

Minor ailments scheme run across PCT boundaries proves a success

A pharmacy-based minor ailments scheme running in three Northampton primary care trusts, in collaboration with Lloydspharmacy, has shown what can be achieved when services are arranged across PCT boundaries. **Tom Moberly** reports

It has been a successful few months for the minor ailments scheme started across three Northamptonshire primary care trusts — Northampton, Northamptonshire Heartlands, and Daventry and South Northamptonshire. The scheme, launched in May, is running in 20 pharmacies attached to 20 GP practices — six or seven in each PCT. Six of the pharmacies are Lloydspharmacy stores and the scheme has been jointly arranged by Lloyds and the three PCTs.

“The three primary care trusts have always worked closely together,” Sue Smith, head of prescribing and pharmacy policy at Northamptonshire Heartlands PCT, explains. “They were part of the same health authority and are all covered by one local pharmaceutical committee. We also have a joint community pharmacy clinical governance and development facilitator, Liz Garner, who works for all three PCTs, and it was she who pulled the whole thing together,” she says.

“Each PCT had identified a need for a minor ailments scheme, which they hoped would meet their aims of improving access and choice for patients,” Mrs Smith says. “It made sense to have the scheme running across the PCTs’ boundaries, although the pressure to develop the service came from different directions: in Daventry, pharmacists were pushing to have a service up and running, whereas elsewhere the drive came from GPs.”

The regional pharmacy manager from Lloyds, a member of the PCTs’ LPC, had talked with Mrs Smith about the possibility of collaborating on a minor ailments scheme and late last summer the first seeds of the idea were sown. Mrs Smith met with her equivalents in Daventry and Northampton PCTs, Sue Maguire (pharmaceutical adviser, Daventry and South Northamptonshire PCT) and Vicki Bray (chief pharmacist, Northampton PCT).

“We began to decide how we would implement a minor ailments scheme across the three PCTs,” she says. In fact, a professional services development manager at Lloyds had already started working on the treatment algorithms before the scheme had been proposed and was looking for an outlet for them.

All the algorithms and the minor ailments packs that pharmacists receive are produced and copyrighted by Lloydspharmacy, although in fact, more non-Lloyds’ pharmacies are involved in the scheme than Lloyds’ ones. The cost of putting the service together was shared between Lloydspharmacy and the PCTs — the PCTs had found funds to set



Michael Partridge: keen to see scheme rolled out right across the three PCTs

up the service and Lloydspharmacy also wanted to see the service established, so arranged to cover any financial shortfall.

The pharmacists involved did not need a great deal of training for the scheme to get up and running, because it is concerned mainly with ailments pharmacists deal with informally anyway, Mrs Smith says. Their training mainly involved going through the algorithms and evidence base for each of the treatments. “There was one training session for all receptionists, GPs and nurses at the practices taking part in the scheme, where the details of how the scheme would work, and what everyone’s role would be, were explained,” she adds. All new staff also have to be trained on how to use the scheme when they start at the practices.

“The scheme was launched at the beginning of May and has been working well so far,” Mrs Smith says. “There were 100 consultations in the first month, made up of a mixture of people who would otherwise have taken up GPs’ appointments and those who otherwise would have treated themselves with over-the-counter medicines, or remained untreated.”

The scheme is being piloted for six months and at the end of that period the three PCTs will conduct a qualitative study to see what has and has not been working properly. “We tried to find pharmacies in different areas, so that we would be able to judge where the scheme worked best and how use of the service varied across different types of location.

Would there, for instance, be more use in some pharmacies at weekends than in the week?”

Michael Partridge, a pharmacist at Partridge’s Pharmacy in Kettering, is involved in the pilot. He says that although a few patients just come into the pharmacy, most are referred from GPs and just speak to the receptionist at the surgery, who advises them to go to one of the pharmacies in the scheme.

“If patients have been into the surgery before being referred, they will bring with them a registration form, with their personal details filled in by the receptionist,” he explains. “In addition to receptionists directing patients to the pharmacy, GPs are also telling patients about the scheme, so that when they see a patient with a condition covered by the scheme, they give the patient a leaflet explaining how it works and say that next time it might be easier for the patient simply to go into the pharmacy for treatment.”

In the first month of the project, Mr Partridge spoke to about 25 people on the telephone and saw the same number for consultations. Many customers are surprised that these treatments are available at their pharmacy, Mr Partridge says. However, he adds, so far people have been pleased with the scheme, especially those with children. “Hay fever has been the most common ailment so far — because it’s seasonal, patients who have hay fever, but not asthma, tend to go to their doctor once a year, as the hay fever season starts, rather than setting up repeat prescriptions. The scheme has meant that they no longer have to arrange an appointment with their GP, but can just pop into the pharmacy, which is more convenient for many parents,” he says.

It will, Mr Partridge believes, take a long time to get a full view of how the scheme will work. “At the moment we need to be realistic about how far it should have progressed — it needs to get up and running first. However, I would be disappointed if the scheme was not rolled out across the whole of the three PCTs,” he says.

The project has also been a success from the point of view of Lloydspharmacy and the company is already receiving enquiries from other PCTs wishing to run similar schemes. This is partly because the scheme is not unique to pharmacies owned by the company, Iqbal Gill, director of clinical commercial operations at Lloydspharmacy, explains, but has been introduced across the three PCTs.