

# Minor Illness Management Case Study

Heywood, Middleton & Rochdale PCT

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## Summary

This PCT has implemented a minor ailments scheme to address antibiotic prescribing in primary care. The scheme is limited to four conditions which commonly result in a request for antibiotics and is available from seven pharmacies. The focused nature of the scheme and the use of vouchers as a means of confirming entitlement to access mean that volumes are small but targeted.

## Background

In February 2005, Heywood, Middleton & Rochdale PCT (formerly Heywood & Middleton PCT) launched its Minor Ailments Scheme (MAS), by adapting a model from a neighbouring PCT.

The MAS is available through 7 community pharmacies and offers patients the option of being assessed and, where necessary, treated in community pharmacy for a range of 4 ailments, including sore throat, fever/headache, cough and nasal congestion.

## Aims and objectives

The aim of the MAS was to help reduce antibiotic prescribing across the PCT and to develop the role of community pharmacist in providing patient services.

## About the service

Patients accessing the service must present a MAS voucher in one of the participating pharmacies, in order to receive advice/treatment. This voucher is issued in any one of the 10 practices involved in the scheme. The voucher confirms that the patient is entitled to treatment and ensures that the service is accessed by the target population.

<u>Condition</u>	<u>Percentage of consultations</u>
Coughs	36.9%
Fever/ Headache/ Earache	29.2%
Nasal congestion	12.3%
Sore Throat	21.5%

The MAS covers four conditions that often result in antibiotic prescribing, approximately 12 patients use the service each month.

## Setting up the Service

The PCT medicines management team was responsible for leading the implementation of the service, supported by the community pharmacy steering group and the local pharmaceutical committee. The MAS service model was adapted from one used by a neighbouring PCT therefore very little development work was required.

Funding for the service was secured from two separate sources: the prescribing budget for remuneration of any drugs supplied in the pharmacy and primary care monies for remunerating

pharmacists for carrying out patient consultations. Additionally, pharmacists receive an annual retainer fee for their involvement in the service.

PCT prescribing data was analysed to assist in the identification of practices where there was evidence of over-prescribing of antibiotics. Once identified, community pharmacies within the same locality were invited to participate. Recently the scheme has been extended to make it available to patients from any community pharmacy within the PCT area.

Training for those involved was delivered by the PCT medicines management technician.

### **Learning Points**

The PCT identified some key areas of learning which may be useful when considering the introduction of a new service:

- It's important to get the support of the GPs and practice staff from the onset, as their role is crucial to the service. They receive no extra remuneration; therefore the long-term benefits have to be 'sold' to them.
- Learn from other PCTs who have developed services and piloted them. Using the 'ready-made' model from a neighbouring PCT meant less time and resources were used on the development.
- By focussing the scheme on antibiotic prescribing and using vouchers to confirm entitlement the PCT has been able to ensure that the service reaches the target population