



**NHS Leeds West CCG**  
**Pharmacy First Self Care Service**  
**Evaluation**  
**2<sup>nd</sup> July 2015 – 16<sup>th</sup> February 2016**

Anonymised Report

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## SUMMARY OF EVALUATION AND RECOMMENDATIONS

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*Pharmacy First* was introduced in July 2015 within 73 pharmacies which serve patients in NHS Leeds West 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 West 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 7 months, *Pharmacy First* in Leeds West has delivered a high number of consultations, however when weighted for population and social deprivation the numbers delivered were lower than other areas. Most patients who accessed *Pharmacy First* were under 10 years old, with approximately half being under 5 years. The majority of patients were treated for fever without other viral symptoms with analgesia/ antipyretic medication being the most common medication supplied. This is different to other areas where viral symptoms were most common. The cost for medication was low (per patient £1.77 and per item £1.43). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.27 (exc VAT). This is similar other evaluated *Pharmacy First* Schemes in West Yorkshire.

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 mixed with some commenting that the service had improved access, and working relationships between practice staff and pharmacy staff and others feeling that further work to improve understanding and engagement was needed. 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 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 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 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 which helps patients understand how *Pharmacy First* works
- Provide increased education and information to practice staff to improve appropriateness of referrals to *Pharmacy First*
- Plot practice IMD score against use per 1000 population to determine whether there is a correlation. This may give an indication of those practices which would benefit from increased activity
- 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.
- Work with commissioners to ensure a single common ailments service, rather than the current split system in Leeds West
- Explore the reasons why fever without viral symptoms was the most common presenting complaint in comparison with other areas

## 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 July 2015, *Pharmacy First* was commissioned by NHS Leeds West CCG, following the success of *Pharmacy First* in Bradford City CCG which commenced in January 2014.<sup>3</sup> It provides Leeds West 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 West 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](http://www.cpwy.org) ).

## 2 SERVICE

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*Pharmacy First* was introduced at the beginning of July 2015 within 73 pharmacies which serve patients within NHS Leeds West CCG. The presenting patient must currently be registered with a GP within Leeds West 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
Cetirizine 10mg tablets (30)
Chlorphenamine syrup (150 ml) SF
Chlorphenamine tablets 4 mg (30)
Clotrimazole 500mg pessary (1)

<b>Formulary</b>
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 Leeds West *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: <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>	The pharmacist provides advice on: <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).

## LEEDS MINOR AILMENTS

There is currently an alternative scheme running within Leeds for common ailments, commissioned by NHS England. This was established prior to the reformation of the NHS in 2013. Management of the scheme passed to NHS England during the establishment of CCGs. This evaluation reviews data from the Leeds Minor Ailment Scheme and the impact it may have on the scheme.

These two schemes run in parallel, alongside each other. Pharmacies have been advised to assume that all patients presenting in the pharmacy have come for self-care advice and purchase of over-the-counter medicines. If through discussion with the patient it is clear that they have been referred from the GP practice then Pharmacy First should be provided (as long as patient meets eligibility criteria). If the patient has not been referred by the practice and the pharmacy feel that a free supply of medicines is appropriate to prevent the patient presenting at the GP surgery then the NHS England minor ailment service should be used.

The two schemes are similar however there are a number of significant differences (see table 3).

**Table 3 Comparison of *Pharmacy First* and Leeds Minor Ailments**

Pharmacy First	Leeds Minor Ailments
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

### 3 METHOD OF EVALUATION

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All data inputted on to *PharmOutcomes* was evaluated from 2<sup>nd</sup> July 2015 – 16<sup>th</sup> February 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. Activity data from NHS England for Leeds Minor Ailments Scheme was also analysed 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® (to GPs, Practice Nurses and Practice Managers) and the pharmacy staff questionnaire using both paper-based questionnaires and SurveyMonkey®.

### 4 RESULTS

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#### Pharmacy First

##### Overview

Over the seven month evaluation period, 39 community pharmacies, conducted a total of 921 consultations (73 pharmacies are accredited to deliver the service). The range of consultations per pharmacy varied from 1 to 179 with a mean of 23.6 consultations per pharmacy and a median of 9 consultations per pharmacy (see figure 1). Of the 921 consultations, 369 (40.1%) were delivered in a private consultation room, the rest in a private area of the pharmacy (552/921 – 59.9%).

##### Patient Demographics

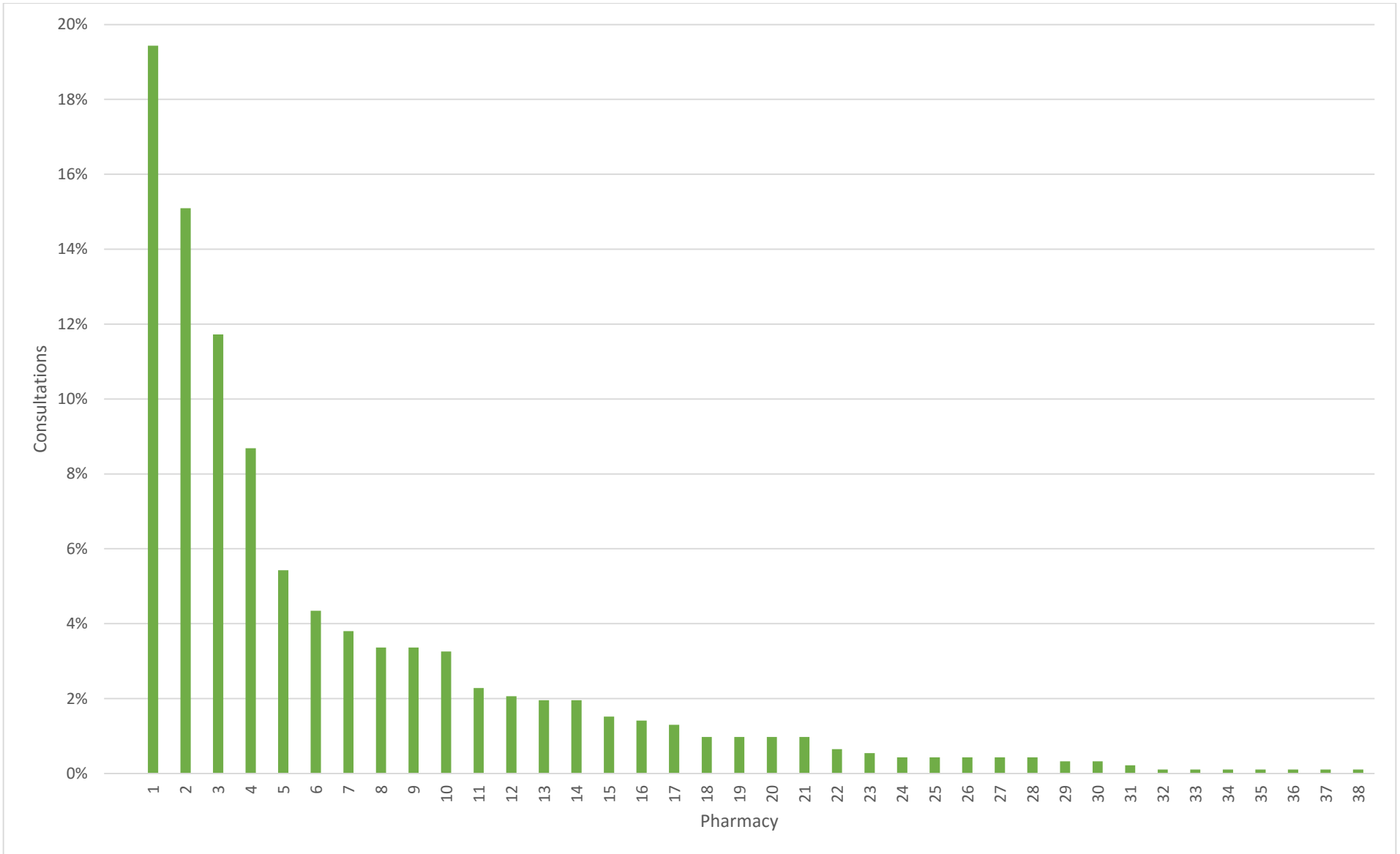
Out of 921 consultations, 508 (55.2%) were female and 413 (44.8%) male. Nearly 70% (66.2% - 610/921) of the patients seen were under 10 years old (see figure 2), with the majority of those being under 5 years old (50.4%, 464/921). Thus, the majority were exempt from prescription charges due to being under 16 (see figure 3). Most patients described themselves as White – British (77.1% - 710/921) with Asian or Asian British – Pakistani being next highest (11.5% - 106/921) (see figure 4). Twenty-five per cent (228/921) of patients accessing the service lived within LS13, with a large proportions from WF3, LS28, LS6 and LS12. (see figure 5).

## **Practices**

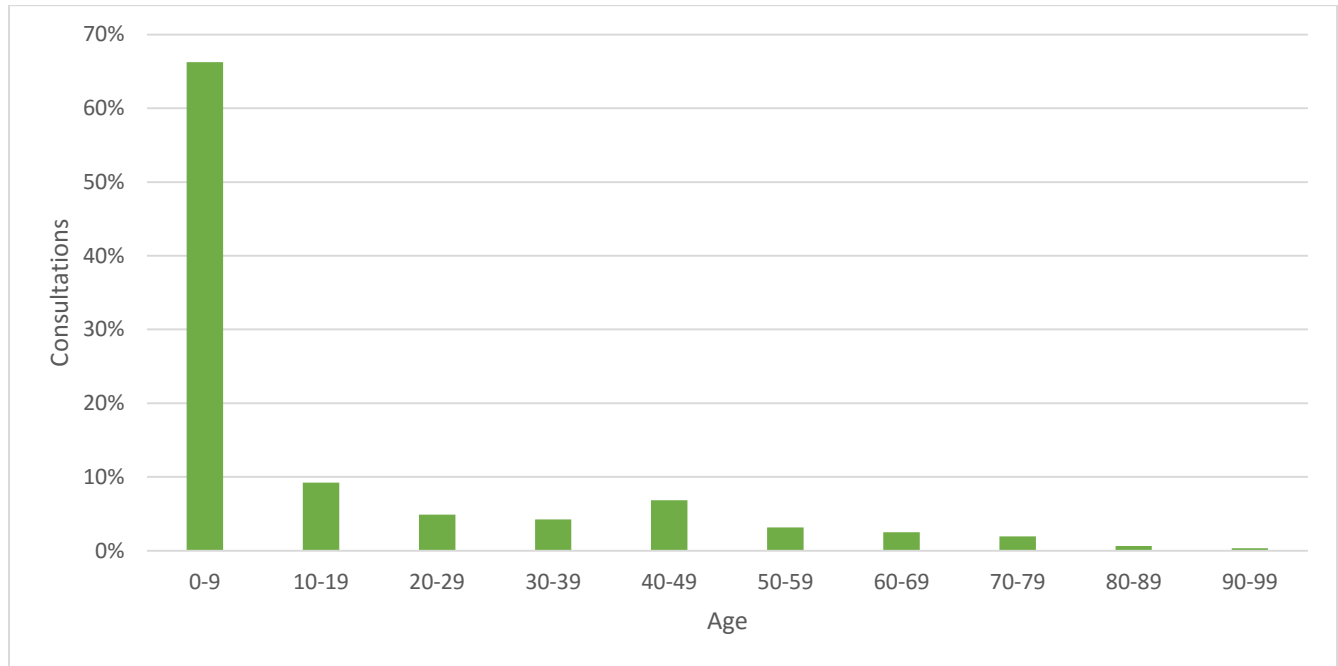
The patients using the service were registered at 37 practices (see figure 6). The mean number of patient visits per GP practice was 24.9 visits and the median 6 visits (range 1-84 visits). The range per 1000 practice population was 0.14 – 12.61 consultations with mean 2.3 consultations and median 0.91 consultations (see figure 7).



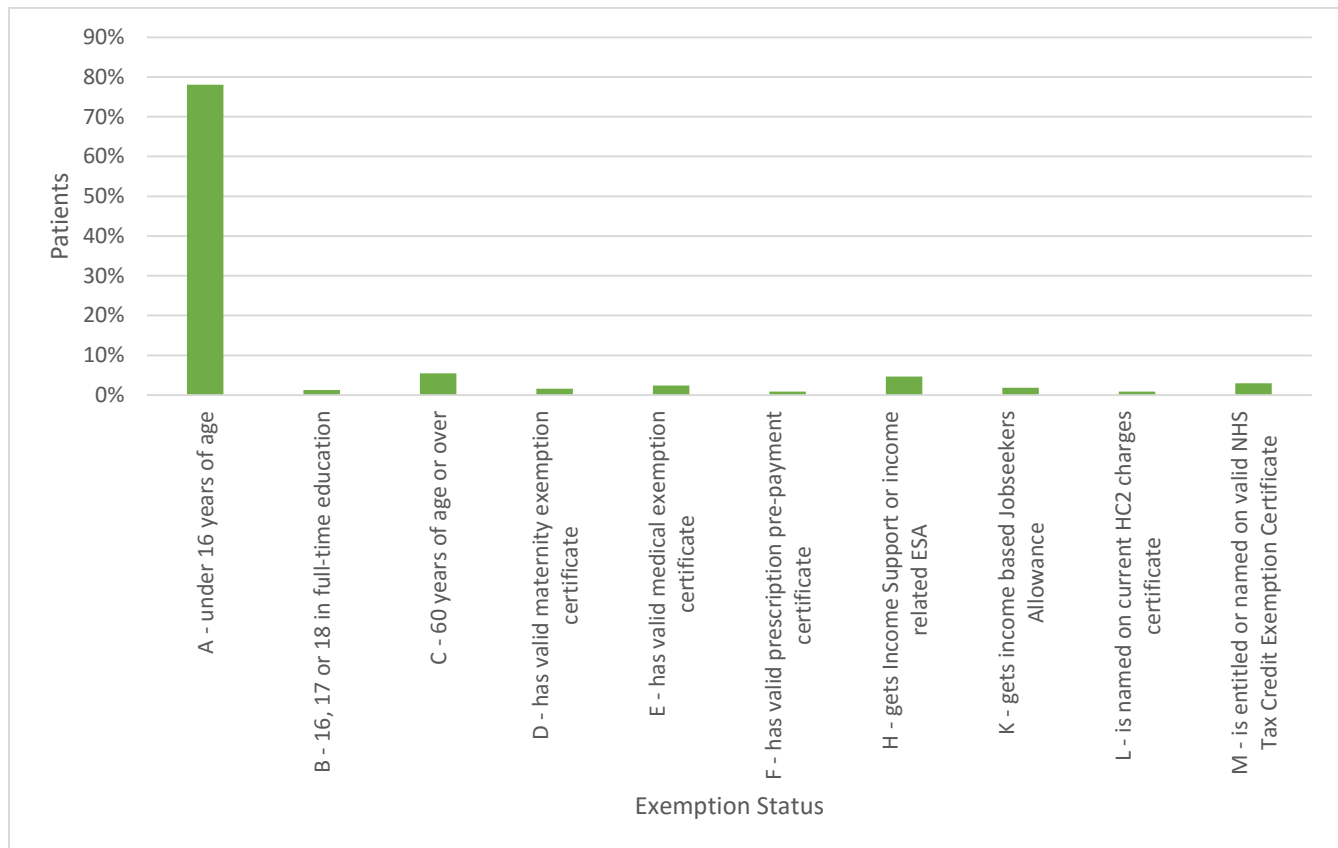
**Figure 1** Percentage of consultations delivered per pharmacy



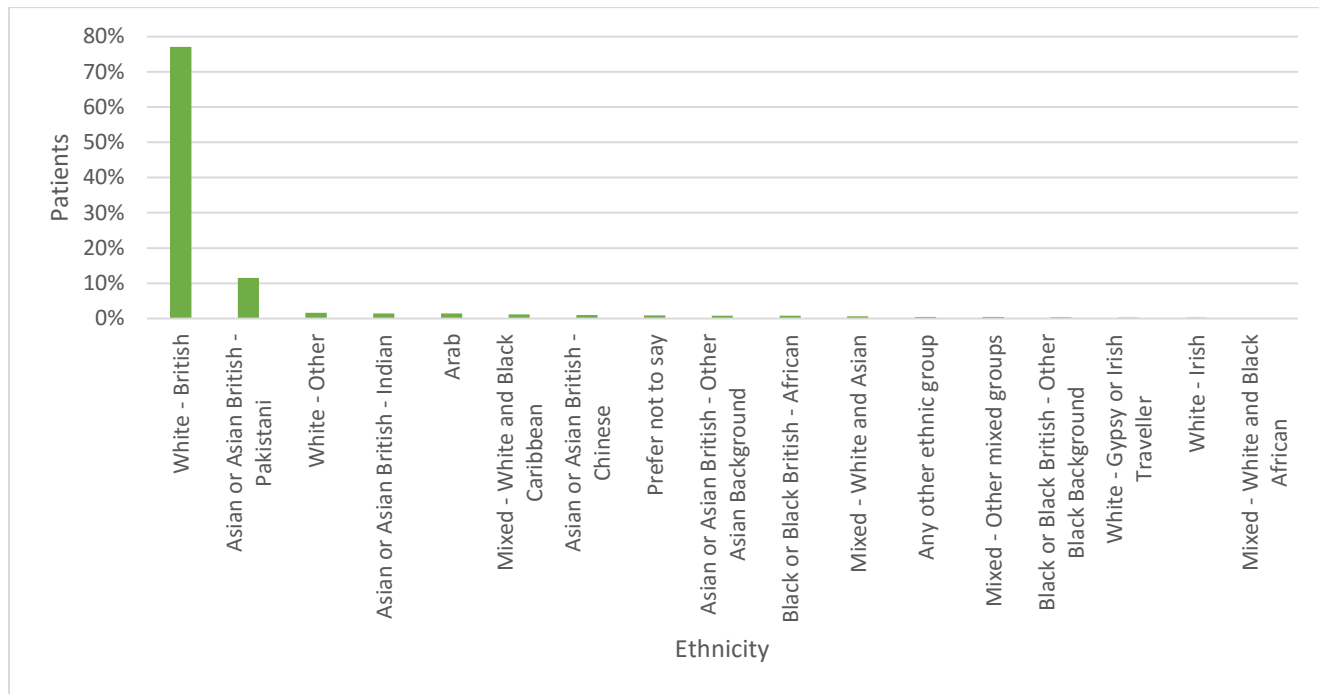
**Figure 2** Age of patients using *Pharmacy First*



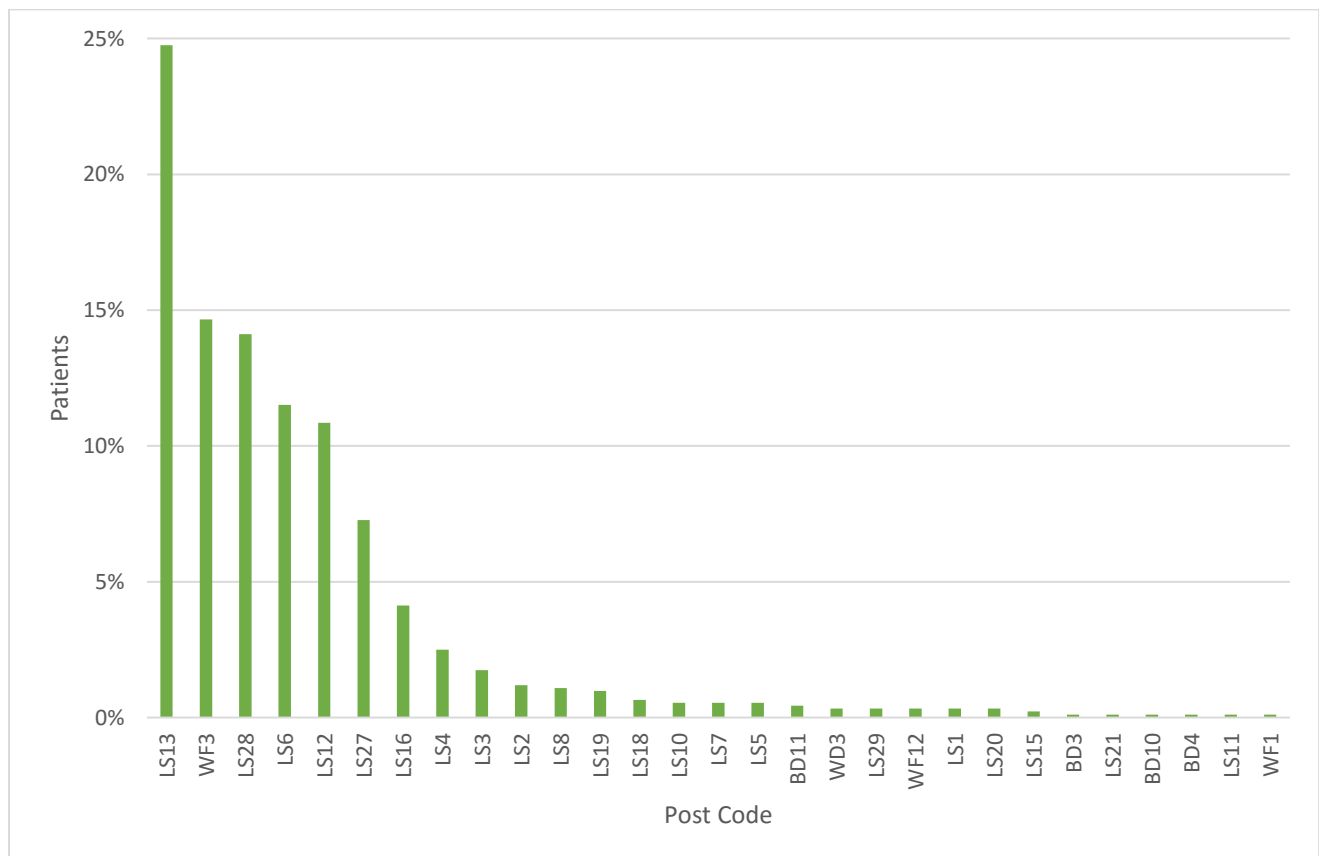
**Figure 3** Exemption status of patients using *Pharmacy First*



**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*

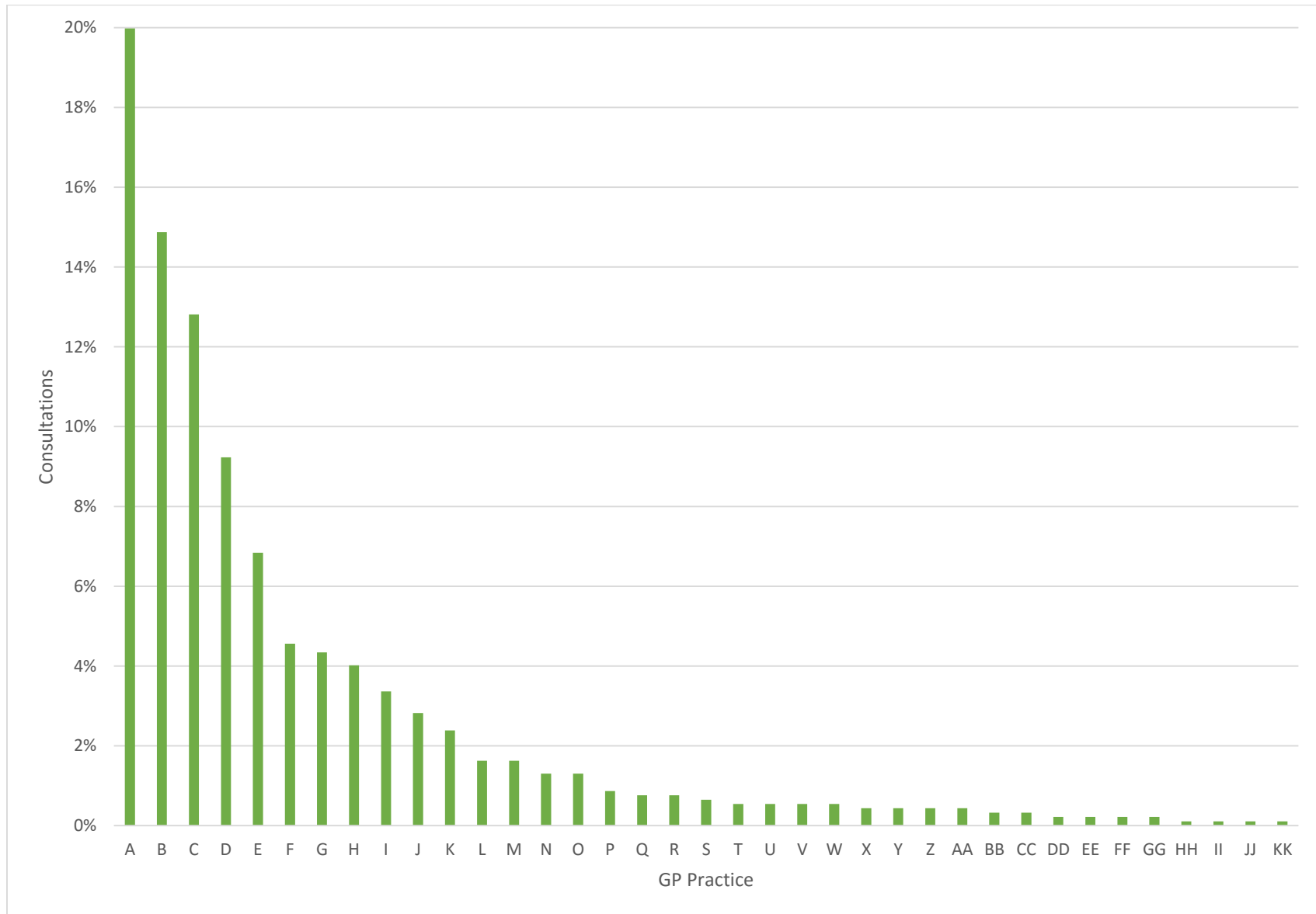
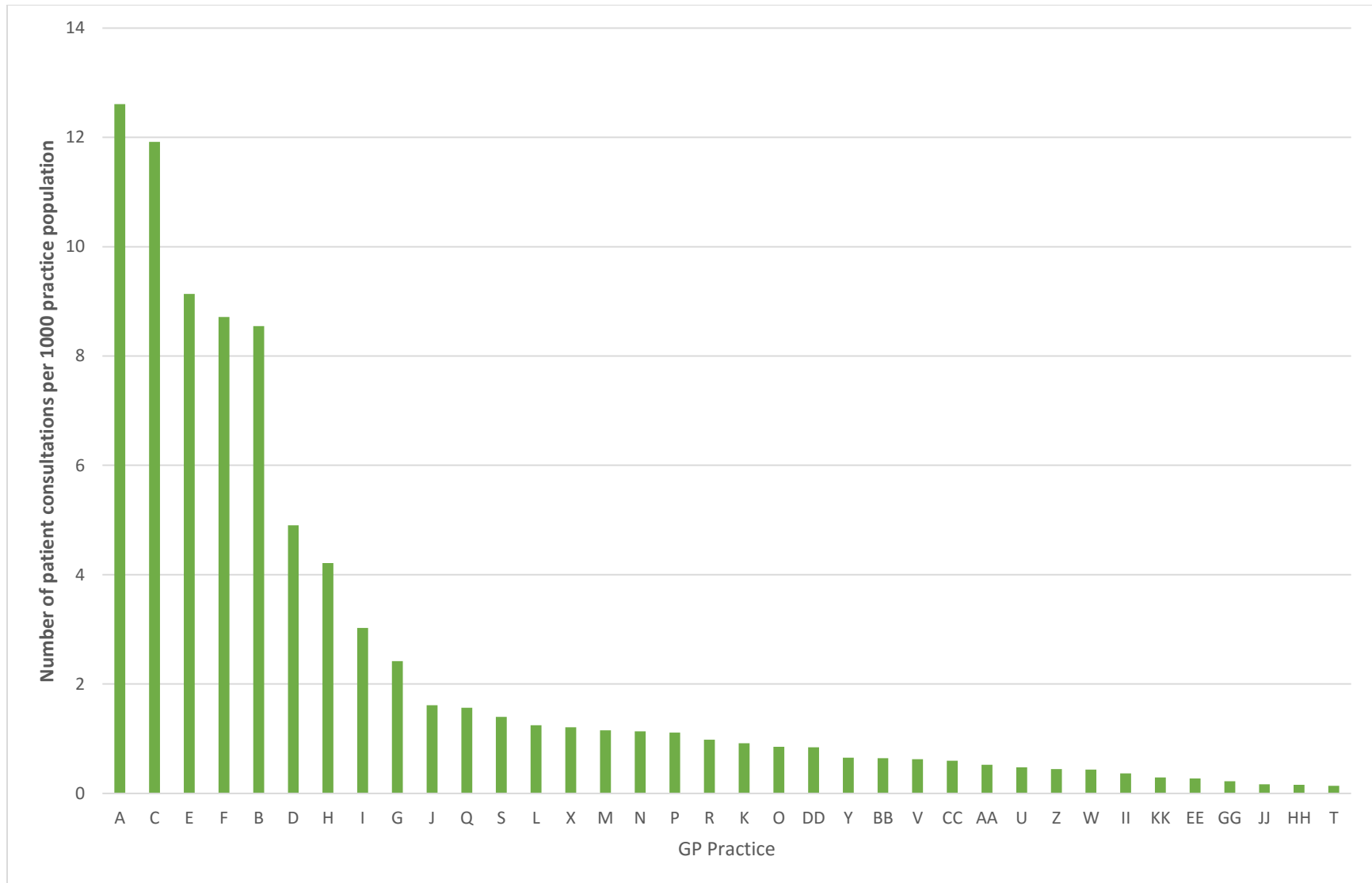


Figure 7

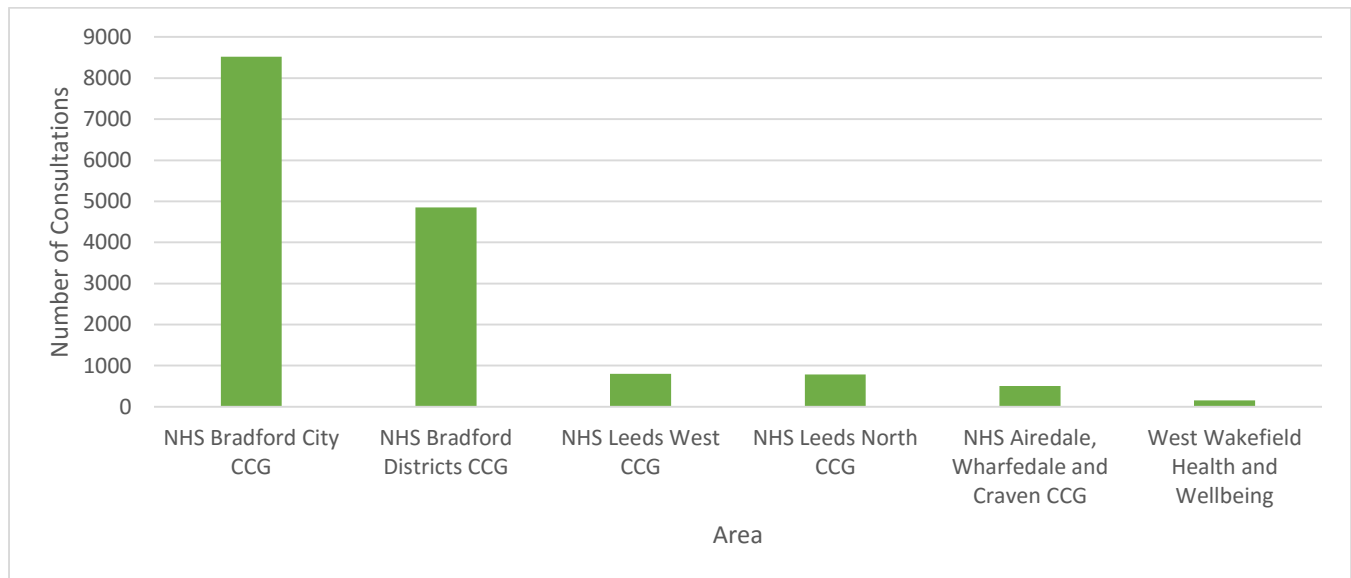
Number of patient consultations per 1000 practice population



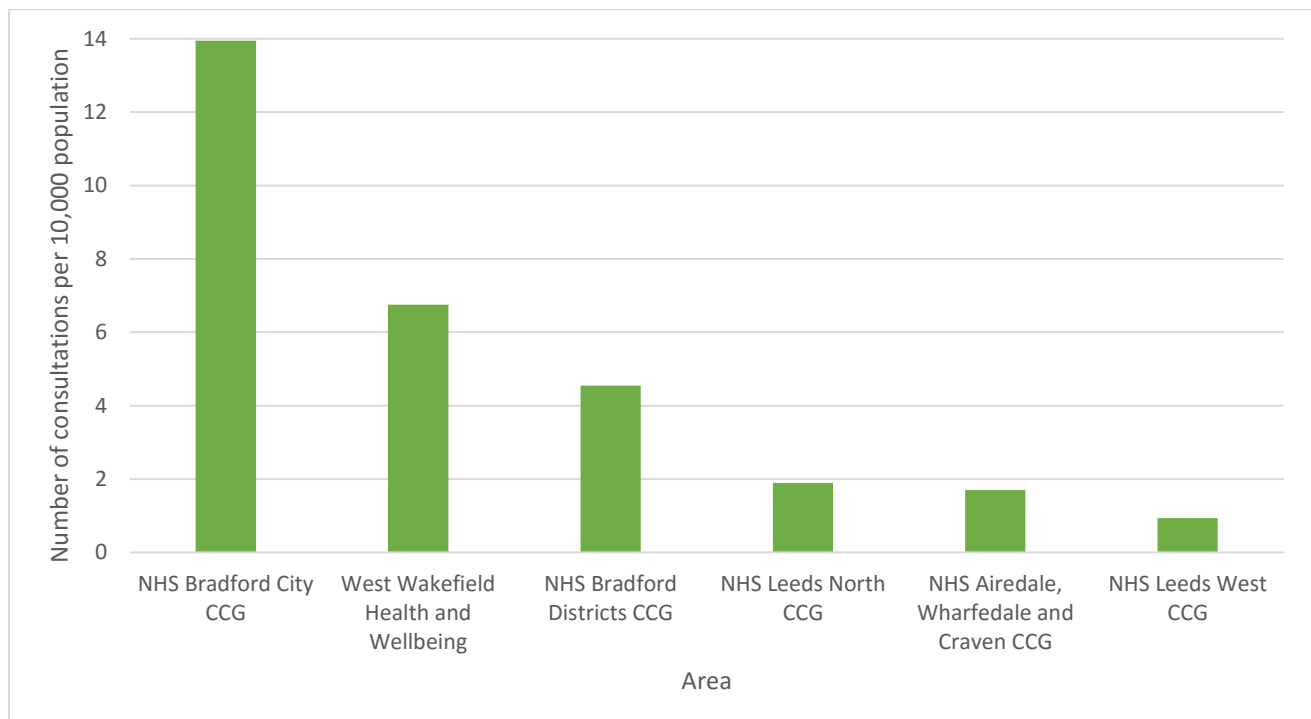
### Comparison of consultations delivered per *Pharmacy First* area in the last six months

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 September 2015 and February 2016 with NHS Leeds West CCG the third highest (see figure 8), however, when weighted for population size and social deprivation Bradford City still remains the highest with NHS Leeds West CCG the lowest (see figure 9).

**Figure 8 Number of consultations delivered per *Pharmacy First* area in the last 6 months (September 2015 – February 2016)**

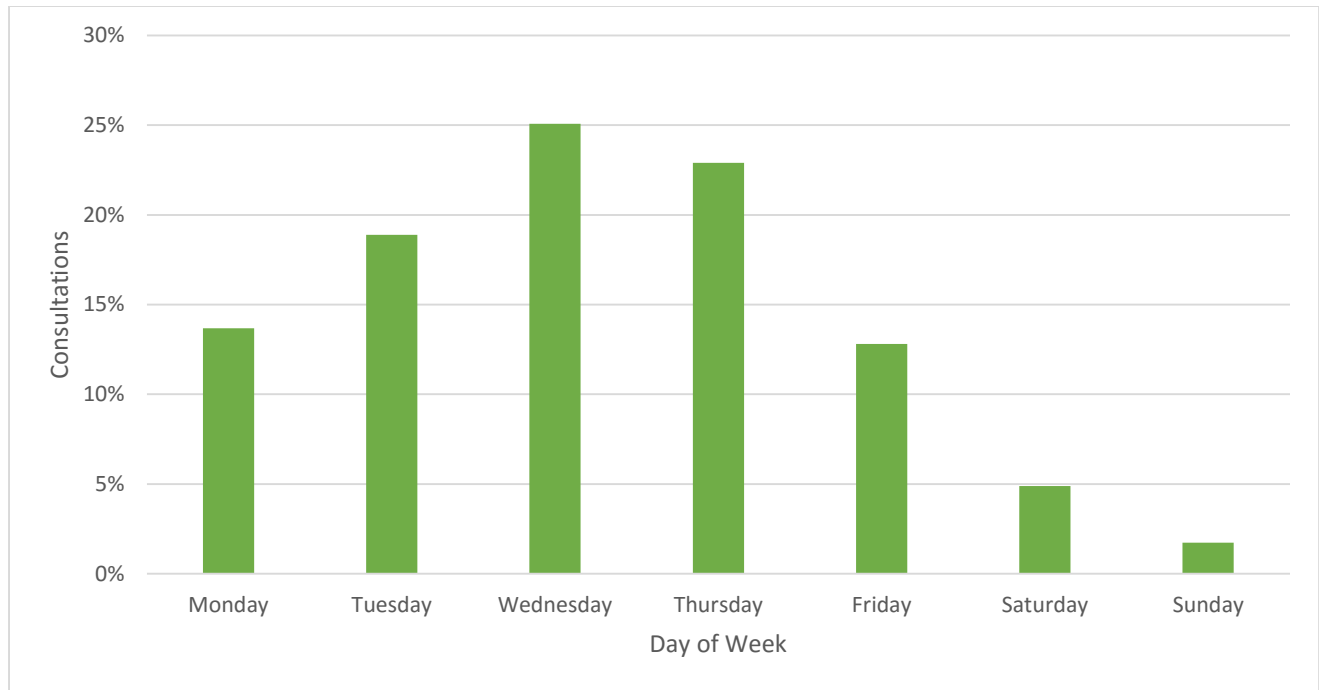


**Figure 9 Number of consultations per CCG area weighted for population and social deprivation in the last 6 months (September 2015 – February 2016)**

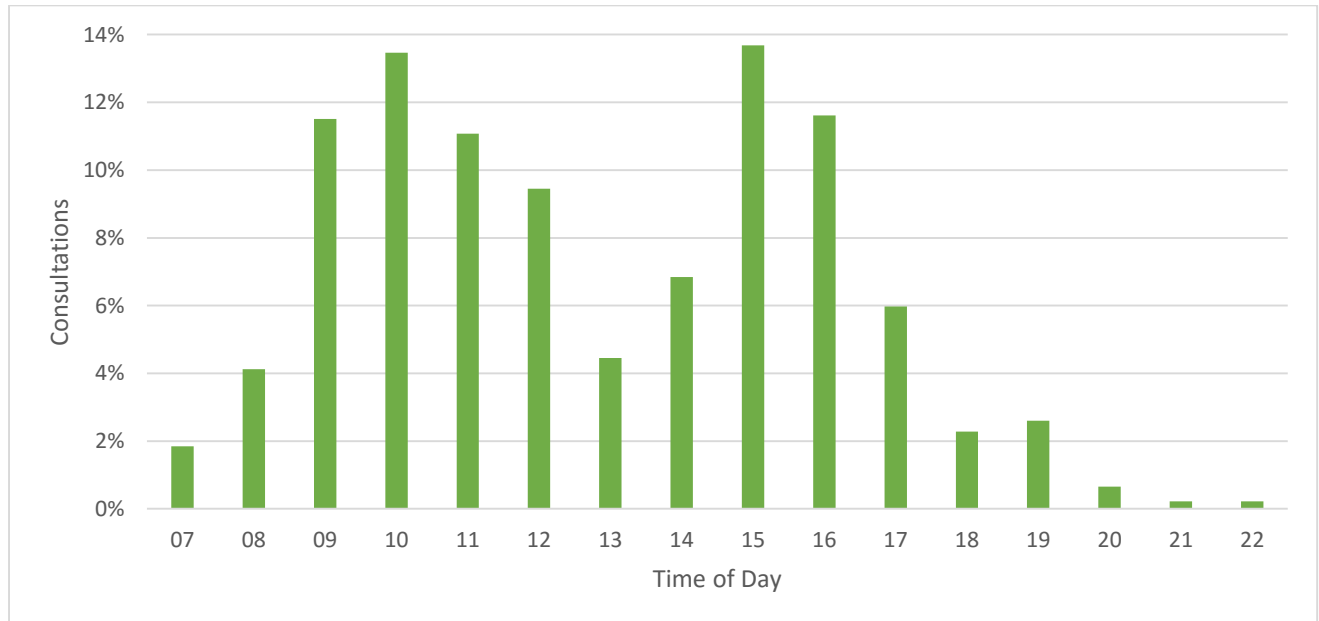


## The Consultation

**Figure 10** Distribution of patient consultations throughout the week



**Figure 11** Distribution of patient consultations throughout day Monday to Sunday



The number of consultations peaked mid-week with fewer on the weekend. The peak times of day for consultations were mid-morning and mid-afternoon, with 61 consultations (6.6%) being on a Saturday or Sunday and 66 (7.2 %) consultations being out of hours on a weekday (before 8am or after 6pm); total 13.8% (127/921) out of hours (see figures 10 & 11).

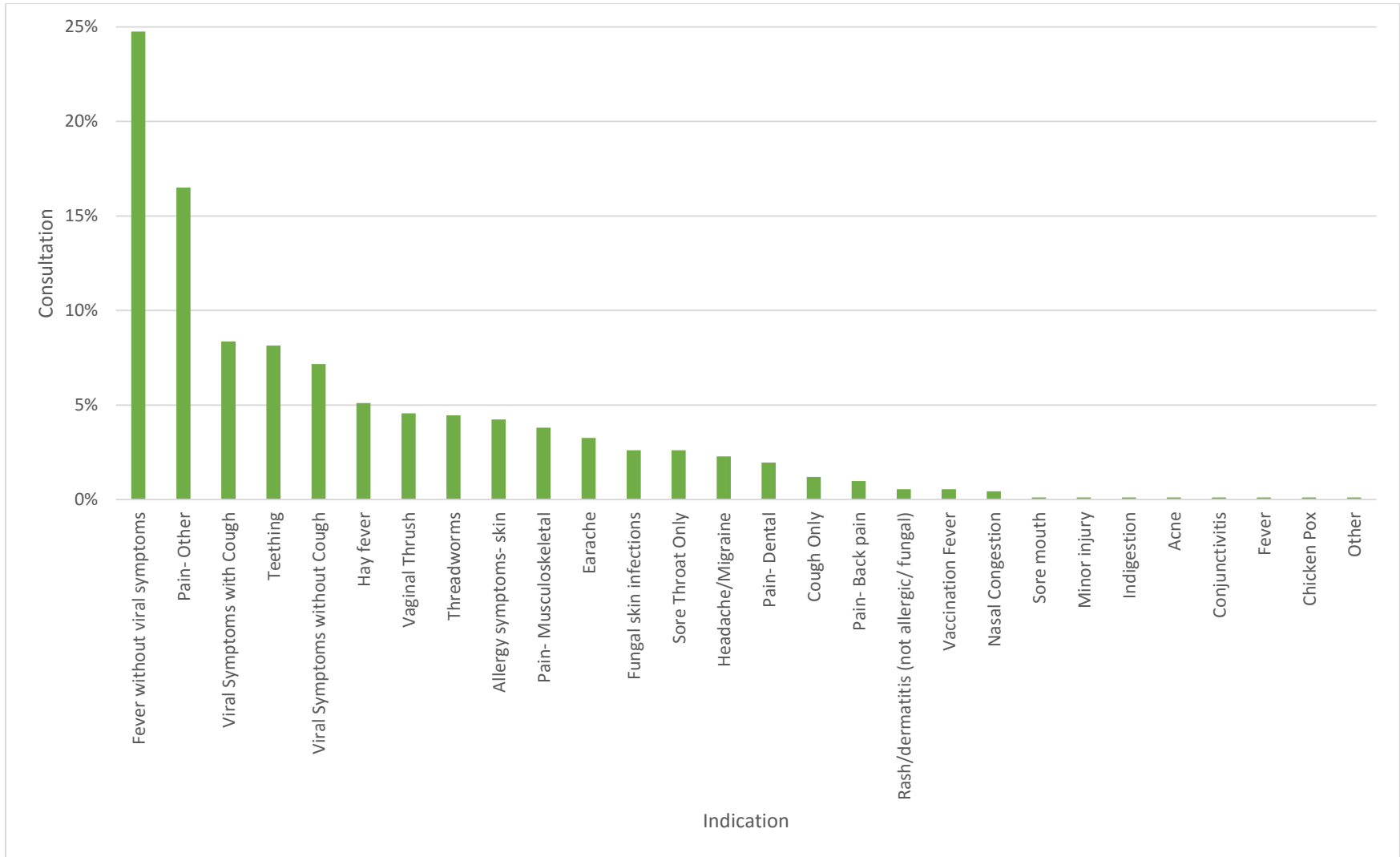
Patients presented at the pharmacy with a total of 28 different symptoms. Forty (4.3 %) patients presented with two different presenting complaints. The majority of patients presented at the pharmacy with fever without viral symptoms (see figure 12). Ninety-nine per cent (912/921) of patients were treated 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	912	99.0%
In hours usual care to GP	7	0.8%
Urgent (via telephone) to NHS 111	1	0.1%
Dentist	1	0.1%



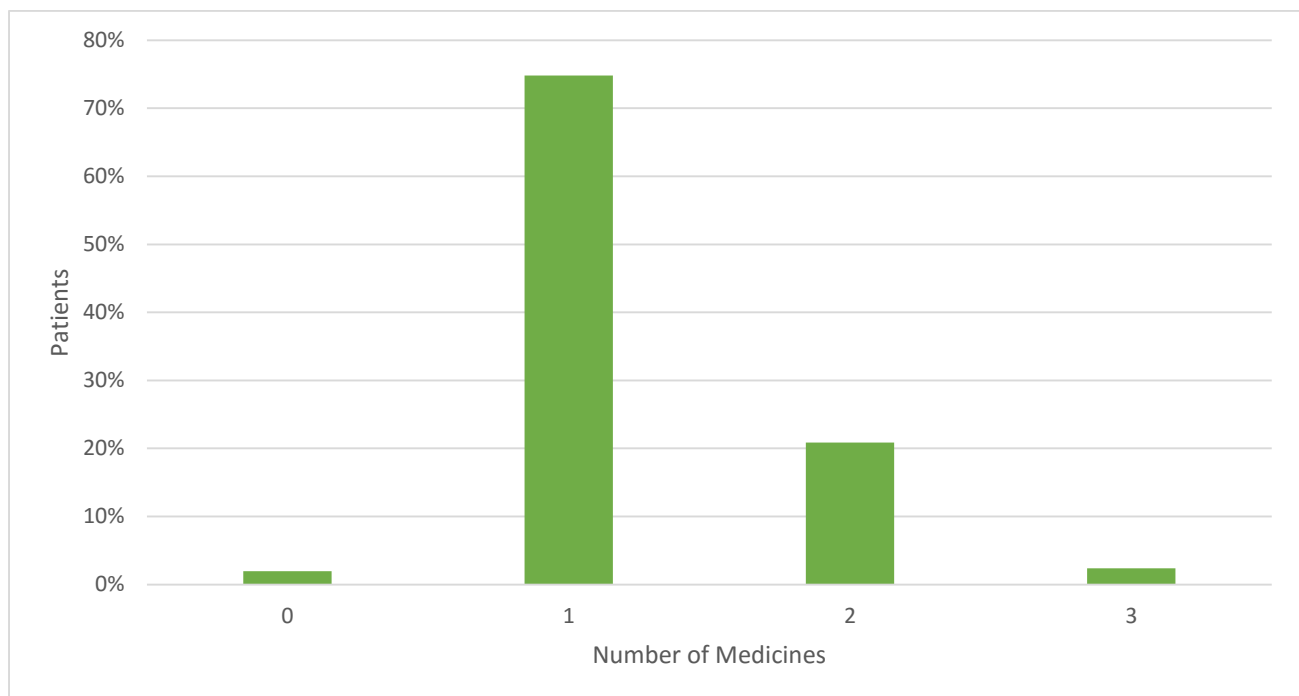
**Figure 12** Presenting Symptoms treated as part of *Pharmacy First*



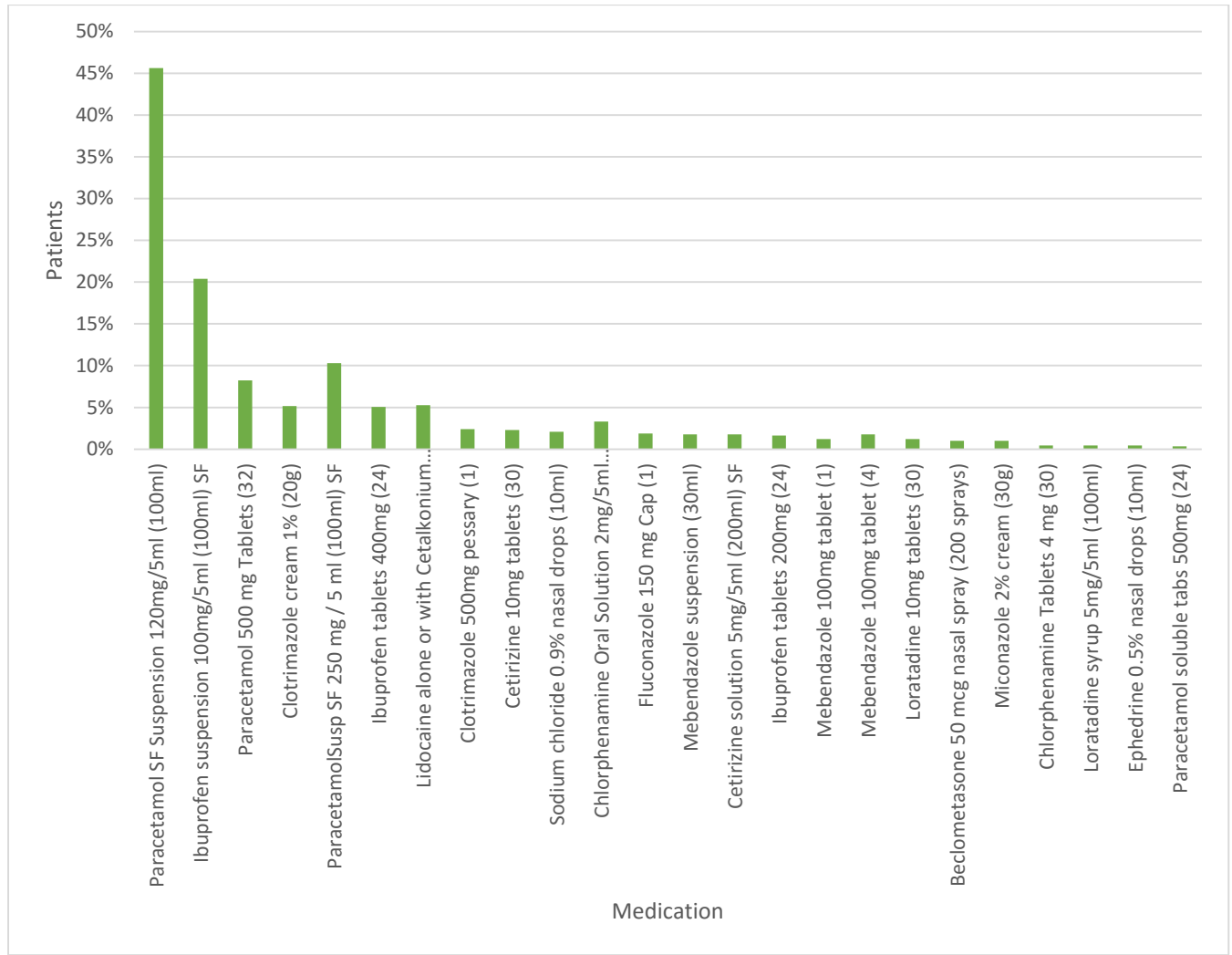
## Supply of Medication

A total of 1139 medications were supplied to patients. The range of medicines supplied varied from 0 to 3 medicines per patient with most people receiving one medicine (74.8%, 689/921) (see figure 13). Most commonly patients were supplied with an analgesic/antipyretic (see figure 14). The cost per patient was £1.77 (£2.13 inc VAT) and cost per item was £1.43 (£1.72 inc VAT). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.27 (£6.63 inc VAT). The total cost of the service (consultation fee + cost of medication) for the first ten months was £5778.62 (£6105.44 inc VAT) (assuming all consultations were claimed).

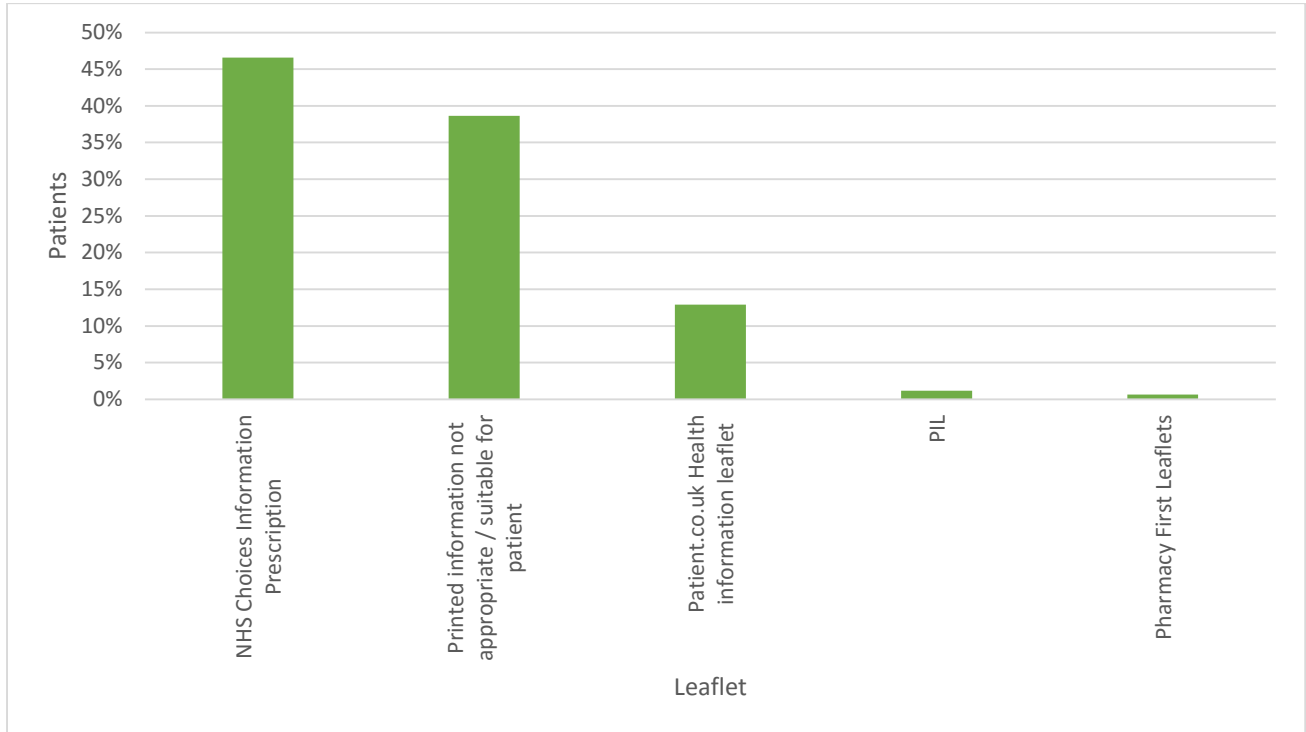
**Figure 13** Number of medicines supplied per patient



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



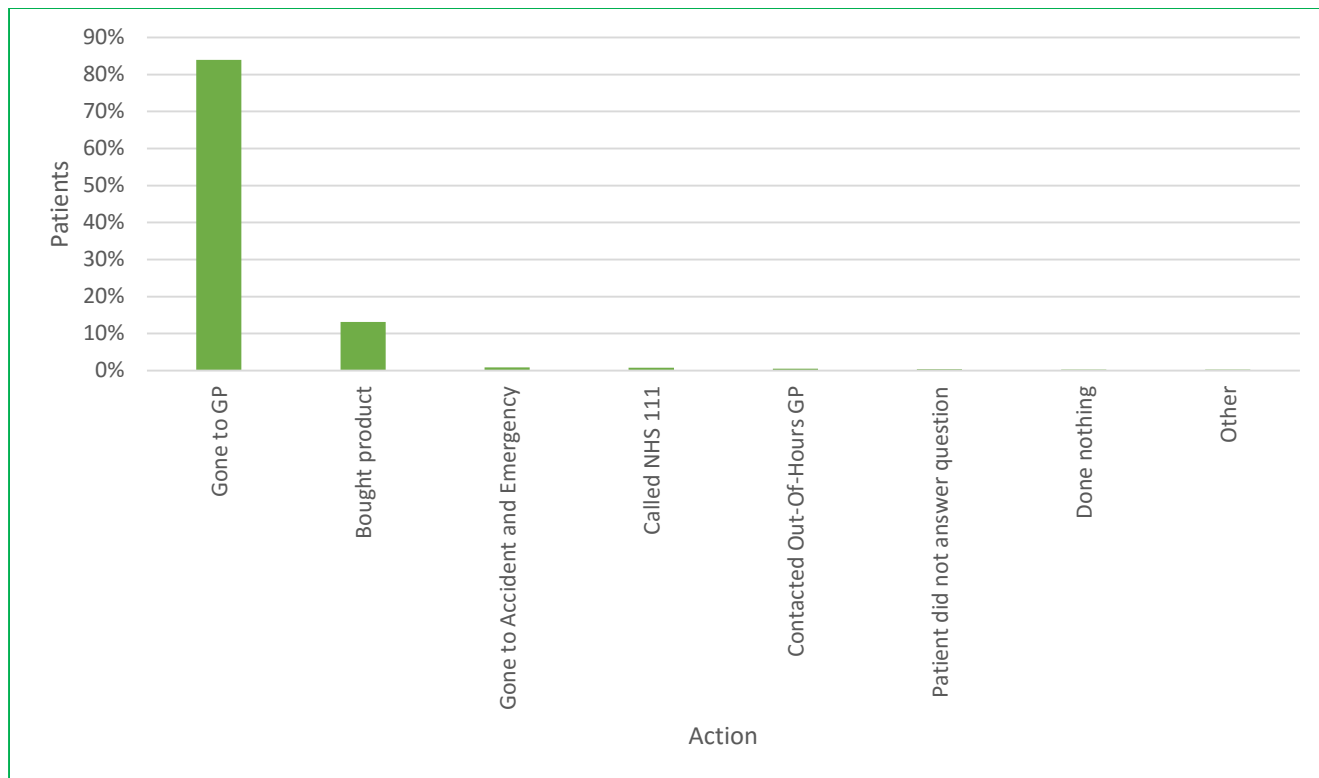
**Figure 15** Leaflet provided to patient during consultation



All patients were provided with verbal advice during the consultation. This varied depending on the patient's presenting complaint/symptoms. Only 61.3% (565/ 921) 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 (9.8%, 90/921) and information on managing cough (11.3%, 104/921). This is lower than the number of patients which were eligible to receive a cough or antibiotic leaflet.

## Patient Experience Captured on PharmOutcomes®

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

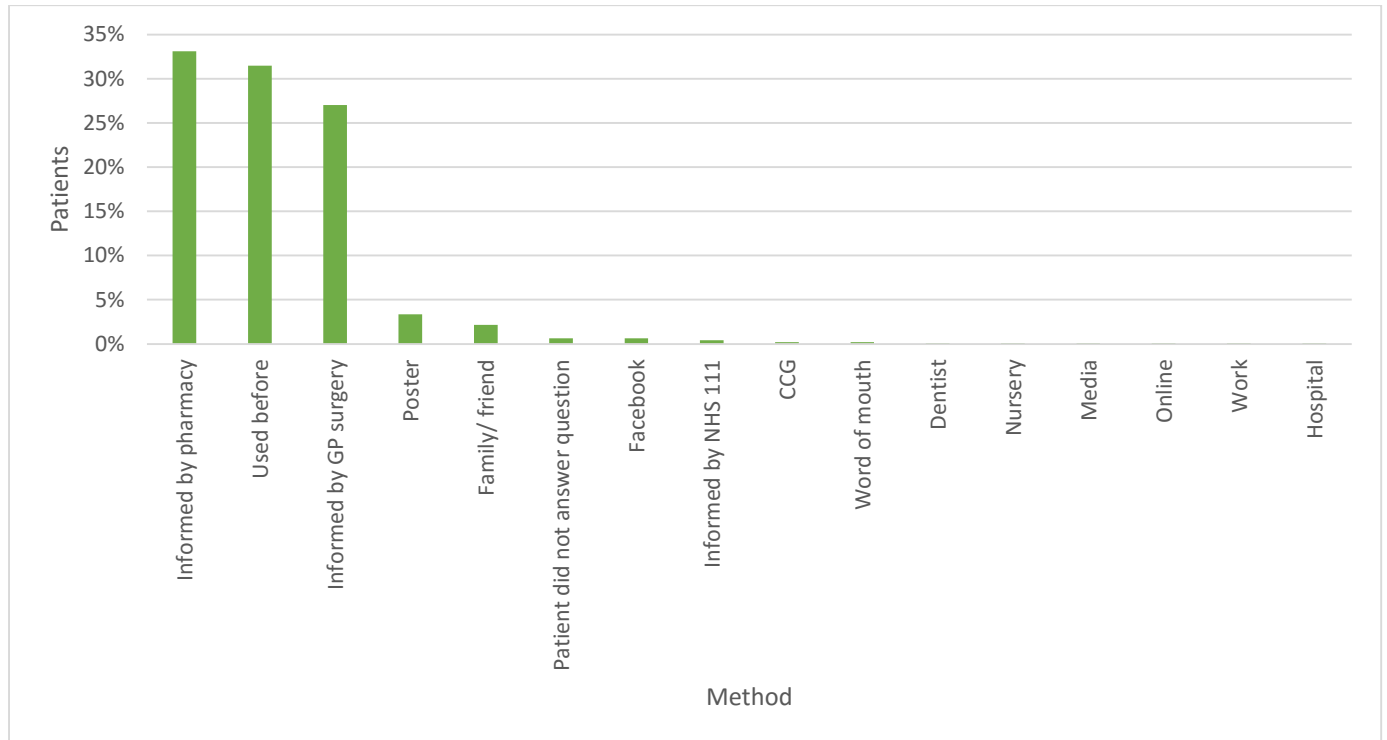


The majority of patients (83.8%, 772/921) stated they would have used the GP had they not accessed the service (see figure 16). Using this information and assuming the average GP consultation is 10 minutes<sup>5</sup> this has released 128 hours 40 minutes practice time across 37 practices (see table 5). The mean time released per practice was 3 hours 29 minutes, with a median of 40 minutes. Using a fee of £57<sup>6</sup> for A&E attendance the overall savings from the service for the first eight months is £456.

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

<b>GP Practice</b>	<b>Hours</b>	<b>Min</b>
A	28	30
B	21	30
C	18	40
D	12	10
E	9	40
G	6	0
J	4	0
I	3	0
K	2	40
F	2	30
H	2	10
M	2	10
L	2	0
O	2	0
Q	1	10
P	1	10
N	1	10
R	0	50
T	0	40
S	0	40
X	0	40
U	0	40
BB	0	30
Z	0	30
W	0	30
AA	0	30
Y	0	50
DD	0	20
GG	0	20
CC	0	20
II	0	10
JJ	0	10
EE	0	10
HH	0	10
V	0	10
<b>Total</b>	<b>128</b>	<b>40</b>

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



Most patients knew about the service because they had been informed by the pharmacy (33.1%, 305/921); many had also indicated that they had used it before (31.4%, 290/921) (see figure 17). It is unclear whether the patient was referring to the pharmacy, *Pharmacy first* or a previous minor ailments scheme. Over 95% of patients (96.3%, 887/921) stated that they would recommend the service to a friend, the remainder either did not respond (1.8%, 17/921), were not sure (1.2%, 11/921) or stated that they would not use it again (0.7%, 6/921).

Most patients felt that *Pharmacy First* had increased their confidence to self-care without seeing a doctor (95.3%, 878/921), with 97.0% (893/921) saying that they would use *Pharmacy First* next time they needed advice.

### Leeds Minor Ailments Scheme

Over the same seven month evaluation period, 5 community pharmacies, conducted a total of 2199 consultations under the Leeds Minor Ailments Scheme. The range of consultations per pharmacy varied from 31 to 1686 with a mean of 439.8 consultations per pharmacy and a median of 152 consultations per pharmacy. Adding these consultations to the 921 consultations delivered through *Pharmacy First* gives a total of 3120 consultations over the 7 month evaluation period.

## GP Practice Staff Opinion

A total of twenty-one GP practice staff responded to the questionnaire. Nine respondents suggested that there should be additional conditions included in *Pharmacy First* (see table 6). Three 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
Verrucae and Warts	3
Head lice	2
Conjunctivitis	2
Eczema/ contact dermatitis	1
Nappy rash	1
Haemorrhoids	1
Uncomplicated UTIs	1
Diarrhoea and vomiting	1
EHC	1
Constipation	1
Sinusitis	1
Cold Sores	1
Verrucae/ Warts	1
Dandruff/ itchy scalp	1

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

Medication	Number of respondents
Head Lice treatment	1
Head lice combs	1
Eye drops for infection	1
Rehydration sachets	1
Saline nasal drops	1
Haemorrhoid treatment	1
Constipation treatment	1
Levonorgestrel and ulipristal (EHC)	1
Wart / Verruca treatment	1
Ear drops for infection	1

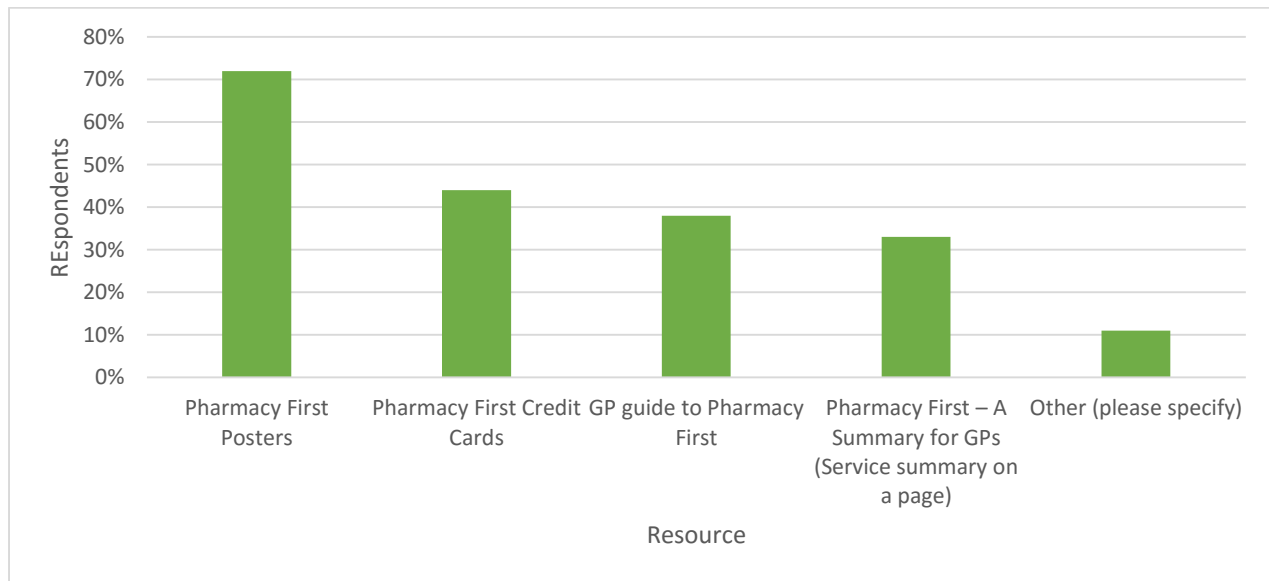
Most practice staff (16/20) felt they were well informed about the service before it started. Eighteen respondents stated that they had promoted the service within the GP practice for example through the display of promotional material, information on the practice website and answerphone messages; two practices had not actively promoted the service. Twelve members of these staff members felt that they did not need anything further to help them to promote the service. Conversely, three members of practice staff felt that



they could promote *Pharmacy First* better if neighbouring pharmacies were better engaged and were providing the service. Staff felt that patients could be better informed through increased advertising and more publicity including the use of television, radio and newspaper 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 posters and credit cards (see figure 18).

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



Three members of staff reported that their practice routinely recorded that the patient had used *Pharmacy First* on the practice electronic health record. Fourteen specified that they did not, with ten adding that they had not received any notifications. It is unclear whether this is because none of their patients have used *Pharmacy First* or they have not received the notifications or are unaware how they are received.

No-one felt that *Pharmacy First* had decreased the number of patients attending the GP practice, with one member of staff adding:

*‘Patient’s [are] still quite apprehensive about not seeing a GP.’*

Another commented on the lack of awareness by patients:

*‘Despite advertising the service and promoting it patients still seem to present to the practice first’*

Three respondents felt it had improved relations between the practice and the pharmacy with one adding that they were now *‘working more in partnership’*, others felt there had been no improvement with one feeling it had made things worse:

*‘[Pharmacy First has] made no difference at all. If anything it has created more problems because patients are angry at being sent to pharmacy then refused meds even though it is meds that are available on pharmacy first’*

Fourteen respondents felt that *Pharmacy First* was worthwhile as it educated patients, promoted self-care and reduced demand in GP practice. Five felt that it was not worthwhile, mainly due to patients demanding to see

a GP and feeling 'fobbed off' if they are sent to the pharmacy. It was acknowledged that patient behaviour needed to change if the service was to be a success. One member of staff added that increased leadership to embed the service and improve practice –pharmacy liaison and engagement would be useful

*'The reality is there needs to be more leadership from someone on this. Someone could facilitate a meeting/training session for the GP surgery staff to do together with local pharmacies'*

GP staff still felt that more needed to be done to embed the service into routine practice, acknowledging that this will take time and the service needed expanding to cover more ailments.

*'Will take time to change behaviour and patients to understand the role of the pharmacy in treatment of minor illness.'*

*'Increase conditions treated and medicines given. More emphasis in out of hours [OOH] care. Integration in Primary care/ OOH service/ A&E.*

Overall there is mixed opinion from GP practice staff on the service with some embracing it and others sceptical about its role and success. This has been contributed to by the lack of participation and engagement by some pharmacies.

*'We were all very excited about this service as it is a fantastic idea but a massive shame that the pharmacies have totally let the service fail'*

*Better communication with Primary care and collaboration [is needed] rather than competition'*

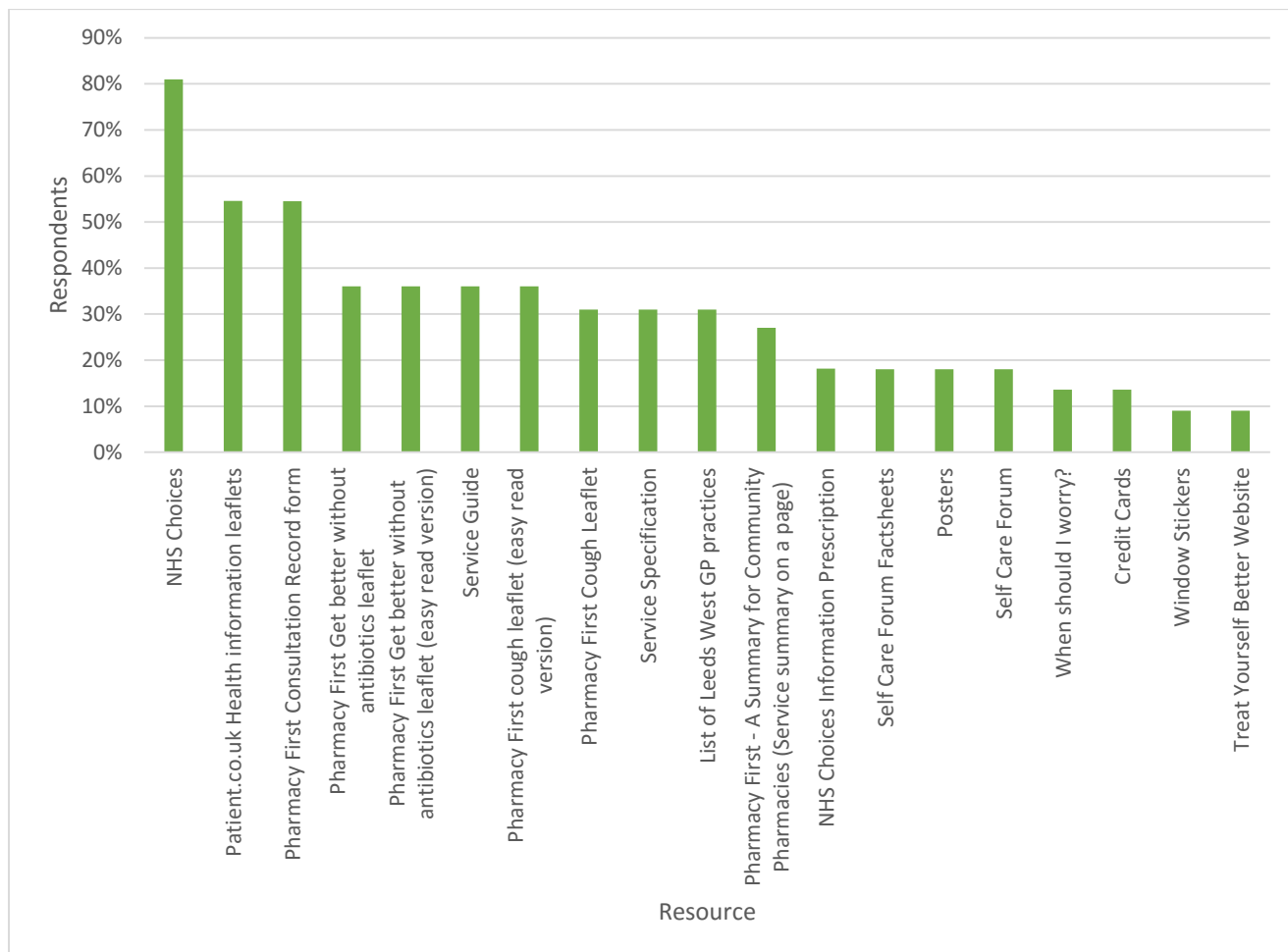
### Pharmacist Opinion

Twenty-four members of pharmacy staff completed the feedback survey. Twenty-three had provided consultations from their pharmacy; one had not had a request but provided the NHS England Minor Ailments Scheme. Fifteen 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**

<b>Medication</b>	<b>Number of Respondents</b>
Chloramphenicol drops / ointment	9
Head lice treatment	7
Hydrocortisone cream/ointment	5
Cough preparations	1
Antacids	1
Infacol	1
Clotrimazole cream	1
Wart treatment	1

**Figure 18 Resources found useful by pharmacy staff**



Most found NHS choices useful as a patient information resource, as well as patient.co.uk and the *Pharmacy First* consultation record form (see figure 19). *Seven commented that they felt there were sufficient resources.* One had produced a display within the pharmacy and another an information leaflet explaining the service in more detail.

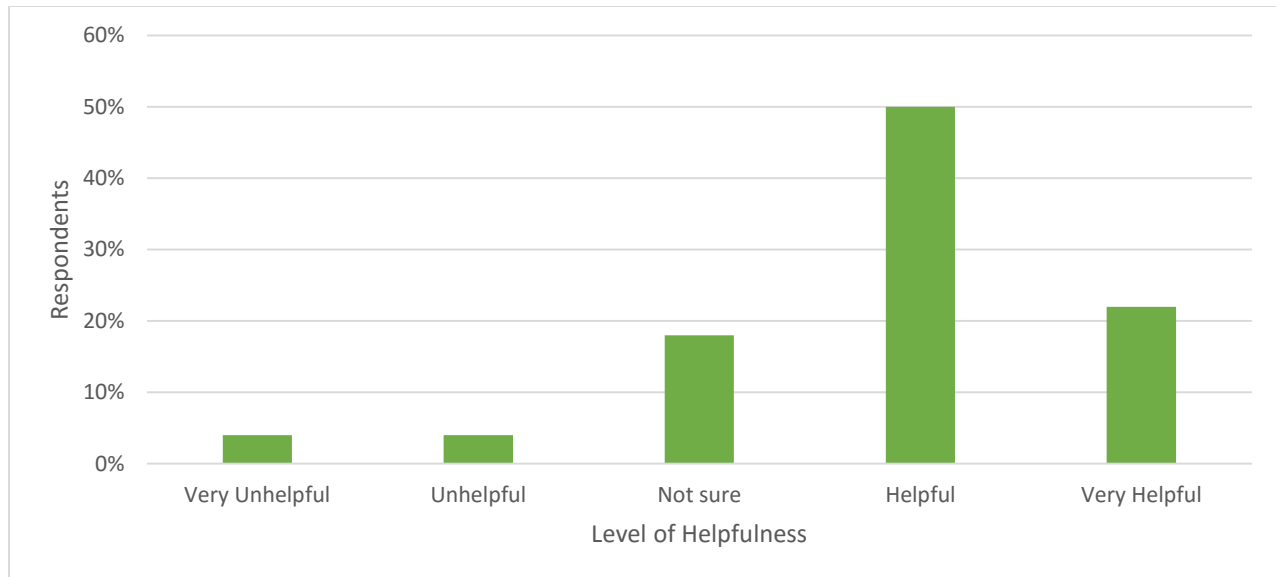
Suggestions to make the service easier to deliver included better promotion and understanding by general practice, advertising, a condensed consultation form, improved understanding of declaration of competence and more promotional material.

The majority of respondents (17) 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 19).

*'I liked the fact you could contact the team regarding the service and always received a prompt reply with good advice and guidance'*

Two respondents mentioned being confused at the beginning due to the existing minor ailment service running concurrently with *Pharmacy First*.

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



PharmOutcomes® was thought to be easy and straight forward to use in most cases (18/22). Three respondents mentioned that despite it being straight forward it was time consuming.

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

*[We have] definitely had more referrals across and used my consultation room more. .... most patients just needed advice not necessary any treatment.*

And another:

*'The local surgery is encouraging patients to use the service before making appointments'*

The remainder felt that the GP practices could be more engaged and better understand the service:

*'GP practices do refer patients but many of times it's been for things that are not on the service, which leaves them annoyed.'*

*'Most GP's don't know of the service or if they do they don't know what medication is on the formulary. Also on several occasions the GP's have sent patients asking for medication that isn't on the list.'*

The majority of pharmacy staff (12/21) felt that their relationship with the patients had improved with the patient putting more trust and confidence in the pharmacist.

*'More come to us first than the GP. They also find we have more time to listen to them and try and resolve the queries.'*

*'As the service has progressed patients are coming back asking for the service and recommending it to friends.'*

*'Customers are confident in the pharmacy service. Knowing they can get certain meds without seeing a GP because they don't pay prescription charges has made us convenient'*

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

*'They just think they can get free medicines without having the need of a consultation and they are not impressed if you do not supply what they are asking for, mainly paracetamol.'*

*'The service is unfortunately not wide-ranging enough and it is difficult to advertise and make any real difference as we're not allowed to tell patients it's a free service. We have only done about 20 consultations. That said it's a good idea for a service and it often takes years to change habits not months.'*

In the main, the pharmacy staff were pleased with the service but felt the service could be improved through further advertising, increased understanding by GPs, reception staff and patients, and expanding the formulary. 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

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Over the first seven months, a number of consultations for minor ailments were delivered through *Pharmacy First*. The number of consultations for *Pharmacy First* is not as high as those seen in Bradford City, but higher than other areas offering a similar scheme.<sup>3,4</sup> When weighted for population size and social deprivation the uptake was the lowest. The lower uptake may be attributable to the pre-existing NHS Minor Ailments Scheme, lack of engagement with the service by GP practice, pharmacists or patients or some other reason. (NB The number of consultations per 1000 population is not as low if the minor ailment scheme consultations are added to the *Pharmacy First* consultations). 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 fever without viral symptoms. This is in contrast to the findings within other neighbouring schemes. This difference needs exploring further to establish the reason for the difference. Approximately one in eight 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 £1.77 and per item £1.43 exc VAT). This similar to other evaluated *Pharmacy First* Schemes in West Yorkshire. Including the service fee of £4.50, this equates to an average consultation cost per patient of £6.27 (£6.63 including VAT). This is lower than previous evaluated schemes outside West Yorkshire and similar to other *Pharmacy First* services.<sup>2,3,4</sup>

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. Approximately only 50% of accredited pharmacies have delivered consultations for this service within NHS Leeds West CCG. It is unclear whether this is due to pharmacy or GP practice promotion of the service in these areas, whether these practices have a higher rate of minor ailment consultations or some other reason such as level of deprivation. It would be useful to plot practice IMD score against number of Pharmacy First consultations per 1000 population.

A significantly large number of consultations for minor ailments are currently being delivered under the historical Leeds Minor Ailments Scheme rather than through *Pharmacy First*. This may have affected the number of consultations claimed through *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. This can be managed without additions to the formulary where there is a poor evidence base for medication. This will be discussed together as part of an overall review of the service.

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 the high number of pharmacies accredited. 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 seven months, *Pharmacy First* has delivered a number of consultations which have been cost-effective and embraced by the majority of patients. Further work to increase understanding, promotion and engagement, plus build relationships between pharmacy and practice staff is needed to increase uptake. The list of ailments and provision of two common ailment schemes within Leeds West must also be reviewed.

## 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 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 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 1-page document which helps patients and practice staff to understand how *Pharmacy First* works
- Provide increased education and information to practice staff to improve appropriateness of referrals to *Pharmacy First*
- Plot practice IMD score against use per 1000 population to determine whether there is a correlation. This may give an indication of those practices which would benefit from increased activity
- 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.
- Work with commissioners to ensure a single common ailments service, rather than the current split system in Leeds West
- Explore the reasons why fever without viral symptoms was the most common presenting complaint in comparison with other areas

## 7 REFERENCES

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- 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) Community Pharmacy West Yorkshire. NHS Bradford City CCG Self Care Service. *Pharmacy First - 8 Month Evaluation*. (2014) Accessed at <http://www.cpwyo.org/doc/795.pdf>
- 4) Community Pharmacy West Yorkshire. NHS Airedale, Wharfedale and Craven CCG Self Care Service. *Pharmacy First - 10 Month Evaluation*. (2014) Accessed at <http://www.cpwyo.org/doc/1056.pdf>
- 5) 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.
- 6) 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.
- 7) 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 26th June 2014.