

## Joint PAGB/PSNC Submission to the Pharmacy White Paper

### Executive Summary

The general population experiences the symptoms of minor ailments almost every day and the vast majority of people are very responsible about what they do to deal with them including the sensible practice of self care and self medication. However, people who turn to their doctor as the first port of call for these ailments cost the NHS some £2b and generate 57m consultations taking up valuable GP time, and using up finite resources of the NHS. Of these consultations 51.4m (18% of total consultations) are for minor ailments alone at a cost of £1.5b just for GPs' time. If these consultations could be handled by a pharmacist at least an hour a day could be released for every GP to see patients with more complex needs.

There is a perception that people go to the doctor because they are entitled to free prescriptions. The data included in this submission show that there is little or no significant difference in the actions taken by the population based on either social grades or whether people pay or don't pay the prescription charge. This behaviour in relation to minor ailments provides an indicator for the use of the NHS, and the doctor in particular, for reassurance rather than for need – the premise of the NHS.

Health professionals and doctors particularly, have enormous potential for changing dependency behaviour in their consultations. Currently people believe that their health care professionals do not encourage them to take an active role in staying healthy or in the care of their long term condition. If there were a shift to self care and self medication, people could be successfully helped to embrace individual autonomy. The potential of community pharmacies to make a greater contribution to self care is not as widely used as might be expected given the level of support for the role of the pharmacist in the community and their proven expertise in advising on minor ailments for the people who self medicate instead of going to the doctor.

An outcome research project in Erewash PCT (Joining Up Self Care) showed that a coherent and coordinated whole systems self care strategy can change attitudes and behaviour. While the study only ran for twelve months, the implications of the outcomes of this approach were compelling and pointed the way to changes needed within the NHS to create a more responsive service.

Following successive analyses and policies<sup>1</sup>, it has become clear that capacity in the NHS to deliver a world class service relies unequivocally on both professionals and the public being fully engaged in the way health is provided and in the way health is managed. A 21<sup>st</sup> century NHS will need to be used by people who can both behave independently and know when an NHS intervention is most effective. Access to the NHS and particularly a GP is a key consideration for health policy but there needs to be an assessment of the 21<sup>st</sup> century consultation. Is it one that deals with coughs and colds or is it one that deals with the more complex needs of a modern population? Is it

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<sup>1</sup> Wanless D (2002) Securing Our Future Health: Taking a long term view. Final Report

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not time to consider a shift in behaviour from GP to self care and pharmacy as the first port of call for minor ailments?

PAGB<sup>2</sup> and PSNC<sup>3</sup> believe that it is now time to implement a national minor ailment programme in which:

- the pharmacist is seen as an integral part of the NHS service,
- the pharmacy is the first port of call for all cases of minor ailments,
- people's current practice of responsible self care and self medication will be supported and encouraged,
- reassurance and advice or referral to another part of the NHS will be available for people when the pharmacist considers it appropriate, for example when the patient is a baby or infant, when people are unsure about their symptoms or when the ailment has gone on for too long or is more serious,
- there will be supply of treatments on the NHS for people who are exempt from the prescription charge and who cannot afford to pay which would include OTC medicines and a mechanism allowing prescription only medicines to be supplied as necessary,
- national, regional and local communications will endorse the programme with consistent messages at every step run by central government, PCTs, pharmacies, the voluntary sector and the OTC medicines and food supplements industry. In this way people who self care and do not access the NHS for the care of their minor ailments would be given support to continue with their self care choices and provide assistance to those who go to the GP to widen their choices,
- all health professionals, including GPs, will support the national programme and actively recruit people,
- mechanisms to recruit people into self care and the national programme will include the use of tools in general practice such as a 'self care prescription' which endorses current self care practices as well as encourages subsequent behaviour by going to the pharmacy first as well as relevant training to support such behaviour.

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<sup>2</sup> PAGB is the national trade association representing manufacturers of non prescription medicines bought over the counter and food supplements.

<sup>3</sup> The Pharmaceutical Services Negotiating Committee (PSNC) is recognised by the Secretary of State for Health as the body that represents community pharmacy on NHS matters and seeks to secure the best possible NHS services provided by pharmacy contractors in England & Wales. There are approximately 10,800 community pharmacies in England and Wales.

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The implications for the population of a national minor ailment programme using the pharmacy as the first port of call include:

- improved access to advice, support and treatment from the pharmacist and faster access through self care and self medication,
- endorsement of existing self care behaviours,
- empowerment of people to be more confident in their choices for self care and self medication,
- recruitment of even more people into self care habits thus breaking the cycle of dependency on the doctor and the NHS,
- meeting the needs of a diverse population ensuring that inequalities are addressed,
- equity of access since both exempt and non exempt patients will be using the pharmacist as the first port of call.

The implications of a national programme for general practice and pharmacy include:

- both the release and building of capacity of at least an hour a day for every GP in general practice allowing for increased consultation times & access to the GP when more complex consultations are required, for example children from birth to 6 years of age and the elderly would have more time with their doctors,
- improved use of skill mix by focussing pharmacy services within the community delivering primary care priorities and improving access and choice throughout the managed care system.

A partnership approach to implement the national minor ailment programme would have the strength of providing a united, consistent front without putting the interests of any single organisation before another; there is evidence that this works in the smoking cessation/tobacco control agenda. Communications with the public about their self care behaviour needs to take place all day, every day as the time when they interact with the NHS is as little as 30 minutes a year<sup>4</sup> and the 'stop smoking' strategy recognises this fact.

PAGB and PSNC have joined forces on this issue of minor ailment management as there is a significant opportunity for the NHS to use the skills and accessibility of community pharmacists to achieve a substantial increase in capacity, reflecting government policy of shifting care from hospitals into the community by shifting care from the GP to the community pharmacy and to self care. Community pharmacies already offer advice on healthy lifestyles and provide public health oriented services such as emergency contraception, needle exchange and stop smoking.

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<sup>4</sup> A Picture of Health; NOP World; 2005

The access that pharmacy provides to the whole population, rather than just those that are ill, is a real asset that the NHS should continue to capitalise on and the national minor ailment programme offers just such an opportunity.

We strongly believe that a 21<sup>st</sup> Century NHS must take responsibility for meeting the challenges of a demanding and yet dependent population by initiating and implementing 21<sup>st</sup> Century techniques to support people to act confidently and autonomously. This cannot be more apparent or necessary than in the self care of minor ailments.

## 1. Why a national minor ailment programme now?

### 1.1 What do we know about how people deal with their minor ailments now?

People are already actively involved in self care<sup>5</sup>:

- Over three-quarters of people (77%) say they often lead a healthy lifestyle
- Nearly 9 out of 10 people often treat minor ailments themselves - 42% do it all the time and 95% say they are confident in treating their own minor ailments without seeing a doctor
- 82% of people with a long term illness actively take a role in caring for it
- 64% of those who have been to hospital take an active role in monitoring the illness they went to hospital for
- Even though people are confident to self care and already do so their main source of information on health is their doctor

It is important to look specifically at how people behave when faced with minor ailments<sup>6</sup> as this will show how willing they might be in engaging with their health generally or when they are faced with a long term condition. The picture of people's response to the symptoms of minor ailments is sensible and while they don't rush to treat symptoms they do try self care and self medication.

	Sought advice %	Treated the condition (OTC medicine, vitamin / food supplement) %	Did nothing %
Cold	3	71	27
Headache	2	86	13
Sore throat / cough	8	78	16
Stiffness in joints / back pain	24	48	28
Muscle aches / pains	15	57	30
Indigestion	13	73	17

<sup>5</sup> "Public Attitudes to Self-care – A Baseline Survey", MORI, Jan 05, DH commissioned

<sup>6</sup> Everyday Healthcare, July 2005, NOP World

However it is important to review where they sought advice and the table below<sup>7</sup> shows that when people decide to seek advice the most common response is to see the doctor or nurse. The pharmacist appears not to be as much of a common response as might be expected. Once they have sought advice in the general practice, 44% of people also said<sup>8</sup> that they did not feel that their doctor or nurse encouraged them to play a more active role themselves in staying healthy.

	Sought advice %	Doctor / Nurse %	Pharmacist %	Other (family, websites) %
Cold	3	74	30	-
Headache	2	82	12	-
Sore throat / cough	8	80	23	-
Stiffness in joints / back pain	24	76	7	17
Muscle aches / pains	15	79	7	15
Indigestion	13	84	17	-

And yet, people across all social grades, with the exception of social grade E, treat their minor ailments with OTC medicines to the same degree<sup>9</sup>, as seen below. Equally important is the fact that there is no significant difference between those people who are exempt from the prescription charge and those who pay in their rates of GP consultations and use of OTC medicines. The reason for seeking out the doctor is not therefore simply on ability to pay. The potential therefore to engage people in their health and the choices available in accessing information, advice and treatments for the self care of minor ailments cannot be ignored. These data are from a nationally representative study conducted over 12 months 1996 – 1997 and there is no reason to believe that there has been any significant change in behaviour in 2007.

All things done in last two weeks to treat problem	Social Grade %					Pay for Prescription %	
	AB	C1	C2	D	E	Yes/NS	No
<b>Saw Doctor or Dentist</b>	9	10	11	8	15	9	12
<b>Saw a Nurse/Health Visitor</b>	-	-	1	1	1	-	1
<b>Saw some other health professional</b>	4	2	2	1	2	2	2
<b>Asked a Pharmacist for advice</b>	1	1	2	2	1	1	2
<b>Used a prescription medicine which was already in the house</b>	13	13	13	14	24	11	18
<b>Bought a medicine/treatment you can buy without a prescription</b>	9	9	10	10	8	10	9
<b>Used a medicine/treatment you can buy which was already in the</b>	21	19	18	16	11	21	14

<sup>7</sup> ibid

<sup>8</sup> "Public Attitudes to Self-care – A Baseline Survey", MORI, Jan 05, DH commissioned; Base: All who visited their GP / Practice nurse in the last 6 months (1,197)

<sup>9</sup> Everyday Healthcare, 2 May 1996- April 1997, BMRB International.

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house							
Used a 'Home Remedy' (e.g. hot water bottle, hot milk)	10	9	8	7	8	9	8
Did not use anything	44	46	47	49	41	46	45
Don't know	1	2	1	-	1	1	2
All OTCs	27	26	26	24	18	29	21
All medicine already in house	33	31	30	29	34	32	31
No consultation/bought OTC	8	8	9	9	8	9	8
No consultation/used OTC in house	20	18	18	16	11	21	13

### 1.2 What is the Current use of general practice for the management of minor ailments?

The King's Fund, on behalf of PAGB, has carried out a literature review of the available evidence in relation to minor ailment management and concluded:

- No studies comprehensively collect cost and impact data at practice level
- No studies look at the combined effect of a number of interventions
- Evidence of impact on health utilisation is mixed.

Consequently and as a first step, PAGB commissioned IMS Health UK<sup>10</sup> to provide the quantification of minor ailment workload in general practice using IMS Disease Analyzer UK (Annex 1).

In the year 2006 – 2007 IMS quantified minor ailment consultations (Annex 2) and their resultant costs as follows:

- 57m GP consultations/annum (which equates to 220,000/day) involve minor ailment discussion, 90% of which (51.4m) are for minor ailments alone. In other words consultations where the prime reason was for a more serious condition account for just 10% of consultations where a minor ailment was also involved.
- 20% of the annual 290m total GP consultations<sup>11</sup> involve minor ailments & 18% of total GP consultations are for minor ailments only
- 91% of minor ailment consultations result in a prescription being issued a year (52m prescriptions/annum) at a cost of £370m
- £2b of NHS resource is allocated to minor ailment consultations (consultation & prescription costs<sup>12</sup>) 90% of which, £1.8b, are for minor ailment only consultations

<sup>10</sup> IMS is the global source for pharmaceutical market intelligence.

<sup>11</sup> Information Centre for Health and Social Services, 2006/7

<sup>12</sup> Consultation costs based on PSSRU 2006 £2.50 per minute and average length of consultation is 11.7minutes from the Information Centre for Health and Social Services, 2006/7 resulting in £29.25. Prescription costs based on £370m from the MIMS price index.

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- Over 80% of the cost for consultations are attributable to the GP's time equating to £1.5b for a minor ailment only consultation and over an hour a day per GP<sup>13</sup>
- Top 10 minor ailments<sup>14</sup> are responsible for 75% of consultation costs and 85% of prescription costs, amounting to 78% of the overall cost which is £1.62b.
- The number of minor ailment consultations and prescriptions reflects national age demographics, apart from the elderly population who are over-represented and the 0 -15 years age group who are under represented.

## **2. Joining Up Self Care – a study putting policy into practice in south Derbyshire**

### 2.1 Joining Up Self Care - The outcome of an action research project in Erewash PCT<sup>15</sup>

JUSC was a strategy to improve the interface between primary care and the community, ensuring that service demand is efficiently managed, actively supporting the individual's own ability to combine self care, when possible, with primary care, when needed. It is a long-term strategy requiring cultural, attitudinal and behavioural change.

- Joining Up Self Care in Erewash centred on three disease-related modules:
  - Prevention of coronary heart disease in people aged over 30 year
  - Long term condition management by adults with asthma
  - Treatment of minor ailments by mothers with young families
- The principal objective of the project was to evaluate the impact on people's self care habits and behaviour of a health education and promotion programme in Erewash PCT, South Derbyshire.
- The secondary objective was to evaluate the impact of the programme on health professional attitudes and on the PCT itself.
- JUSC also employed a range of interventions to promote self care in the PCT. This included a public relations campaign, self care leaflets, CHD risk assessment tool with free lifestyle advice pack, free prize draws, asthma education sessions and seasonal promotional campaigns to support

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<sup>13</sup> Based on 36,000 GP in the UK

<sup>14</sup> Back pain, Indigestion, Dermatitis, Nasal Congestion, Constipation, Migraine, Acne, Cough, Sprains and strains, Headache

<sup>15</sup> JUSC was carried out in 2005-2006 when the PCT was known as Erewash PCT. Following reconfiguration on 1<sup>st</sup> October 2006, Erewash PCT no longer exists and is part of Derbyshire County PCT. The project was funded by the NHS Working in Partnership Programme (WiPP) which was established under the nGMS contract 2004 to develop the evidence base for workload management.

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Pharmacy First, a pharmacy minor ailment scheme.

- The PCT also made concerted efforts to engage with healthcare professionals, including providing a bespoke 'self care aware consultation' training. These activities culminated in the introduction of a GP Local Enhanced Service promoting self care.
- In overall terms, the study found an increase in the reduction of risk factors in CHD, confidence levels in managing asthma and mothers' willingness to self treat many children's minor ailments as well as a more positive attitude towards self care among health professionals and PCT managers.

### Key findings:

- A short-term increase in the number of patients consulting their doctor regarding CHD occurred as a result of the interventions during the study, although this was not surprising since the aim was to drive awareness of the risk factors of CHD. One interesting finding emerged from the control study which found that people's information about heart health was being learnt from television programmes and food advertising rather than clinicians or the NHS demonstrating the point that health is not about the NHS and habits are formed where people live, work and play.
- 21% of people had thought about changing the way they used health services generally, positively changing their healthcare-seeking attitudes.
- Participants' confidence to discuss asthma openly and ask GP questions about asthma had improved markedly.
- Mothers were more likely to self care rather than consult a health professional for a number of childhood minor ailments
- If they *were* to consult, mothers showed their concerns about not wasting a GP's time and saw the pharmacist as a quick and easy midway point between seeing a GP and treating a child themselves.
- During the study, general practitioners were keen to increase engagement with self care amongst their patients and agreed that "the key to reducing minor illness consultations is to increase patients' confidence in their ability to handle minor illness health problems"
- There was consensus among Erewash PCT managers that JUSC will have a lasting effect on Erewash PCT and that the programme should be recommended to other PCTs.

JUSC was a whole systems demonstration of the impact of a coherent and coordinated strategic approach in just one year on attitudinal and behavioural change the implications of which over time are self evident.

### **3. What could a national minor ailment programme do to help people and the NHS?**

#### **3.1 The Elements of a national programme**

On average people suffer from an average of five different symptoms in a two week period but their responses are mainly very sensible and responsible<sup>16</sup> with 45% of symptoms not being treated at all and while 9 out of ten people self treat and are satisfied with the outcome of their choice of self care and treatment, the proportion of people visiting the GP shows that there is still more that can be done to inform, educate and build confidence in the public to handle their own and their families' health and wellbeing.

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- all health professionals, including GPs, will support the national programme and actively recruit people
- mechanisms to recruit people into self care and the national programme will include the use of tools in general practice such as a 'self care prescription' which endorses current self care practices as well as encourages subsequent behaviour by going to the pharmacy first as well as relevant training to support such behaviour.

#### **3.2 The Benefits of a national minor ailments programme**

While the NHS is a world class system it was never intended to be a substitute for people taking responsibility for their health and looking after themselves when this is possible making the NHS available when it is needed and when the ability to pay is

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<sup>16</sup> Everyday Healthcare Study 1996-1997; BMRB International

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not a concern. Consequently, a national programme for the general population will have the benefit of:

- improved access to advice, support and treatment from the pharmacist and faster access through self care and self medication,
- endorsement of existing self care behaviours,
- empowerment of people to be more confident in their choices for self care and self medication and
- recruitment of even more people into self care habits thus breaking the cycle of dependency on the doctor and the NHS,
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The implications of a national programme for general practice and pharmacy include:

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## **Annex 1**

### **Database Source – Disease Analyzer**

IMS Disease Analyzer UK is a Primary Care Database containing de-identified General Practice patient records continuously collected from around 210 computerised practices throughout the UK, England, Wales, Scotland and Northern Ireland. (Practices participating in the supply of information use clinical systems provided by iSoft). There are approximately 700 partners at the participating practices, 4 million patient records and 190 million prescriptions. The sample is designed to be representative of the UK population.

The contents of the database document the management of patients by General Practitioners and include comprehensive records of diagnosis information; the management of the diagnosis, be it prescription issues, hospital admission or other tertiary care; specialist referrals; laboratory test results and administrative activities. All the events are date stamped, with diagnosis/note/test information collected using Read codes and bridged to WHO ICD10 codes.

Prescriptions, issued by GPs using either the generic substance or drug name are captured exactly as written, including information on indication, dose, strength and dosage instruction and cost. Within IMS Disease Analyzer the prescription information is bridged to IMS drug files to allow selection of therapies using variables such as ATC and NFC, manufacturer, product pack size.

Data is transmitted to IMS daily and subjected to a series of quality checks to ensure consistent quality and completeness is maintained.

Patient records often contain non-prescription data too, which can be used to stratify patient population for age, sex, diagnosis, risk factors, along side concomitant therapies and co-morbidities.

Please note that there is likely to be significant underreporting of minor ailment consultations in this study for 2 key reasons:

- Minor ailment consultations are picked up where the GP has entered a minor ailment as a heading consultation. As such, there will be a large number of consultations for a more serious condition where a minor ailment has also been discussed, but the GP has not entered the minor ailment as a separate consultation. In these circumstances, the minor ailment consultation will not be picked up in our Disease Analyzer database.
- A conservative approach has been used when determining which conditions should be considered to be minor ailments. As such, this has resulted in a conservative estimate of the number of minor ailment consultations/prescriptions/prescription costs.

## **Annex 2**

Minor ailments covered in the study:

- Back pain

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- Sprains
- strains
- Colds
- Cold sores
- Conjunctivitis
- Constipation
- Coughs
- Diarrhoea
- Earache (exclude consultations where antibiotic given)
- Haemorrhoids
- Hayfever
- Head lice
- Headache
- Heartburn and indigestion
- Infantile colic (2yrs>)
- Insect bites and stings
- Eczema and dermatitis
- Athletes foot
- Fungal nail infections
- Mouth ulcers
- Nappy rash
- Sore throat
- Teething
- Threadworm
- Thrush (where thrush not mentioned, but discharge is & an antifungal prescribed, this will be considered a thrush consultation)
- Verrucas and warts
- Flu
- Cradle Cap
- Dysmenorrhoea pain
- Migraine pain
- Muscular pain
- Dandruff
- Psoriasis
- Oral thrush
- Gingivitis
- Travel sickness
- Acne
- Nasal congestion
- Cystitis