

How to manage a minor ailment service

In the third article in our series about the services community pharmacists in Scotland will be expected to offer under their new community pharmacy contract from April 2006, **Clare Bellingham** describes how the minor ailment service will operate

The minor ailment service has a simple aim: to enable patients who are exempt from prescription charges to receive treatment for common illnesses free of charge direct from a community pharmacy. It makes optimal use of pharmacists' skills since advising on minor illnesses is a core part of every community pharmacist's role. It also relieves pressure in primary care by stopping patients seeking doctors' appointments to get a free prescription, eg, for a head lice treatment.

Forming one of the four core services within the new Scottish community pharmacy contract, the minor ailment service will be offered by every community pharmacy in Scotland. Service provision is scheduled to begin in April 2006.

The minor ailment service has been developed, piloted and evaluated over the past five years. It began as the "Direct supply of medicines" project in April 2001, in which the concept was piloted at two sites: a small town with six pharmacies and a village with one pharmacy (*PJ*, 23 February 2002, p238). The project was then extended at the end of 2003 to all community pharmacies in two NHS board areas and renamed the "Direct care at the chemist" project (*PJ*, 31 January 2004, p115). Now the service is being used by over 100,000 patients at 177 pharmacies. This five-year development means that the service has already been tried and tested.

Registration for the service

The minor ailment service specification states that in order to benefit, patients have to register with a community pharmacy. Patients must also be exempt from prescription charges to be eligible for the service.

Pharmacists will register patients via an electronic central patient registration system using a patient's community health index

(CHI) number. If the patient has already registered at another pharmacy, the central registration system will automatically transfer his or her details over to the new pharmacy at which the patient is requesting registration. Individual patients can choose to withdraw from the service at any time and pharmacists can remove people, too, for example, following a change in exemption status. In addition, the central registration system removed names of patients who die.

Registration can take place at the time of the first consultation or at any time when the patient is in the pharmacy. There is no minimum or maximum number of people that pharmacies are expected to register since registration will be determined by patient choice. In the pilot project, registration numbers averaged at about 600 people per pharmacy.

Using the service

When an individual develops symptoms, he or she will visit the pharmacy, or a parent or carer can access the minor ailment service on the patient's behalf. The pharmacist will then assess the patient's symptoms. This will be no different from the sort of assessment that community pharmacists do many times every day for the sale of over-the-counter medicines. In other words, the cause and severity of the symptoms need to be determined, a decision has to be made as to whether the symptoms result from a minor ailment or a major disease, and the most appropriate course of action has to be decided. There are effectively three options: advice only, treatment and advice, or referral to another health professional.

Whatever option is taken, the pharmacist will record the outcome of the consultation on a community pharmacy (CP2) prescription form. So, regardless of whether treatment is prescribed, advice given or a referral made, a CP2 form is printed for every patient contact. Recording all consultations, even if no treatment is prescribed, ensures that patients continue to be registered for the service and allows any associated workload to be recorded. Details of any treatment supplied are automatically recorded in the patient's medication record.

One of the determining factors in the roll-out of the new contract as a whole is that each service is only being introduced when supporting IT becomes available. Electronic versions of the minor ailment service have been developed and are now being offered by a number of pharmacy software suppliers. Other suppliers are in the latter stages of software testing and are on schedule to provide applications by April 2006. This means that

CP2 forms will be completed electronically. Paper forms will only be used in exceptional circumstances, such as a power cut.

If the pharmacist decides that treatment is required, then he or she will be able to prescribe from a national formulary specifically established for the service. It includes all pharmacy medicines and general sale list medicines that are not blacklisted, dressings and appliances from Part 2 of the Drug Tariff, selected items from Part 3 of the Drug Tariff (eg, bug busting kits) and some prescription-only medicines under patient group directions — for example, medicines that are more cost-effective as the POM rather than the branded P preparation, eg, chloramphenicol eye drops, and others for which the P licence is more restrictive than the POM licence.

Wherever possible, pharmacists will be expected to prescribe on a generic basis. The length of treatment will be determined by the pharmacist but experience from the pilot project has shown that a week's course is the most common option. Prescribing habits will be monitored in the same way as other prescribing, such as that done by GPs, is currently monitored.

All treatment should be accompanied by appropriate advice, including what the treatment is and how to use it, what to expect from the condition and how to avoid future episodes. Most of the time, the illnesses treated via the service will be self-limiting so monitoring — most commonly checking that the condition is improving — can be carried out by the patient.

In terms of referral, the service specification states that pharmacists and GPs should establish local mechanisms to enable patients to be seen by GPs within an appropriate time. This could be a telephone or written referral.

Remuneration

Details of the remuneration are still subject to negotiation between the Scottish Executive Health Department and the Scottish Pharmaceutical General Council. However, it has been agreed that remuneration for the minor ailment service will be on the basis of a capitation fee that will be banded according to the number of people registered for the service at the pharmacy. In addition, the pharmacy will be reimbursed for products supplied via the service. A specific budget allocation for the service will be top-sliced at NHS board level.

In the new year, national and local publicity initiatives will begin to raise the public's awareness of the minor ailment service. The aim is for pharmacists to begin registering patients for the service in March 2006.

Key points

1. The minor ailment service is a core service under the new pharmacy contract
2. The aim of the service is to enable patients who are exempt from prescription charges to receive treatment for common illnesses free of charge from a community pharmacy
3. Patients have to register with a pharmacy to use the service and this will be via an electronic national registration system
4. Pharmacists will provide advice, treatment from a national formulary or referral to another professional. All consultations will be recorded electronically
5. Pharmacists will be remunerated on a capitation basis and reimbursed for products supplied