Implementation of the Minor Ailment Service

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Section 1
Introducing the Minor Ailment Service
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This section takes a brief look at the background to and the evidence base for the introduction of the Minor Ailment Service (MAS) as one of four essential services in the new community pharmacy contract (nCPC) in Scotland.

Objectives
After reading this section you will be able to:

- describe the government policies that have led to development of the Minor Ailment Service
- recognise pharmacy’s contribution to the management of common clinical conditions
- list at least three key features of this service.

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Minor Ailments are generally described as common, often self-limiting, conditions. They normally require little or no medical intervention and are usually managed through self care and the use of products that are available to buy without a doctor’s prescription.

Consulting and advising on the treatment of minor ailments has always been a core role provided by community pharmacists. An average community pharmacist advises around ten members of the public a day on the treatment of such conditions, which equates to over 11,500 consultations a day in Scotland.

Pharmacists’ role in managing minor ailments was initially recognised in The Right Medicine – A Strategy for Pharmaceutical Care in Scotland. It made a commitment to introduce schemes between general practitioners and community pharmacists to allow patients to use their pharmacy as the first port of call for the treatment of common illnesses within the NHS. In addition it outlined plans to develop a new system of remuneration for community pharmacy contractors which would provide incentives to modernise and deliver quality services.

The overall aim of the service is simple:

The Minor Ailment Service (MAS) aims to support the provision of direct pharmaceutical care within the NHS by community pharmacists to members of the public with a common self-limiting condition and who are exempt from prescription charges.

MAS allows eligible individuals to register with and use their community pharmacy as the first port of call for the consultation and treatment of common self limiting conditions. The pharmacist advises, treats or refers the person, or provides a combination of these actions, according to their needs. The pharmacist generates a prescription and records any advice, referrals or products supplied.

Pharmacy contractors will receive a banded capitation payment as remuneration for providing MAS. The fee scale is published and updated in the Drug Tariff. Pharmacy contractors do not receive any dispensing fees for MAS but are reimbursed for any product supplied from the national formulary for MAS. This constitutes one of the four essential services within the nCPC (Figure 1) and is provided by every community pharmacy in Scotland.

Minor Ailment Service (MAS)

MAS enables eligible people to register with a community pharmacy of their choice and have their common conditions treated by their community pharmacist on the NHS without the need to visit a GP

Acute Medication Service (AMS)

AMS continues to provide patients with access to the pharmacy of their choice for the dispensing of acute prescriptions

Chronic Medication Service (CMS)

CMS allows patients with long-term conditions to register with a community pharmacy and have their medicines supplied, reviewed, adjusted and monitored over a 12-month period as part of a shared care arrangement between the patient, their GP and their pharmacist

Public Health Service (PHS)

PHS engages community pharmacists in the task of health improvement for individuals and local communities
It started with the Direct Supply of Medicines (DSoM) pilot in 2001. This allowed both advice on minor ailments, and products for their treatment, to be made available free of charge to exempt patients, directly from community pharmacies without having to consult a GP. An individual presented with symptoms and the pharmacist diagnosed, prescribed and supplied where appropriate, the required product from a defined formulary.

The evaluation demonstrated that the pilot was successful in providing an efficient and cost effective way of community pharmacists managing common conditions. The wider roll out of this initial pilot at the end of 2003, addressed some of the issues identified in the initial evaluation. These included:

- making the formulary more responsive by including all Pharmacy (P) and General Sales List (GSL) medicines and some Prescription Only Medicines (POMs) via patient group directions (PGDs)
- top slicing the prescribing budget to allocate a dedicated budget for the service
- improving the remuneration structure by introducing a banded capitation fee.

Key Findings

- favourable opinions by service users, particularly the convenience and time saved
- head lice was the most frequent condition followed by pain and cough
- the majority of the consultations were by those exempt by age, particularly the under 16’s, followed by the over 60’s; patients with income related exemptions accounted for 19% of the consultations
- community pharmacists managed the consultations satisfactorily and coped well with the additional workload
- GPs were supportive.

The Minor Ailment Service has been extensively piloted and evaluated over the last five years and the findings used to inform the development of this service in the new contract.

CARE THROUGH COMMUNITY PHARMACIES

Pharmacies are frequently a person’s first point of contact and often their only contact with NHS services. There is great potential for pharmacists to provide convenient access to a wider range of health and health care services. This opportunity is reinforced in Building a Health Service Fit for the Future and Delivering for Health which both identify the potential to develop wider access to health care and advice through the community pharmacy network and to provide services which complement those provided elsewhere in primary care.

IMPROVING ACCESS

One of the main features of community pharmacy is its accessibility in convenient locations in local communities. MAS provides improved access to consultations, advice and medicines for common clinical conditions. Once people register with a community pharmacy for MAS, they can return to the pharmacy to use the service at any time with no need for an appointment. Pharmacists can prescribe any pharmacy or general sales list medicine within MAS so long as it is not blacklisted. The increase in the number of medicines that have been deregulated from POM to P status over recent years has allowed pharmacists to take a wider role in supporting the public to self treat common conditions rather than using GPs or nurses. Pharmacists can also supply some POM medicines through the use of Patient Group Directions (PGDs) in selected conditions.

ADDRESSING HEALTH INEQUALITIES

The community pharmacist may be the only point of contact the NHS has for some ‘hard to reach’ groups and therefore has a vital role in tackling health inequalities. Under MAS, people who are exempt from prescription charges and who cannot afford to purchase over the counter medicines can obtain rapid access both to professional advice and to a suitable medicine, where appropriate, without either having to wait for or attend a doctor’s appointment.
TRANSFER OF CARE

The management of acute self-limiting common conditions has been a concern in terms of the workload of general practitioners for some time. As a result, NHS modernisation and policy developments have attempted to reduce or redistribute this workload and shift the balance of care. MAS allows the transfer of care from GPs and nurses to pharmacists where appropriate.

The national roll out of MAS will help deliver a more patient focused and integrated pharmaceutical service which complements developments in the new GMS contract. Pharmacists will be able to take a wider role in supporting the public to self treat common conditions rather than have to use GPs or nurses. By reducing GPs workload and time spent on treating common self limiting conditions, they will be able to spend more time with other patient groups with more complex clinical needs.

MAS will also assist the Primary Care Team to achieve their commitment that patients should have access to a healthcare professional within 48 hours by freeing GPs time and by the accessibility of community pharmacists to treat self limiting conditions.

PARTNERSHIP WITH NHS 24

NHS 24 is the national confidential telephone health advice and information service for people in Scotland. It handles in the region of 30,000 calls each week, of which 35% result in the provision of self care advice. Much of this advice requires access to medication to treat symptoms. NHS 24 currently refers people to community pharmacists, who are ideally placed to assess and treat them quickly, without the need for an appointment with a GP or Out Of Hours service provider. This link between community pharmacy and NHS 24 is further strengthened with the introduction of MAS since community pharmacists can, where appropriate, treat the person’s condition on the NHS if they are eligible for MAS.

Section Summary and Reflection

Summary Box

- aims to support the provision of direct pharmaceutical care within the NHS by community pharmacists to members of the public with a common self-limiting condition and who are exempt from prescription charges
- has been developed from a sound evidence base and has been extensively piloted in two NHS Board areas
- makes better use of the skills and expertise of community pharmacists
- enables community pharmacists to contribute to the Government’s priority areas, including self-care
- remunerates pharmacy contractors on a banded capitation basis and reimburses them for products supplied
- does not involve dispensing fees.

Reflection Box

How will the service operate in my pharmacy?
What do I need to do to deliver this service?
What training is needed to run this service?
How can I address these training needs?
Are there any practical hints and tips to help me?