West Wakefield Health and Well-being Ltd

Pharmacy First Self Care Service

8 Month Evaluation
February 24th – October 23rd 2015

Anonymised Report

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Version 1

SUMMARY OF EVALUATION AND RECOMMENDATIONS

Pharmacy First was introduced mid-February 2015 within 13 pharmacies which serve patients within West Wakefield Health and Well-being (WWHW). 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 WWHW 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 eight months, *Pharmacy First* in WWHW has delivered a limited number of consultations in comparison to other similar schemes in the area, however when weighted for population and social deprivation the numbers delivered were actually higher than most other areas.

Most patients who accessed Pharmacy First were under 10 years old with over half of those being under 5 years. The majority of patients were treated for allergic symptoms with viral symptoms being the next highest. This is most likely due to the evaluation being conducted over the summer months. The cost for medication was low (per patient £2.18 and per item £1.58). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.68 (exc VAT). This is slightly higher than the other *Pharmacy First* schemes which have previously been evaluated however lower than other schemes running in other areas. The differences may be due to differences in formulary and presenting complaint.

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 more pharmacy or GP practice promotion of the service in these areas, whether these practices have a higher rate of minor ailment consultations or some other reason for example levels of high deprivation.

There was mixed feedback from GP practice staff with most being negative despite some seeing the potential that it could be worthwhile. This was a stark contrast to previous *Pharmacy First* evaluations in other areas. Pharmacy staff were more positive about the overall service, but felt that practice staff had not 'embraced' the service. The pharmacists had experienced an increase in patient confidence towards pharmacy staff rather than the lack of trust described by the GP practice respondents. The reasons for the disparity in views between the two staff groups is unclear. It may be because the patients agreeing to see the pharmacist were already 'pro-pharmacy' or some other reason. Further work building relationships between pharmacy staff and practice staff and patients is needed.

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 between general practice and pharmacies
- Consider further ways to increase promotion of the service by both pharmacy and GP practice staff to ensure appropriate use and referral
- Work with GP practices to ensure that *Pharmacy First* is embedded into their triage systems and patient pathways
- Continue to work with NHS111 to ensure *Pharmacy First* is an integral part of the urgent care provision in the CCG area.
- Review list of conditions and formulary with the *Pharmacy First* project group and devise a further business case to expand the service to include further conditions
- Explore the reasons why practices are not receiving notifications of patient use of *Pharmacy First*
- Promote increased recording of patient access to *Pharmacy First* on GP electronic health record.

1 INTRODUCTION

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

In February 2015, *Pharmacy First* was commissioned by WWHW (formed as part of the Prime Minister's Challenge fund project), following the success of *Pharmacy First* in Bradford City CCG.[3] It provides West Wakefield 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 WWHW can be signposted to *Pharmacy First*. The *Pharmacy First* service is only available to those exempt from prescription charges, to whom medication is supplied free of charge. Patients attending the pharmacy who are not exempt from prescription charges can access free advice under the community pharmacy essential service - self-care and can be offered the purchase of a medicine. The

cost of all medicines for conditions included within *Pharmacy First* is less than the current prescription charge (see service specification and service guide for further details accessed at www.cpwy.org).

2 SERVICE

Pharmacy First was introduced mid-February 2015 within 13 pharmacies which serve patients within West Wakefield (Network 6 of Wakefield CCG). The presenting patient must currently be registered with a GP within West Wakefield 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
- Cold sores
- Bites and stings
- Oral Thrush

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

Table 1 *Pharmacy First* Formulary

Formulary
Aciclovir 5% cream
Beclometasone 50 mcg nasal spray (200 sprays)
Cetirizine solution 5mg/5ml (200ml) SF
Cetrizine 10mg tablets (30)
Chlorphenamine syrup (150 ml) SF
Chlorphenamine tablets 4 mg (30)
Clotrimazole 500mg pessary (1)
Clotrimazole cream 1% (20g)
Ephedrine 0.5% nasal drops (10ml)
Fluconazole 150 mg cap (1)
Hydrocortisone 1% Cream
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)

Formulary
Aciclovir 5% cream
Mebendazole suspension (30ml)
Mebendazole 100mg tablet (1)
Mebendazole 100mg tablet (4)
Miconazole 2% cream (30g)
Miconazole oral gel
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 West Wakefield *Pharmacy First* service does not include any cough preparations within their formulary. The rationale being there is no good evidence from trials that cough medicines are effective or reduce the severity / length of a cough. Cough medicines are considered to be drugs of limited clinical value and GPs are encouraged not to prescribe them. Additionally the MHRA has stated that cough medicines containing antihistamines, cough suppressants, expectorants, or decongestants should be avoided in children under 6. Patients presenting with a cough are managed by the provision of information (oral and printed) regarding the management of coughs.

Table 2 Summary of assessment and provision of advice

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

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

3 METHOD OF EVALUATION

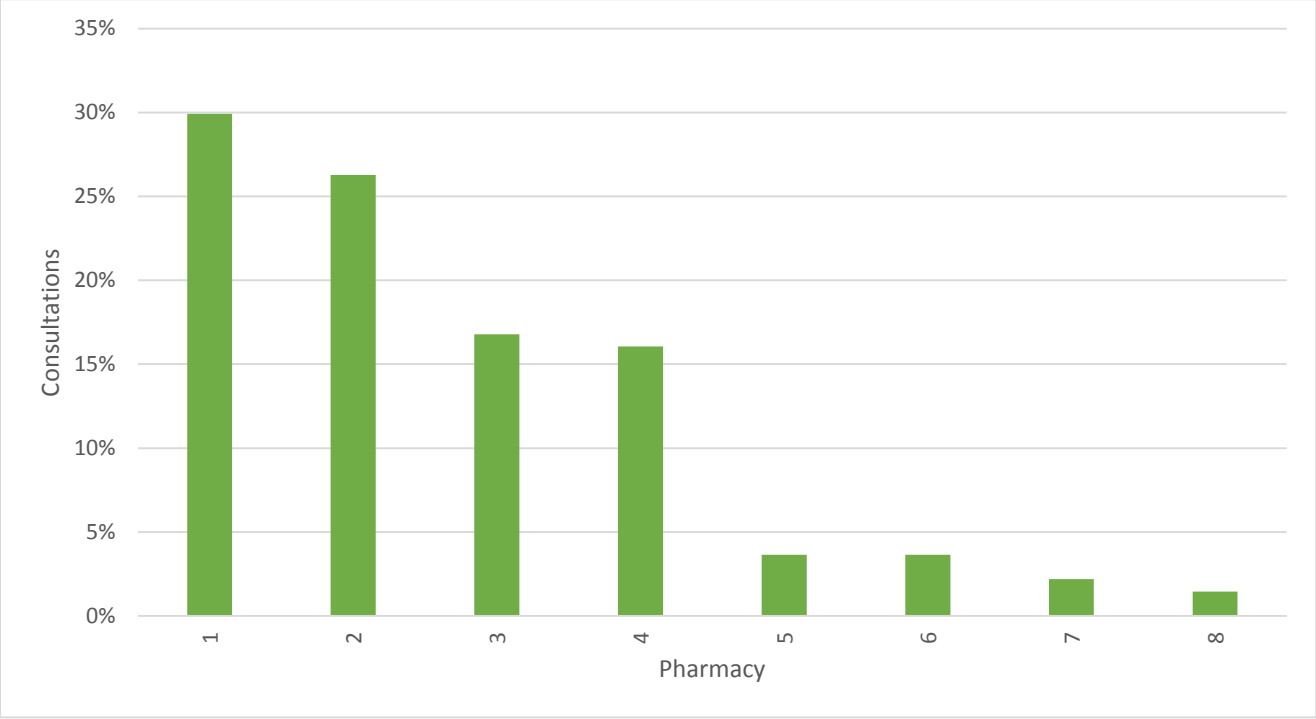
All data inputted on to *PharmOutcomes* was evaluated from 24th February 2015 – 23rd October 2015. This included patient feedback questions asked at the end of each *Pharmacy First* consultation. Data was extracted into Excel and reported using descriptive statistics. Questionnaires were devised to gain opinions from GP practice staff and pharmacy staff. The GP questionnaire was distributed via SurveyMonkey® (to GPs, Practice Nurses and Practice Managers) and the pharmacy staff questionnaire using both paper-based questionnaires and SurveyMonkey®. Feedback was also gained through an evening engagement event held on the 22 October 2015, aimed at improving the uptake of *Pharmacy First* consultations and partnership working between GP practices and pharmacies.

4 RESULTS

Overview

Over the eight month evaluation period, eight community pharmacies, conducted a total of 137 consultations. The range of consultations per pharmacy varied from 2 to 41 with a mean of 17.1 consultations per pharmacy and a median of 13.5 consultations per pharmacy. Half of the pharmacies delivered 89.1% of all consultations 122/137) (see figure 1). Of the 137 consultations, 100 (73.0%) were delivered in a private consultation room, the rest in a private area of the pharmacy (37/137 – 27.0%).

Figure 1 Percentage of consultations delivered per pharmacy



Patient Demographics

Of the 137 patients seen 82 (59.9%) were female and 55 (40.1%) male. Just over 50% (55.47% - 76/137) of the patients seen were under 10 years old (see figure 2), with the majority of those being under 5 years old (35.0%, 48/137). Thus, the majority were exempt from prescription charges due to being under 16 (see figure 3). The majority of patients described themselves as White - British (96.4% - 132/137) (see figure 4). Thirty-seven per cent (50/137) of patients accessing the service lived within WF5, with a large number from WF2 (33.6% - 46/137) and WF4 (27.0% - 37/137) also using the service (see figure 5).

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

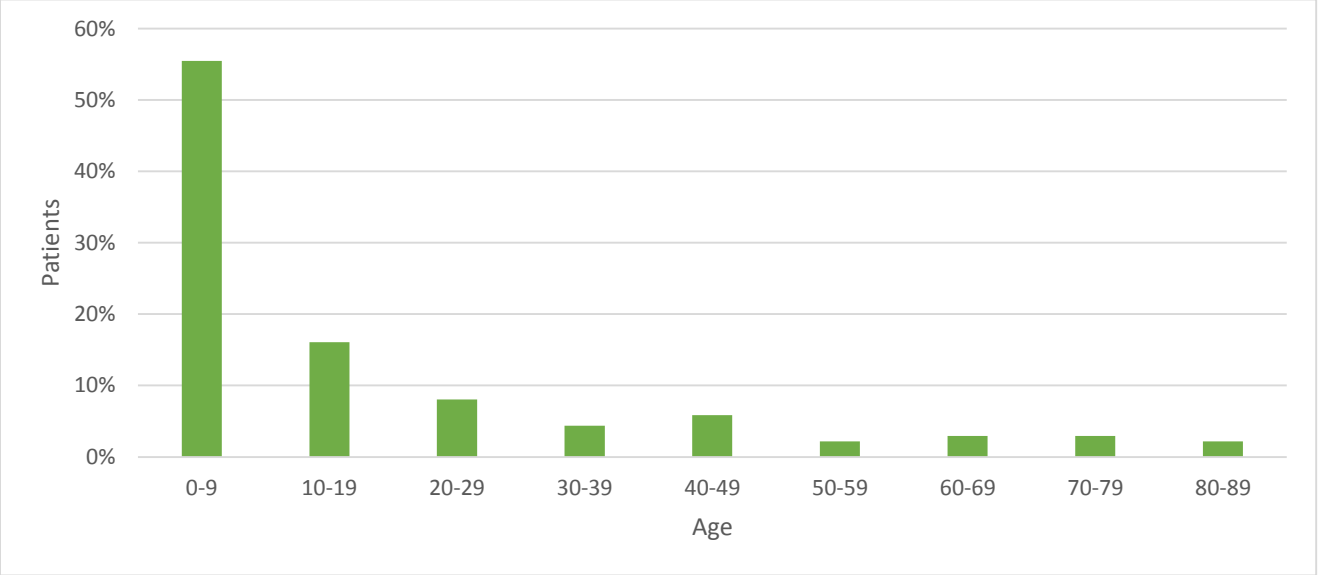


Figure 3 **Exemption status of patients using *Pharmacy First***

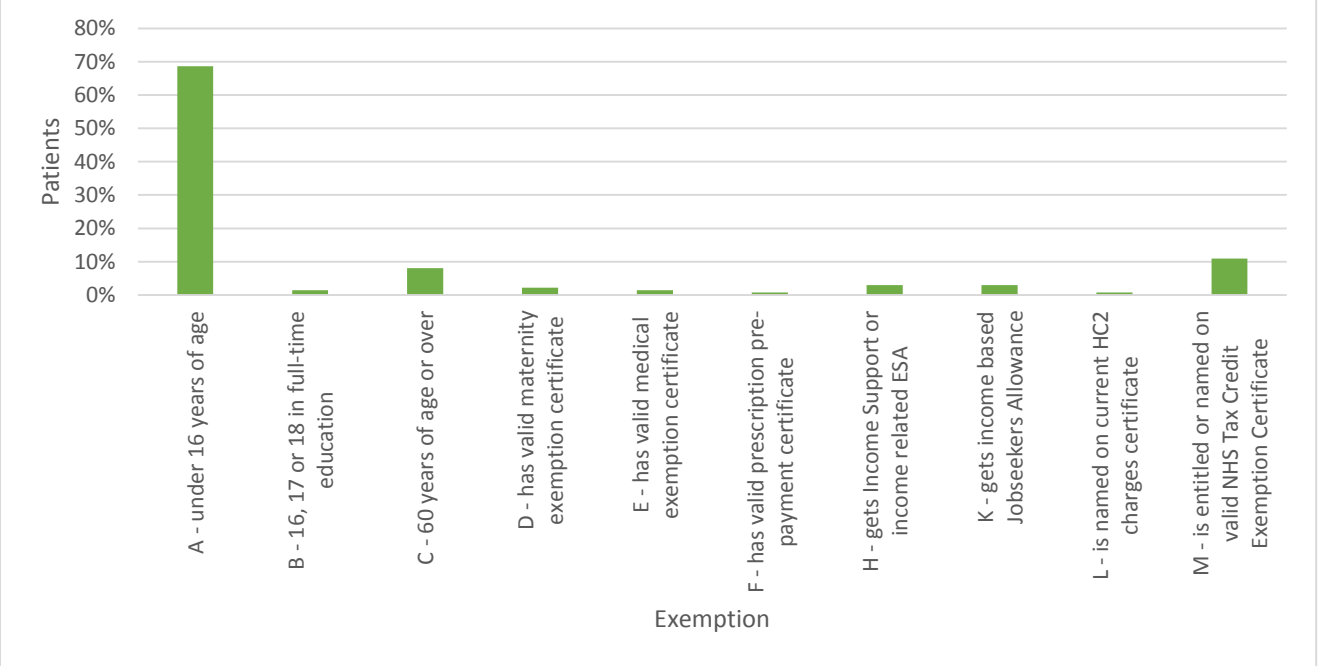


Figure 4 **Ethnicity of Patients using *Pharmacy First***

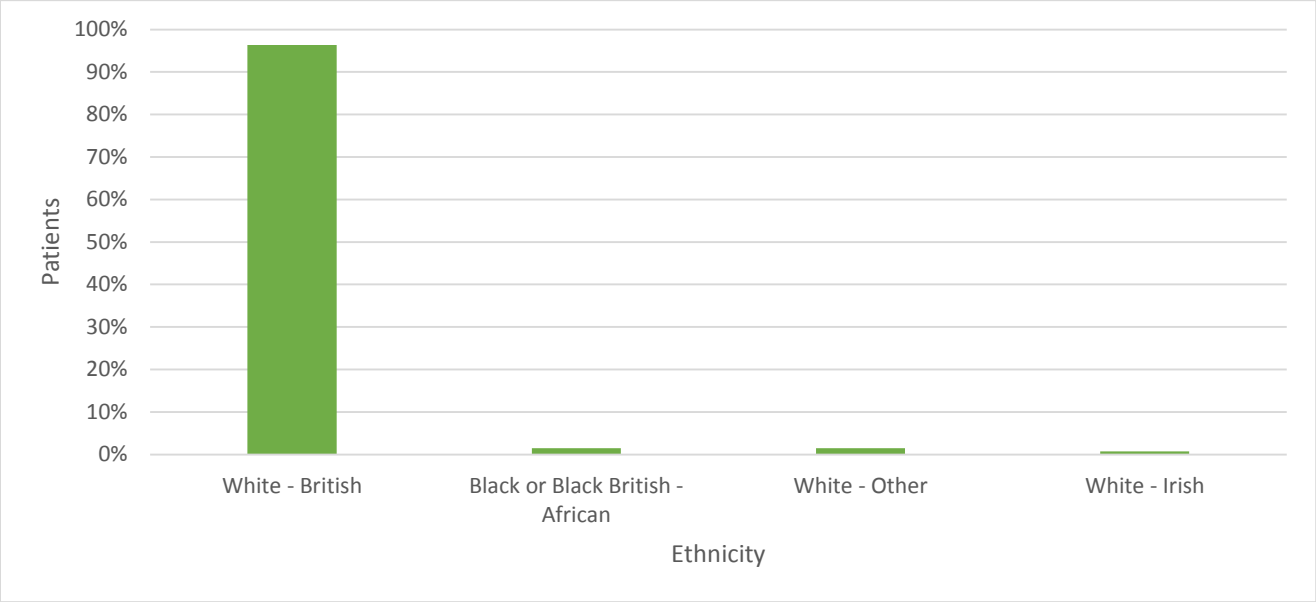
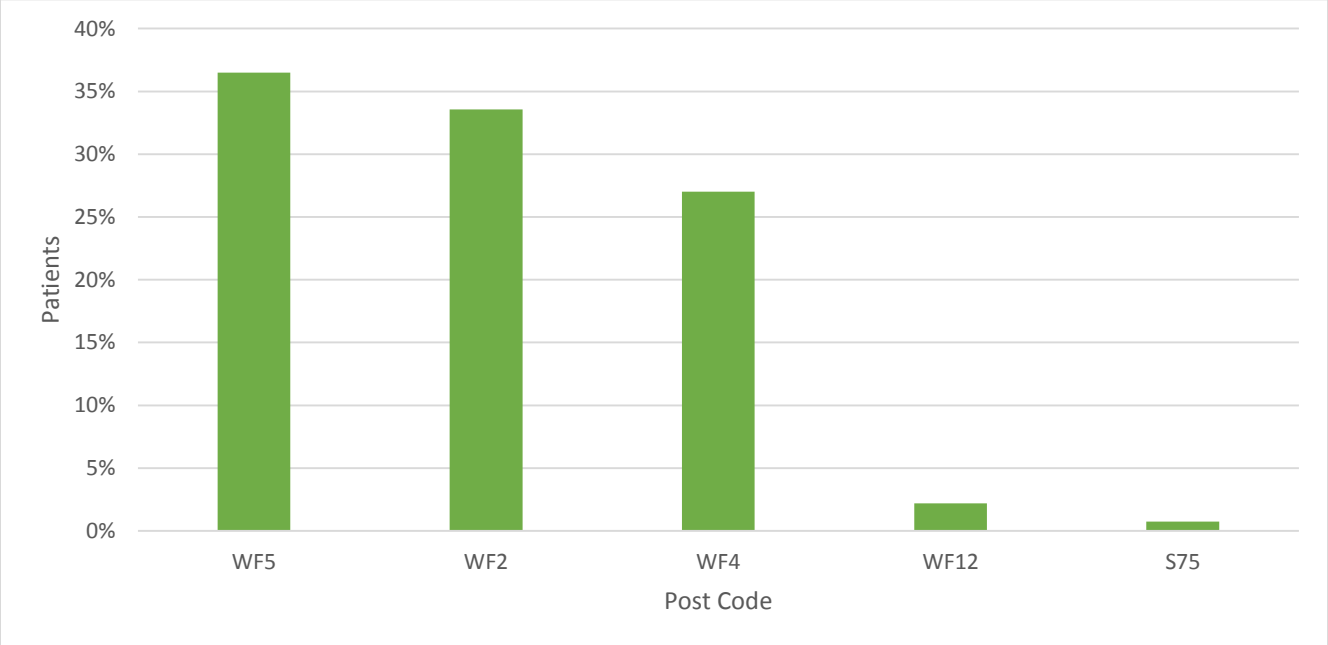


Figure 5 **Post code area of patients using *Pharmacy First***



Practices

The patients using the service were registered at 6 practices, with most consultations coming from the top three practices (see figure 6). The mean number of patient visits per GP practice was 22.8 visits and the median 37 visits (range 5-50 visits). The range per 1000 practice population was 0.97 – 4.15 consultations with mean 2.53 consultations and median 2.56 consultations (see figure 7).

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

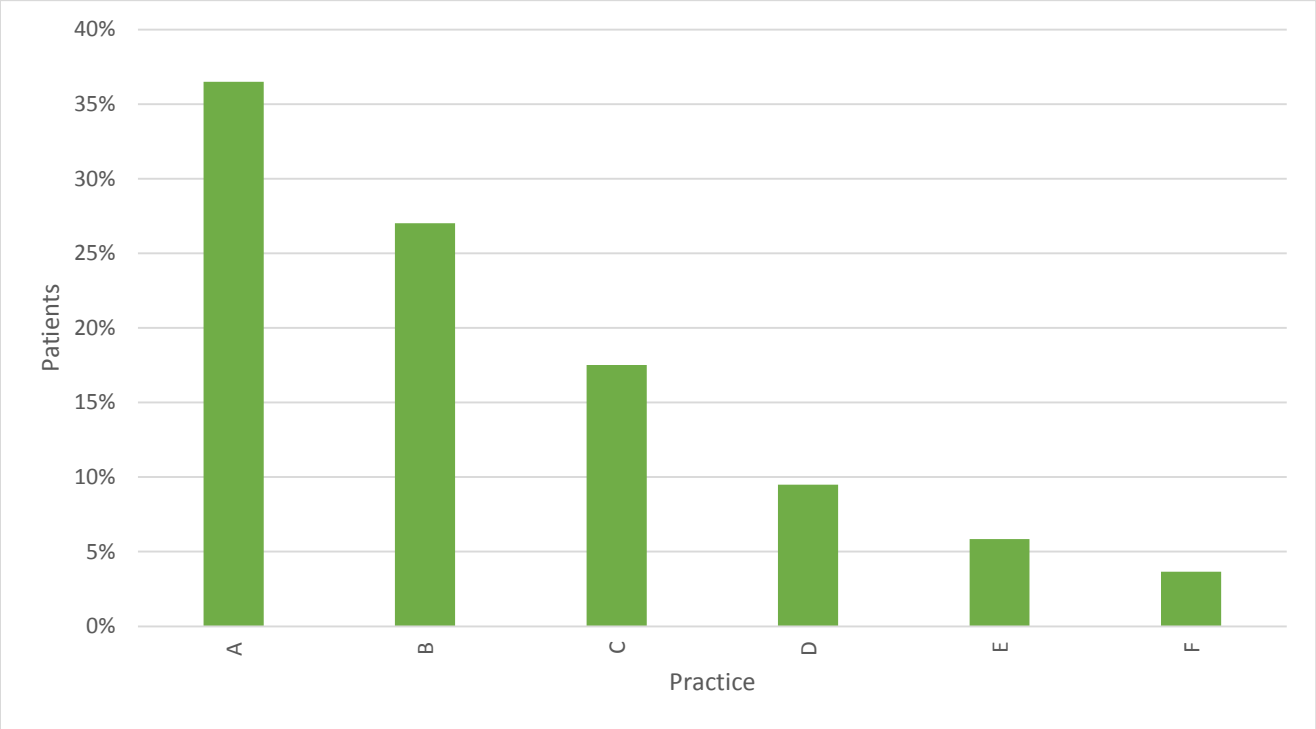
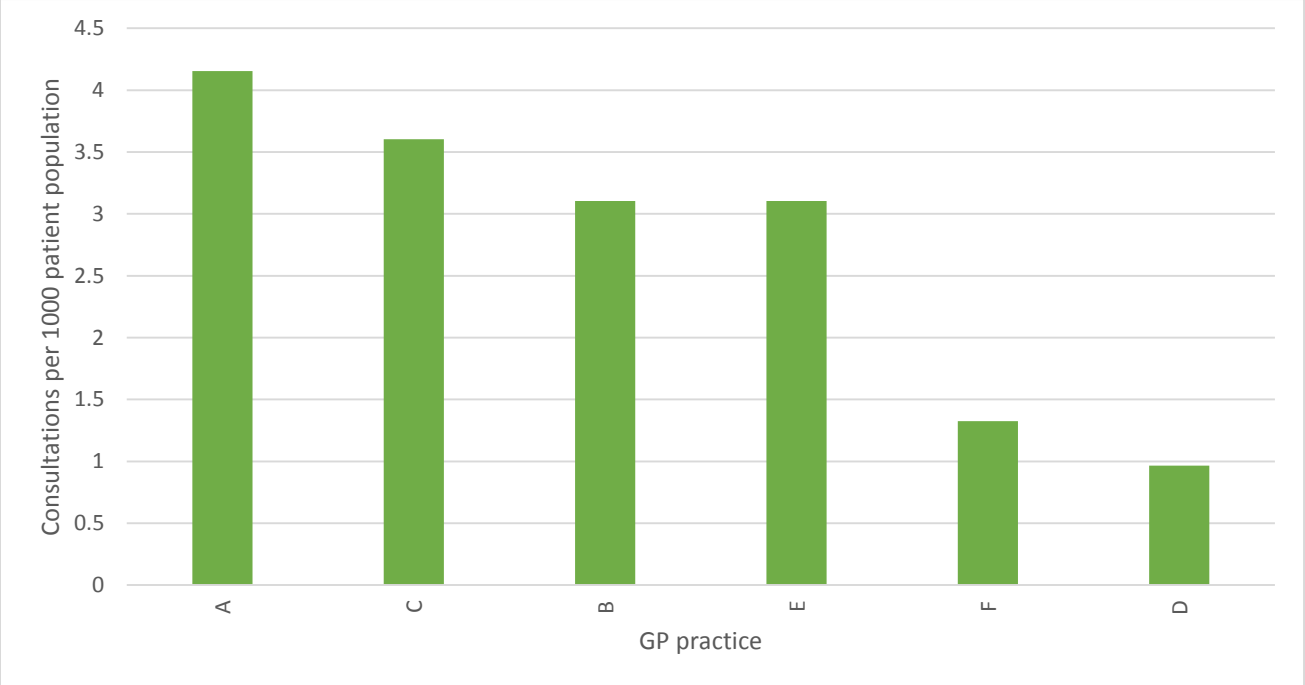


Figure 7 **Number of patient consultations per 1000 practice population**



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 last six months and West Wakefield the lowest (see figure 8), however when weighted for population size and social deprivation Bradford still remains the highest with West Wakefield delivering the second highest number (see figure 9).

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

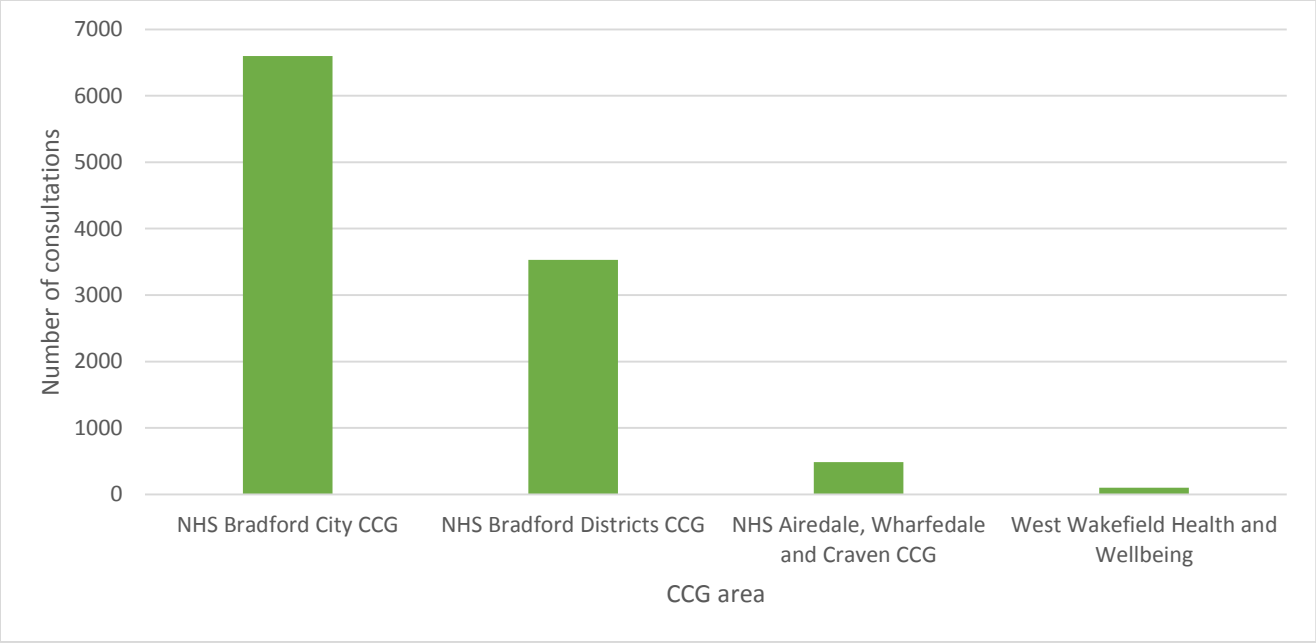
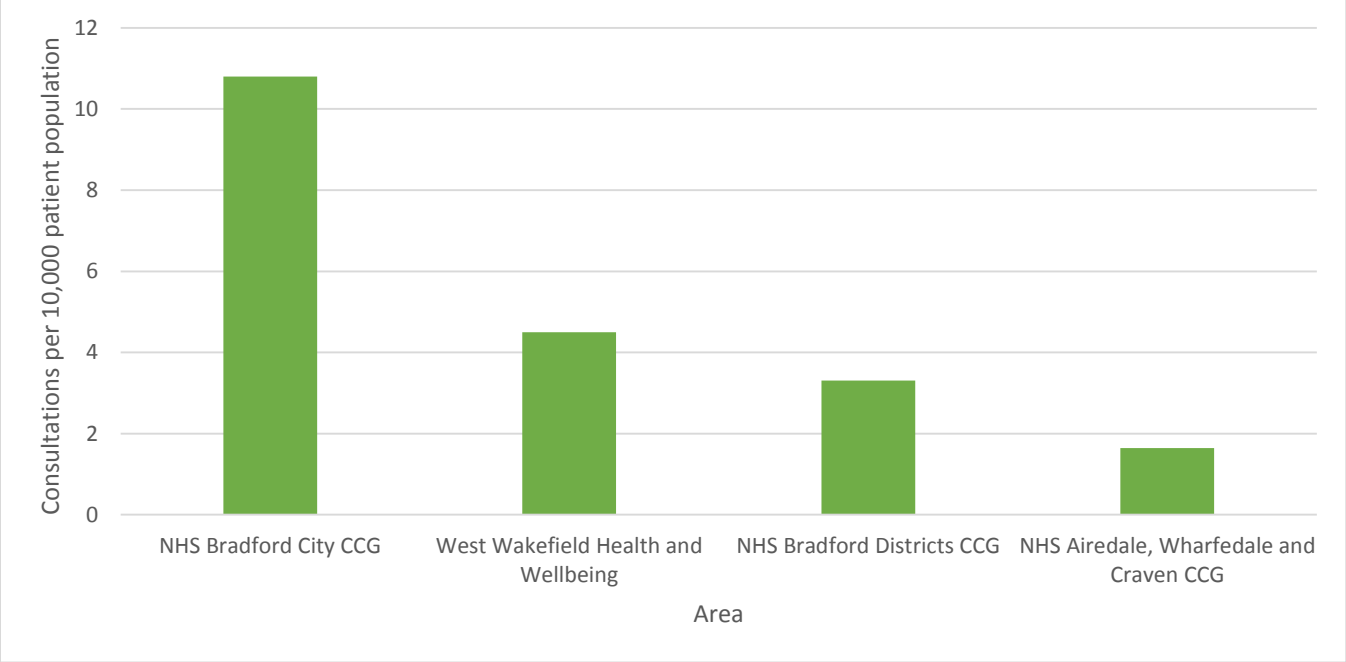


Figure 9 Number of consultations per CCG area weighted for population and social deprivation in the last 6 months



The Consultation

Figure 10 Distribution of patient consultations throughout the week

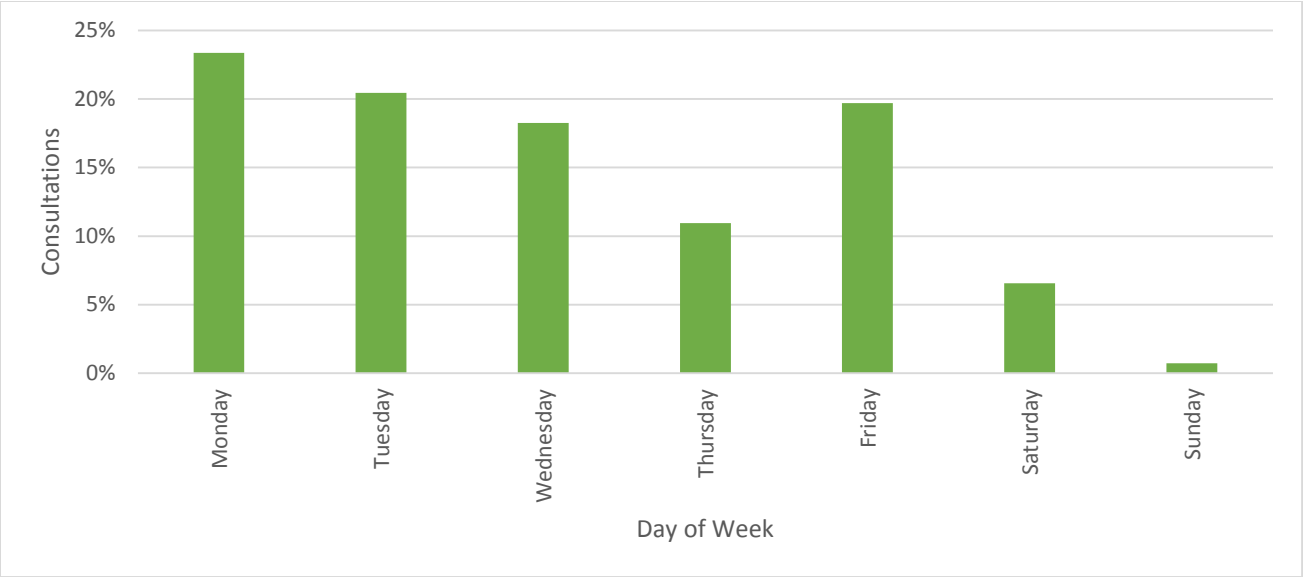
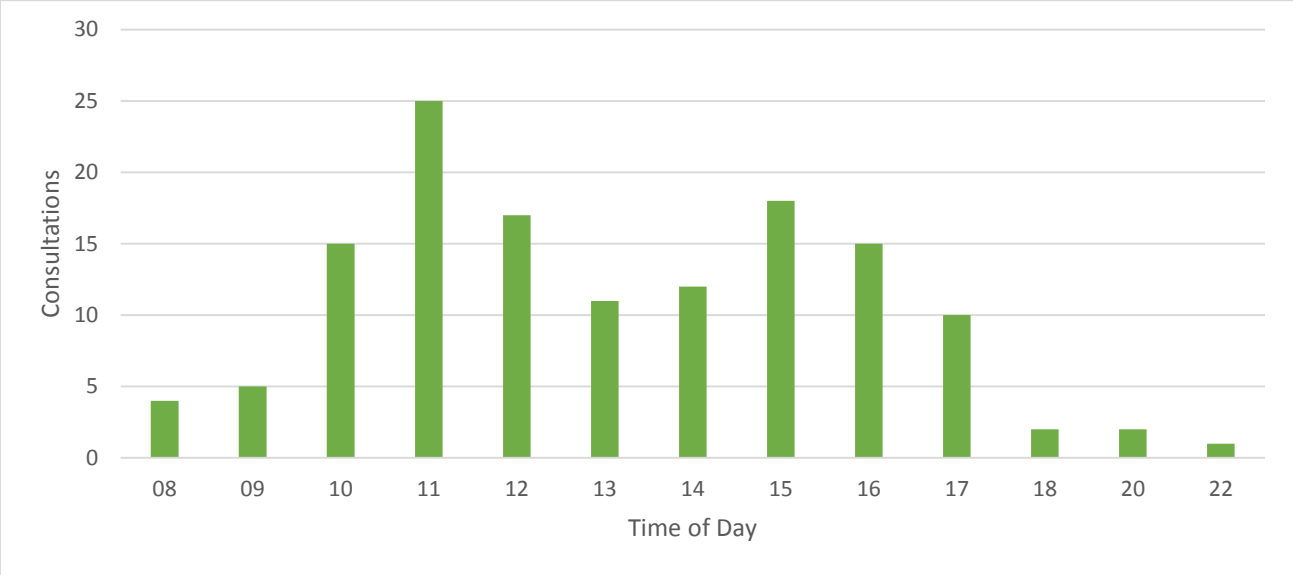


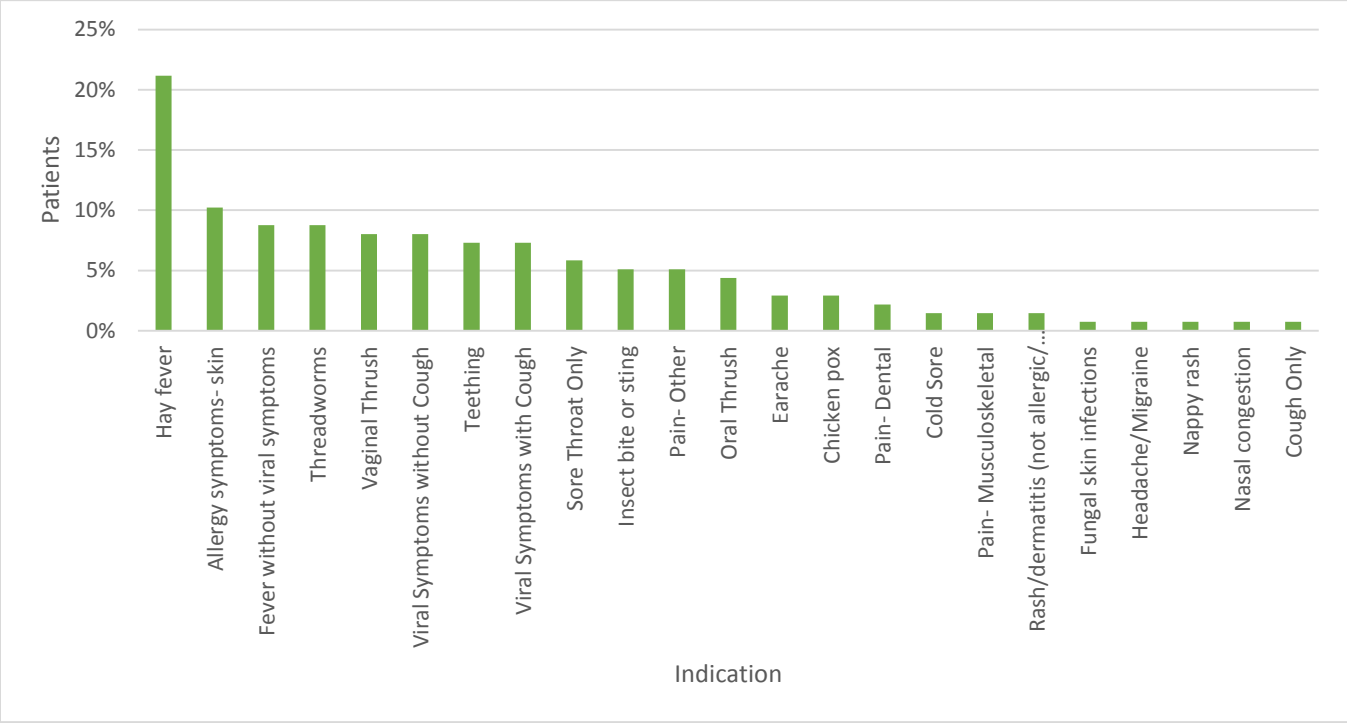
Figure 11 Distribution of patient consultations throughout day Monday to Sunday



The peak time of day for consultations was late morning, with 10 consultations (7.3%) being on a Saturday or Sunday and 5 (3.6%) consultations being out of hours on a weekday (before 8am or after 6pm); total 10.9% (15/137) out of hours (see figures 10 & 11).

Patients presented at the pharmacy with a total of 23 different symptoms. 26 (19.0%) patients presented with two different presenting complaints. The majority of patients presented at the pharmacy with symptoms of allergy e.g. hayfever or skin allergy (see figure 12). Ninety-three per cent (127/137) patients were treated in the pharmacy and did not require any onward referral to other services. The remainder were referred to the GP during usual hours (7.3%, 10/137). None required urgent referral.

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



Supply of Medication

A total of 189 medications were supplied to patients. All patients were supplied with at least one medication to either treat or provide symptomatic relief of their symptoms. The range of medicines supplied varied from 0 to 3 medicines with most people receiving one medicine (62.0%, 85/137) (see figure 13). Most commonly patients were supplied with an analgesic/antipyretic (see figure 14). The cost per patient was £2.18 (£2.62 inc VAT) and cost per item was £1.58 (£1.90 inc VAT). Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.68 (£7.12 inc VAT). The total cost of the service (consultation fee + cost of medication) for the first ten months was £915.14 (£974.87 inc VAT) (assuming all consultations were claimed).

Figure 13 Number of medicines supplied per patient

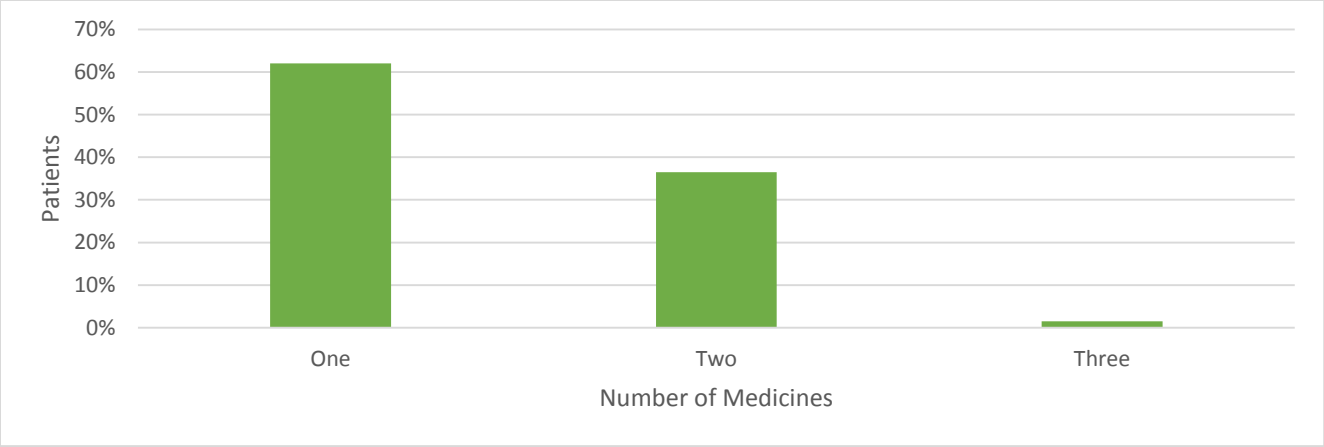


Figure 14 Medication provided to the patient following consultation

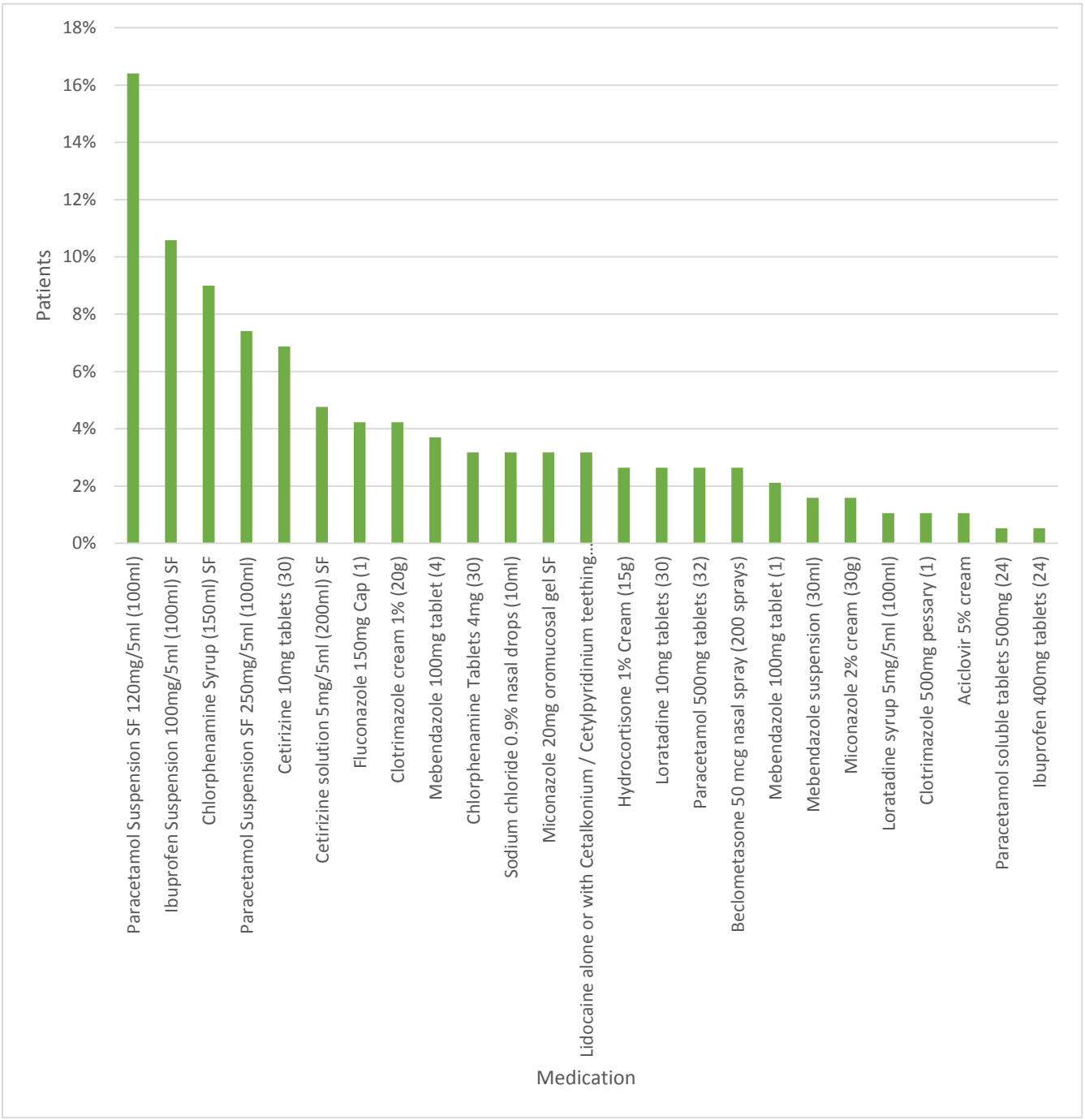
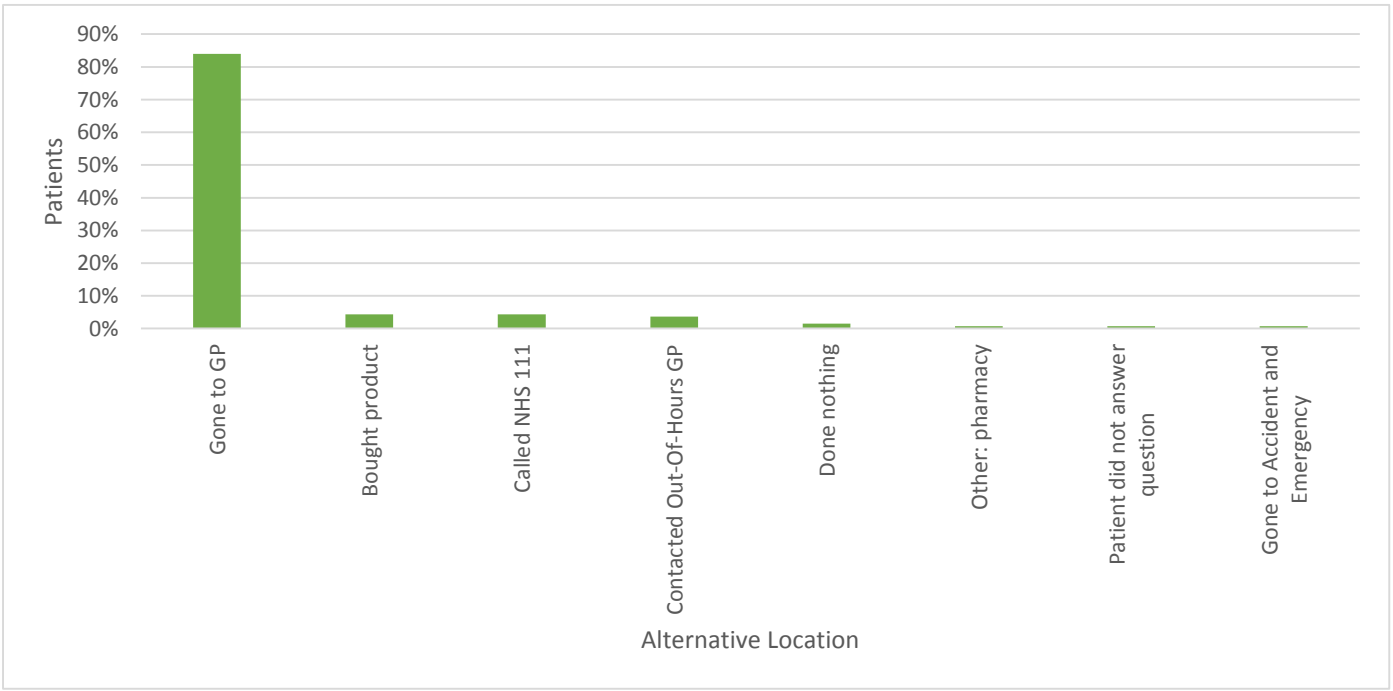


Figure 15 Leaflet provided to patient during consultation

All patients were provided with verbal advice during the consultation. This varied depending on the patient's presenting complaint/symptoms. The majority of patients were provided with written information from patient.co.uk (see figure 15). Fifteen patients received get better without antibiotics information (10.9%, 15/137) and 11 patients received a leaflet on managing cough (8.0%, 11/137).

Patient Experience Captured on PharmOutcomes®

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

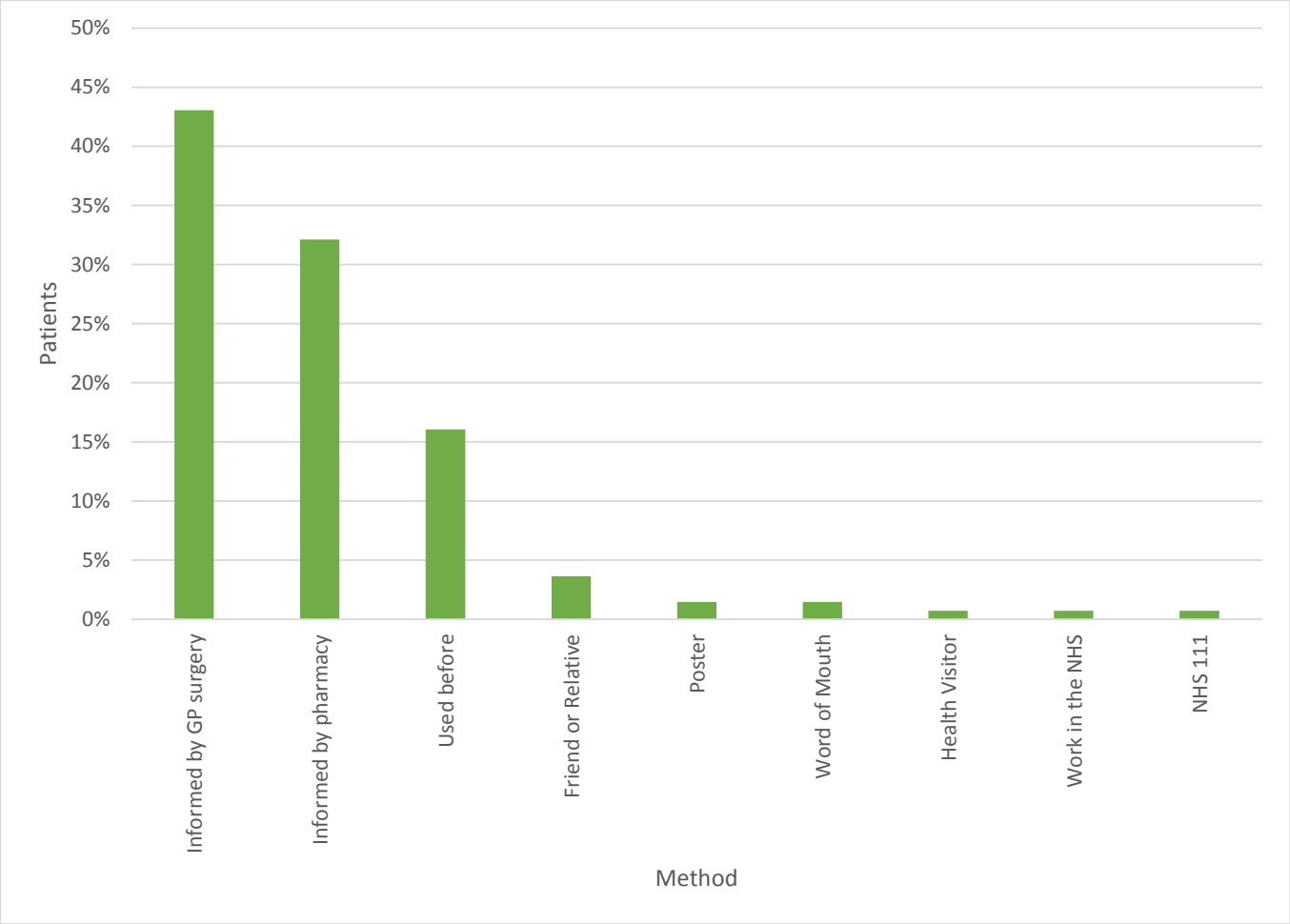


The majority of patients (83.9%, 115/137) stated they would have used the GP had they not accessed the service (see figure 16). Using this information and assuming the average GP consultation is 10 minutes[5] this has released 19 hours 10 minutes practice time across 6 practices (see table 3). The mean time released per practice was 3 hours 12 minutes, with a median of 5 hours 30 minutes. Using a fee of £57[6] for A&E attendance the overall savings from the service for the first eight months is £57.

Table 3 Number of hours released per practice

GP Practice	Hours	Min
A	7	30
B	5	10
C	3	30
D	2	0
E	0	40
F	0	20
Total	19	10

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



Most patients were informed about the service by their GP practice (43.1%, 59/137). Over 90% of patients (92.7%, 127/137) stated that they would recommend the service to a friend, the remainder either did not respond (2.9%, 4/137), were not sure (4.3%, 6/137) (see figure 17).

Most patients felt that *Pharmacy First* had increased their confidence to self-care without seeing a doctor (86.9%, 119/137), with 93.4% (128/137) saying that they would use the *Pharmacy First* next time they needed advice. Eighteen (13.1%) did not know whether they felt more confident or were unsure. Eight patients (5.8%) were unsure whether they would use *Pharmacy First* in future, and one (0.7%) did not know.

GP Practice Staff Opinion

A total of seven GP practice staff responded to the questionnaire. Three respondents suggested that there should be additional conditions included in *Pharmacy First* (see table 4). One suggested that there should not be an exclusion for pregnancy within the scheme. Two also suggested further medications to be included in the formulary (see table 5). Most practice staff (6/7) felt they were well informed about the service before it started.

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

Condition	Number of respondents
Headlice	2
Diarrhoea and vomiting	1
Haemorrhoids	1
Constipation	1
Musculoskeletal pain	1
Conjunctivitis	1
Scabies	1

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

Medication	Number of respondents
Scabies and lice treatment	2
To manage diarrhoea and vomiting, haemorrhoids, constipation	1

Four respondents stated that they had promoted the service within the GP practice for example through care navigation and signposting, the remainder (3 respondents) had not actively promoted the service. Two members of GP staff felt that the service would be easier to promote if there were more conditions covered and there was consistency in the availability of the service. Staff also felt that patients could be better informed through increased advertising and more publicity including the use of television and radio plus general patient education during routine contact.

The *Pharmacy First* posters and credit cards were liked by two respondents who commented on resources. Others specifically mentioned the service guide and the service summary for care navigators. Three respondents skipped the question and one respondent stated that they did not find anything particularly useful.

Only two members of staff reported that their practice routinely recorded that the patient had used *Pharmacy First* on the practice electronic health record. Five specified that they did not, with three adding that they had not received any notifications. One practice recorded those that they had signposted if they knew the name of the patient.

No members of staff felt that *Pharmacy First* had decreased the number of patients attending the GP practice. Two attributed this to lack of patient confidence in pharmacy staff. Neither did the practice staff feel it had improved the relationship with their local community pharmacy; one added:

'We have always had good relationships with local pharmacies'

Four members of staff deemed *Pharmacy First* as a worthwhile service, with one person adding that

'It has some value to patients with self-limiting conditions.'

The remainder felt the service was limited by the limited conditions covered, the lack of knowledge about the service and the lack of knowledge by members of the pharmacy team.

There were no positive comments on what had worked well within the service; one respondent felt that they had not seen 'sufficient volume to draw any conclusions', another felt that nothing had worked well and the remainder did not respond.

Some practice staff felt that the service could be improved through more consistent delivery and promotion within general practice. Others were not sure how it could be improved, with one member of staff suggesting that it should be stopped and another wanting better 'chemists'.

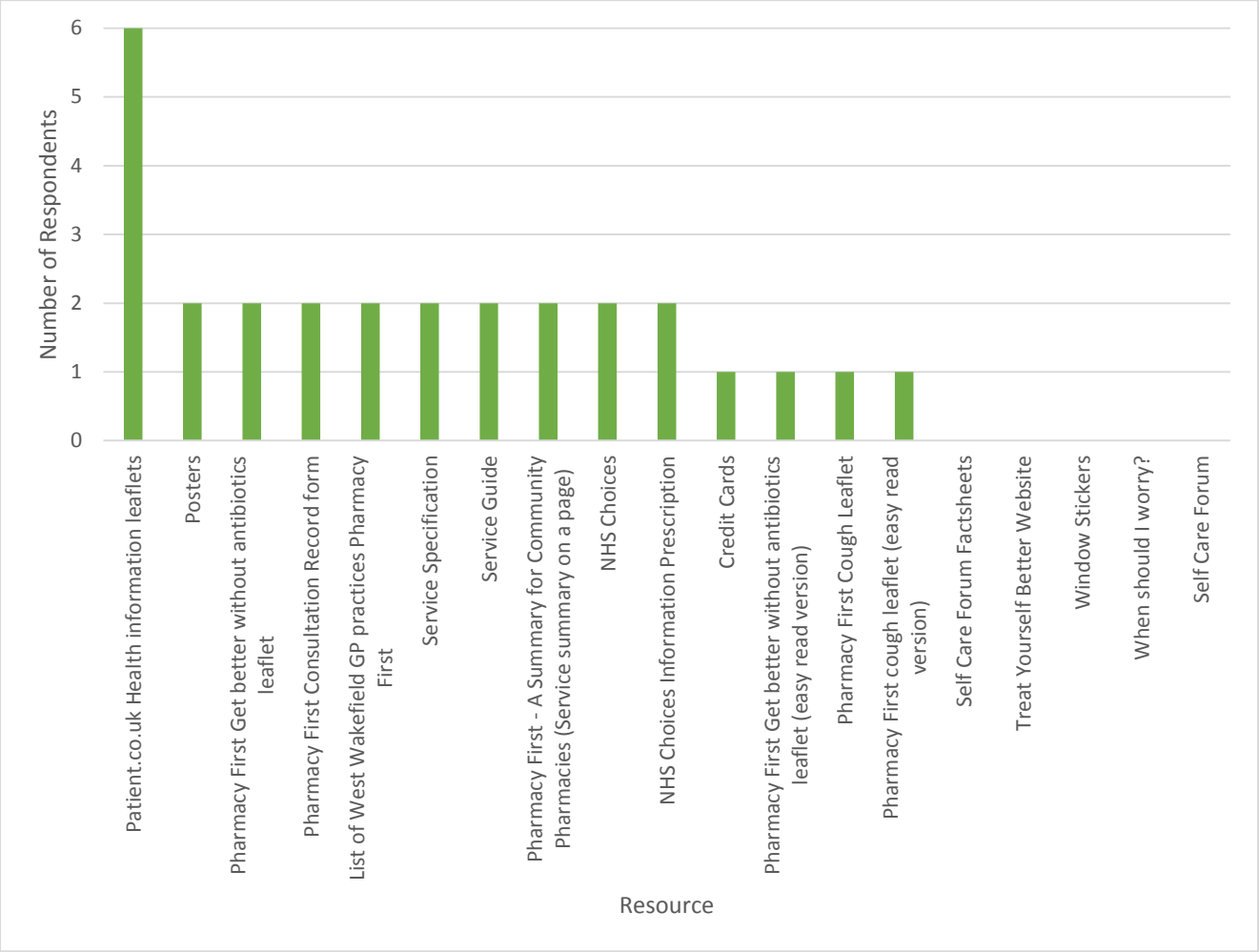
Pharmacist Opinion

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

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

Medication	**Number of Respondents**
Head Lice treatment	3
Earwax softners	1
Antacids	1
Anti-allergy eye-drops	1
Hydrocortisone pellets for mouth ulcers	1
Difflam oral rinse	1
Simple linctus	1
Glycerol	1
lactulose	1
Calamine (and calamine in aqueous cream)	1

Figure 18 Resources found useful by pharmacy staff



Everyone found patient.co.uk information leaflets the most useful (see figure 18). Most respondents (5/6) did not seek out further resources for the service as they felt that there were enough supplied, however one

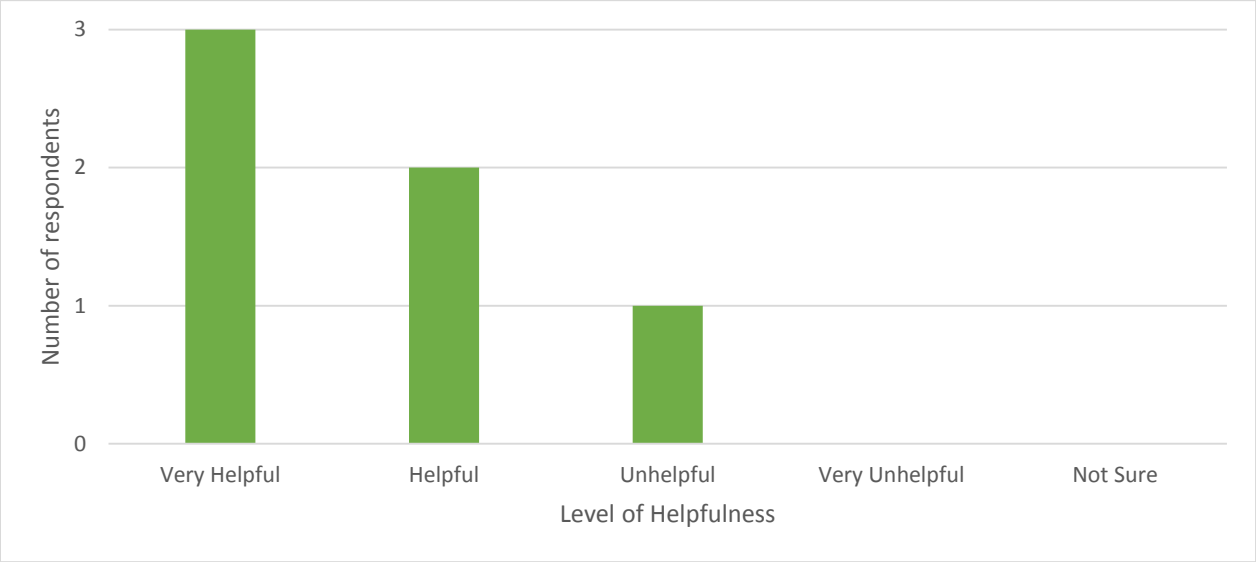
> *'created and laminated my own quick reference chart containing all info regarding conditions included in scheme, leaflets available and formulary.'*

Suggestions to make the service easier to deliver included better promotion by general practice to their patients, a simpler documentation process, posters which give a clearer message and a guide which indicates what leaflets are available for each condition. Two pharmacists suggested that the service guide made the service sound more complex than it is in reality, but added that all the information was there to refer to if needed.

All respondents felt the information received prior to starting the service prepared them sufficiently to conduct the service and the majority of respondents (5/6) felt that the support received from Community Pharmacy West Yorkshire was helpful (see figure 19).

> '[CPWY is] a*n accessible source of support'*

Figure 19 Helpfulness of Support received from CPWY



PharmOutcomes® was thought to be easy and straight forward to use in all cases. Two mentioned that despite it being straight forward it was time consuming.

None of the respondents felt that *Pharmacy First* had improved relationships with their GP practice with one adding that the scheme had not been embraced by the practices.

Half of the pharmacy staff felt that their relationship with the patients had improved (3/6) with the patient putting more trust and confidence in the pharmacist.

'Patients come for more advice to pharmacy if used before'

Another felt it could improve relationships with patients if there was an increased understanding about the service.

Despite reference that:

'The number of patients asking for the service has been disappointing'

And that:

'The service works well when appropriate patients are referred'

In general, pharmacy staff were positive about *Pharmacy First*. They specifically mentioned that

'Patients [are] able to get medicines without long waiting times [and are provided with] more assurance from a professional about the seriousness and management'

'The patients we have seen have been very pleased with the free medication and the information leaflets that we have printed. Consequently, we use the leaflets more now even when a Pharmacy First consultation is not appropriate.'

Overall, they felt the service could be improved through better understanding and promotion to patients by GP practice staff plus increased promotional material. This would increase referrals and the appropriateness of referrals. Pharmacy staff felt that the GP practices needed more support to ensure good triage and appropriate patient referral. They suggested that this could be achieved through receptionist training, reminder cards and improved communication between the pharmacy and GP practice with direct line to enable easy access to converse with practice staff. Other suggestions included increased promotional material eg fliers for prescription bags, bigger posters and engagement with schools.

5 DISCUSSION

Over the first eight months, a small number of consultations for minor ailments were delivered through this pharmacy service. The absolute number of consultations and therefore amount of time released is not as large as demonstrated in other *Pharmacy First* schemes,[3, 4] however when weighted for population size and social deprivation it is second highest. The lower uptake may be attributable to lack of GP practice engagement with the service which is significantly less than that seen in other areas. This was demonstrated through lack of attendance by practice staff at the recent *Pharmacy First* promotional event and confirmed by questionnaire responses from both GP practice staff and pharmacy staff which indicated that the practices had not promoted the scheme. Further work to increase GP practice engagement and referral into the service is needed.

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 allergic symptoms, with viral symptoms being the next highest. This differs from the previous *Pharmacy First* evaluations which have viral symptoms highest.[3,4] This may be due to the evaluation covering the majority of summer months or the demographics of the population or some other reason. The top formulary item supplied was paracetamol. This seems incongruent with allergy being the most common presenting complaint, however when the numbers of consultations for indications which may require paracetamol for symptomatic relief are totalled this is unsurprising.

Approximately one in 10 patients used the service in the-out of-hours period, when their usual GP would be closed. Again this was lower than findings of other schemes. The reason for this is unclear. It may be due to the opening times of the pharmacies not allowing this. The volume of printed information promoting self-care distributed to patients as part of the scheme was high. The provision of cough and antibiotic leaflets was higher than in previous *Pharmacy First* evaluations, although there was the opportunity for more to be provided. Reiteration of the importance of provision of printed information is needed.

The cost for medication was low (per patient £2.18 and per item £1.58 exc VAT). This is slightly higher than identical *Pharmacy First* schemes[3,4] in the area, most likely due to the provision of medication to treat allergy symptoms or may be due to the differences in formulary between WWHW and other schemes. Despite this, it is still lower than the average cost of the Scotland MAS[7] and other schemes reported in the recent systematic review.[2] Including the service fee of £4.50 this equates to an average consultation cost per patient of £6.42. This is also lower than several other schemes which have previously been evaluated and all of which were published more than 5 years ago.[2] This variation is most likely due to the differences in both service fees and formulary.

The variation of number of patients consulting *Pharmacy First* per pharmacy and practice is positively skewed, with the majority of patients visiting a small number of pharmacies and being from a small number of practices. It is unclear whether this is due to pharmacy or GP practice promotion of the service in these areas, whether

these practices have a higher rate of minor ailment consultations or some other reason such as level of deprivation.

The low number of pharmacies and small geographical area may have contributed to some of the findings as the access is limited to a confined area with no opportunity for cross boundary access and limited ways of promoting the service. Had the Pharmacy First covered a wider area, advertising and promotion would have been easier and more cost-effective.

There was mixed feedback from GP practice staff with most being negative despite some seeing the potential that it could be worthwhile if there was an increased number of patients referred into the scheme and an increase in conditions /treatment allowed. This is a stark contrast from previous *Pharmacy First* evaluations.[3,4] Pharmacy staff were more positive about the overall service but felt that practice staff had not 'embraced' the service. There were a two respondents who mentioned the paperwork being too onerous which was previously mentioned in one other area and needs exploring further. The pharmacists had experienced an increase in patient confidence towards pharmacy staff rather than the lack of trust described by the GP practice respondents. The reasons for the disparity in views between the two staff groups is unclear. It may be because the patients agreeing to see the pharmacist were already 'pro-pharmacy' or some other reason. Further work building relationships between pharmacy staff and practice staff and patients is needed.

Limitations

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

The GP time released was based on the patients specifying where they would have gone this may differ from where they may have gone had the service not been in place. The patient opinion data was collected by the pharmacists providing the service which may have biased the results due to the patient not wanting to offend the pharmacist.

6 CONCLUSIONS

Overall, in the first eight months, *Pharmacy First* has delivered a limited number of consultations. However those that it has delivered have been cost-effective and embraced by the patients. Further work to increase promotion and engagement and build trust between pharmacy and practice staff is needed within this area.

RECOMMENDATIONS

- Encourage increased engagement and liaison between general practice and pharmacies
- Consider further ways to increase promotion of the service by both pharmacy and GP practice staff to ensure appropriate use and referral
- Work with GP practices to ensure that *Pharmacy First* is embedded into their triage systems and patient pathways

- Continue to work with NHS111 to ensure *Pharmacy First* is an integral part of the urgent care provision in the CCG area.
- Review list of conditions and formulary with the *Pharmacy First* project group and devise a further business case to expand the service to include further conditions
- Explore the reasons why practices are not receiving notifications of patient use of *Pharmacy First*
- Promote increased recording of patient access to *Pharmacy First* on GP electronic health record.

7 REFERENCES

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