

Minor Illness Management Case Study

Brighton & Hove City PCT

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Summary

This small and highly targeted minor ailments scheme (MAS) has demonstrated that community pharmacists can help to address inequalities in access to primary care services through a minor ailments service. The PCT has focused the service on three practices with the greatest need, patients from these practices can access treatment and advice on 11 conditions from five local community pharmacies.

Background

The Brighton & Hove City PCT Minor Ailments Scheme (MAS) was launched in 2004, through 5 community pharmacies and 3 GP Practices.

What prompted the development of the scheme?

The MAS scheme was developed to help address the inequalities around access to GP services in the PCT's most deprived communities.

Aims and objectives

The aims of the MAS were to address the demand for appointments with GPs in the more deprived communities in Brighton and to increase the involvement of community pharmacists in patient care.

About the service

Patients of three GP practices are able to access advice and treatment, where appropriate, in one of 5 community pharmacies. A range of 11 ailments are covered, including coughs, sore throats, hay fever, head lice and fever/temperature, using a treatment protocol and formulary. During the pilot phase of the project approximately 10 to 12 patients accessed the service each month. These volumes have increased as the service has become more established.

<u>Condition</u>	<u>Percentage of consultations</u>
Athlete's Foot	-
Conjunctivitis	9.1%
Constipation	-
Coughs	10.9%
Diarrhoea	-
Fever/ Headache/ Earache	27.3%
Hay Fever	1.8%
Head Lice	34.5%
Nasal congestion	5.5%
Sore Throat	3.6%
Vaginal Thrush	7.3%

Pharmacists are remunerated £3 for each patient consultation carried out, plus the cost of any drugs supplied (Cost price + VAT). Funding was secured through two routes:

- Prescribing budget – to cover the cost of the drugs supplied via the scheme;
- GMS enhanced services budget – to remunerate pharmacists for patient consultations.

Setting up the Service

A proposal outlining the MAS was prepared by the PCT pharmacy lead and presented to the PEC and Trust Board for approval and funding. Once approved, the PCT proceeded to identify the most appropriate practices and pharmacies to be involved in delivering the service. The areas were chosen using the following priority criteria:

1. High deprivation index (public health data)
2. Large quantities of families with young children in the locality
3. To assist GPs in reaching their access targets
4. To try and reduce GP workload by managing minor ailments outside the Practice, leaving GPs more time to deal with more serious cases
5. To compensate for reduced/limited GP sessions in one particular area

The PCT based the design of the MAS on a scheme developed by another PCT, tailoring the range of ailments to reflect the reasons for most patient appointments with the GP. The Medicines Management Committee which includes representation from the PEC pharmacists, PEC GPs, other GPs and Practice Nurses was consulted for approval of the treatment protocols. A meeting was arranged by the PCT, inviting all the practices and pharmacies involved to explain the processes and to discuss the scheme, including any concerns.

Training for pharmacists/pharmacy staff and practice staff was provided by the PCT, along with input from the clinical governance facilitator.

Learning Points

The PCT have identified a number of key areas of learning, which they believe should be taken into consideration by other PCTs planning to develop a similar scheme:

- An essential contributory factor to the success of this scheme was the PCT taking time to build relationships with the practice staff, particularly the receptionists at each practice. Practice staff have an important role to play in the scheme and are core to promoting it to patients.
- Taking time to develop the treatment protocol and formulary, to ensure that it reflects the needs of the population.
- Ensure that those pharmacists you plan to involve are fully committed, understand the implications of being involved and adapt their way of working to accommodate delivery of the new service.
- Educate patients in the locality about the new service and the processes involved. As patients are directly affected by the new way of accessing treatment, it's important to keep them fully informed to ensure that their expectations and their needs are met.