

## **Minor Illness Management Case Study**

### **Cornwall & Isles of Scilly PCT**

**Contact:** Ros Palmer, Prescribing Adviser

**Email:** [Ros.Palmer@CIOSPCT.cornwall.nhs.uk](mailto:Ros.Palmer@CIOSPCT.cornwall.nhs.uk)

**Tel:** 01726 627923

#### **Summary**

This MAS is unusual in that all of the treatments that are provided are prescription only medicines supplied under patient group direction by an accredited pharmacist. As a result around 100 patients each month are able to access advice and treatment for one of five conditions without seeing their GP.

#### **Background**

This MAS was initially launched as a pilot in September 2002, in what was then Central Cornwall PCT (now Cornwall & Isles of Scilly PCT). The pilot Minor Ailments Scheme (MAS) involved 2 community pharmacies and one practice. By January 2005, the service had gradually extended to 24 community pharmacies and all 26 Practices in the Central Cornwall and has now been running across the PCT for just under 2 years.

#### **Aims and objectives**

The MAS was set up to increase access to, and increase the quality of, healthcare available to the local population and holiday makers visiting the area. Additionally, the PCT wanted to increase the availability of GP appointments, to deal with more complex conditions.

#### **About the service**

The service is available to any patient registered at a practice within the PCT, and any temporary resident registered with a GP in the UK, the service is quite unique in that the treatment protocol contains only Patient Group Directives (PGDs) for POM products. Approximately 110 patient consultations are carried out each month.

#### **Conditions covered**

Conjunctivitis

Impetigo

UTI

Nappy rash

Emergency contraception

#### **Setting up the Service**

A project steering group was formed to take the pilot forward, this consisted of a PCT prescribing adviser, a GP, a pharmaceutical adviser from the prescribing support unit, two community pharmacists and an area manager from a multiple pharmacy contractor. The steering group developed patient group directions for each condition, and produced a protocol and formulary for delivering the service. During the course of its work the steering group consulted Public Health Consultants, the Point of Care Testing Group, Infection Control and the Cornwall and Isles of Scilly Prescribing Committee for guidance.

Following the piloting phase of the service, a proposal was presented to the PEC and PCT Board, who approved the service for further roll-out across the PCT. Funding for the service was secured at that time via the central prescribing budget. The products listed in the formulary were inexpensive, and with only treating 4 conditions, it was felt that financially the MAS would not cause a burden to the PCT.

Participating pharmacists are paid a monthly administration fee for submitting completed audit forms. Additionally, they are remunerated for each patient consultation undertaken and for any 'consumables', such as urinalysis sticks, disposable gloves etc.

Prior to service delivery, local community pharmacists attended a training evening, this included both locums and regular pharmacists, as all pharmacists using the PGDs must be accredited. The GP on the steering group was also involved in providing training, using case studies to illustrate the key points for each condition and knowing when to refer. Training evenings for pharmacists are ongoing due to changes in pharmacists working in the area. Participating pharmacists must also sign each PGD, agreeing to work within its guidelines. Pharmacists are also advised to let their employer and professional indemnity insurer know they are providing a minor ailments service using PGDs.

With the merger of the three Cornish PCTs in October 2006 this year it is hoped that the service will be extended to the whole of the county.

### **Learning Points**

A number of key learning points have been identified, which may be worth consideration in developing further services:

- Commitment from GPs, practice managers, community pharmacists and the PCT is crucial. It's important that everyone involved communicates effectively and has input;
- Running a PGD-led service is time consuming and involves a considerable amount of time ensuring administration work is completed and kept up to date for audit purposes;
- Ongoing training for all personnel involved is essential;
- To make the service run smoothly it is very important that all parties concerned clearly understand how the service will be run, the conditions to be treated and how the service will be financed.