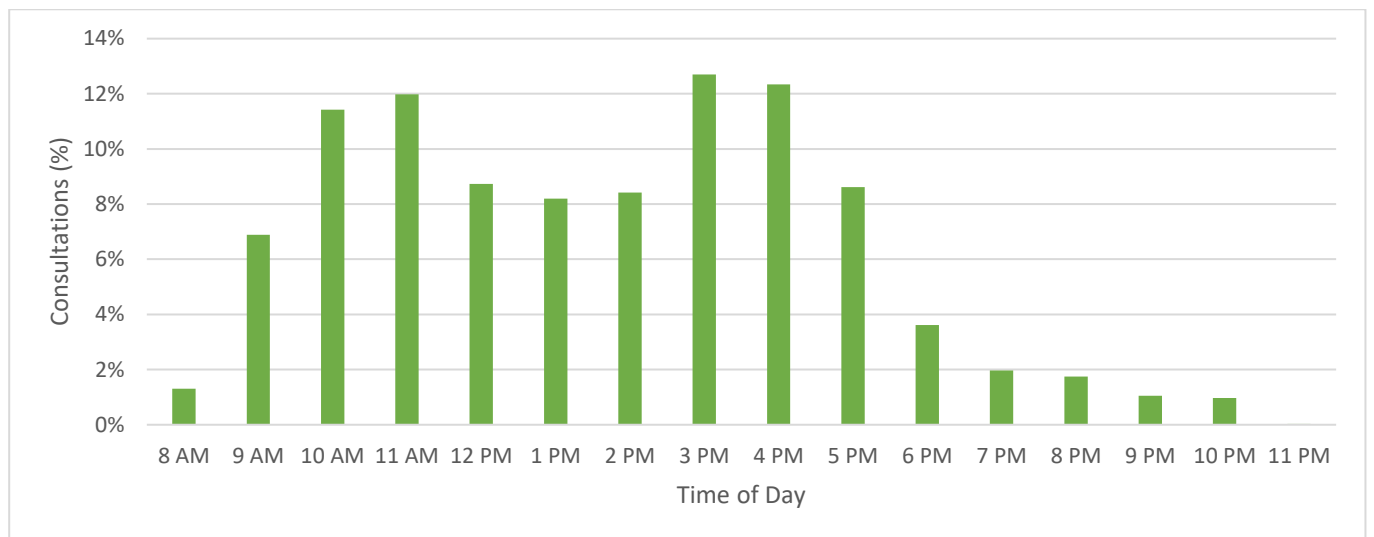


## The Consultation

**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 highest at the beginning of the week and tapered off as the week went on with fewer at the weekend. The peak times of day for consultations were mid-morning and mid-afternoon (see figures 10 & 11).

In total there was 250 consultations (6.9%) on a Saturday or Sunday, 8 consultations on a bank holiday and 234 (6.5%) consultations undertaken out of hours on a weekday (before 8am or after 6pm). The total number of consultations out of hours was 492 (13.7%).

Patients presented at the pharmacy with a total of 32 different symptoms. 347 patients (9.6%) presented with two different presenting complaints, although in some instances this was due to incorrect recording e.g. fever and sore throat were recorded as 2 separate symptoms when these symptoms should simply be recorded as “viral symptoms with cough”. This was also seen for other permutations of symptoms such as cough and sore throat (which should be recorded as “viral symptoms with cough”).

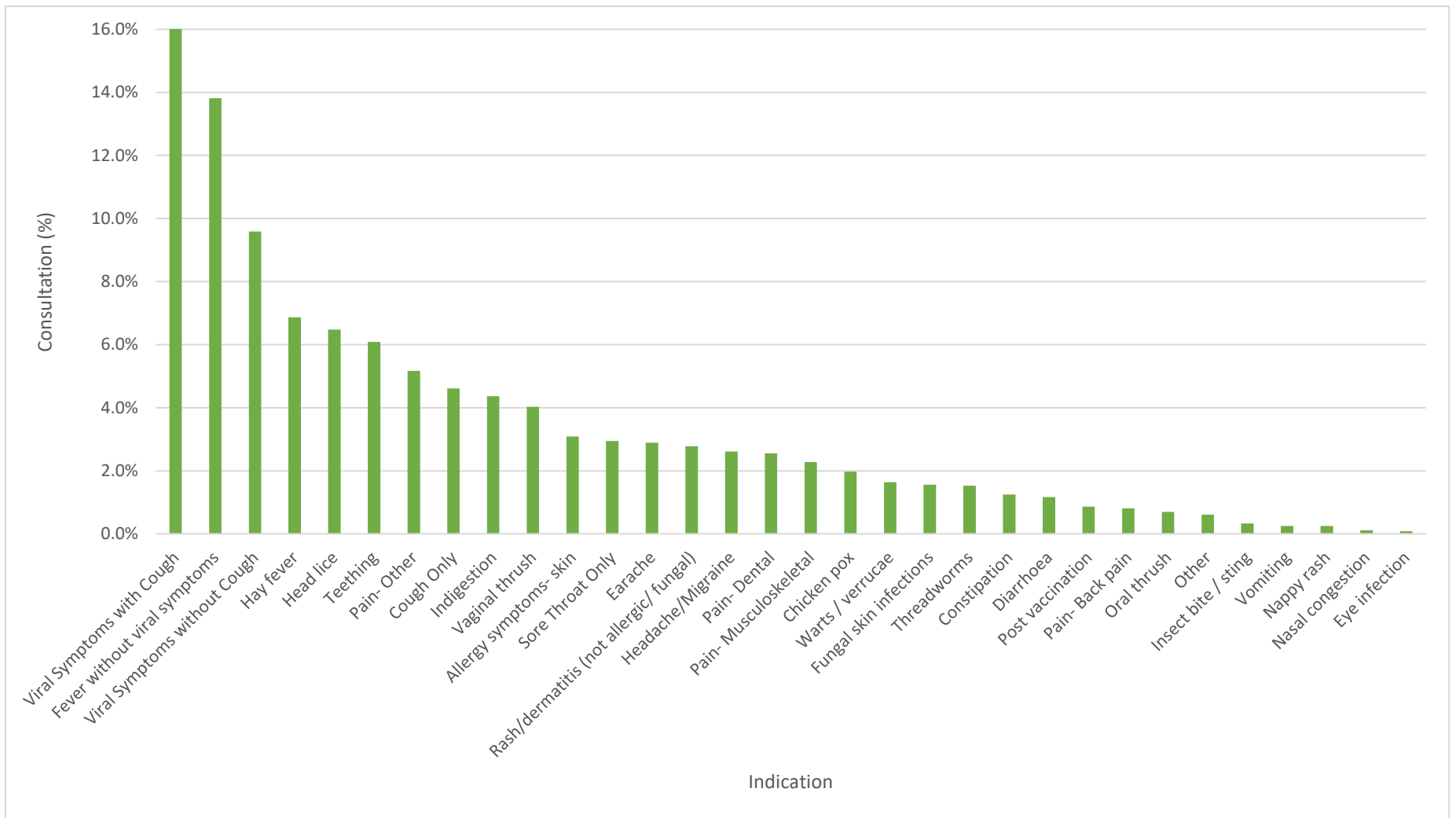
The majority of patients presented at the pharmacy with viral symptoms with cough (see figure 12). Ninety-nine per cent (3551/3598) of patients were treated in the pharmacy and did not require any onward referral to other services; the remainder were referred onward (see table 4).

**Table 4 Onward referral to other health care providers**

<b>Referral</b>	<b>Number of Patients</b>	<b>Percentage Patients</b>
None required	3551	98.7%
In hours usual care to GP	37	1.0%
Urgent (via telephone) to GP	7	0.2%
Urgent (via telephone) to NHS 111	2	0.1%
Other	1	< 0.1%



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

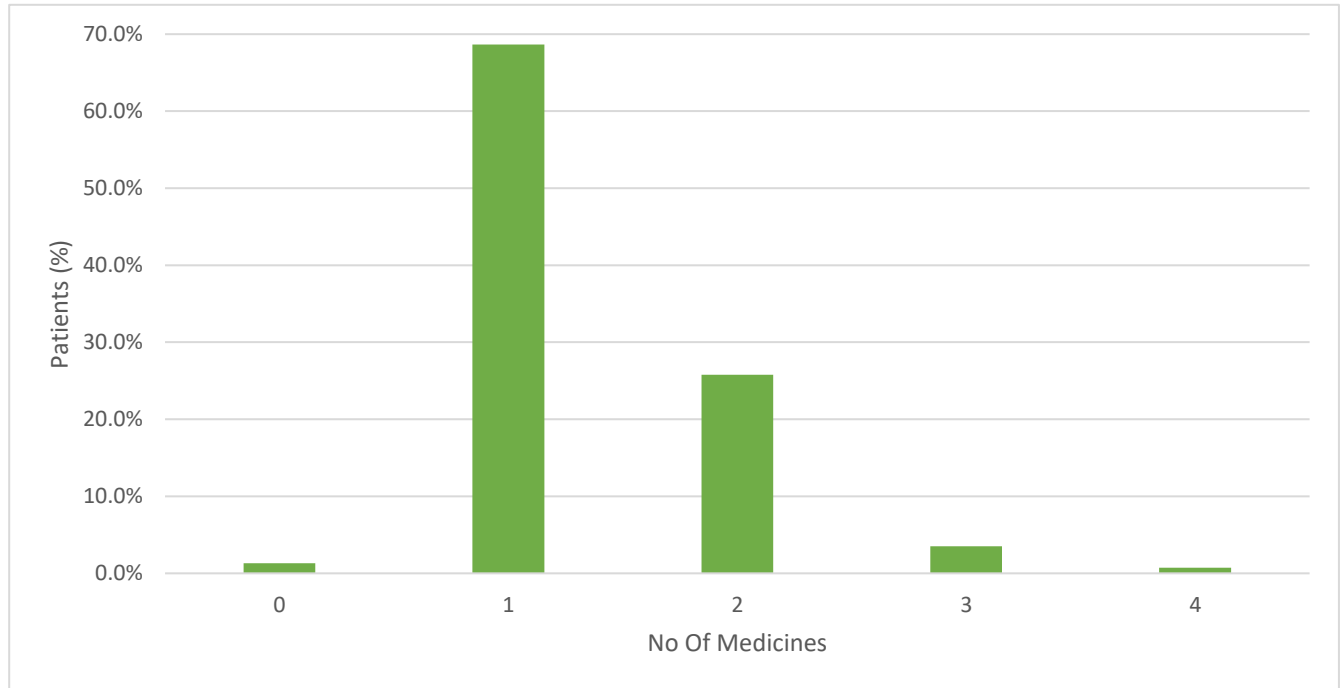


## Supply of Medication

A total of 4842 medications were supplied to patients. The range of medicines supplied varied from 0 to 4 medicines per patient with most people receiving one medicine (68.6%, 2470/3598) (see figure 13). Most commonly patients were supplied with an analgesic/antipyretic (see figure 14). The cost per patient was £2.42 (£2.90 inc VAT) and cost per item was £1.80 (£2.16 inc VAT). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.92 (£7.40 inc VAT).<sup>5</sup>

The total cost of the service (consultation fee + cost of medication) for the first fourteen months was £26,256.61.<sup>6</sup>

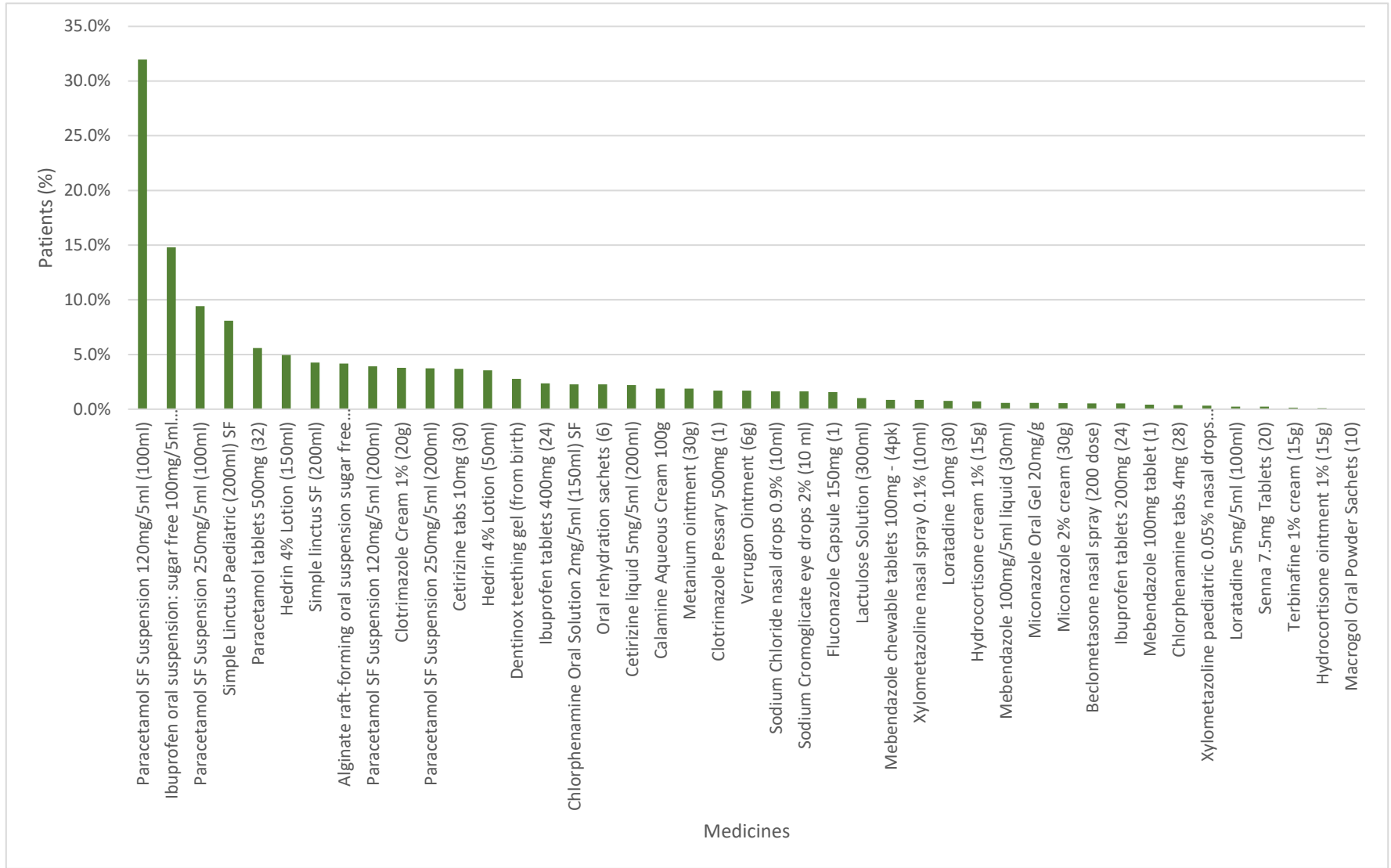
**Figure 13**      **Number of medicines supplied per patient**



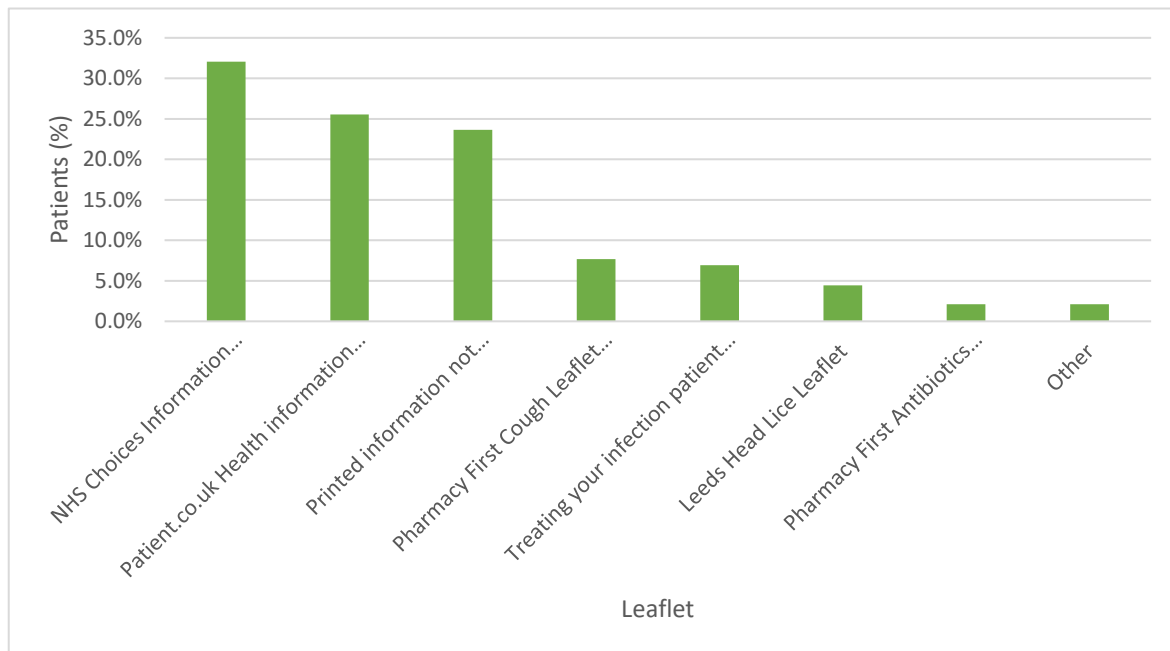
<sup>5</sup> Assuming all consultations are claimed.

<sup>6</sup> Finance data indicates that not all consultations were actually claimed

**Figure 14 Medication provided to the patient following consultation**



**Figure 15** Leaflet provided to patient during consultation

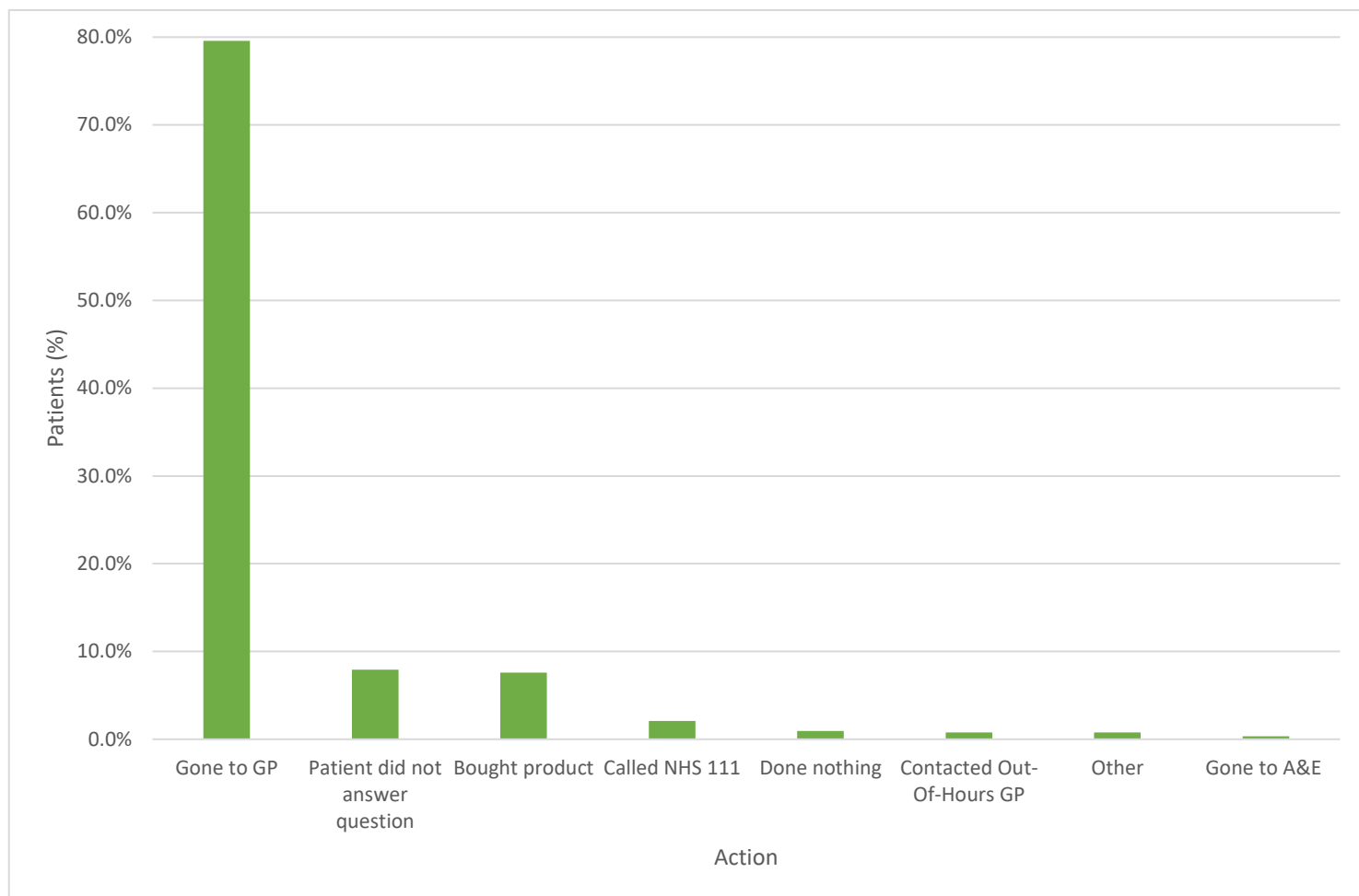


Most patients (99.9%) were provided with verbal advice during the consultation which varied depending on the patient's presenting complaint/symptoms. The majority of patients (76.4%, 2748/3598) were provided with written information or referred to a website to support their consultation (see figure 15).

A small number of patients received either the Pharmacy First '*get better without antibiotics*' information sheet or the Public Health England leaflet, '*self-care guide to help you treat your infection*' (9%, 325/3598). This is lower than the number of patients eligible to receive an antibiotic leaflet, (patients presenting with an URTI), which was 1303.

## Patient Experience Captured on PharmOutcomes®

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



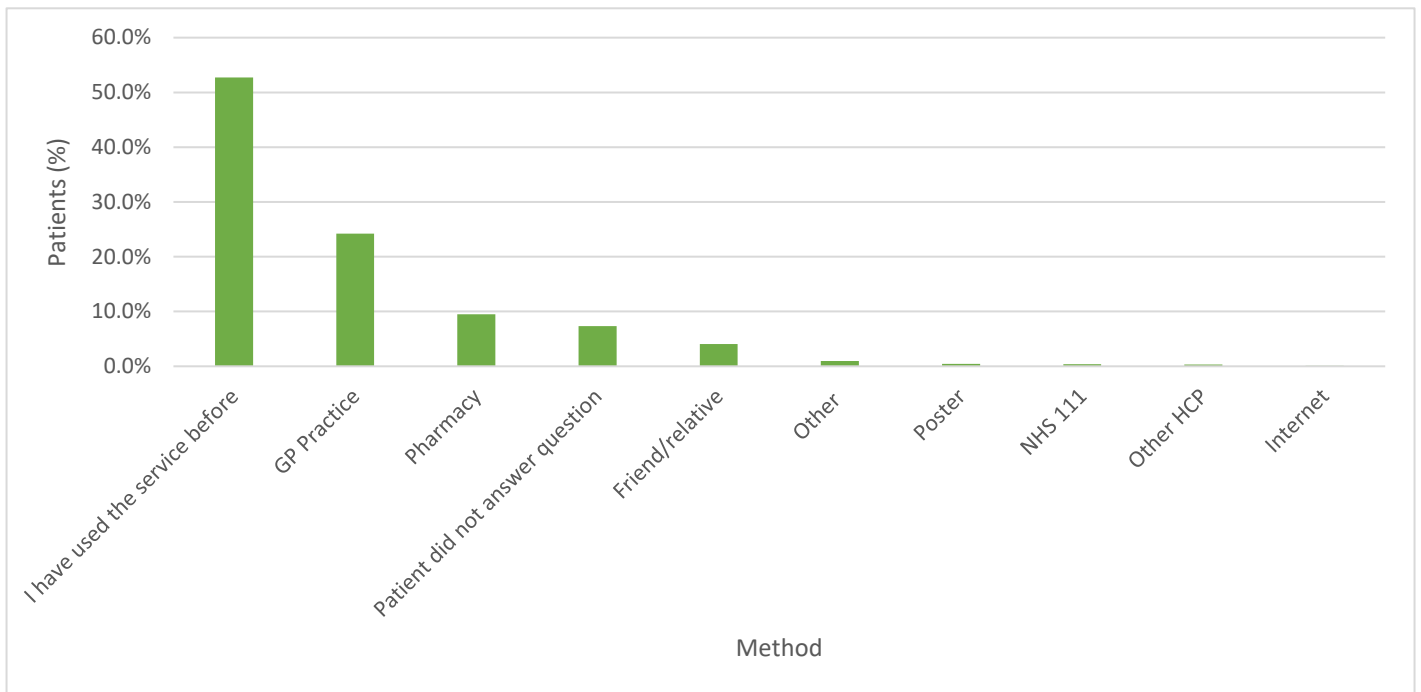
The majority of patients (79.6%, 2863/3598) stated they would have used the GP had they not accessed the service (see figure 16). Using this information and assuming the average GP consultation is 10 minutes<sup>5</sup> this has released 477 hours 10 minutes practice time across 24 practices (see table 5). The mean time released per practice was 19 hours 53 minutes, with a median of 365 minutes (6 hours 5 minutes).

Using a fee of £57<sup>6</sup> for A&E attendance, savings from the service was £684. Using a fee of £36 for an average GP consultation this would have cost £103,068 if the 2863 patients had made an appointment to see the GP rather than Pharmacy First. Therefore, total savings from Pharmacy First for Nov 15 to Dec 16 is approximately £66,884.39 (once cost of Pharmacy First removed).

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

<b>GP Practice</b>	<b>Hours</b>	<b>Minutes</b>
A	108	20
B	61	10
D	49	40
E	48	10
C	46	50
G	24	50
J	23	0
H	23	40
K	22	30
F	21	0
I	18	40
L	7	0
N	5	10
M	4	50
O	4	20
P	2	50
Q	2	0
R	1	0
T	0	40
S	0	30
U	0	20
V	0	20
X	0	10
W	0	10

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



Most patients knew about the service because they had used it before (52.8%, 1898/3598) (see figure 17). It is unclear however whether the patient was referring to *Pharmacy First*, or a previous minor ailments scheme (such as the NHS England MAS).

Over 85% of patients (88.9%, 3197/3598) stated that they would recommend the service to a friend, the remainder either did not respond (9.9%, 355/3598), were not sure (1%, 37/3598) or stated that they would not use it again (0.3%, 9/3598).

Most patients felt that *Pharmacy First* had increased their confidence to self-care without seeing a doctor (88.3%, 3177/3598), with 86.6% (3116/3598) stating the next time they have a minor ailment they plan to visit the pharmacy before contacting their GP or NHS 111 service.

## NHS ENGLAND MINOR AILMENT SERVICE

There is currently an alternative scheme running within Leeds for common ailments which is commissioned by NHS England. This was established prior to the reformation of the NHS in 2013, after which management of the scheme passed to NHS England. The two schemes are similar however there are a number of significant differences (see table 3).

**Table 3 Comparison of *Pharmacy First* and NHS England Minor Ailments**

<b>Pharmacy First</b>	<b>NHSE Minor Ailments</b>
Consultation Payment - £4.50	Consultation Payment - £3.00
Standardised framework which provides consistent consultations	No structured consultation framework
Detailed service specification and guide	Lack of detailed service specification and guide
Self-Care messages are key rather than medicines supply	Focuses on medicines supply rather than self-care
List of ailments more limited than Leeds Minor Ailments scheme	Wider list of ailments covered than Pharmacy First
Consultation backed by printed information	No requirement to provide printed information
GPs are informed of patients attendance for consultation	Patients GP not informed of consultation
Activity data readily available through PharmOutcomes	Activity data not easily available
Pharmacies receive activity and benchmarking data	Pharmacies do not receive activity and benchmarking data
Only evidence based medicines are included on the formulary	Formulary contains medicines with poor evidence base
Promotional material and guidance available	No promotional material available
Regular oversight by Pharmacy First Project Group	No regular oversight

Pharmacy First was commissioned by Leeds North CCG to replace the NHS England MAS for patients registered with a Leeds North GP practice.

Four pharmacies were not commissioned for the Leeds North Pharmacy First service and therefore continued to provide the NHS England MAS. Over the same fourteen month evaluation period, these 4 pharmacies conducted a total of 14,962 consultations under this service.



## GP Practice Staff Opinion

A total of twenty-five GP practice staff responded to the questionnaire. Eight respondents suggested that there should be additional conditions included in *Pharmacy First* (see table 6). Six also suggested further medications to be included in the formulary (see table 7).

**Table 6** Conditions to add to *Pharmacy First* suggested by GP Practice Staff

Condition	Number of respondents
Dry skin conditions/mild eczema/dermatitis	5
Conjunctivitis	3
Nappy rash	1
Haemorrhoids	1
Fungal toenail infections	1
Intertrigo/sweat rash	1
Shingles	1
Extend current conditions to cover both pregnancy & breastfeeding	1

**Table 7** Medications to add to the *Pharmacy First* formulary suggested by GP Practice Staff

Medication	Number of respondents
Emollients	4
E45 itch/Eurax	2
Eye drops for infection*	2
Haemorrhoid treatment (Anusol)	1
Glycerin suppositories	1
Amorolfine nail laquer	1
Clotrimzole with hydrocortisone or Daktacort	1
Topical NSAID**	1
Aciclovir	1

*\*"Chloramphenicol eye drops – I understand this was removed from a previous scheme with the aim to reduce prescribing of antibacterials. However, I think we need to assume that pharmacists are as capable as GPs at assessing the need for an antibacterial and only providing if absolutely necessary."*

*\*\*"Topical NSAID e.g. Ibuprofen gel. We get this requested frequently as GPs and it is a good safe form of analgesia for OA etc"*

There was a mixed response to the question asking whether practice staff felt they were well informed about the service before it started with 57% stating they had been well informed and 43% stating they had not been well informed.

*“we were never given a clear list of the conditions and the medications available. We also weren't informed of the limitations or how it works e.g for children they need to be present at the chemist.”*

*“It wasn't clear which medications were available and which conditions they treated at first”.*

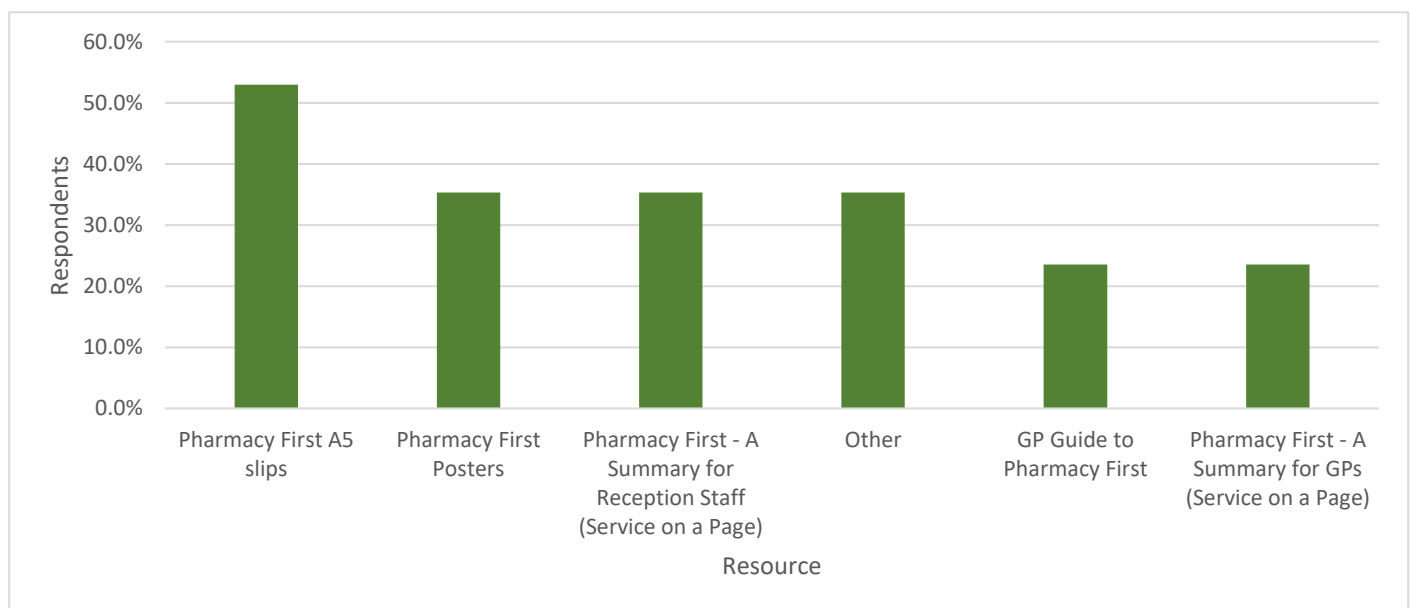
Nineteen respondents stated that they had promoted the service within the GP practice for example through the display of promotional material, in the practice newsletter and information on a TV screen in a practice waiting area. Two practices had not actively promoted the service with one practice stating

*“[we were] not informed about it [Pharmacy First]. If we had we could have publicised it”.*

Fourteen respondents felt that additional input/resources were required to help them to promote the service. Staff felt that patients could be better informed through increased advertising and more publicity including the use of patient leaflets, social media, a letter box campaign, newspaper, TV and bus advertising, as well as promotion by the community pharmacy themselves. One practice felt that further information to support reception staff with referral would assist promotion of the service.

The resources were well received by practice staff with most liking the Pharmacy First A5 slips.

**Figure 18 Resources found useful by GP practice staff**



Five members of staff reported that their practice added read codes to record that the patient had used *Pharmacy First* on the practice electronic health record. Thirteen specified that they did not use read codes, although three were “unsure” and two stated that they had not received any notifications. One practice stated that although they did not read code *Pharmacy First* they did scan any notifications received.

Four respondents felt that *Pharmacy First* had decreased the number of patients attending the GP practice for minor ailments but fourteen felt they had not seen any difference. One respondent stated:

*“I think people are gradually getting the message but [it is] slow progress”*

Another commented on the lack of awareness by patients:

*“Patients come to see the GP all the time for minor ailments. A lot of our patients are not aware of the scheme [Pharmacy First].”*

Two respondents felt the service had helped to improved relations between the practice and the community pharmacy but others, (18 respondents), felt that *Pharmacy First* had not made any difference to relationships with their local pharmacy.

*“We already had good relationships with our pharmacies and we are rarely contacted by them with regard to Pharmacy First”.*

The majority of respondents (90%, n=17/19) felt that *Pharmacy First* was worthwhile as it educated patients, promoted self-care and reduced demand in GP practice. The two practices who stated it wasn't worthwhile reported that this type of service was not required for their patient demographics:

*“Our demographic is one where patients can afford to pay for drugs. They investigate their symptoms on line and come armed with knowledge and feel that only a GP can provide them with the answer. There is no relationship built with a pharmacist and some patients regard them as just shops and do not associate/appreciate the clinical significance that the role of pharmacists can play in healthcare”.*

*Pharmacy First* seems to be well liked by GP practice staff. The overarching theme from the staff survey was that staff really see the potential benefits of the service but that more work around promotion and patient awareness is required:

*“Good Service, there just needs to be more awareness.”*

*“We need to promote it [Pharmacy First] more and work on [changing] the culture of how our population choose to get help.”*

*“My experience elsewhere, where it was properly promoted and patients encouraged to use it, was a real benefit to both GP's and patients!”*

*“It has potential to alleviate GP workload and is convenient for patients. Continue to advertise. Get as many pharmacies involved as possible.”*

*“[Service could be improved by] grassroots advertisement using alternative media - churches, mosques, community groups, putting posters in non-health facilities where people congregate on a regular basis, not one off publicity but regularly”.*

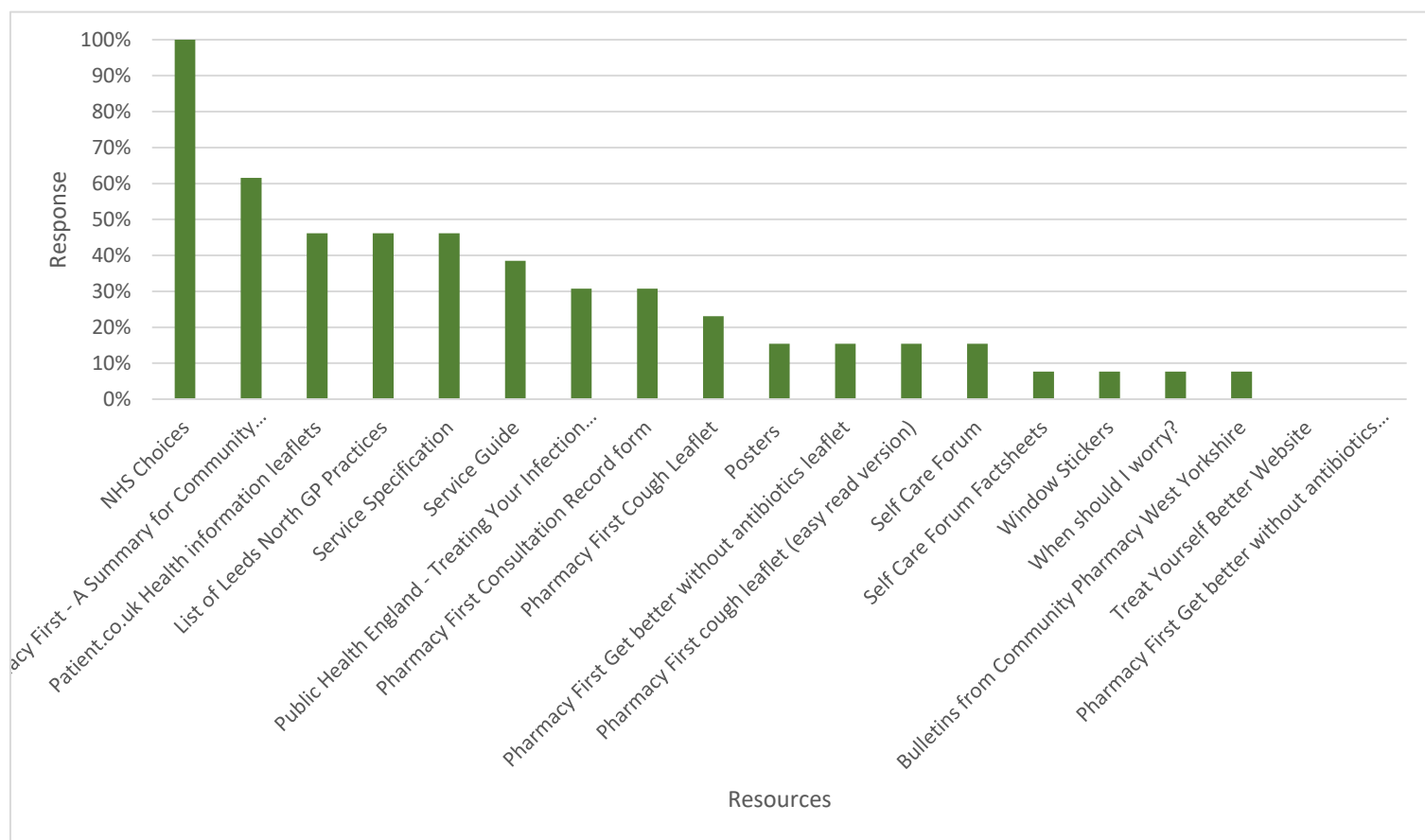
## Pharmacist Opinion

Thirteen members of pharmacy staff completed the feedback survey; all had provided consultations from their pharmacy. Nine suggested further medications which should be included within *Pharmacy First* (see table 8).

**Table 8 Medications to add to the *Pharmacy First* formulary suggested by pharmacy staff**

Medication	Number of Respondents
Chloramphenicol drops / ointment	6
Cough preparations (Pholcodine Linctus)	1
Antacids (Gaviscon)	1
Ibuprofen gel	1
Trimethoprim/Nitrofurantoin	1

**Figure 19 Resources found useful by pharmacy staff**



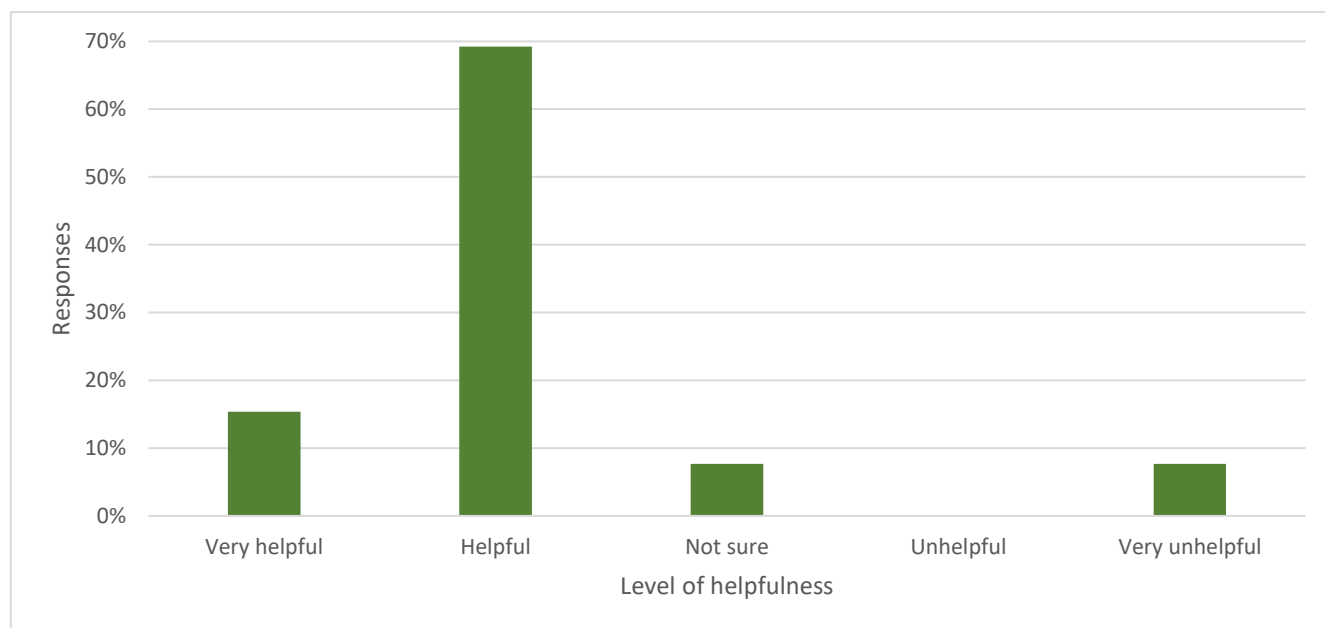
All respondents found NHS choices useful as a patient information resource (see figure 19), and many liked the Pharmacy First summary for community pharmacists (service on a page). Most pharmacies felt they had sufficient resources to deliver the service. .

Suggestions to make the service easier to deliver included better promotion and understanding by general practice (particularly around the requirement for patients to be present), removing the requirement for minors to be present (especially in the evenings, after 8pm), and a condensed consultation form. Three respondents felt that opening the service out to a wider geography would be helpful:

*“It will be easier if all CCGs commission the service because most patients get frustrated if you tell them their surgeries are not included”.*

The majority of respondents (85%, n=11/13) felt the information received prior to starting the service prepared them sufficiently to conduct the service and that the support received from Community Pharmacy West Yorkshire was helpful (see figure 20).

**Figure 20 Helpfulness of Support received from CPWY**



PharmOutcomes® was thought to be easy and straight forward to use in most cases (10/13). Two respondents mentioned that despite it being straight forward it was time consuming. Two pharmacies recorded that PharmOutcomes® had been difficult to use because of onerous login requirements:

*“It is difficult to log into PharmOutcomes with all the different passwords etc - this took longer than the actual consultation at times”.*

Ten pharmacies felt that *Pharmacy First* had improved relationships with their GP practice including communication. Comments include:

*“Reception staff seem more willing to encourage patients to see [the] pharmacist for minor ailments when no GP appointments [are] available”.*

*"Improved relations. We have incidents where referrals have been made inappropriately but this has reduced since we held a training session with the surgery staff."*

Some of the pharmacies felt that the GP practices could be more engaged and better understand the service:

*"There is more interaction between pharmacies and surgeries which might be a direct result of the pharmacy first. However, I think the service needs to be promoted more at the surgeries, so receptionist know what sort of ailments to refer to the pharmacist to free up doctors time".*

*"GP staff appear to be referring patients across to pharmacy, but these referrals are sometimes inappropriate {as the} patient [does] need to be seen by [the] GP".*

The majority of pharmacy staff (8/13) felt that their relationship with the patients had improved with the patient putting more trust and confidence in the pharmacist.

*"Patients now see [the] pharmacist more as a professional [that] they can trust to seek advice about their condition".*

*"Patients generally appreciate the service and convenience of not needing appointment".*

*"Patients now tend to use the pharmacy first before going to the GP practice".*

*"We have not used the service massively in our area, but when we have, it has improved relations".*

In the main, the pharmacy staff were pleased with the service but felt the service could be improved through further advertising and promotion, increased understanding by GPs, reception staff and patients, expanding the formulary and opening up the service to a wider geography in Leeds.

## 5 DISCUSSION

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Over the first fourteen months, a considerable number of consultations for minor ailments were delivered through this pharmacy service with an estimated release of approximately 477 hours GP time. The number of consultations for *Pharmacy First* is not as high as those seen in Bradford, but higher than other areas offering a similar scheme.<sup>3,4</sup> When weighted for population size and social deprivation the uptake was second highest.

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. The majority of consultations were provided by 6 pharmacies with 11 pharmacies not providing any consultations at all. This lack of uptake in some areas may be attributable to the pre-existing NHS Minor Ailments Scheme, (there is a possibility that some pharmacies may have continued to provide this service), lack of engagement with the service by GP practice, pharmacists or patients or some other reason. There are pockets of affluence across Leeds North so low/no usage in these areas may be appropriate. Further work looking at ways to appropriately increase usage may be needed; it would 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 were treated for self-limiting viral symptoms such as cough, cold, sore throat and fever and were provided with symptomatic relief for their symptoms; analgesia/antipyretic medication was the most common medication supplied. The cost for medication, although low, (per patient £2.42 and per item £1.80), was slightly higher than seen in other evaluated Pharmacy First Schemes in West Yorkshire. This is likely due to the inclusion of head lice products in the Leeds North service. Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.92 (£7.40 including VAT). This is lower than previously evaluated schemes outside West Yorkshire but slightly higher to other *Pharmacy First* services.<sup>2,3,4</sup>

Written information was provided to the majority of patients. A small number of patients received either the Pharmacy First '*get better without antibiotics*' information sheet or the Public Health England leaflet, '*self-care guide to help you treat your infection*', 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.

Positively, approximately one in seven 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.

A significantly large number of consultations for minor ailments are currently being delivered under the historical Leeds Minor Ailments Scheme by the four pharmacies not commissioned to provide *Pharmacy First*. The historical Minor Ailments scheme has a number of disadvantages in comparison to *Pharmacy First*, predominantly the lack of standardised consultation and lack of focus on improving self-care. The presence of two different pathways/ split system also causes confusion for both patients, pharmacies and other health care professionals. Despite these disadvantages, the Leeds Minor Ailment scheme does have a wider formulary and range of conditions which can be treated. Commissioners must work together to provide a single service which includes an increased range of conditions to ensure a clearer pathway for patients with an appropriate range of conditions.

Overall, there was positive feedback from patients, GP practice staff and pharmacy staff. 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 previously been mentioned in two other area evaluations and needs exploring further. Many 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. 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

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Overall, in the first fourteen months, *Pharmacy First* has delivered a high number of consultations which have been cost-effective and embraced by the majority of patients, general practice and pharmacists.

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 to improve joint understanding, resolve issues and increase uptake
- Consider further ways to increase promotion of the service by GP practice staff to ensure appropriate use
- Provide increased education and information to practice staff to improve appropriateness of referrals to *Pharmacy First*
- Work with GP practices to ensure that *Pharmacy First* is embedded into their triage systems and patient pathways.
- Consider the possibility of sending out regular (quarterly/6-monthly) *Pharmacy First* updates to GP practices
- 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 if agreed 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 summary document or leaflet which helps patients understand how *Pharmacy First* works
- Explore the reasons why the number of antibiotic leaflets is lower than the number of patients eligible and reiterate the importance of the provision of printed information.
- Work with commissioners to ensure a single common ailments service, rather than the current split system in Leeds.



## 7 REFERENCES

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