The Minor Ailment Service -

Review of the existing service

together with

Proposals for Redevelopment to

a Common Clinical Conditions Service

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Executive Summary

The Government abolished prescription charges with effect from 1 April 2011. In order to maximise the use of NHS resource Community Pharmacy Scotland has reviewed the operation of the existing service and has put together a proposal for an extension of the service to all patients. The key features in the proposal are:

- All patients who are registered with a GP in Scotland should be eligible for a consultation under the service, the aim being to make best use of NHS resource. Recent reports have shown a significant difference between GP and pharmacist consultation costs.
- The service should be re-titled and advertised as a first port of call for patients.
- Current exemption status should not be used as a barrier to access.
- At the same time the current formulary should be revised, streamlined and a "white list" created.
- Patients should have the choice of whether they wanted to receive treatment under the service or self-treat with a non formulary item.
- The scope of the service should be widened to include provision for other common clinical conditions, including those which are often currently treated in the out of hours setting, underpinned by an extension of the use of PGDs. The learnings from the Pharmore+ pilot should be incorporated.

The proposals as set out diverge from the view previously expressed by Nicola Sturgeon when Cabinet Secretary for Health that there will be no change to the eligibility criteria for the service. In the current financial climate when best use of NHS resource is imperative, Community Pharmacy Scotland takes the view that the service should be opened up to all patients, irrespective of current exemption status, and modified to secure efficiencies. Our reasons for this are:

Diverting consultations to a pharmacist rather than a GP offers the opportunity for the NHS to save money

Streamlining of the formulary will ensure prescribing is cost efficient and in line with best evidence.

Next Steps

In order to promote wider discussion around how the service might change it is proposed that SG be asked to form a short life working group containing representatives from NHS Boards, CPS, NHS 24 and SG to consider how to move this forward.

Minor Ailment Service - Could the service be developed further and if so how?

Introduction

The Minor Ailment Service (MAS) has now been operational for eight years. With the publication of Prescription for Excellence Community Pharmacy Scotland believes that the service should be reviewed to ensure that it is still delivering for patients, the NHS and pharmacy contractors.

Community Pharmacy Scotland takes the view that it would be beneficial to avoid a position where patients are only able to access the service if they were to be exempt from prescription charges under the previous exemption categories. As times passes the rationale for exclusion becomes less clear and adopting such a position would lead to inequity and patient dissatisfaction as other patient groups would feel excluded from a useful self-care service.

There is also a risk that patients who would not have been exempt from prescription charges will seek to access treatment for minor self-limiting conditions through a GP in order to save paying for a treatment in community pharmacy. In a report published by the Bow Group, the comparative costs for pharmacy and GP consultations were given as £17.75 and £32 respectively. The saving generated from a pharmacy consultation is therefore not inconsiderable. To widen eligibility for the Minor Ailment Service rather than to restrict it would minimise the possibility of a GP's services being inappropriately accessed for a self limiting condition. The figures available from usage in 2013/14 of the service provide an average cost per pharmacy consultation of £9.38 (including remuneration and reimbursement).

In July 2009 the Shifting the Balance of Care Delivery group produced an improvement framework where eight key areas had been identified as a key to delivering on national and local outcomes and targets. One of these key areas was to extend the scope of services provided by non medical practitioners outside the acute hospital setting. The publication of the 20:20 Vision has confirmed the policy intention that people should be enabled to live longer healthier lives in their community.

A move to widen the scope of the Minor Ailment Service, for example through expansion to a new service for the treatment of common clinical conditions, would widen access for patients and release time for other healthcare practitioners to use their skills effectively. Community Pharmacy Scotland is however clear that any move to widen scope will have to be matched by the provision of the necessary resource to support service delivery. Changes in service delivery will not be possible within the confines of the existing remuneration arrangements.

Background

The Minor Ailment Service was introduced as a core component of the new pharmacy contract in June 2006. The national rollout followed completion of successful pilots in NHS Ayrshire & Arran and NHS Tayside. Patients were allowed to register for the national minor ailment service during June 2006 and the provision of direct pharmaceutical care through the service commenced in July 2006.

The objectives of the minor ailment service are to:

- improve access to consultations, advice and medicines for common illnesses;
- promote care through the community pharmacy setting;
- transfer care from GPs and nurses to pharmacists where it is appropriate;
- help address health inequalities;
- assist the primary care team to achieve their 48 hour access commitment.

Performance under the Current Service Specification

Registration levels for patients eligible for the Minor Ailment Service remained relatively constant during 2012/13 and 2013/14. Payment for the service is linked to the number of patients registered for service provision and where no interaction occurs over the space of a year the patient's registration then lapses.

Across Scotland, on average 16.9% of patients registered with a GP are also registered for the Minor Ailment Service. (Before MAS was introduced the figure of 50% of the population was estimated to be eligible). During a consultation, a pharmacist has the choice of:

- giving advice only
- treating
- referring the patient to another healthcare professional
- or a combination of the above.

Consultations have increased over the last two years; this can be particularly evidenced by the numbers of prescriptions written during 2013/14 (Appendix 1) following a consultation. The data shows an 3% increase in items supplied when comparing 2013/14 with the same period in 2012/13 and 11.4% when comparing with 2011/12.

The provision of MAS by pharmacy contractors has improved access for patients to treatment in the early evening or at weekends and at other times when GPs are not available e.g. over Christmas and Easter holiday periods. The availability of access to self care medicines via community pharmacy has been of particular benefit to NHS 24.

ePharmacy Support

The IT solution provided by the ePharmacy team to deliver the Minor Ailment Service has proved to be reliable since the inception of the service. Any downtime of the solution is communicated via the Health Board IM and T facilitators to Community Pharmacists and is minimised as much as possible.

Any issues with IT have arisen from the system suppliers and their chosen eMAS solutions. Pharmacy contractors have indicated to their suppliers inadequacies in the different systems. To ensure the usage of eMAS continues to increase, the acceptability of the eMAS solution should be subject to review and refinement as required.

Pharmacist Prescribing

The Minor Ailment Service has supported all community pharmacists to provide treatment under the NHS for patients. Prescribing practice has largely been supported by Health Board formularies. Patients seeing pharmacists routinely "prescribing" for common clinical conditions have been supported in their understanding that community pharmacy contractors are part of the NHS.

Patient Accessibility

The introduction of MAS has enabled pharmacy to provide greater support within the overall NHS e.g. referrals from NHS 24. Feedback gathered by the Payment Verification Unit at PSD from patients who have been provided with a product has shown a high level of satisfaction with the services.

Reimbursement and Remuneration

The introduction of MAS demonstrated many of the inadequacies of the current pricing system for reimbursement of product prescribed. A number of measures have been put in place to address the problems and fewer items are now not passed for payment.

The remuneration system introduced was innovative because it bought in a banded capitation system. Following a review in 2009/10 the original banded payments were adjusted upwards to reflect the perceived workload for different service elements within the contract.

Promotion of the Service

The availability of the service has not been promoted to any great extent. NHS Leaflets and posters have been produced and have featured from time to time as part of the ongoing PHS poster campaigns but these have not been backed up by any sustained marketing campaign. As other marketing material is not permitted there is a need to refresh the material currently used for promotional purposes and to use it in a targeted way – for example when the new school year starts or in the run up to holiday periods.

How could MAS develop?

The expectation was that the abolition of prescription charges would decrease the level of bureaucracy which pharmacy contractors have to deal with and that it would therefore free up more time to deliver patient focused services. To retain specific **eligibility criteria** for one service does not lessen bureaucracy and does not square with the concept of equity of access. Community Pharmacy Scotland therefore takes the view that what is needed is to look at overall service parameters to establish firstly whether the service should continue and if it does how it should be improved.

Option 1 Should the service continue?

The level of registrations, the number of consultations and the links built up with other parts of the health service all suggest the service is meeting a distinct need for the NHS in Scotland. The returns from patient satisfaction questionnaires distributed by the Payment Verification Team have been very positive. CPS is keen that the service moves forward.

Option 2 Subject to the service continuing should we alter who we provide the service to?

The service is currently available to all patients who are exempt from prescription charges. The abolition of charges would mean using current eligibility criteria that all patients could be registered for the Minor Ailment Service. There are a number of options open to us. We could adopt the line which the Government has suggested and maintain the current restrictions on service eligibility. Details of the registration profile which were obtained from PSD are as follows:

Registration Classification	Percentage of Registrants
Under 16	46.6%
16-18	1.8%
Over 60	26.7%
Maternity	7.4%
War Pension	0.1%
Income Support	9.8%
Family Credit	0.3%
Jobseekers Allowance	1.6%
Disability	5.1%
HC2	0.6%

The problem with retaining the current profile is that it remains necessary to manage the bureaucracy and explain to certain patients why they were not eligible to register for the service.

Our much preferred alternative is to open up eligibility. An increase in the number of eligible patients has implications in terms of workload and the amount of money which is needed to support this element of the contract. At present £14.785m or 8.45% of the global sum has been identified for the Minor Ailment Service. In our view it will not be possible to develop the system further within the confines of the existing global sum parameters.

Option 3 Should we alter the formulary available for the service?

The Scottish Government is well aware of the issues around pricing of items supplied on the Minor Ailment Service. To minimise issues around pricing, the Part 7B Minor Ailment Formulary was introduced into Part 7 of the Drug Tariff with the aim of reducing the number of items rejected for payment, despite them being allowed under the service specification. These issues are also combined with anecdotal reports of patient's presenting "shopping lists" and requesting multiple medicines at a consultation but no evidence has been produced to support this contention.

If the eligibility criteria were to be changed then concerns around cost could be addressed by the production of a streamlined and limited formulary of drugs available for provision under the Minor Ailment Service. This limited list would reduce the risk of people presenting seeking multiple medicines and ensure that the medicines supplied to treat a range of conditions were cost effective and in line with evidence based medicine. Currently the GIC per item supplied on the Minor Ailment Service is £2.27.

In relation to any concerns about costs community pharmacists are already providing a number of higher cost products through the patient centred element of the Public Health Service in a responsible manner.

Option 4 Should we look at more radical changes to the service specification?

There are a number of options open for consideration. These include:

- A move away from a standalone MAS system to a system which the patient accessed or was referred to as the first point of call when the need for care arose. It might be sensible then to look at re-badging the service to indicate that it was covering more than minor ailments.
- The introduction of a two tier system to support self-care. This consultation based system could be available to all patients. If there was a limited formulary then patients could choose whether or not to also receive a product under the service.
- The provision of a service for an increased range of conditions e.g. common clinical conditions such as impetigo or an uncomplicated UTI. Pharmacists must currently refer the patient elsewhere in order to receive treatment and if these patients' needs could be met through the pharmacy that would improve the patient experience and free up time elsewhere for other clinicians including most notably those working within the out of hours service. However in order to maintain equity of access for all patients across Scotland there would have to be no restrictions on eligibility for the service. Any change in this area would have to meet the requirements of the antimicrobial programme.
- Increasing the availability of POMs to underpin treatment for an increased list of common clinical by Community Pharmacists through increased use of national Patient Group Directions (PGDs).
- The introduction of Pharmacy Technicians/Clinical Assistants to alter the skill mix involved with service provision. This could free up pharmacists' time. This change may have VAT implications.

Option 5 Should we look to amend the payment regime for the service to mirror work with other capitation models?

At present payment is made on a banded capitation model. There is no attempt within that model to reflect usage by the individual patient and whether that usage is influenced by the normal weighting factors of

age, sex and level of deprivation. Any attempt to change the payment model would have to be discussed as part of the ePharmacy programme and the necessary resource provided to allow analysis to take place.

Outline Proposal for Next Steps

Our outline proposal for the way forward is set out below.

- All patients who are registered with a GP in Scotland should be eligible for a consultation under the service, the aim being to make best use of NHS resource. Recent reports have shown a significant difference between GP and pharmacist consultation costs.
- The service should be re-titled and advertised as a first port of call for patients.
- Previous exemption criteria should not be used as a barrier to access.
- At the same time the current formulary should be revised, streamlined and a "white list" created.
- Patients should have the choice of whether they wanted to receive treatment under the service or self treat with a non formulary item.
- The scope of the service should be widened to include provision for other common clinical conditions, including those which are currently principally treated in the out of hours setting, through the use of PGDs.

In the current financial climate when best use of NHS resource is imperative, Community Pharmacy Scotland takes the view that the service should be opened up to all patients, irrespective of current exemption status, and modified to secure efficiencies. Our reasons for this are:

1. Diverting consultations to a pharmacist rather than a GP offers the opportunity for the NHS to save money
2. Streamlining of the formulary will ensure prescribing is cost efficient and in line with best evidence.

Next Steps

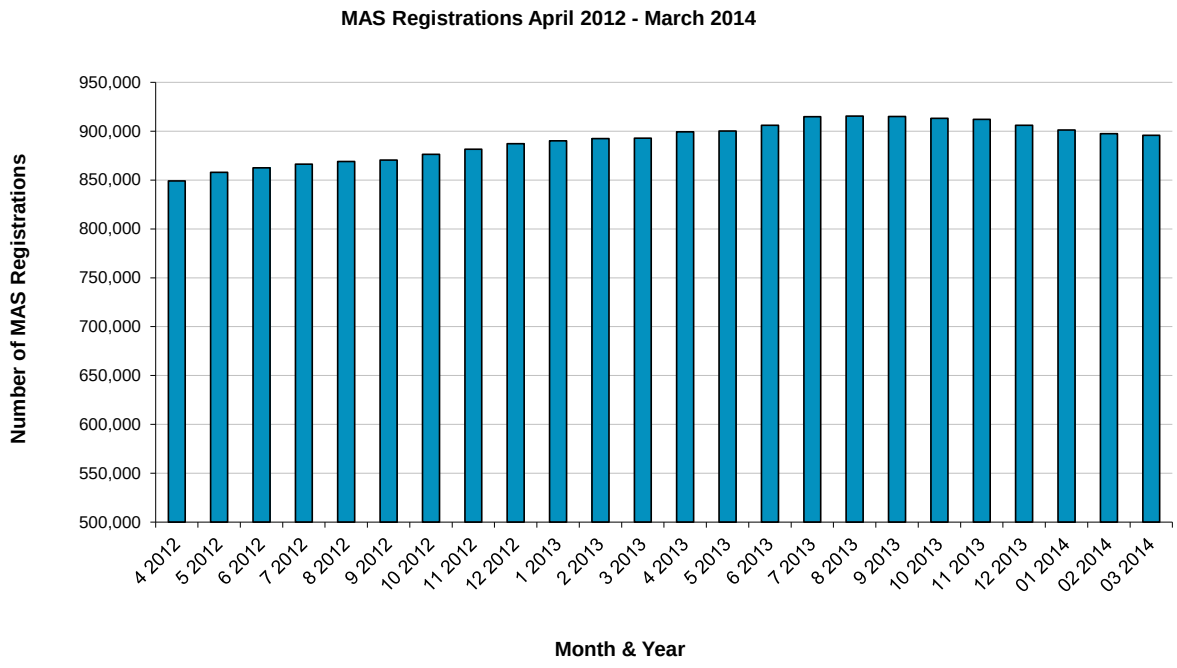
In order to promote wider discussion around how the service might change it is proposed that SG be asked to form a short life working group containing representatives from NHS Boards, CPS, NHS 24 and SG to consider how to move this forward.

Appendix 1 **Minor Ailment Service Statistics**

Registration

ISD data for registration activity shows that the number of patient registrations has fallen slightly over the past yaar.Data may be accessed at www.isdscotland.org/

Figure 1 - Number of patients registered for MAS in Scotland, April 2012 to March 2014



Prescriptions

Pharmacists will respond to symptoms described by the patient and if appropriate prescribe a Pharmacy (P) or General Sales List (GSL) medicine. The increase in items during 2013-14 is demonstrated by the graph below.

The total for items supplied on the Minor Ailment Service in April 2013 March 2014 was 2.096m, representing a 3% increase over the previous year.

Items supplied on the Minor Ailment Service treat a myriad of common conditions. The table below contains the top 10 MAS items dispensed in Scotland, April 2013 to March 2014.

Table 1 – Top ten MAS items dispensed and uses, 2013/14

Drug Name	Examples of Use in MAS	No of items
Paracetamol	Pain, Fever	442,549
Ibuprofen	Pain, Fever, Inflammation	142,104
Simple Linctus2	Cough	104,225
Dimeticone	Scabies, Head lice	85,517
Emollients	Dry scaly skin	81,575
Chlorphenamine Maleate	Hay Fever	76,457
Chloramphenicol	Eye infections	62,631
Compound Alginic Acid Preparations	Indigestion / Heartburn	59,049
Clotrimazole	Vaginal thrush, Athlete's foot	56,121
Cetirizine	Hay fever, Other allergic reactions	55,301