

Four years' experience of providing a PCT-wide minor ailments scheme

In December 2003, Nottingham City Primary Care Trust began its Pharmacy First minor ailments scheme. **Tom Moberly** reports on experiences of running the scheme and on how the service has expanded and developed over the four years it has been in place

Calls from pharmacy bodies for a national minor ailments scheme for England are growing louder. And such a desire to see the patchwork of local services transformed into national scheme is supported by Chris Ward, one of the pharmacists involved with Nottingham's Pharmacy First scheme, who believes that a national scheme would help reduce health inequalities.

Nottingham City Primary Care Trust's Pharmacy First scheme started four years ago this month. It enables patients exempt from prescription charges to register with the local pharmacist and receive medicines for a range of conditions free of charge.

Tania Cook, specialist senior pharmacy technician for primary care at Nottingham City PCT, coordinates the Pharmacy First Scheme. She explains that the scheme was initially established by the PCT, which was looking to expand access through pharmacies. "The PCT was also short of 28 full-time GPs and so services were under considerable pressure," she says. "There were no minor ailments schemes being run locally before the Pharmacy First scheme was set up so we used experience of other schemes from around the country."

The PCT encouraged all the pharmacies in the area it covers to take part in the scheme and 48 of the 56 pharmacies agreed to participate.

Once the pharmacies were on board, all the pharmacy assistants and pharmacists were trained on how the scheme works. Pharmacists and pharmacy assistants can register patients and then pass them on to the pharmacist for the consultation itself. Pharmacists are paid for the cost of any drug they may dispense and for VAT, and they also receive a consultation fee. The fee is currently £2.48, but it is reviewed every year and the PCT checks that the rate is fair and comparable to what other schemes are paying.

The PCT also carried out training in GPs' surgeries. "We explained to GPs about the scheme and how they can refer people for treatment in pharmacies," Ms Cook says. "We also trained the reception staff, because they are the first point of contact for patients or patients' carers wanting to make an appointment with the GP, and so they will often be the ones able to suggest to patients that they can go to the local pharmacy instead."

The scheme was then advertised through local papers, in particular the Nottingham Evening Post. The PCT also contacted patient groups and used posters and leaflets in

pharmacies and GP surgeries and to promote the scheme.

Evaluation and development

When Pharmacy First had been running for a year, a detailed quantitative and qualitative evaluation was undertaken. "Two things that people wanted to change came out of that," Ms Cook says. "One was the paperwork. There was too much, both for pharmacists and for patients, and so we have reduced that to the bare minimum. The other thing was that patients did not like the fact that they had to use the same pharmacy they registered with each time they wanted to access the service."

Now, instead of being registered to use the scheme at just one local pharmacy, patients are issued with a family voucher booklet. "This contains all the necessary patient information so that patients can access the Pharmacy First scheme at any pharmacy in the PCT," Ms Cook says. "Each booklet holds 25 vouchers and can be used by up to 11 eligible family members who are exempt from prescription charges."

The PCT has also expanded the range of ailments for which treatment is available through the scheme. "We are keen to revise the system when necessary so that it benefits patients as much as possible," Ms Cook says. "Indications and the formulary are reviewed annually." When it was launched, 11 treatments were offered: head lice, temperature or fever, sore throat, earache, toothache, teething pain, diarrhoea, threadworm, haemorrhoids,

vaginal thrush and athlete's foot. In 2005, the PCT added treatments for bacterial conjunctivitis and, in May last year, treatments for constipation, warts and verrucas, and insect bites and stings became available on the scheme.

In addition, in December 2006, the PCT added a patient group direction for pharmacists to be able to treat simple urinary tract infections with trimethoprim, bringing the total number of ailments covered to 16.

"The additions have all been in response to feedback from questionnaires to users of the scheme," Ms Cook says. "We also looked at what GPs are writing prescriptions for." The PCT also had meetings with GP practice-based commissioning cluster groups and asked them what they thought should be added."

The scheme has proved a considerable success. From April 2006 to March 2007, 20,273 consultations were carried out. The PCT estimates that this has saved about 483 days of GP time. And, of these consultations, only 58 have resulted in referrals back to GPs. Patients might be referred onto the GP if their ailment is not suitable for treatment under the scheme or if they have already used the service twice before in the same month for the same indication.

"For the latest ailment added, the PGD for urinary tract infections there were 137 consultations for a six-month period," Ms Cook says. "As trimethoprim is a prescription-only medicine patients would otherwise have to see their GP to receive treatment. So there is a real saving of GP time."

A pharmacist's view of the scheme

Chris Ward, group pharmacy manager at Boots in the Broadmarsh Centre, Nottingham, has been involved with the scheme for over three years, although the pharmacy has provided the Pharmacy First service for longer than that. He says that the care he provides through the service is similar to advice he would have given before the scheme was launched. "It's important to give the best advice with any over-the-counter recommendation, regardless of whether it is supplied as a service or sale." In addition, people who have used the service once return to use it in the future. "Just after the service was expanded to include trimethoprim for cystitis I made a supply to one woman who was pleased that she didn't need to see her doctor on this occasion," he says. "I then saw her again nearly a year later — she'd remembered the service and clearly valued the convenience."

The service has also changed local people's perceptions of what pharmacists can offer, he adds. "Some people would have otherwise visited their doctor because they were unaware about the services available at their pharmacy," he says. "Others may have previously visited a doctor simply because they could not afford to pay for the medicines they need, and would be entitled to prescription charge exemption."

Mr Ward believes the scheme could be developed further. "I can see no reason why in the future the scheme could not be expanded to cover a number of additional conditions, providing the pharmacist had completed any necessary training: perhaps impetigo — just to give one example of a common GP referral that could potentially save a lot of GP time," he says. However, the greatest development Mr Ward would like to see would be the introduction of a national standard scheme. "Sometimes we are unable to use the scheme simply because a patient lives outside the geographical limits of the scheme and a national standard would work to reduce national health inequalities."