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Evaluation of the Choose Pharmacy common ailments service: Interim report

ICF International

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government.

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Table of contents

Executive summary

1. The manifesto commitment to establish community pharmacy as the first port of call for common ailments was embedded as a Programme for Government commitment in 2011. In March 2013, the Welsh Government (WG) announced its intention to launch a national common ailments service for Wales.

2. The new service, ('Choose Pharmacy') involves the assessment of a patient by an authorised pharmacist and the selection and supply of treatment from a list of medicines covering a defined range of common ailments. Patients are also referred to another health service when appropriate. Treatment supplied is free of charge to individuals. This removes the incentive for patients to visit the GP in order to receive NHS treatment for their common ailment. The intended impacts of Choose Pharmacy include:
   - Improving access to advice and treatment on common ailments – making the pharmacy the first port of call for advice and treatment for common ailments;
   - Making better use of pharmacists' skills and resources;
   - Promoting more appropriate services in primary care; and
   - Increasing capacity and resilience in primary care.

3. The roll out of Choose Pharmacy will follow a phased approach, incorporating evaluation into the process at each stage to help shape the national service. Roll out began in October 2013 with the implementation of pathfinders in Cwm Taf and Betsi Cadwaladr Local Health Board (LHB) areas.

4. Nineteen pharmacies are delivering the pathfinder service in Betsi Cadwaladr; they include a mix of independent and multiple outlet pharmacies and a supermarket. All 13 pharmacies within the Cyon Valley locality of Cwm Taf are involved; they are a mix of single and multiple outlet independent pharmacies (including one pharmacy with eight outlets operating the service) and larger chains.

5. This document sets out the interim findings of the evaluation of these pathfinders. Evidence gathered at this interim stage came from multiple sources:
   - eCAS data (the pathfinder IT system) covering data relating to all Choose Pharmacy registrations and consultations undertaken between September 2013 and May 2014;
   - In depth semi-structured interviews with pharmacists, GP practices and other stakeholders conducted between May and July 2014; and
   - A qualitative survey of pharmacists conducted in July 2014.

Summary of findings

Pre-launch and roll-out of the pathfinders

6. Stakeholders expressed positive views about the pre-launch activities to support the design and development of the pathfinder service. This improved the design of the service before it was launched. However, given the pathfinder status, information to support pharmacies to make decisions about whether to deliver the service was inevitably incomplete and there were uncertainties as to the practical implications of delivery.

7. As a result some pharmacists were initially reluctant to commit to the service. Nonetheless, pharmacists reflected that it was a natural move to extend their offer to delivering the Choose Pharmacy service: there are 'in principle' reasons to think that this initial reluctance can be overcome.

8. The launch of the pathfinders proceeded effectively with a limited number of challenges. This was in part due to the training and support provided by the LHBs and the relative ease of use of the eCAS system; it was also due to the 'soft launch' of service. The soft launch was appropriate for the pathfinder, allowing time for pharmacists to test (in the live consultation setting) the eCAS system without the pressure of high volumes of consultations.

Implementation of the service

9. The downside of the soft launch has been low levels of patient and public awareness, and, to a lesser extent, GP awareness, of the service. As a result, early uptake of the service was lower than expected. More recently there has been an upward trend, with the volume of consultations rising significantly in April and May. This sharp increase in uptake seems to have resulted from an increase in the targeted promotion of the service – especially by GP practices. A continued focus on the promotion of the service is required to ensure the service delivers its potential.

10. Pharmacy engagement with the service varies. Fifty per cent of all consultations were undertaken by six pharmacies (three in each pathfinder) and 10 pharmacies have only delivered less than 10 consultations each since the service's inception. Capacity constraints to deliver high volumes of consultations were identified as the primary reason for low engagement, particularly with respect to the proactive promotion of the service with patients and GP practices.

11. The duration of consultations has varied over time and area, but a trend for shorter consultations has emerged as the service has become embedded and pharmacists have become more experienced with eCAS and service delivery.

12. A number of opportunities to improve the operation of the service were identified, including refining eCAS to improve usability and reduce the time spent during a consultation on inputting information. A minority of pharmacists considered there would also be value in excluding those ailments for which only advice, and not treatment, can be given, and ensuring the formulary is up-to-date.

13. GP practice engagement is critical to securing uptake of Choose Pharmacy – not only to ensure patients are referred but also to promote patient confidence in the service. GP practices vary in their levels of engagement and securing engagement is challenging where existing relationships with pharmacies are less well established. Practices that had been involved in the design of the service prior to its implementation were more likely to be engaged. These practices also considered that the service had the potential to make a significant contribution to reducing GP demand. Perceived barriers to engagement include lack of understanding of the service; a lack of clarity as to how the service is funded; and, to a lesser extent, resistance to change with respect to shifting care from a GP setting to a pharmacy setting.

Referral pathways

14. Despite the variable levels of engagement, the majority of patients using the service have been referred from the GP practices. Drivers and perceived barriers to GP referrals have been identified. Common drivers include: an established relationship between the GP practice and pharmacy; a good understanding of the service – particularly amongst practice managers and receptionists; the existing operation of a triage system; and stretched capacity to respond to the growing demand for GP consultations. Common barriers include: limited understanding of the service; the experience of referred patients returning to the GP practice because a pharmacist was unavailable to undertake a consultation; and competing priorities for GP's time.

15. Inappropriate referrals have been identified as an issue – specifically referrals of patients with conditions that are not included within the service, or patients who are ineligible to receive treatment through the service (for example, due to age restrictions). Limited understanding of eligibility criteria and which common ailments in scope, and formulary restrictions are the main cause of inappropriate referrals – particularly among receptionists. The result of inappropriate referrals is typically referral back to the GP – with a potentially negative patient experience of the service. LHBs have recently provided support and tools to improve the number of appropriate referrals. There are also examples of pharmacists working closely with the GP practices to improve appropriate referrals.

16. Other routes into the service are evolving – with word of mouth consultations increasing and new pathways involving other Health Care Practitioners (HCP) being explored. Referral pathways from out of hours services (OOHs) were considered to be particularly essential for rural localities due to the distance patients would need to travel for OOHs surgeries.

Profile of service users and most common ailments treated

17. Parents (most commonly mothers) are the highest users of the service – seeking advice and treatment for children's common ailments. The age profile of patients beyond this age group varies across the two pathfinders. There is limited correlation between the age profile of service users and that of the population as a whole. This could reflect the general demand for health services / the burden of ill health. The findings could also suggest that different age

groups are either more or less aware of the service, or are more or less likely to engage with the service. Consistent with the wider use of pharmacies, women are more likely than men to use the service.

18. Uptake varies significantly by condition, with the top five most frequently presented ailments accounting for 59% of all consultations undertaken between October 2013 and May 2014.

19. As of the end of May 2014, few patients have used the service on more than one occasion (for the same or a different ailment). Restrictions to the number of products that can be prescribed to a patient within any 12 month period were considered to contribute to the trend observed.

20. Patients who normally purchase over the counter medication do not appear to be converting to Choose Pharmacy. However, stakeholders emphasised that there was the potential for this to happen now that awareness and promotion of the service is increasing.

Drivers for patient engagement

21. The service is welcomed by patients who are aware of Choose Pharmacy, but there are misunderstandings about eligibility. These misunderstandings could in turn lead to patients converting back to seeking a GP consultation for advice and treatment for their common ailments.

22. Improved access is a key factor for patients seeking a consultation at the pharmacy. To date, the findings suggest that a significant number of patients are currently using the service as an alternative to GP practices, rather than the first port of call for treatment and advice about common ailments. This makes the first experience of the service vital to promoting a sustained change of behaviour.

23. Access alone is not a sufficient driver for some patients – changing their behaviour will be critical but challenging. Open access surgeries are considered to act as a barrier to patient engagement with Choose Pharmacy, as many patients are prepared to sit and wait for a GP appointment. This may be especially the case if the patient has previously attempted to visit the pharmacy but has been unable to access a consultation, or has not received his /her treatment of choice. Several approaches for engaging more reluctant patients were identified, with GP practices noting the effectiveness of receptionists highlighting that treatment offered through the service would be free of charge.

24. Pharmacy capacity to deliver a consistent service affects the accessibility of the service – which in turn influences patient and GP perceptions of the service. Capacity during busy dispensing time, or when an un-accredited locum is providing cover, prevents the pharmacy from offering timely consultations. Related to this, rising demand was emphasised by pharmacists as a potential challenge for service – with many highlighting that access might be compromised as the volume of patients seeking consultations increases.

Emerging outcomes

25. While stakeholders considered that the delivery of the service has yet to make an impact, the findings suggest that positive outcomes are emerging. These include:

    - Improved job satisfaction and enhanced roles for pharmacists;
    - Further strengthening of GP and pharmacist relationships – laying the foundations for more integrated care;
    - Improved public understanding of support available at the pharmacy; and,
    - Improved patient access.

26. While the majority of GP practices have not observed changes in demand, there is early anecdotal evidence that the service may reduce demand for GP consultations.

Conclusions and recommendations

27. The interim findings demonstrate that the service has been well designed and delivered. Stakeholders expressed positive views about the pathfinder service; they also saw potential for positive results.

28. While early uptake was lower than expected, and engagement by pharmacists and GP practices has been variable, there are examples of high activity (with respect to consultations) and effective practice in delivering the service. Evidence of outcomes is also emerging.

29. A focus, in the first instance, on those common ailments most frequently presented by patients is emerging as being particularly effective in both supporting GP practices to engage with the service and ensuring appropriate referrals, as well as supporting awareness-raising among patients. Such an approach could help to secure greater demand for the service. However, the tensions between pharmacy capacity to deliver consultations and increased demand for the service will be a critical issue for the future development of the scheme.

30. Support provided by the LHBs has been instrumental to the effective launch of the pathfinders, its operation and continuous improvement. Additionally, the interim findings highlight, that, to a significant degree, the success of the scheme hinges upon good local relationships. This is not only to support awareness-raising and understanding of the service (and what it can and cannot offer), but also to ensure that challenges and issues can be resolved in a timely and effective manner.

31. There are several areas for continued action to help secure the success of the pathfinders and to maximise the lessons learned for national roll-out. These include:

    - Improving awareness and understanding of the service – by patients, the public, GP practices, and wider health care practitioners;
    - Ensuring consistency of service availability – especially in pharmacies with a dependency on locums;

- Refining the eCAS system to make it more user friendly; and
- Developing and implementing new referral pathways, particularly with out of hours services.

32. The LHBs, working with key stakeholders and partners (for example, NHS Wales Information Service), have already made or are in the process of implementing, a number of improvements to the delivery and promotion of the service to address the areas identified above.

33. Building on these improvements, we have identified nine recommendations for action we believe should be taken in response to the interim findings:

- Continue the targeted promotion of the service to patients;
- Monitor the effect of increased take-up on capacity and patient experience;
- Explore opportunities to ensure that key stakeholders involved in the delivery of healthcare are aware of the service (for example, community nurses, community hospitals);
- Ensure that any awareness-raising activity also reinforces understanding of the service;
- Raise awareness of the need for 'accredited' locums to be placed in 'Choose Pharmacy' pharmacies to support the consistency of access to the service;
- Use examples of effective practice to encourage further GP engagement;
- Increase GP practices' understanding of the service to support appropriate referrals by targeted training of practice managers and receptionists;
- Consider the merits of convening a learning session for pharmacists and GP practices – to encourage the sharing of lessons learned and effective practice; and
- Ensure that the lessons learned from the operation of the referral pathways between pharmacies and GP practices are reflected in new referral pathways.

1 Introduction

The manifesto commitment to establish community pharmacy as the first port of call for common ailments was embedded as a Programme for Government commitment in 2011. In March 2013, the Welsh Government (WG) announced its intention to launch a national common ailments service for Wales.

The new service, ('Choose Pharmacy') involves the assessment of a patient by an authorised pharmacist and the selection and supply of treatment from a list of medicines covering a defined range of common ailments (see Annex 2 for further information about the ailments in scope and associated restrictions). Patients are also referred to another health service when appropriate. Treatment supplied is free of charge to individuals. This removes the incentive for patients to visit the GP in order to receive NHS treatment for their common ailment.

The intended impacts of Choose Pharmacy include:

- Improving access to advice and treatment on common ailments;
- Making better use of pharmacists' skills and resources;
- Promoting more appropriate services in primary care; and
- Increasing capacity and resilience in primary care.

The roll out of Choose Pharmacy will follow a phased approach, incorporating evaluation into the process at each stage to help shape the national service. Roll out began in October 2013 with the implementation of pathfinders in Cwm Taf and Betsi Cadwaladr Local Health Board (LHB) areas (See annex Annex 1 for a map of the pathfinder sites).

Nineteen pharmacies are delivering the pathfinder service in Betsi Cadwaladr; they include a mix of independent and multiple outlet pharmacies and a supermarket. All 13 pharmacies within the Cynon Valley locality of Cwm Taf are involved; they are a mix of single and multiple outlet independent pharmacies (including one pharmacy with eight outlets operating the service) and larger chains.

This document sets out the interim findings of the evaluation of these pathfinders. It has been produced by ICF, which is undertaking the evaluation with advisory inputs from Dr Joseph Bush (University of Aston).

1.1 Aims and objectives of the evaluation

The aims and objectives of the evaluation are to assess the implementation and effectiveness of the pathfinder service. Specifically, exploring the extent to which Choose Pharmacy has:

- Improved access to advice on, and treatment for, common ailments from community pharmacies;
- Promoted appropriate use of GP and pharmacy resources;
- Maintained or improved quality of care and patient outcomes; and,
- Delivered a cost-effective model for the management of common ailments.

The evaluation is also required to explore and, as far as possible, establish causal links between Choose Pharmacy and any observed changes in outcomes. To inform national roll-out, the evaluation must also draw conclusions about the benefits/disadvantages of operating a national common ailment service.

The approach to the evaluation comprises of three key stages:

- **Scope and evaluation design –** to develop the evaluation framework;
- **An interim evaluation** – focused primarily on understanding the processes put in place to deliver Choose Pharmacy and whether the service has been implemented as expected; it will begin to capture outcome information; and
- **A full evaluation** - will build on the interim findings and will inform the full evaluation of the service 12 months after inception – including assessment of impact and analysis of costs and benefits.

A detailed scoping report setting out the evaluation framework was submitted to the Welsh Government in March 2014. The Choose Pharmacy logic model, which underpins the evaluation framework, is set out in Annex 3.

1.2 Evidence sources for the interim evaluation

Evidence gathered at this interim stage came from multiple sources:

- eCAS data (the pathfinder IT system) covering data relating to all Choose Pharmacy registrations and consultations undertaken between September 2013 and May 2014;
- In semi-structured interviews with pharmacists, GP practices and other stakeholders conducted between May and July 2014; and
- A qualitative survey of pharmacists and GP practices conducted in July 2014.

1.2.1 Engagement with stakeholders

All pharmacists delivering the Choose Pharmacy service were invited to participate in a semi-structured telephone interview. All GP practices from the Betsi Cadwaladr pathfinder areas and seven GP practices (selected by the LHB) from the Cwm Taf pathfinder were also invited to participate in a telephone interview (see Annex 4 for a copy of the interview topic guides). Interviewees were self-selecting. Only a limited number of pharmacists and GP practices opted to participate in a semi-structured telephone interview. In response, two on-line surveys were developed to capture qualitative evidence - one for pharmacists, the other for GP practices (see Annex 4 for the survey questions). Pharmacists and GP practices that had not responded to the initial round of invitations to participate in a telephone interview, and those that had expressed a willingness to send feedback via an email were invited to complete the on-line survey.

In total, 13 pharmacists and five GP practices participated in a telephone interview or completed the on-line survey. Four additional interviews were undertaken with representatives from the pathfinder health boards and Community Pharmacy Wales. (Table 1.1). Interviews were conducted between May and July 2014,

Table 1.1 Summary of stakeholders involved in the interim evaluation

	Betsi Cadwaladr		Cwm Taf		Total
Stakeholder type	Telephone interview	On-line survey	Telephone interview	On-line survey	
Pharmacy (Chain)	4	0	5	2	**11**
Pharmacy (Independent)	2	0	0	0	**2**
GP practice	1	0	2	2	**5**
Other	3	0	1	0	**4**
Total	**10**	**0**	**8**	**4**	**22**

1.2.2 Limitations of the interim findings

The limited number of pharmacists and GP practices involved in the interim evaluation research were self-selecting. Furthermore, willingness to participate in the research could suggest greater engagement with the service amongst participating practices than in non-participating practices. Therefore, the qualitative findings set out in this report are not representative of all of the pharmacists and GP practices involved within the pathfinders.

The findings relating to patient engagement with the service are informed by analysis of the eCAS data and interviews with pharmacists, GP practices, the LHBs and Community Pharmacy Wales (CPW). The full evaluation will include patient reported evidence. Patients are being recruited by several methods:

- A short patient survey has been developed and is available currently in pharmacies and GP practices. The survey also invites patients to participate in further research.
- We will also seek to recruit patients through existing patient forums – working closely with the LHBs and GP practices.

Through the qualitative and quantitative research with patients we will explore patient behaviours, motivations and preferences for using Choose Pharmacy and/or visiting the GP practice for advice and treatment for common ailments. This will include, for example, exploration of the circumstances in which patients are more or less inclined to use Choose Pharmacy, and whether different levels of patient satisfaction with or repeat use of Choose Pharmacy are influenced by the outcomes of their engagement with the service.

1.3 Structure of report

The remainder of this report is structured as follows:

- **Section 2** examines the preparation and initial implementation of Choose Pharmacy.

- **Section 3** examines pharmacy activity and engagement with Choose Pharmacy to date – including an assessment of the volume and type of consultations undertaken, the most common ailments presented and the outcomes of the consultations; variations in pharmacy engagement with the service and areas for development to support the day-to-day delivery of the service.
- **Section 4** examines GP practice engagement with Choose Pharmacy to date and referral pathways – including drivers and barriers to GP engagement and referral of patients to the service; and evolving referral pathways.
- **Section 5** examines patient engagement with Choose Pharmacy to date – including an assessment of the profile of patients using the service; trends in the ailments presented; and drivers and barriers to patient engagement.
- **Section 6** examines early outcomes emerging from the initial nine months of the service's operation.
- **Section 7** presents the conclusions from the findings presented in the preceding sections and sets out recommendations for the continuous improvement of the pathfinder service.

Colour-coded quotes from pharmacists and GP practices are included within sections two to six. Quotes from pharmacists are colour-coded blue, and quotes from GP practices are colour-coded in purple.

2 Preparing and implementing the service

This section presents the findings from the qualitative research with stakeholders on the preparation and initial launch of the Choose Pharmacy service.

The pathfinder sites were confirmed in December 2012. The Welsh Government (WG) met with key stakeholders, including the pathfinder Local Health Boards (LHBs) and Wales Centre for Pharmacy Professional Education (WCPPE), in February 2013 to design the pathfinders and establish the activities required to prepare for the launch. Subsequently, the Choose Pharmacy Project Group, comprising the LHBs' Choose Pharmacy Project Managers, WG, and NHS Wales Information Service (NWIS), led the development and implementation of the pathfinder service. They continue to oversee the operation of the service.

The LHB Choose Pharmacy Managers have been instrumental in preparing for the pathfinders. Their roles have included:

- Designing the service model; the Choose Pharmacy IT system (eCAS) and promotion material with other members of the Project Group;
- Developing and delivering training for pharmacists;
- Working with GPs and Pharmacists (through task and finish groups and focus groups), and primary care colleagues within the LHB to design the implementation of the service; and,
- Recruiting pharmacies to deliver the pathfinder service.

2.1 Preparing for the service

2.1.1 Initial commitment to delivering the service

Uncertainties meant that some pharmacies were initially reluctant to commit to delivering the service. Given the pathfinder status of the service, the recruitment of pharmacies necessarily commenced while the service model and fee structure were still being developed. As such, many pharmacists / pharmacy contractors considered that there was insufficient information to enable pharmacists to make an informed decision about delivering the service and entering into contractual arrangements. Community Pharmacy Wales (CPW) provided support to pharmacists and worked in partnership with the LHBs and the WG to resolve concerns. The majority of pharmacies made tentative Expressions of Interest in the first instance – confirming their involvement once the design and contractual arrangements had been finalised.

Stakeholders, including pharmacists, noted that the evidence captured from the pathfinders should prove invaluable to the recruitment of pharmacies when the service is rolled out nationally. The evidence will reduce uncertainty, helping pharmacists to decide whether to deliver a common ailments service. Stakeholders considered that guidelines on average consultation times, concerns about high demand/being inundated when the service is launched and the types of common ailments that are seen regularly will be particularly helpful to support decision making.

2.1.2 *Alignment with existing pharmacy services*

Pharmacists considered that it was a natural move to extend their offer to delivering the Choose Pharmacy service – but involvement in the decision to participate varied. The majority of the pharmacists interviewed were already delivering advanced and enhanced services, including the supply of emergency hormonal contraception via patient group directions, smoking cessation services, flu vaccinations and medicine use reviews. The foundations and infrastructure (specifically, a consultation room) were therefore in place to deliver the new service. Pharmacists reflected on their involvement in the pathfinders – they were enthusiastic about the service and considered it to have value**.**

Despite valuing being involved in the pathfinders, pharmacists' involvement in the decisions to deliver the service varied. This was particularly the case for pharmacists from 'chain' pharmacies. Some reported limited involvement – typically where it was a decision made by the head office. Others reported greater involvement, including working closely with head office and the LHB. Pharmacies reporting limited involvement in the decision making process were typically small and were less likely to be promoting the service proactively.

2.1.3 *Communication about the launch of the service*

The launch of the service was delayed – with some uncertainty as to why this was the case. Challenges associated with information governance and developing patient group directions[1] led to delays (of several months) in the launch of the service. Several pharmacists reported that they had been frustrated by the delays, in part due to being unaware of the causes, but also because of the effect on preparation for delivery and promotion of the service. A limited number of pharmacists believed that the communication about the delays could have been more effective. However, they noted that the quality of the communication and support provided once the launch dates had been confirmed overcame their initial frustration.

2.2 The launch of the pathfinders

All stakeholders interviewed expressed positive views about the initial roll-out of Choose Pharmacy. They considered that the launch of the pathfinders proceeded effectively with a limited number of challenges – in part due to fit for purpose training and support, and IT infrastructure, but also due to the 'soft launch' of the service.

2.2.1 *Support and training*

The quality of the support and training provided by the LHBs was instrumental to the effective implementation of the service.

Support and training took a variety of forms. Pharmacists attended evening training sessions on the IT system, the implementation timetable and 'how to do a consultation' under the service. They also received an eCAS manual

[1] Written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

produced by NWIS, and guidance on service specifications. Both were considered to provide a good starting point - helping to cement a clear and shared understanding of roles and responsibilities, and the aims and objectives of the service. Pharmacists were required to confirm (via signature) that they had reviewed and understood the guidance, their role and responsibilities and the service specification - one pharmacist noted that this helped *"to make sure that everyone is operating the service as intended".* A minority of pharmacists subsequently cascaded the training to colleagues within their branches.

The LHB also delivered briefings and one-to-one training for pharmacists to supplement the initial training and/or extend the reach to those pharmacists that had not attended the initial training. They also delivered briefings to GP practices and produced a 'Choose Pharmacy' tool kit for GPs. However a minority of pharmacists considered that there would have been value in providing training (in addition to awareness-raising) to GP practices – including for GPs, Practice Managers and Receptionists.

"The training information and support from the LHB was excellent – we knew where we were going and what was happening – we knew someone was there to help"

Pharmacist

"Everyone felt prepared in the areas - the LHB informed the GP surgery about the schemes, they [GPs] have been very keen on the service"

Pharmacist

2.2.2 Ease of use of the IT system (eCAS)

Pharmacists emphasised the relative ease of use of the eCAS system as a particularly successful feature of the roll-out.

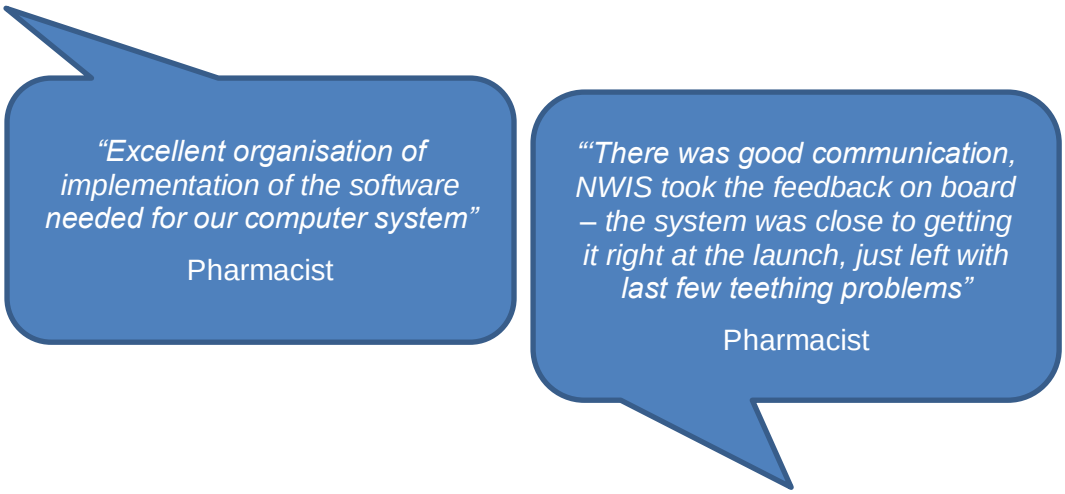
Several pharmacists reported testing the system via an on-line portal prior to the service going live. This pre-launched testing enabled pharmacists to become familiar with the service specifications by testing the system with different patient scenarios.

"'It's [eCAS] worked really well actually, it has been quite successful with the way it's set up and works – it's the first time we have been able to link to the NHS "spine"

Pharmacist

"'It's [eCAS] a new system but it's been easy to use"

Pharmacist



Despite the positive views of the eCAS system, some pharmacists considered that the log-in process led to teething problems and delays. The process involves two log-in details (one for the pharmacy, the other for the pharmacist). In some cases pharmacists changed the pharmacy password rather than their own, which led to minor delays in gaining access. Pharmacists also perceived the user names and passwords to be overly complicated; they acknowledged the need for high security, but considered the log-in process to be uneccessarily time consuming.

The IT support available from NWIS was welcomed, but a minority of pharmacists noted that, initially, they had difficulties 'getting to the right person' – someone who was familiar with eCAS and could provide specific support with the system. To address this, clear and effective IT support pathways were established to ensure that queries for IT support are directed to the most appropriate people within the IT support team.

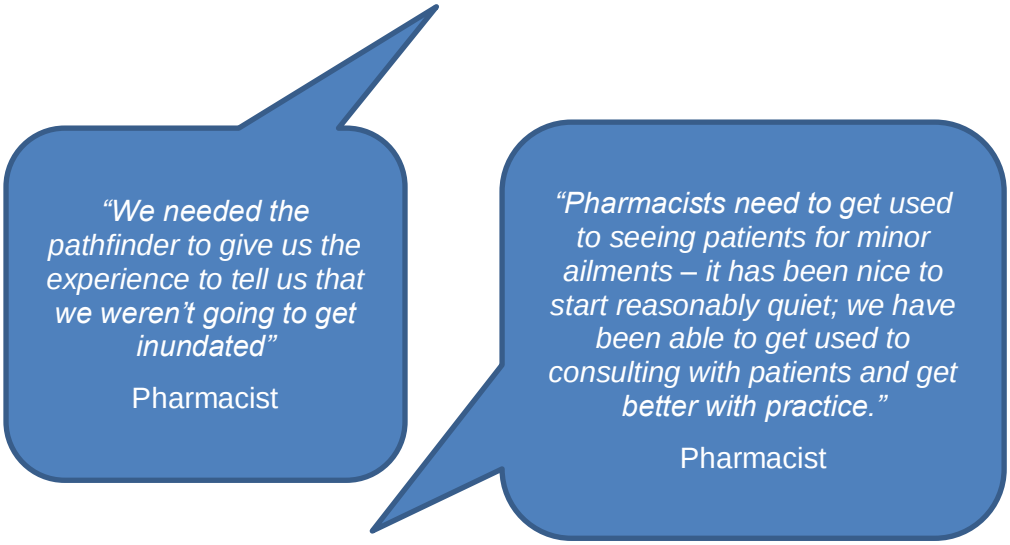
2.2.3 Promotion of the launch of the service

The 'soft launch' and limited promotion of the pathfinders was considered appropriate, although it did lead to low early uptake of the service.

Pharmacists expressed concern that there might be a high demand for the service when it was first launched – at the same time that they were first using, in real time, the eCAS system. To help address this concern, the promotion of the service was intentionally limited.

There was consensus that this 'soft launch' was appropriate. All stakeholders interviewed considered that the soft launch enabled the service to 'bed-in' without the pressure of having to respond to high demand. Stakeholders from Betsi Cadwaladr also acknowledged that it would have been a challenge to promote the service widely given that it was not universally rolled out to all pharmacies within the LHB area.

The downside of the approach was that limited promotion of the service resulted in low demand. All stakeholders therefore considered that the roll-out of a national service would benefit from targeted awareness raising activity from the outset.



Pharmacies within and across both pathfinder areas varied in their approach to initial promotion activities. The majority displayed posters and leaflets produced by the WG and LHBs. A limited number of the pharmacists interviewed adopted a more proactive approach to publicising the service – this included:

- Inserting Choose Pharmacy leaflets in prescription bags; and
- Targeted awareness-raising through discussions with patients who submitted a prescription for a treatment for a common ailment from the GP.

Several pharmacists interviewed had chosen not to promote the service (beyond displaying posters) due to concerns about the lack of capacity to respond to the potential demand for the service. This approach was most common in pharmacies with only one pharmacist.

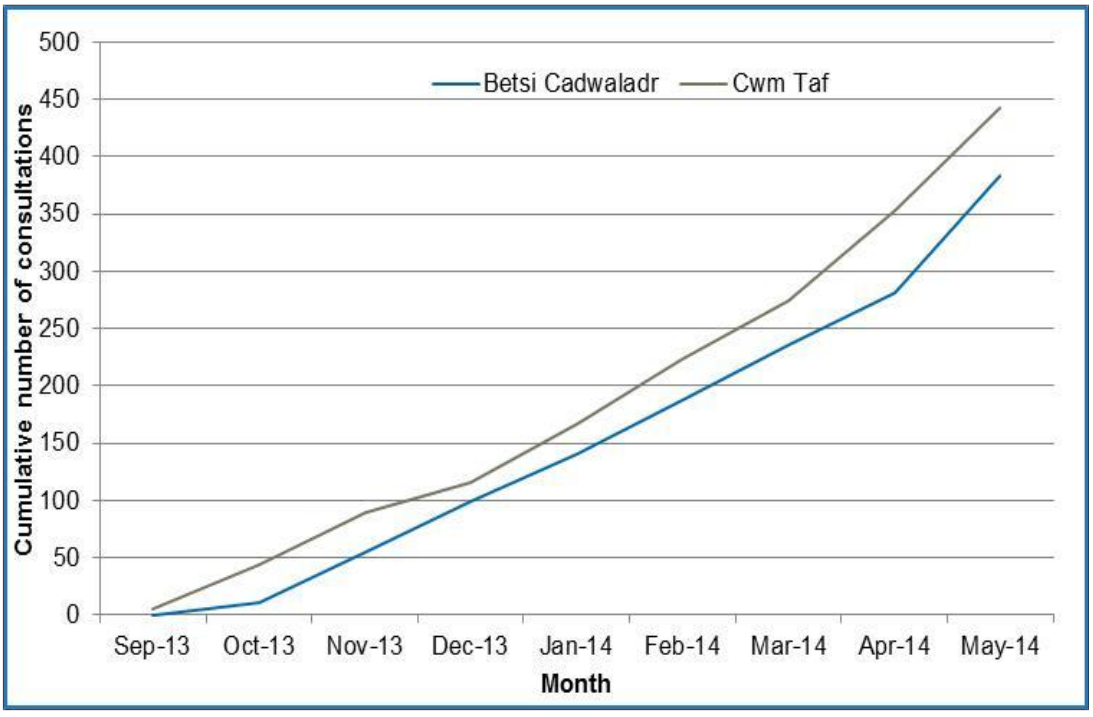
3 Pharmacy activity and engagement

This section examines pharmacy activity and engagement with Choose Pharmacy to date. It includes an assessment of the volume and type of consultations undertaken, the most common ailments presented and the outcomes of the consultations, and variations in pharmacy engagement with the service. Areas for development to support the day-to-day delivery of the service are also identified.

3.1 Initial demand for the service

Initial demand for the service was lower than expected, but there has been a recent increase. 827 consultations have been undertaken through the service up until the end of May 2014 – with a slightly higher proportion of consultations being undertaken in Cwm Taf (443, 54%), compared with Betsi Cadwaladr (384, 46%) (Figure 3.1). This variation between the two pathfinders can be explained by the phased roll-out of the service in Betsi Cadwaladr, which resulted in a lower number of consultations in this locality in the first couple of months of the service's operation.

Figure 3.1 Cumulative Choose Pharmacy consultations to May 2014, broken down by pathfinder site



Source: eCAS data

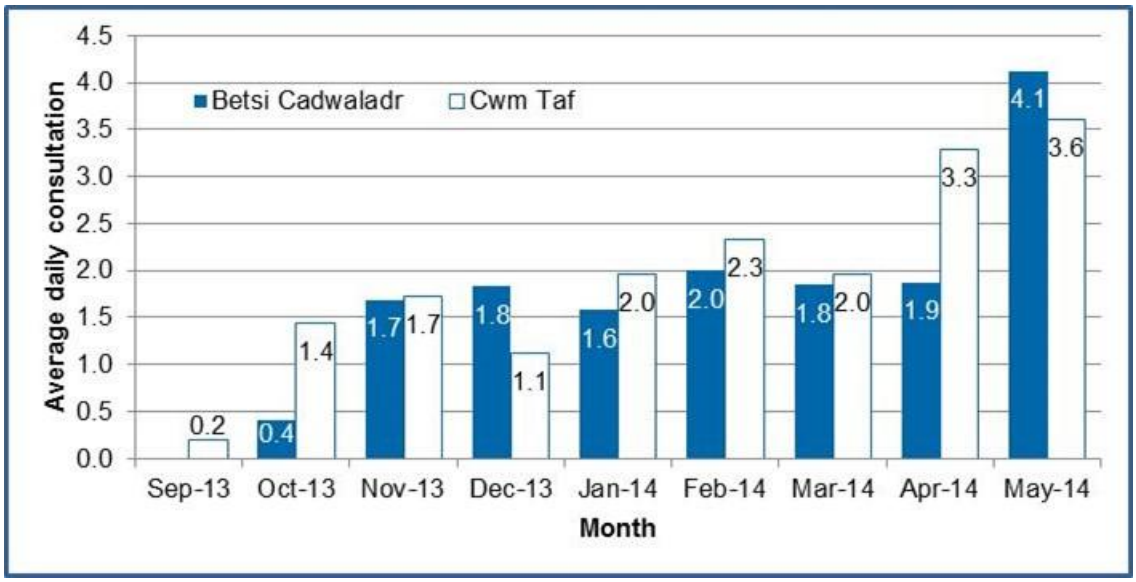
The number of consultations per month in Cwm Taf has varied over time, with a small decrease in consultations, followed by an increase thereafter. A sharp rise in consultations occurred in April (rising to 79 consultations compared with 51 consultations in March), with a further but smaller increase in May. The cumulative total in Betsi Cadwaladr has increased more consistently, with a similar number of consultations carried out each month, until May 2014, when the number of consultations rose sharply (103 compared with 45 in April). The sharp increases in the number of

consultations during April and May corresponds with an increase in proactive promotion of the service, particularly by GP practices (see section 4.3 for further information). This rise in demand could also be due to seasonal changes in demand for pharmacy services and over the counter sales, for example, for hay fever.

3.1.2 *Average number of consultations*

The average number of consultations per working day varies across the two pathfinders. Both pathfinder areas experienced an initial increase in the number of consultations per day in the first two months of the service's operation (Figure 3.2). In Betsi Cadwaladr, the average number of consultations per day remained relatively constant between November 2013 and April 2014 (between 1.6 and 2.0 consultations per working day). In Cwm Taf, the average number of daily consultations has been much more variable, from 1.1 in December 2013 to 2.3 in February 2014. The average number of consultations have risen substantially in April (in Cwm Taf) and May (in both areas) 2014 – rising to 4.1 in Betsi Cadwaladr, and 3.6 in Cwm Taf.

Figure 3.2 Average daily consultations per month to May 2014, broken down by pathfinder site



Source: eCAS data

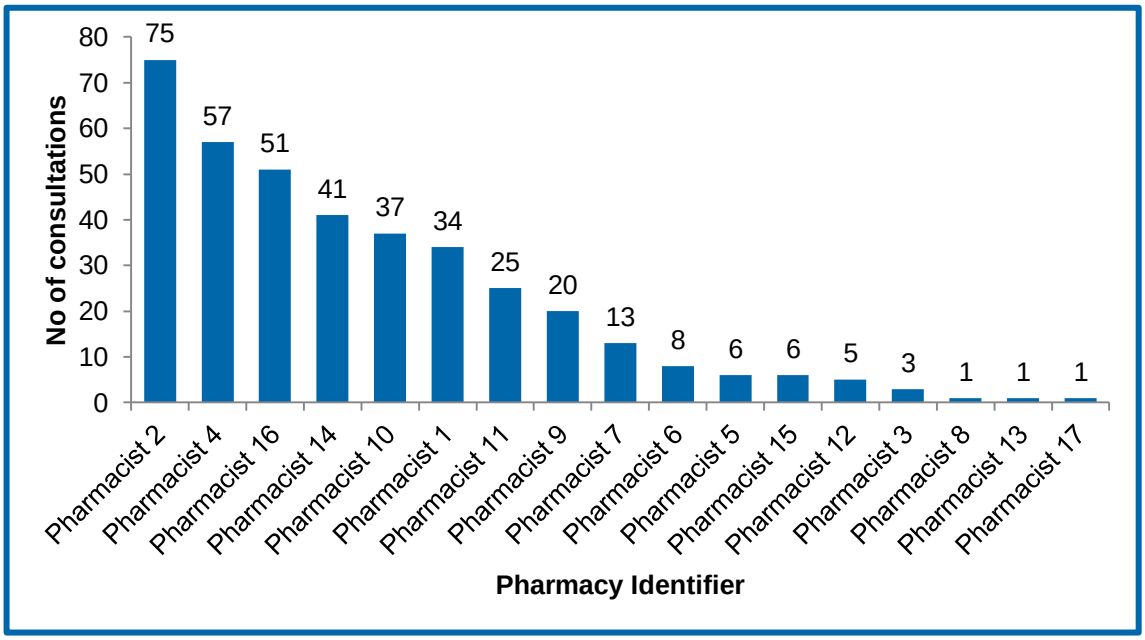
3.1.3 *Pharmacy activity*

Pharmacy activity varies across each pathfinder areas – with a significant proportion of consultations being undertaken by a minority of pharmacies.

The median number of consultations per pharmacy for the service as a whole is 19.5. However, the distribution of consultations is uneven: 50% (418) of all consultations were undertaken by six pharmacies, three in each pathfinder area (Figure 3.3 and Figure 3.4) – with these pharmacies having undertaken between 50 and 104 consultations between September 2013 and May 2014. In contrast, ten pharmacies have undertaken less than 10 consultations during the same period – seven (out of 17 pharmacies) in Betsi Cadwaladr and three out of 13 pharmacies in Cwm Taf. The variation in activity most likely reflects the different levels of engagement by pharmacists, particularly

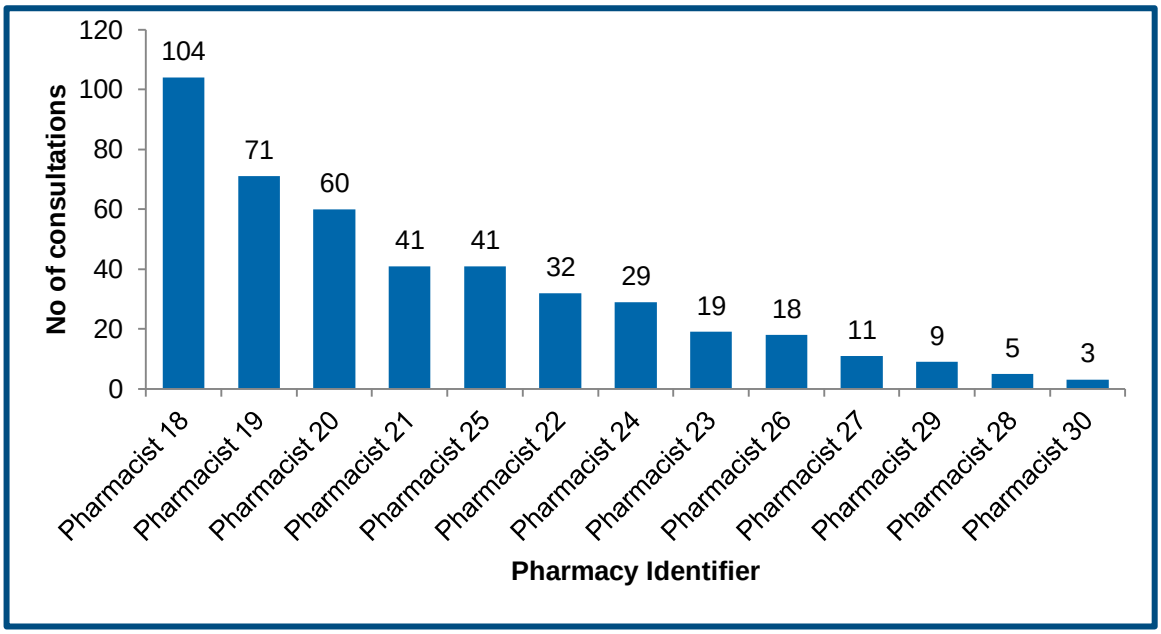
with respect to promotion of the service (see section 3.3.2 for further information), as well as variation in GP engagement with the service (see section 4.2 for further information).

Figure 3.3 Number of consultations per pharmacy, Betsi Cadwaladr



Source: eCAS data

Figure 3.4 Number of consultations per pharmacy, Cwm Taf



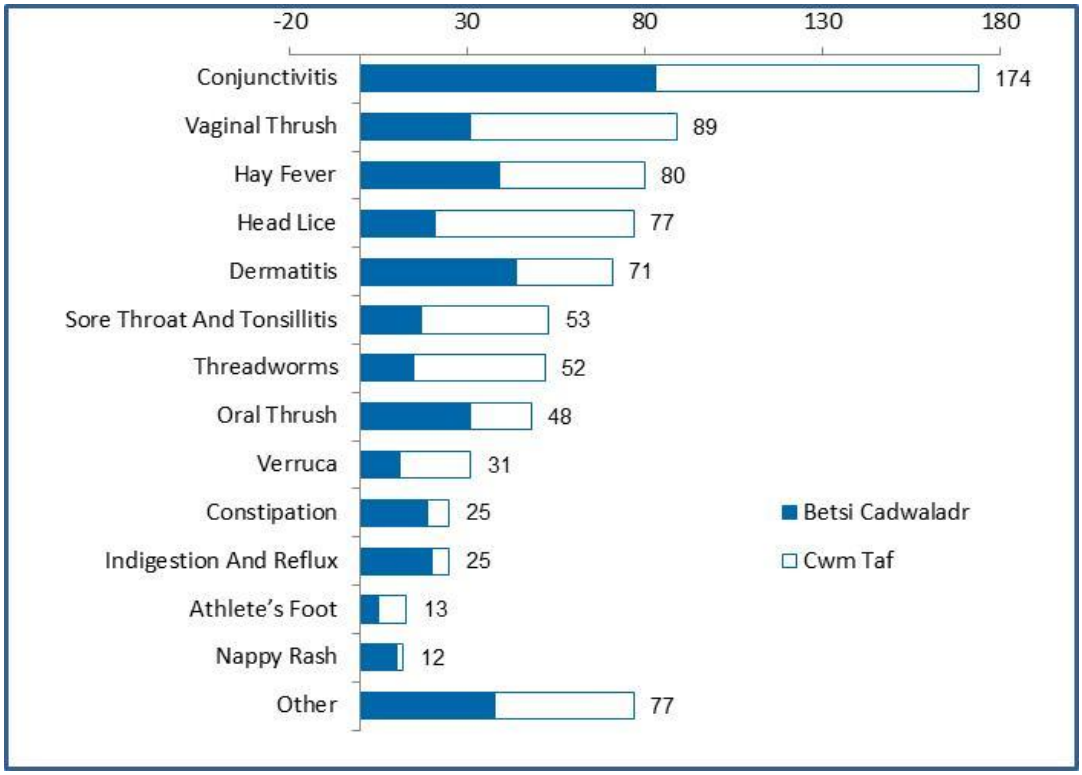
Source: eCAS data

3.2 The types of aliments most frequently presented to the pharmacist

The top five ailments most frequently presented to the pharmacist account for the majority of consultations have been undertaken for 24 of the 26 common ailments in scope for the service (Figure 3.5) – with the top five most

common ailments accounting for 59% (491) consultations. The most common condition across both pathfinders was conjunctivitis, it accounting for 21% (174) of all consultations.

Figure 3.5 Volume of consultations by type of ailment, broken down by pathfinder site



Source: eCAS data

3.2.2 The top five common ailments presented

The most common ailments presented by patients have varied slightly over time – largely due to seasonal effects. Patients presenting the symptoms of hay fever became much more common in April and May. However the other top five most common ailments were presented in the majority of months, with no pattern being evident over time (Table 3.1).

Table 3.1 **Most common ailments presented each month** (top five common ailments are highlighted in blue)

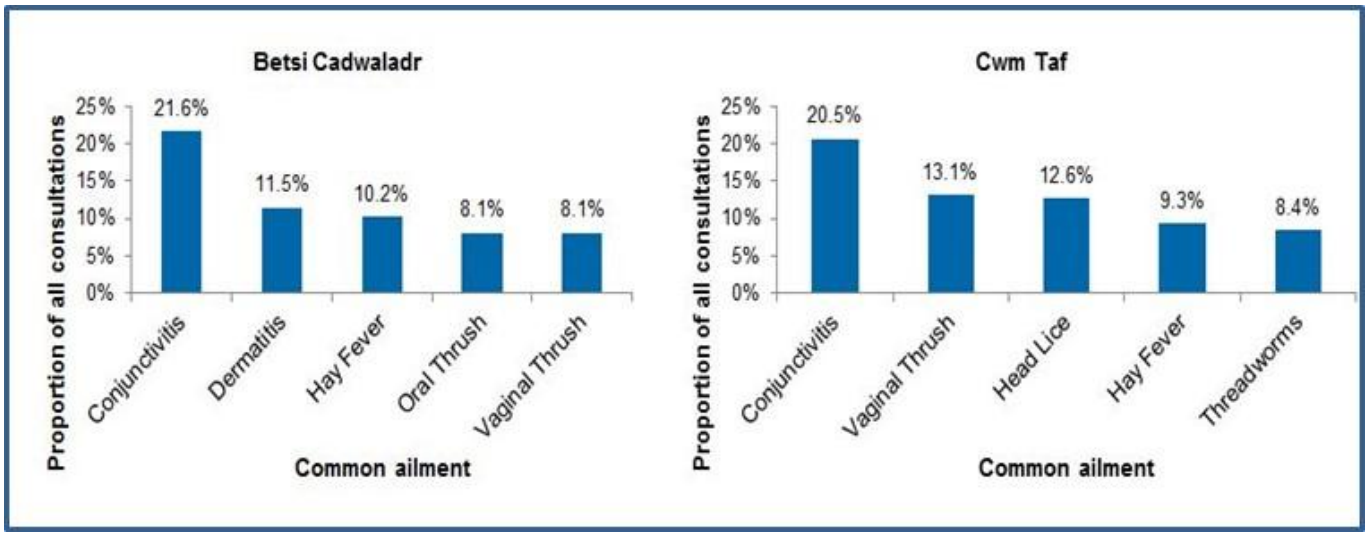
Rank	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14
1	**Threadworms** 2, *40%*	**Head Lice** 9, *18%*	**Conjunctivitis** 22, *25%*	**Conjunctivitis** 25, *35%*	**Conjunctivitis** 16, *17%*
2	**Backache** 1, *20%*	**Sore Throat** 7, *14%*	**Dermatitis** 11, *12%*	**Dermatitis** 11, *15%*	**Threadworms** 13, *14%*
3	**Conjunctivitis** 1, *20%*	**Vaginal Thrush** 7, *14%*	**Vaginal Thrush** 11, *12%*	**Threadworms** 8, *11%*	**Vaginal Thrush** 11, *12%*
4	**Vaginal Thrush** 1, *20%*	**Conjunctivitis** 6, *12%*	**Oral Thrush** 9, *10%*	**Vaginal Thrush** 5, *7%*	**Dermatitis** 8, *9%*
5		**Dermatitis** 3, *6%*	**Head Lice** 6, *7%*	**Sore Throat** and **Indigestion** 4, *6%*	**Head Lice** and **Sore throat** 7, *8%*

Rank	Feb-14	Mar-14	Apr-14	May-14
1	**Conjunctivitis** 27, *26%*	**Conjunctivitis** 20, *20%*	**Conjunctivitis** 19, *15%*	**Hay Fever** 56, *29%*
2	**Head Lice** 18, *17%*	**Vaginal Thrush** 13, *13%*	**Hay Fever** 19, *15%*	**Conjunctivitis** 38, *20%*
3	**Vaginal Thrush** 11, *11%*	**Head Lice** 10, *10%*	**Head Lice** 16, *13%*	**Vaginal Thrush** 16, *8%*
4	**Oral Thrush** 8, *8%*	**Dermatitis** 9, *9%*	**Vaginal Thrush** 14, *11%*	**Oral Thrush** 12, *6%*
5	**Sore Throat** 7, *7%*	**Threadworms** 8, *8%*	**Sore Throat** and **Dermatitis** 12, *10%*	**Dermatitis** 12, *6%*

3.2.3 *Common ailments presented in each pathfinder area*

The two pathfinder areas vary in the most common ailments presented to the pharmacist. Conjunctivitis, vaginal thrush and hay fever are frequently presented across both areas. Dermatitis and oral thrush were more common in Besti Cadwaladr, whereas head lice and threadworms were more common in Cwm Taf.

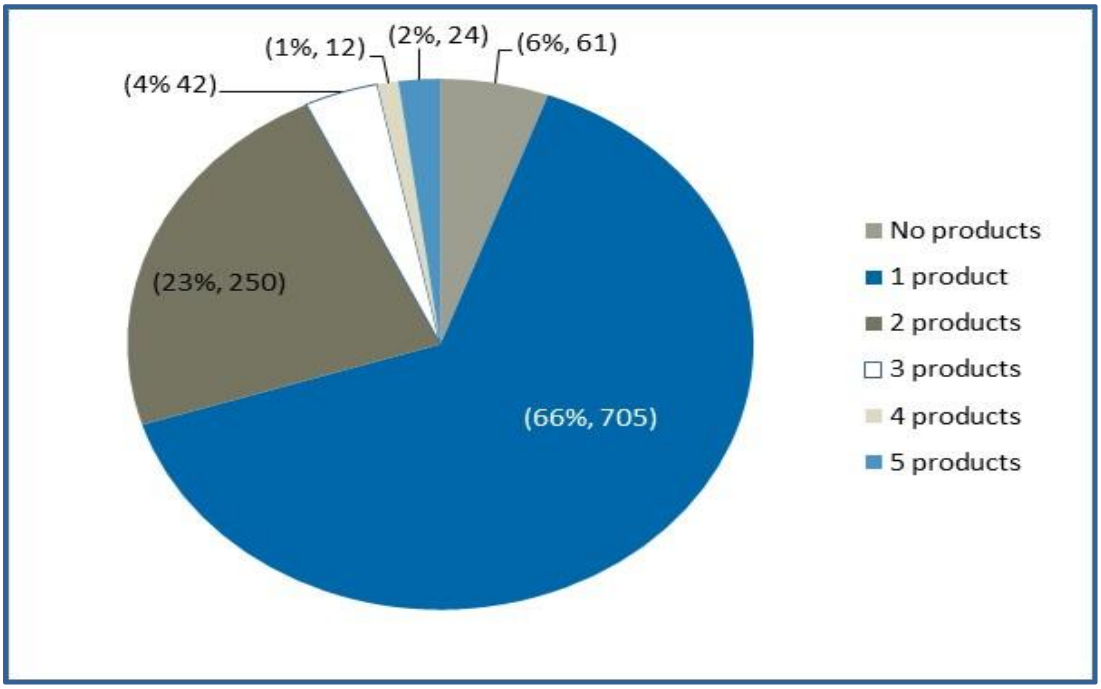
Figure 3.6 Most common five ailments in each pathfinder site



3.2.4 Number of products per consultation

The majority of consultations resulted in treatment with one product. 1,072 items of medication have been issued through CAS. These were issued in 780 (94%) consultations– with a single item being dispensed in the majority of consultations (Figure 3.7).

Figure 3.7 Volume of treatments dispensed following a consultation

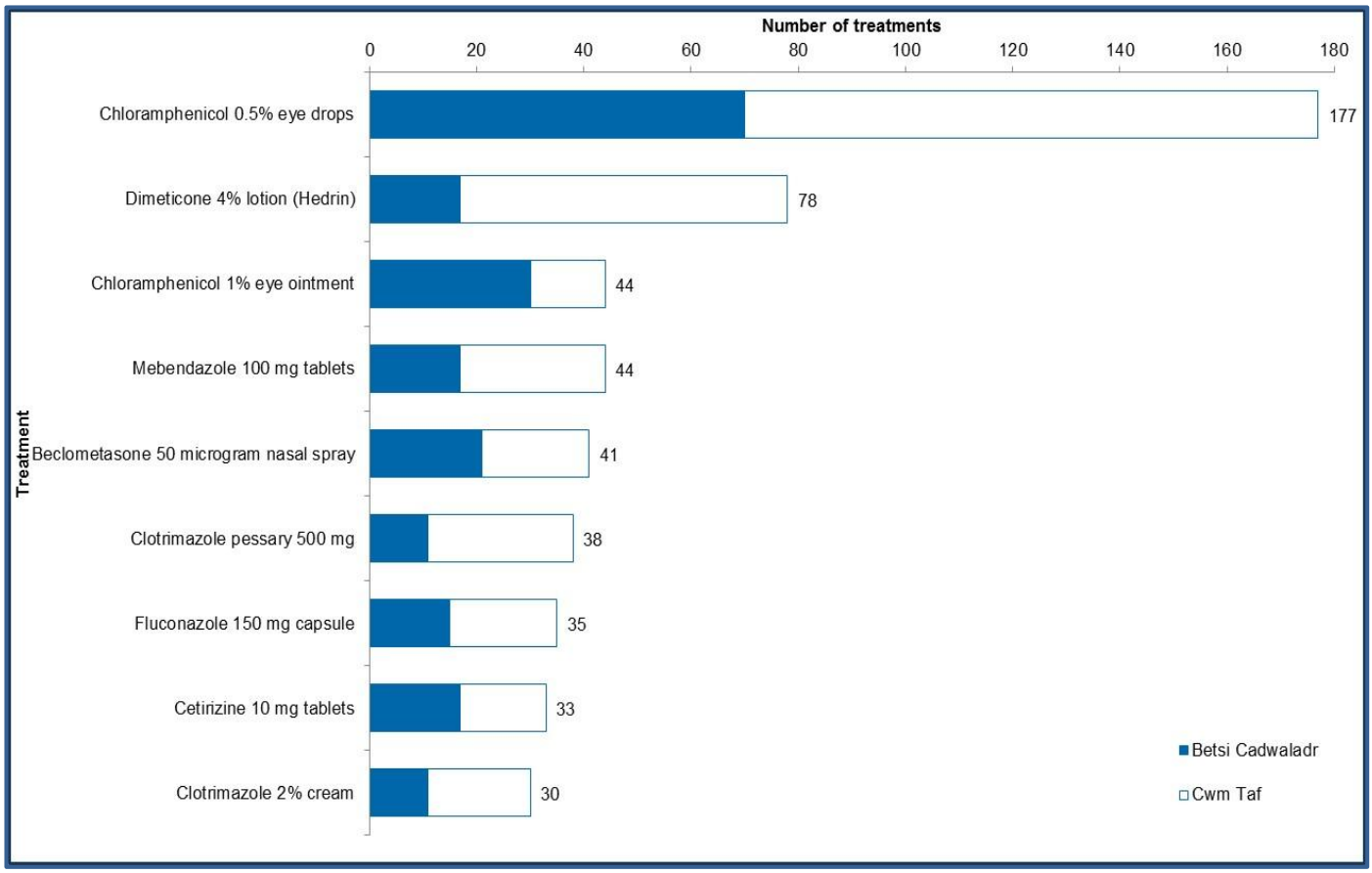


Source: eCAS data

There is no pattern to which ailments were more or less likely to result in no treatment – with the consultations which resulted in no prescription being for the same ailments as those which did receive a prescription (for example conjunctivitis and vaginal thrush). The most commonly prescribed treatments

are those which are indicated for the most common ailments[2] – specifically, conjunctivitis, hay fever, head lice, vaginal thrush and worms (Figure 3.8).

Figure 3.8 Most common treatments prescribed, broken down by pathfinder site



Source: eCAS data

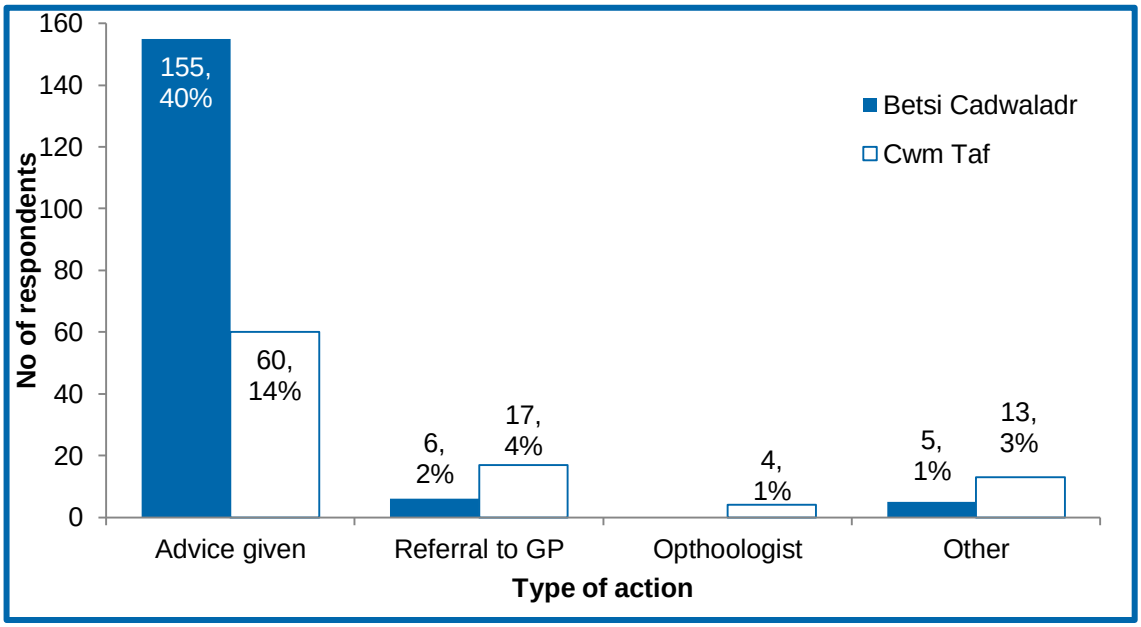
3.2.5 Referrals from the service to other health care professionals

Few patients have been referred to other healthcare practitioner following a consultation – suggesting that the majority of ailments presented can be dealt with through the service. The eCAS system allows pharmacists to select one of four options for the action taken (in addition to whether treatment was prescribed). These options include: the provision of advice; referral to a GP; referral to an ophthalmologist; or 'other' action. Pharmacists reported providing additional action in 260 consultations (31% of all consultations). The majority of the additional action has been to provide advice to the patient (Figure 3.9) – given that this is a core element of the service some pharmacists will not have identified 'advice' as further action. If advice is excluded, only 45 consultations resulted in additional action (5% of all consultations) – 23 of which involved referral to a GP and 18 resulting 'other action'. Pharmacists also noted that they had referred few patients back to

[2] See Annex 6 for the treatments prescribed during consultations for advice and treatment for each common ailment

the GP for reasons other than inappropriate initial referrals (see section 4.3.2).

Figure 3.9 Additional action provided by the pharmacist, broken down by pathfinder site



Source: eCAS data

3.3 The operation of the service over time

3.3.1 Consultation duration

The duration of consultations vary but a trend for shorter consultations has emerged as the service has embedded. A similar pattern with respect to consultation duration is observed in each pathfinder area (Figure 3.10 and Table 3.2).

Table 3.2 Median duration of consultations to May 2014

	Duration of consultation	
	Range	**Median**
All consultations	24s – 19 mins 26 secs	4 mins 20 secs
Betsi Cadwaladr	25s – 17 mins 18 secs	4 mins 20 secs
Cwm Taf	24s – 19 mins 26 secs	4 mins 16 secs

While the median duration of a consultation was four minutes and twenty seconds, some pharmacists interviewed reported that consultations often lasted between 10 – 15 minutes, in part due to the time required to input data on e-CAS. The consultation length affected capacity and resulted in caution about promoting the service.

"Consultations can be quite time consuming - it takes about 10- 15 minutes"

Pharmacist

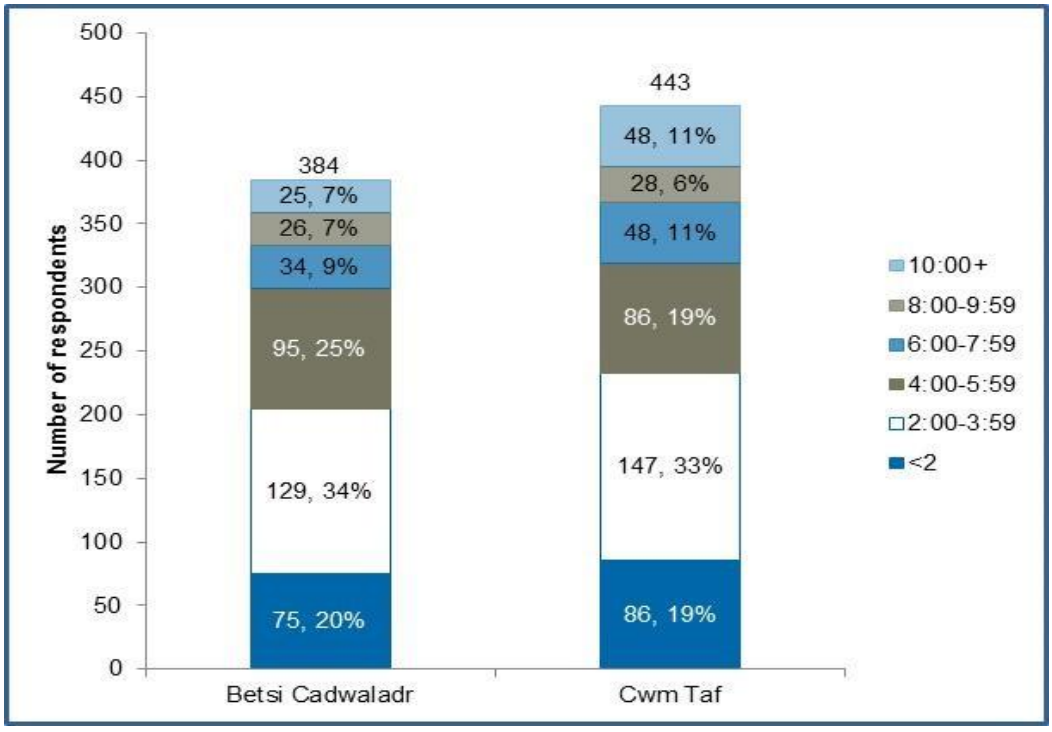
"Time to complete a consultation was slightly unexpected – takes longer than usual because of everything involved, usually about 10-20 minutes"

Pharmacist

"Takes 15 minutes per consultation – it takes time away from other patients"

Pharmacist

Figure 3.10 Duration (in minutes) of consultations to May 2014



Source: eCAS data

The median duration of a consultation remained largely unchanged between October 2013 and March 2014, between 4 minutes twenty seconds to five minutes and 14 seconds (Figure 3.11). However, a trend for shorter consultations has emerged during April and May (two minutes and eight seconds and two minutes and 13 seconds, respectively). This could suggest that consultation duration has decreased as pharmacists gained more experience in delivering the service.

"Delivery keeps getting better as time has gone on because staff are more familiar with the service"

Pharmacist

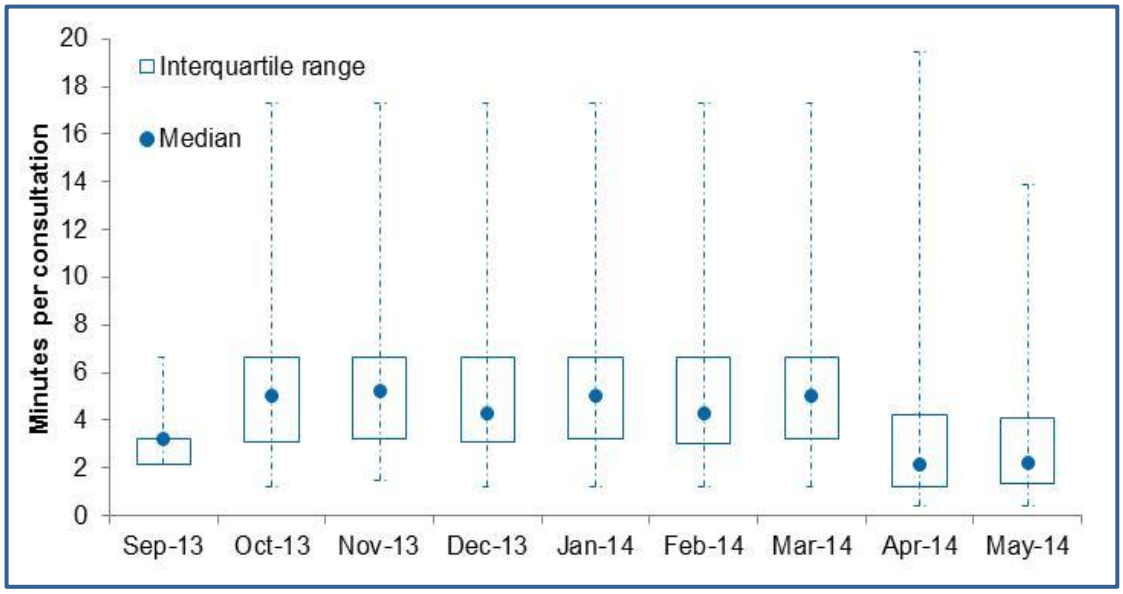
"I am more familiar with the IT system and the ailments now so there is less need to check paperwork – as a result I am quicker at delivering the consultations than I was in October"

Pharmacist

"It's time consuming when you first go through the service"

Pharmacist

Figure 3.11 Variation in consultation duration over time



Source: eCAS data

3.3.2 *Pharmacy approaches to promoting the service*

Pharmacists are increasingly adopting more proactive approaches to promoting the service – but some consider that they have a limited role in raising awareness.

Pharmacists have continued to display posters and leaflets within the pharmacy, with increasing numbers promoting the service (and the conditions in scope and age restrictions for treatment) to patients who submit a prescription from a GP for a common ailment, and, in some cases, other customers such as young mothers.

Several pharmacies are also promoting the service with GPs. Examples include pharmacy managers and practice support pharmacists visiting GP

practices to discuss the service – typically speaking with practice managers, but also with the GPs and receptionists. However, other pharmacists noted that despite attempts, some GP practices were unwilling to engage (see section 4.2). Several pharmacists are also promoting the service with other health care professionals, including ophthalmologists and community nurses.

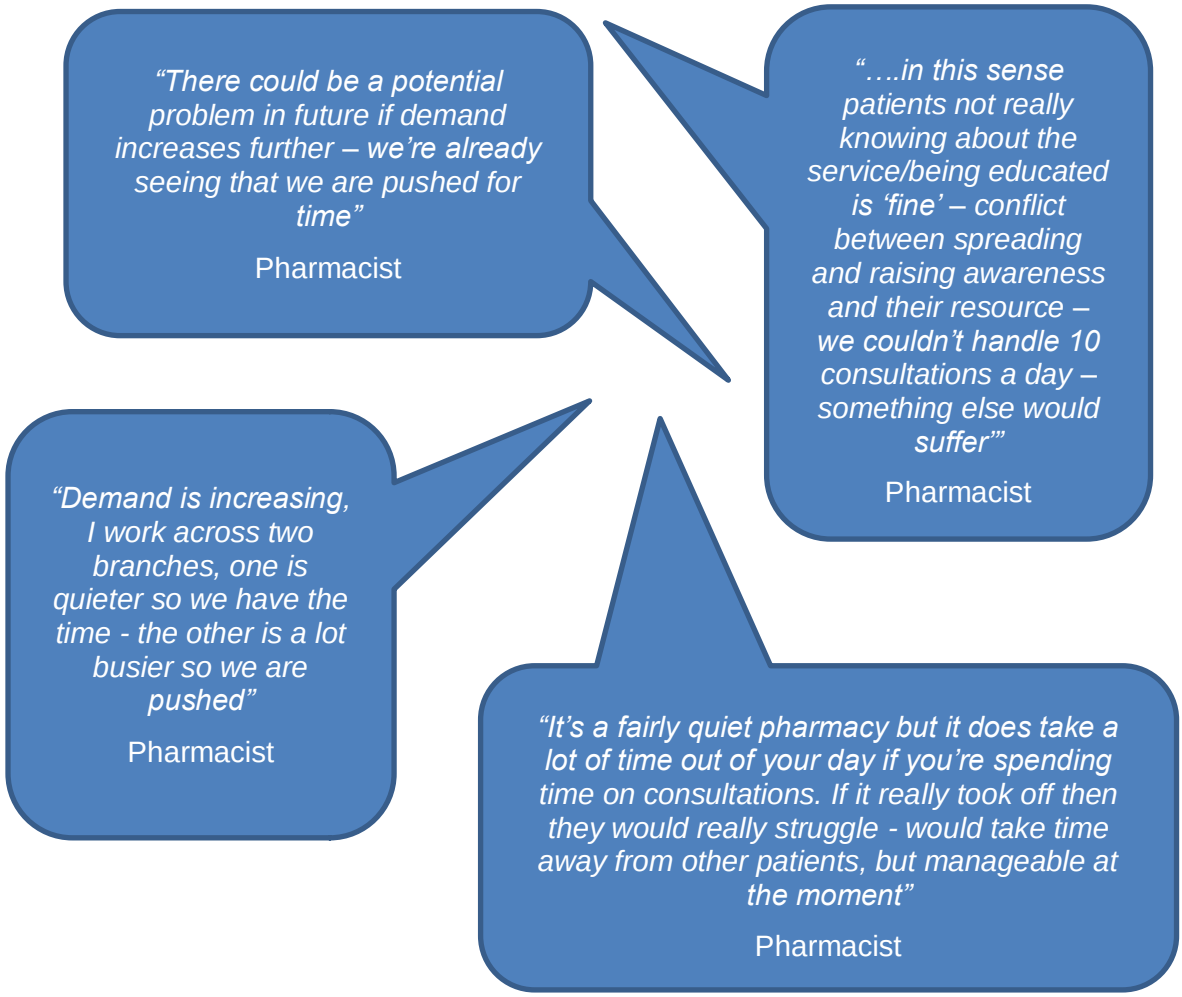
A minority of pharmacists interviewed had continued to limit promotion of the service – the primary rationale being the limited capacity of the pharmacy (and the associated opportunity cost of undertaking consultations compared with responding to other customers). Furthermore, several pharmacists considered that it was more appropriate for GP practices to create the demand for the service (in part because it was reducing demand on GP time, but also because of the universal eligibility for free prescriptions).

Limited data exists currently to assess the impact of the different promotion activities undertaken by pharmacists. Anecdotally, one GP noted "*Few patients have mentioned being aware [of the service] as a result of pharmacists telling them/ leaflets in pharmacies – 'there are so many posters in pharmacies, unless you're looking for it you just won't notice it'.* One pharmacist noted that only a couple of patients had used the service because they had picked up leaflets in the pharmacy. However, stakeholders considered that the awareness-raising with GPs (undertaken by the pharmacists) had helped to embed the service and enhance the support and broader awareness-raising activity undertaken by the LHBs.

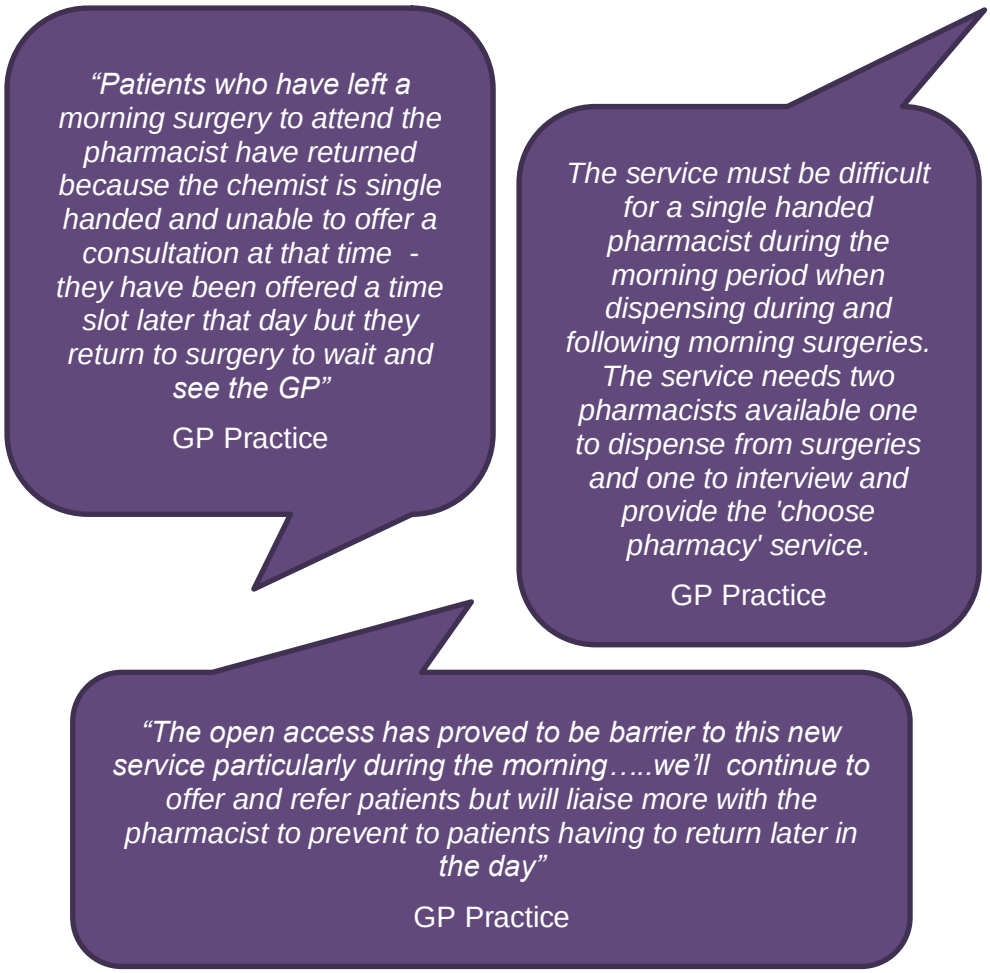
3.3.3 Pharmacy capacity to deliver the service

Capacity and dependency on locum pharmacists affect access to the service. Pharmacists expressed mixed views about their capacity to deliver the

service. The majority, especially in the cases where the pharmacy had two pharmacists, considered that the current volume of consultations was manageable. However there was a high degree of consensus that increasing demand was likely to present challenges to delivery – particularly during busy dispensing times. In this respect, pharmacists also noted the tension between promoting the service proactively and capacity to respond to high demand.



Capacity issues could affect patient access and satisfaction – and the reputation of the service. Indeed, one GP practice noted that patients attending during open surgeries are offered a Choose Pharmacy promotional card but often declined visiting the pharmacy during the morning period. This is often because on previous visits, the pharmacist has been too busy dispensing to offer a consultation. GPs highlighted that this often resulted in patients 'losing faith' in the service and reverting back to attending the GP practice – even when the pharmacist had offered to undertake the consultation later in the day. Several GP practices were working closely with the pharmacy to help manage this, by for example, highlighting the availability of the pharmacist when referring patients.



Stakeholders emphasised the importance of the consistent availability of the service to sustaining patient and GP engagement with the service. Several pharmacists and GP practices identified that ensuring that the service was available on a consistent basis (and ideally every day) was particularly challenging for pharmacies that relied on locum pharmacists. Locum pharmacists placed within a 'Choose Pharmacy' pharmacy might not be accredited to deliver the service. In these circumstances, despite a pharmacist being 'on site', patients are unable to access a consultation. Stakeholders reported that this had led to instances of patients reverting back to the GP practice, and GP practices being reluctant to refer patients on subsequent occasions.

One LHB has identified the need to work closely with the locum agencies and the 'multiple' pharmacies (given that these pharmacies frequently use locums) to address this issue. Specifically, to raise awareness of the need to consider 'Choose Pharmacy' accredited status when placing locums in pharmacies delivering the service. The same LHB also noted that the e-Learning package being developed with Wales Centre for Pharmacy Professional Education (WCPPE) will provide an accessible route to increasing the number of locums accredited to deliver the service.

3.3.4 *Pharmacists' views about how the service could be developed further*

Pharmacists identified several areas for development to support the day-to-day delivery of the service. Pharmacists continued to express positive views about the eCAS system. The LHBs also noted that minor amendments to eCAS were being made to make the system more user-friendly. However, many pharmacists highlighted that a disproportionate amount of consultation time was still spent on logging data on eCAS. A minority highlighted that even with greater experience of the system, the log-on process still remained overly complex and time consuming. Several considered that unnecessarily questions were asked repeatedly.

> *"If you were to time a five minute consultation, I would say a minute/minute and a half goes in to the actual consultation and the other three and a half goes into the IT, that's the wrong way round to me - it should be I spend three quarters of my time with the patient and one quarter of my time doing that [IT]"*
>
> Pharmacist

Several pharmacists would also welcome the pre-population of information on the print outs for the patient record once a decision about the medication has been made, including the formulary and useful advice. Pharmacists considered that this would help to accelerate the consultation and dispensing process. Several pharmacists also noted access to patients' medication records would also be helpful to understand the patient's context – specifically through linking the eCAS system to patient medication records.

Several pharmacists considered that there would be merit in removing ailments for which advice but no treatment can be given – the rationale being that patients can be dissatisfied with the service when they don't receive treatment. Pharmacists reported that in these circumstances, some patients were dissatisfied and would subsequently seek a consultation with the GP. Only one pharmacist considered that the formulary should be revised to include different items (suggesting that more effective treatments were available). Others considered that the ailments in scope should be extended to include, for example, athlete's foot and fungal nail infections. One noted that the formulary contained some products for acne that were discontinued.

Several pharmacists recommended the development of a protocol for undertaking consultations with parents requiring advice and treatment for the whole family to ensure consistency in service delivery in these circumstances.

One pharmacist considered that there might be benefit in clarifying circumstances in which professional judgement can be applied – rather than following the "criteria to the letter". The example provided was for the treatment of hay fever. The criteria specifies that patients are treated with anti-histamine tables prior to treatment with a spray; in these circumstances, a patient with hay fever might have a specific preference for a spray and may

be dissatisfied with the suggested treatment. It was considered that in these circumstances, it might be more efficient and effective[3] for pharmacists to exercise professional judgement.

[3] Pharmacists reported that the 'repeat' consultations were typically for hay fever treatment (see section 5.2).

4 GP engagement and referral pathways

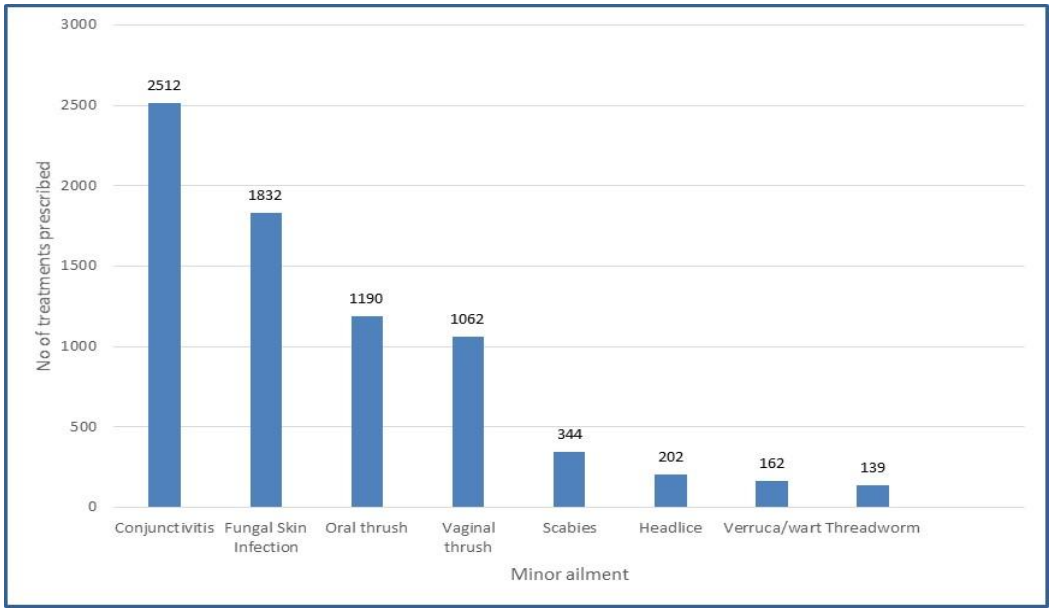
This section examines GP practice engagement with Choose Pharmacy to date and referral pathways – including drivers and barriers to GP engagement and referral of patients to the service. Evolving referral pathways are also identified.

4.1 Demand for GP-led consultations for common ailments

The majority of GP practices interviewed noted that they are operating at capacity – with a significant proportion of consultation time spent on common ailments. One GP estimated that about four out of 40 appointments per day were for advice and treatment for common ailments. Another noted that the practice GPs considered that they spent a significant proportion of their time treating common ailments. Several practices noted seasonal variations in the types of common ailments (e.g. hay fever in spring / summer).

Cwm Taf LHB is currently working with a sample of GP practices to monitor changes in 12 GPs' prescribing patterns for eight common ailments as a proxy for the number of GP consultations for common ailments. Local prescription data collected covering the period between October 2013 to April 2014 reveals that the number of prescriptions (and therefore GP consultations) for common ailments is significant - with 7,443 prescriptions being written by the twelve GPs (Figure 4.1). The most common minor ailment treated was conjunctivitis, accounting for 34% (2512) of all common ailments prescriptions by the 12 GPs. This suggests that despite conjunctivitis being the most common ailment presented by patients at the pharmacy, the majority of patients with this ailment are still seeking advice and treatment from the GP. Threadworm, verruca's and warts were the least commonly treated, with only 2% (139 and 162 respectively).

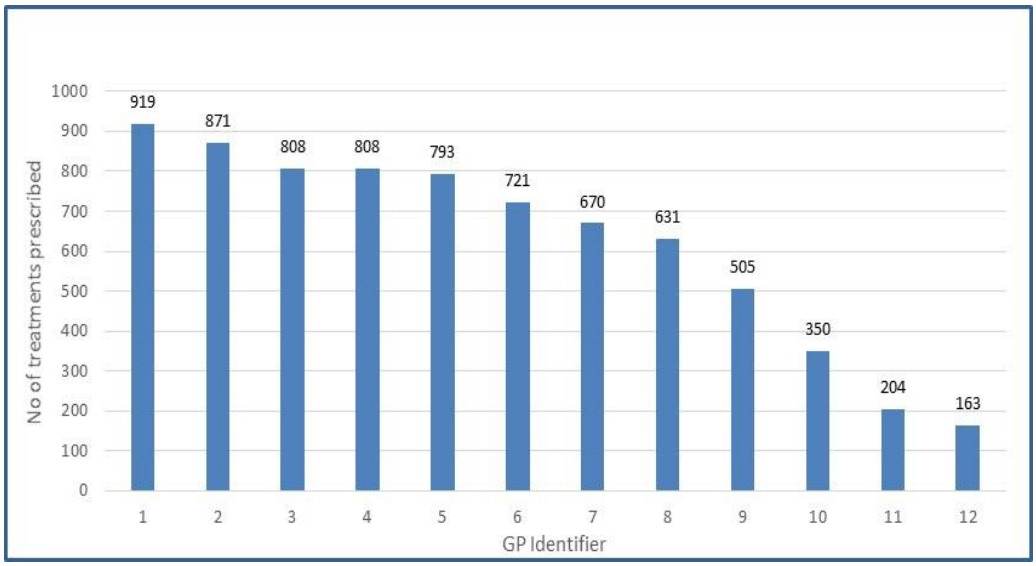
Figure 4.1 Total number of GP prescribed items per minor ailment across 12 GPs in Cwm Taff between October 2013 – April 2014



Source: LHB prescription data

The number of prescriptions for common ailments varied across the 12 GPs, with half of the GPs prescribing between 700 and 919 products during April. However, three GPs prescribed relatively fewer products for common ailments (between 150 – 350 products). Data is not available to assess whether this variation reflects variation in the total number of prescriptions per GP for all conditions.

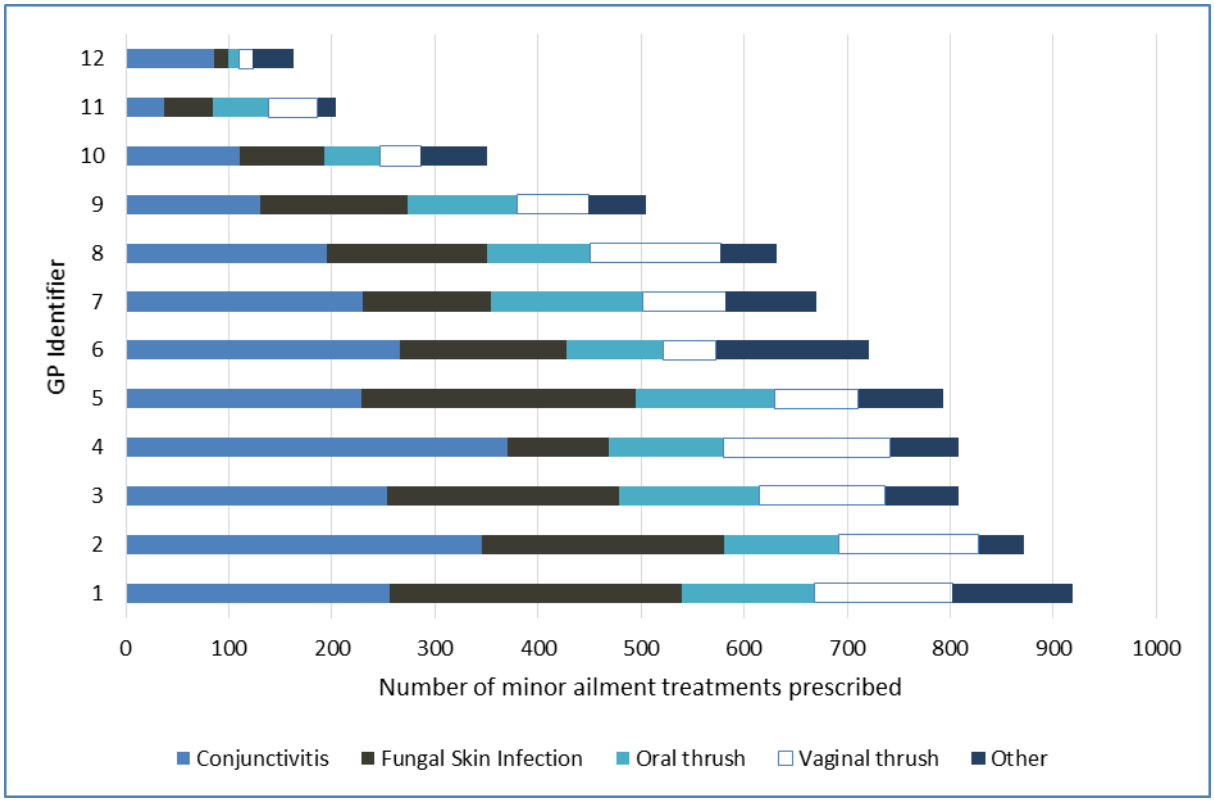
Figure 4.2 Total number of treatments for common ailments prescribed items per GP (across 12 GPs) in Cwm Taf between October 2013 – April 2014



Source: LHB prescription data

There were several patterns regarding the proportion of treatments prescribed for a given common ailment (Figure 4.3). The volume of prescriptions for some of the common ailments, for example threadworm and verrucae/warts was relatively consistent across all 12 GPs. In contrast, ailments such as conjunctivitis and fungal skin infections were treated more frequently at some GPs compared to others. For example, the number of treatments for conjunctivitis ranged from 371 (GP 4) and 37 (GP 11). Furthermore, treatment for conjunctivitis accounted for 18% of GP 11's prescribed treatments for common ailments. However, products for conjunctivitis accounted for 53% (86) of GP 12's prescribed products – despite this GP having the prescribed the lowest volume of products for common ailments.

Figure 4.3 Total number of prescribed items by common ailment by GP (across 12 GPs) in Cwm Taf between October 2013 – April 2014



Source: LHB prescription data

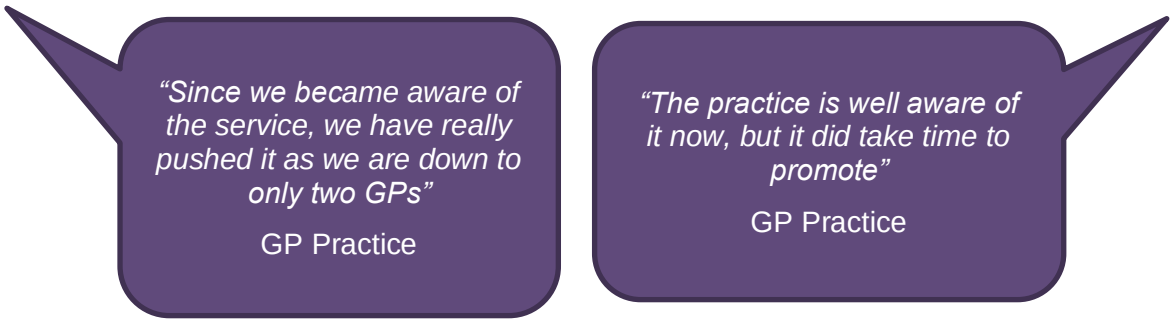
4.2 GP engagement with the service

All stakeholders considered GP practice engagement to be critical to generating demand for the Choose Pharmacy service – not only as the major source of referral of patients to the service, but also to promote patient confidence in the service. However, many commented that engaging GP practices was challenging where existing relationships are less well established.

Despite this, the GP practices interviewed highlighted significant levels of engagement with the service. Most notably these practices have trained staff, referred patients and promoted the service proactively – increasingly adopting more targeted activities to raise awareness with their patients (see section 4.3). Stakeholders noted that those practices involved in the design of the service prior to its implementation were particularly engaged – they were the early adopters that viewed the service favourably from the outset.

"We have trained up all of our receptionists and we held a practice meeting, ran through the codes needed, the list of what can be referred"

GP Practice



However, the majority of stakeholders noted that engagement levels varied greatly, highlighting that referral volumes (see section 4.3.1) and perceived willingness to forge links with the pharmacies differed across GP practices within both pathfinder areas.

Several drivers and barriers to engagement were identified. Drivers included:

- An established relationship between the pharmacy and the GP practice;
- Engagement in the development of service prior to roll-out; and
- Stretched capacity to respond to the growing demand for GP consultations, especially in localities in which there was only one GP practice.

Perceived barriers[4] included:

- Lack of understanding of the service;
- Misunderstanding of how the service is funded – e.g. the belief that service is funded through the practice budget; and, to a lesser extent,
- Resistance to change with respect shifting the delivery of care from a GP setting to a pharmacy setting – in part due to a perception that pharmacists skills lie in dispensing medication, rather than providing advice and treatment.

The LHBs continue to raise awareness of the service with GP practices – aided by the ability to demonstrate that the service is operating well. Furthermore, LHB Prescribing Advisors will also discuss the service with GPs during the annual prescribing visit.

4.3 Promotion of the service by GP practices

Promotion of the service by GP practices varies. The GP practices interviewed have undertaken a variety of actions to promote the service, including:

- Displaying 'Choose Pharmacy' posters and leaflets;

[4] Pharmacists perceived these to be the barriers to GP engagement, no barriers were identified by the GP practices interviewed – reflecting high levels of engagement with service within the sample interviewed.

- Including information about Choose Pharmacy on the surgery's voice mail – promoting the service out of hours and when the practice telephone is engaged;
- Receptionists sign-posting patients to the service when they attend or telephone the practice to book an appointment;
- GPs having 'Choose Pharmacy' cards on their desks for patients to take away from the consultation; and
- Placing 'Choose Pharmacy' cards on the waiting room seats before the practice opens.

> *"The GP often reminds patients the item they require is available on the common ailments programme, and the receptionist reminds patients when telephoning the practice"*
>
> GP Practice

More recently, and supported by the LHBs, several GP practices have undertaken audits of patients who have received prescriptions from the practice for items for common ailments in scope for the service. They have subsequently sent letters informing these patients of the service, together with the Choose Pharmacy cards. One GP practice also routinely attaches the Choose Pharmacy promotional cards to prescriptions every three months; another includes the cards in all letters sent to patients. The LHBs have also contributed to surgery newsletters, promoting the service by focusing on seasonal common ailments (for example, hay fever). All stakeholders perceived that these targeted approaches to be effective - as indicated by the increase in the number of consultations in April and May.

4.3.1 Referral of patients from GP practices

Despite the variable levels of engagement, the majority of patients using the service been referred from the GP practices. GP practices were consistently reported as the main (or only source) of referrals to the service. The proportion of pharmacists reporting that the levels of referral from GPs were high was identical to those reporting that levels of referral were low. Pharmacies based in medical centres or in localities with multiple dispensing GP practices reported low levels of referrals. Several pharmacists believed that some GP practices were only referring patients when 'open' appointments were booked up, which in some cases led to inappropriate referrals (see section 4.3.2).

Perceived drivers and barriers to GP referrals:

Drivers

- Established relationship between the pharmacy and the GP practice;
- Localities within which there is one pharmacy and one GP practice;

- Stretched capacity to respond to the growing demand for GP consultations;
- Engagement in the development of the service prior to roll-out;
- Understanding of the service – particularly with respect to practice managers and receptionists;
- Practice managers and receptionists being proactive with respect to working differently with patients and improving capacity;
- Existing operation of a patient triage system; and
- Adoption of a targeted approach focussed on those patients who would benefit from the service – rather than focusing on all patients and all common ailments.

Barriers

- Limited understanding of the service;
- Perceived competition – particularly with respect to dispensing practices
- Limited GP practice training on the service;
- Prior experience of patients attending the pharmacy and returning to the practice because a pharmacist was unavailable to undertake the consultation (see section 3.3.3);
- Perceptions that pharmacists are dispensers and the existing culture of working with the pharmacy; and
- Competing priorities.

GP practices have recently provided feedback to the LHBs about the impact of the volume of common ailments in scope on their ability to promote the service and refer patients appropriately. Specifically, GP practices considered that focusing on all twenty six ailments has proved to be challenging. The majority of appointments are booked by phone, and it is impractical for the reception to highlight all ailments (and the associated eligibility criteria). GP practices, through discussion with the LHB are now focusing, in the short term, on the six most common ailments. The LHBs have also produced quick reference guides for GP referrals focused on these six conditions – these have been well received.

4.3.2 Inappropriate referrals

Pharmacists noted the issue of inappropriate referrals from GPs. While referrals from GP practices were the most common source of referrals, pharmacists noted that they frequently received inappropriate referrals – specifically referrals of patients with conditions that are not included within the service, or patients who are ineligible to received treatment through the service. Examples of this latter category of inappropriate referrals included patients whose age meant that they were ineligible for consultation or treatment through the service for a given condition (see Annex 2 for further information about the conditions in scope and associated restrictions). One pharmacist also reported instances where patients had been referred despite exhibiting symptoms that were symptomatic of an infection (e.g. for example, exhibiting a chesty cough for two weeks). Pharmacists considered that the

inappropriate referrals were the result of low awareness of the eligibility for the service and the ailments within scope. GP practices also noted that that their understanding of the service resulted in inappropriate referrals.

""When we first started we were sending everybody as we weren't too sure'. As a result they had incidents where, for example, they referred someone on with a cold sore without realising all they could get was advice but not treatment"

GP Practice

"One of the challenges has been the lack of training for surgery staff – the pharmacist got straight on the phone and arranged an appointment with the GP for the same day"

Pharmacist

"We are seeing an increase in inappropriate referrals - such as those with complex medical needs and those that are under age. They are referred back to the GP - the patient doesn't have to wait long to see the GP again"

Pharmacist

"There were teething problems at the start. Sometimes we would send a patient to the pharmacist then they would be sent back– there are limitations to what a pharmacist can prescribe"

GP Practice

Inappropriate referrals cause inefficiencies in the use of both pharmacist and patient time - some patients will go through the consultation process prior to providing information that identifies them as being ineligible for the service and/or treatment. Patients are subsequently referred back to the GP – which may well leave them with a negative experience of the service. The process for referral back to the GP practice places a dependency on patients to communicate to the practice the reasons for the referral. However, it was noted that patients did not necessarily communicate the reasons. In some cases this has resulted in the GP reaching the wrong conclusions as to why the patient has been referred. This in turn has led to misunderstandings about access and eligibility and 'eroded faith' in the service.

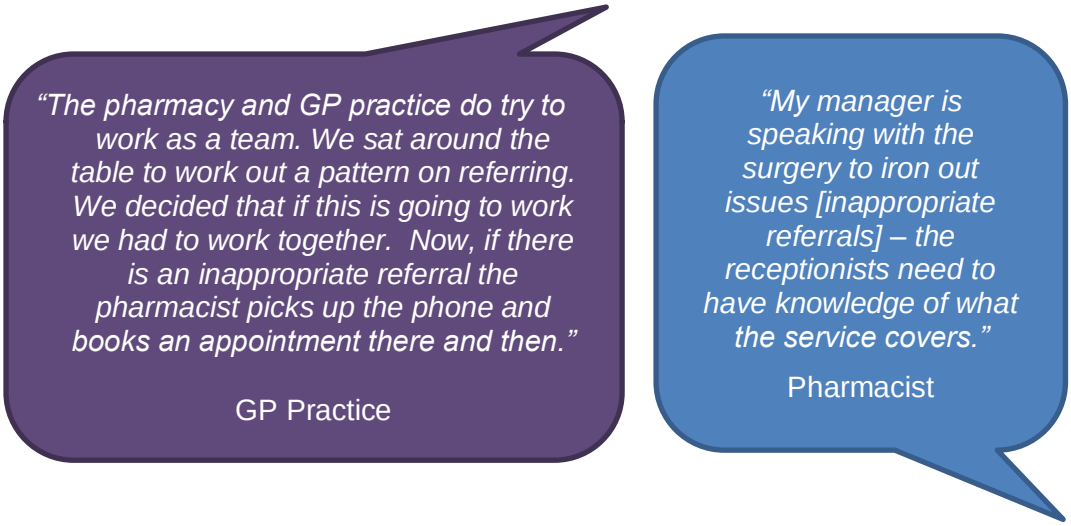
"There is a small number who have been inappropriately referred because they are outside age limit or pregnant – one or two they say the pharmacist couldn't help and have sent them back – although we haven't received a form in the majority of the cases"

GP Practice

Numerous steps have been taken to address the challenges of inappropriate referrals. Pharmacists emphasised that the LHBs had provided significant support to improve the number of appropriate referrals, including:

- Briefing GP practices on appropriate referrals and eligibility for the service – this has included a specific focus on improving understanding of restrictions associated with the provision of advice and treatment for the most common ailments;
- Preparing referral reference guides for GP practices focused on the top six common ailments and containing information about 'who to refer and who not to refer'; and
- Preparing a template letter for pharmacists to document the patient's details and the reason for referral back to the GP practice – this has also helped to reduce the dependency on patients communicating to the practice the reasons for referral back to the GP practice.

A minority of pharmacists are also working closely with the GP practices to improve appropriate referrals. They have also highlighted the circumstances in which patients might be ineligible to receive advice and/or treatment when promoting the service with patients who submit a prescription from a GP for a common ailment.



4.3.3 Other referral pathways

Other routes into the service are evolving. Several pharmacists reported that 'word of mouth' consultations were increasing – these were predominantly due to patients hearing about the service from other health care professionals, including ophthalmologists, community nurses, as well as from friends and family.

Few patients have self-referred. However, several pharmacists have recently observed an increase in the number of patients attending the pharmacy as the first port of call for advice and treatment for hay fever. They considered this to be the result of the targeted promotion of the service.

Several stakeholders noted the importance of developing referral pathways from across different health care professionals. Referral pathways from out of hours services (OOHs) were considered to be essential for rural localities – due to the distance to travel for OOHs surgeries. LHBs are currently establishing referral pathway from OOHs – specifically establishing a triage process and focusing on the most common conditions.

The LHBs are also:

- Developing further the referral pathways between the Welsh Eye Care Service (WECS) and Choose Pharmacy – currently the pharmacy cannot refer patients directly to the WECS, instead they have to refer via the GP practice; and
- Exploring referral pathways from services delivered by other healthcare professions including podiatry.

"Out of Hours do not triage to us even though we could deal with 75/80% of the cases they see. To get to OOHs, the patients will have to drive maybe 15 miles there and back and wasted the GPs time when they have probably driven past the pharmacy, it bemuses me."

Pharmacist

5 Patient engagement with the service

This section examines patient engagement with Choose Pharmacy to date. It includes an assessment of the profile of patients using the service; trends in the ailments presented; and drivers and barriers to patient engagement.

5.1 Profile of patients using the service

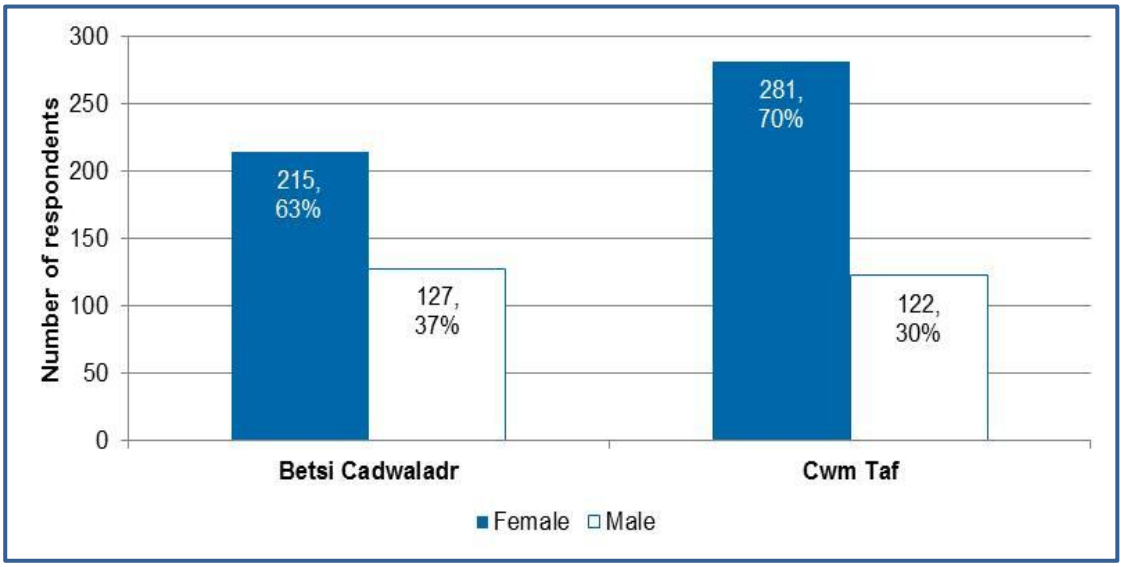
5.1.1 Gender

Women are more likely to use the service compared with men. 745 patients have registered with the service up to the end of May 2014. Consistent with the volume of consultations undertaken in each pathfinder area, more patients were registered with pharmacists in Cwm Taf (403, 54%) than in Betsi Cadwaladr (46%, 342) (Figure 5.1).

For the programme as a whole, 67% (496) of the registrants are female – a higher proportion of female registrants, compared with male registrants, is also apparent in each pathfinder area (males and females constituting an equivalent proportion of the population in each pathfinder area[5]).

A similar gender split is also observed with respect to GP consultations. For example, Pillay et al. 2010 reported that 60% of general practice consultations and prescriptions were accounted for by females, despite an almost equal gender population split in the UK[6].

Figure 5.1 Volume of registrants each pathfinder site, broken down by gender



Source: eCAS data

The gender profile of patient consultations mirrors that of registrants – reflective of the fact that the majority of patients have only used the service

[5] GP cluster data

[6] Pillay. N. et al., (2010). The economic burden of minor ailments on the NHS in the UK. (online) Available at: http://www.selfcarejournal.com/uploads/products/10024/pdf/IMS%203%3B105-16.pdf [Accessed 17 July 2014]

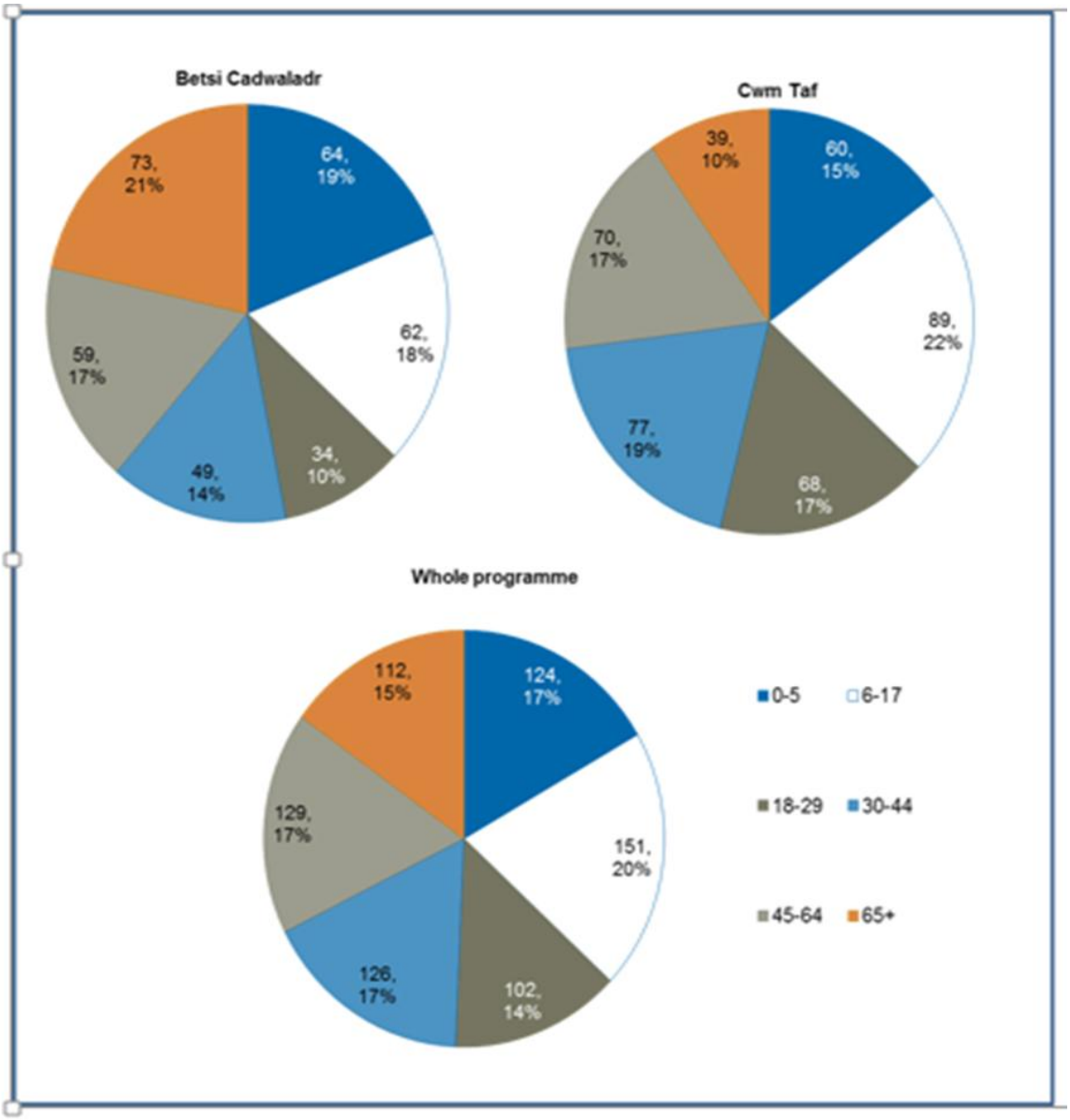
once (see section 5.2). The majority of the consultations are with female patients, following the same pattern as for the users of the service (around two thirds of consultations are with female patients in both pathfinder sites).

5.1.2 Age profile of registrants

Parents are the most common users of the service – seeking advice and treatment for their children's common ailments – the age profile of patients beyond this age group varies across the two pathfinders.

Consultations with patients under the age of 18 account for 37% (275) of all consultations – for the service as a whole, but also within each pathfinder area (Figure 5.2). This suggests that parents / mothers are the most frequent users of the service. The proportion of consultations with pre and school age children are similar in Betsi Cadwaladr. In contrast, consultations with school age children are more common in Cwm Taf.

Figure 5.2 Age profile of services users by pathfinder



Source: eCAS data

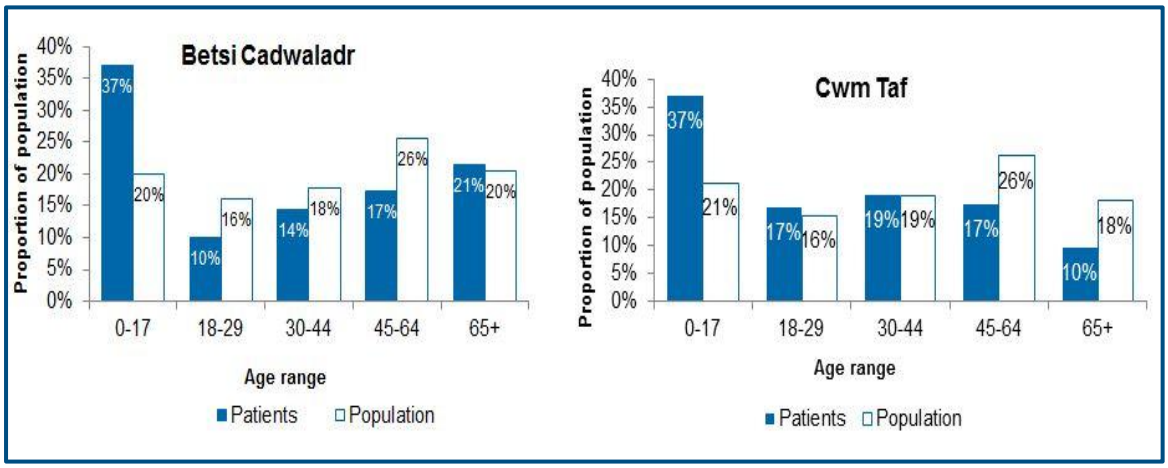
Consistent with the eCAS data, pharmacists reported that parents of children (particularly children aged four to thirteen years old and those with more than one child) were the most common users of the service to date. However, other pharmacists reported that the age profile varied or they were unable to comment due to a low number of consultations.

Beyond this group, the age profile of patients varies across the two pathfinders.

- Older people (over the age of 65) represent the second largest cohort of users of the service in Betsi Cadwaladr but represent the smallest cohort of users in Cwm Taf. (The higher uptake of the service by older people in Betsi Cadwaladr could be explained by the awareness raising of the service at Age Cymru events, held in January and February, by CPW).
- Patients aged 18 – 29 represented the smallest cohort of users in Betsi Cadwaladr. In contrast, the proportion of users aged 18 – 29 engaging with the service in Cwm Taf is similar to those aged 30 – 64.
- The proportion of patients aged 45 – 64 were consistent across both pathfinders, representing the third highest cohort of users of the service.

There is limited correlation between the age profile of the registrants and that of the population as a whole – with the exception being older people in Betsi Cadwaladr, and 18 – 44 year olds in Cwm Taf. The levels of engagement by different age groups could reflect the general demand for health services / the burden of ill health. However, the findings could also suggest that different age groups are either more or less aware of the service, or are more or less likely to engage with the service.

Figure 5.3 Age profile of Choose Pharmacy registrants compared to the population age profile in each pathfinder site



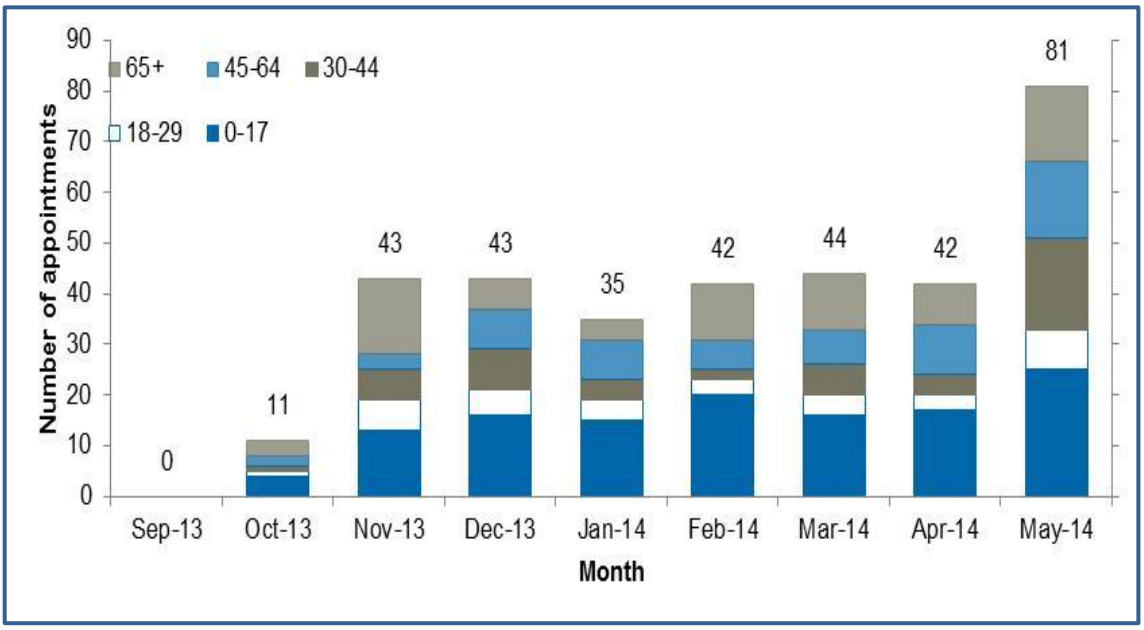
Source: eCAS data

5.1.2.2 Age profile of registrants over time

There are slight variations in the use of the service by different age groups over time. Between November 2013 and April 2014, the age profile of patients undertaking a consultation broadly mirrors the pattern observed for

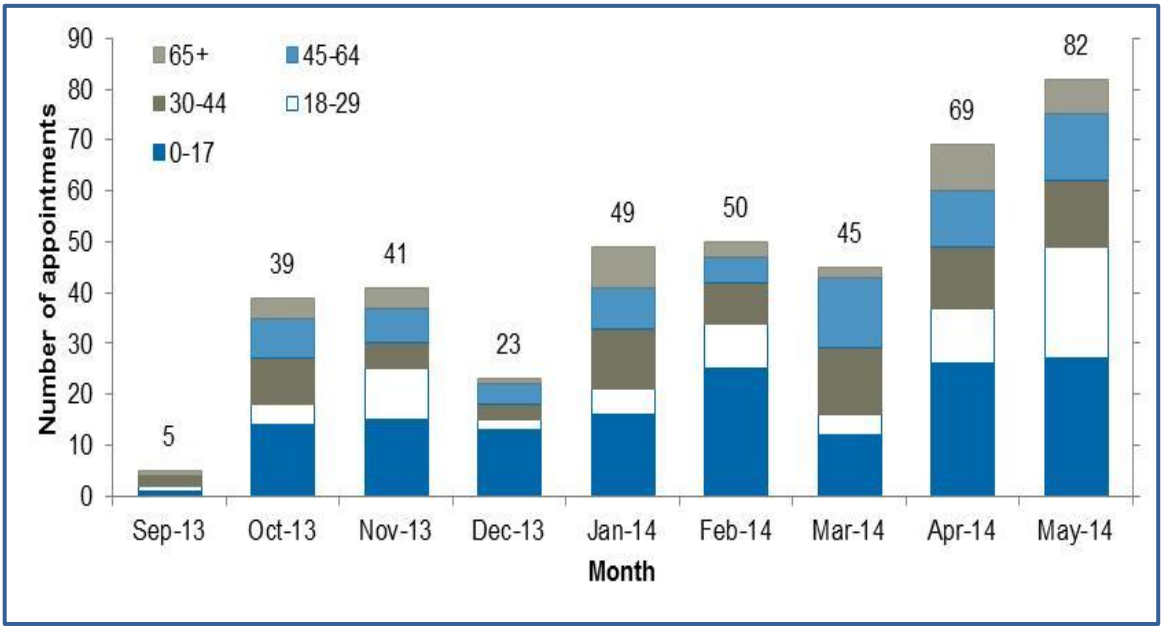
the cumulative consultations – with the use of the service varying slightly by any given age group varying from month to month. However, the age profile becomes more evenly distributed across all age groups in May – albeit that the highest proportion of consultations is with children and young people under the age of 17. A combination of the increased promotion of the service in April and May (see section 4.3), coupled with the seasonal trend for increased consultations for hay fever (see section 3.2.2), could account for the change in the age profile of patients using the service in May.

Figure 5.4 Number of appointments each month, broken down by age group, Betsi Cadwaladr



Source: eCAS data

Figure 5.5 Number of appointments each month, broken down by age group, Cwm Taf



Source: eCAS data

5.1.3 Variation in the common ailments presented by different age groups

Common ailments presented during a consultation vary by age group. While conjunctivitis is frequently presented by all age groups, presentation of other ailments varies depending on age (Table 5.1). Consultations for advice and treatment for conjunctivitis is the most common ailment presented by children age 0 -5 years old, 45 – 64 and 65 plus year olds (accounting for between 35% and 23% of all consultations for these groups). Head lice is the most common ailment presented by children aged 6 – 17. Consistent with the high proportion of female patients, patients aged 18 – 64 frequently undertake consultations for vaginal thrush. In contrast to other age groups, patients age 18 – 29 and 65 plus frequently seek advice and treatment for dermatitis.

Table 5.1 **Most common ailments by age group** (the top five common ailments are highlighted in blue)

	Age profile of patients		
Rank	**0-5 years old**	**6-17 years old**	**18-29 years old**
1	**Conjunctivitis** 48, 35%	**Head Lice** 51, 30%	**Vaginal Thrush** 22, 20%
2	**Head Lice** 14, 10%	**Conjunctivitis** 21, 12%	**Conjunctivitis** 20, 18%
3	**Oral Thrush** 13, 9%	**Threadworms** 21, 12%	**Dermatitis** 16, 14%
4	**Nappy Rash** 12, 9%	**Verruca** 19, 11%	**Hay Fever** 13, 12%
5	**Dermatitis** 12, 9%	**Sore Throat** 17, 10%	**Sore Throat** 10, 9%

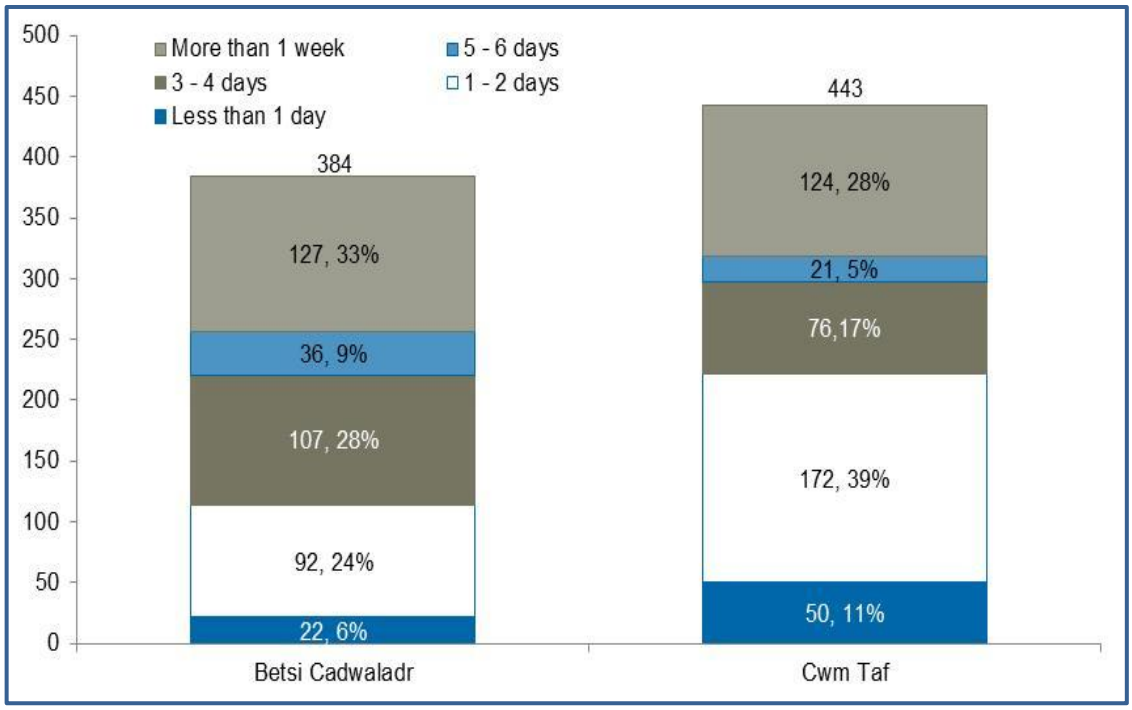
Rank	**30-44**	**45-64**	**65+**
1	**Vaginal Thrush** 30, 20%	**Conjunctivitis** 32, 23%	**Conjunctivitis** 29, 25%
2	**Conjunctivitis** 24, 16%	**Vaginal Thrush** 31, 22%	**Dermatitis** 19, 16%
3	**Hay Fever** 19, 13%	**Hay Fever** 21, 15%	**Constipation** 14, 12%
4	**Oral Thrush** 12, 8%	**Oral Thrush** 10, 7%	**Hay Fever** 11, 9%
5	**Head Lice** 9, 6%	**Threadworms** 7, 5%	**Indigestion** 10, 8%
5=	**Threadworms** 9, 6%		

Source: eCAS data

5.1.4 Time lag between experience symptoms of a common ailment and seeking advice and treatment

The majority of patients will seek advice and treatment through the service within one week of experiencing the symptoms of a common ailment. 62% (519) of patients sought advice and treatment within four days of experiencing symptoms – and 67% (576) of patients sought a consultation with one week (Figure 5.6). Differences exist between the two pathfinder sites, with 50% (222) of patients in Cwm Taf, compared with 30% (114) of patients in Betsi Cadwaladr seeking advice and treatment within two days of experiencing symptoms.

Figure 5.6 Length of time with symptoms prior to consultation, broken down by pathfinder site



Source: eCAS data

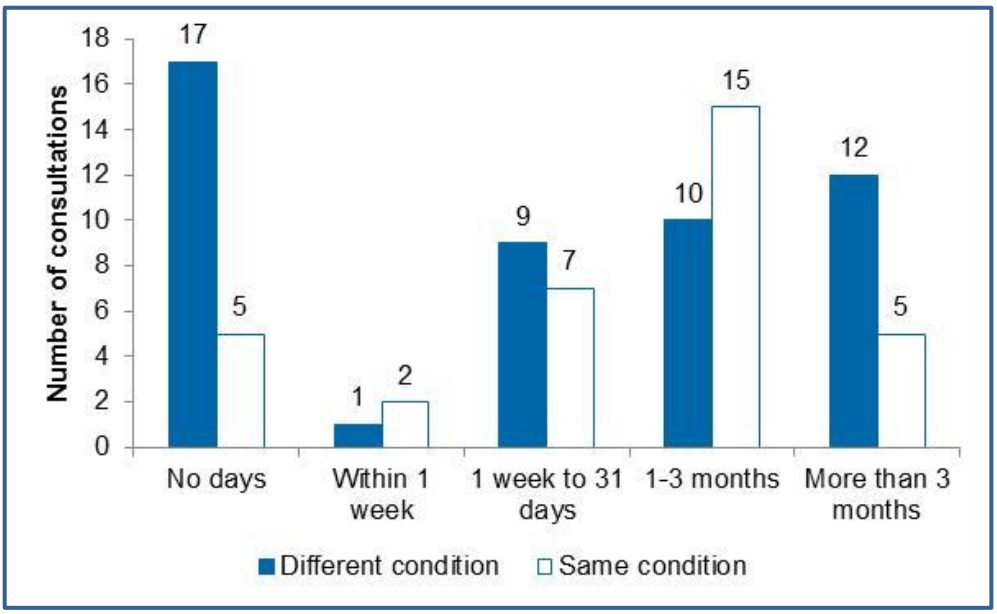
5.2 Repeat use of the service

A limited number of patients have used the service on more than one occasion.10% (72) registrants have used the service on more than one occasion with 60% (43) of these repeat users seeking advice and treatment for a different ailment on subsequent visits to the service (see Figure 5.7). A similar proportion of patients used the service on more than one occasion in Betsi Cadwaladr (11%, 43) compared with Cwm Taf (8%, 40). Patients using the service for a variety of ailments is a positive sign, it demonstrates the types of common ailments they are willing to see the pharmacist, rather than the GP.

A similar proportion of males and females have used the service multiple times (11% of females, 64 patients; 7% of males, 19 patients). There is no significant difference between the proportions of multiple users in the different pathfinder sites. Relative to other age groups, patients aged 30 – 44 are more likely to have used the service more than once.

While the majority of repeat consultations were more than a month apart (50%, 42), 22 repeat visits to the service occurred on the same day as the original consultation (Figure 5.7). The majority of these same day consultations were for a different ailment, this could suggest that patients were seeking advice and treatment for more than one ailment during a single visit to the pharmacy.

Figure 5.7 Time between repeat visits for the same and different conditions



Source: eCAS data

Pharmacists noted that few patients had used the service repeatedly. In contrast to the findings from the eCAS data, pharmacists reflected that repeat users often returned for advice and treatment for the same condition, especially for hay fever. It is possible that patients are more likely to seek multiple consultations for advice and treatment for hay fever given the duration of the condition. It is also possible that patients might also require second line treatment[7].

The number of products per patient for particular conditions prescribed through Choose Pharmacy is restricted (for example, the maximum number of treatments per patient for conjunctivitis is two treatments per year). A minority of pharmacists reflected that these restrictions could have contributed to the limited repeat use. Related to this, several GP practices observed that some patients were returning to the GP for hay fever treatment. They had anticipated this given the restrictions on the number of products and considered that this trend was likely to continue. Several practices also highlighted that the treatments offered will influence whether patients will continue to use Choose Pharmacy – if patients don't receive what they consider to be the appropriate product they will revert back to consulting the GP in the first instance.

[7] The Choose Pharmacy criteria for the treatment of hay fever specifies that patients are treated with anti-histamine tables prior to treatment with a spray.

5.3 Demand for over the counter treatments

Patients who normally purchase over the counter treatment (OTC) do not appear to be converting to Choose Pharmacy. Pharmacists were clear that the service was not offered as an alternative to patients buying OTC medicine, nor did they promote the service with patients buying OTC medication. Pharmacists emphasised the need to apply professional judgement in assessing whether someone is able and willing to pay – if a patient was obviously struggling to buy medication, several pharmacists noted that they would recommend the service. This situation had occurred on a minority of occasions and usually when the pharmacist had known that the patient had financial difficulties and would not have bought the product.

While pharmacists had not observed that 'OTC' patients had converted to using Choose Pharmacy, many considered that there was the potential for this to happen once awareness and promotion of the service increased.

5.4 Drivers and barriers to patient engagement with the service

Patients welcome the service and improved access; improving awareness is critical to increasing demand for the service. Stakeholders interviewed believed that the majority of patients held positive views about the service, particularly with respect of improved access to advice and treatment. Stakeholders also noted that, upon hearing about the service, the majority of patients were enthusiastic about using it.

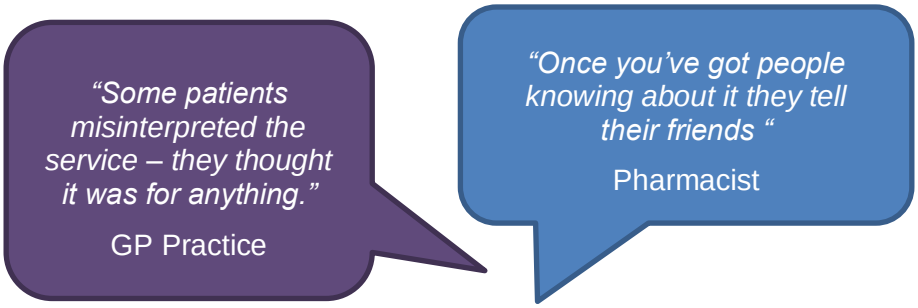
5.4.1 Patient awareness of the service

Patient awareness is low – and there are misunderstandings about the eligibility for the service and treatment. Stakeholders noted the value of the

recent targeted promotion activities focusing on the most common conditions. In addition to the targeted promotion activities noted elsewhere (see section 4.3), new Choose Pharmacy posters and cards have been produced containing targeted information about specific conditions (for example hay fever or head lice). In addition the WG and LHBs are exploring how existing services and patient access points can be used to improve awareness, including:

- Establishing referral pathways from NHS Direct;
- Including messages about the service on the electronic appointment booking system;
- Engaging school nurses and health visitors.

Nonetheless, all stakeholders considered that patient awareness was low. They were clear about the need for continued efforts to raise awareness of the service. Several stakeholders also noted that patients have a misunderstanding of service - noting the importance of ensuring patients are not only aware of Choose Pharmacy, but that they also understand what the service can (and cannot) offer.



"Initially the patients were not very aware of how the scheme worked and thought that they believed they could just turn up to the pharmacy and wouldn't have to speak to anyone but just say can I have this treatment?'

GP Practice

"The promotion side of the service needs to be improved – but it does work really well once patients are referred, especially from the GP – it gives them extra reassurance – the GP has almost 'approved' of them going and seeing the pharmacist. Many people weren't and still aren't aware of it"

Pharmacist

"There isn't a flicker of 'I have heard of that' – I would expect a little bit of awareness and some spread of knowledge of the service"

Pharmacist

5.4.2 Access to the service

Improved access is a key factor for patients seeking a consultation at the pharmacy.

Several pharmacists reflected that volumes of patients increased on days when the GP practice were closed – on these days the pharmacy becomes the main healthcare access point in some localities. Pharmacists also reported that patients had been referred because a GP appointment was unavailable. This suggests that the service is increasing access – and that a proportion of patients will be more inclined to use the service as an alternative when they are unable to access the GP practice, rather than the first 'port of call'.

However, pharmacists and GPs noted that pharmacy capacity affects accessibility. As discussed in section 3.3.2, pharmacists have been unable to deliver consultations during busy dispensing times - or when an unaccredited locum pharmacist is providing cover for the accredited pharmacist. In these instances, it was considered that patients frequently reverted back to the GP practice for advice and treatment for their common ailment

"We are one of the only pharmacies open on a Thursday afternoon and a lot of GP surgeries are shut too so they are one of main healthcare access points at this time"

Pharmacist

"Patients come when they are unable to get a GP appointment – they were referred and came"

Pharmacist

"The practice operates an 'open door' surgery from 9am to 11am. Patients are offered a 'Choose Pharmacy' card but often decline visiting the pharmacy during the morning period because the neighbouring chemist has a single handed pharmacist who is unable to offer the service during this busy time"

GP Practice

"The 'open access morning surgeries have proved difficult when encouraging patients to use the new service - patients would rather wait to see the GP than leave the surgery to visit the chemist."

GP Practice

Pharmacists also emphasised rising demand as a potential challenge for service – highlighting that access might be compromised as the volume of patients seeking consultations increases (see section 3.3.3 for further information).

5.4.3 Behavioural change

Access alone is not a sufficient driver for some patients – changing behaviour will be critical. All stakeholders noted that significant cohorts of patients will prefer to see the GP for advice and treatment for common ailments. Changing the behaviour of these patients was considered to be particularly challenging – especially if they have on occasion visited the pharmacy at a time when the pharmacist was unavailable to undertaken the consultation.

GPs, in particular, noted that some patients preferred to see the GP even after they had been made aware of the service. Furthermore, they considered that open access surgeries had acted as a barrier to patient engagement with Choose Pharmacy, as many patients are 'happy' to sit and wait for a GP appointment. Pharmacists noted that patients with complex medical needs were identified as patients that were more likely to be 'unconvinced' by the service.

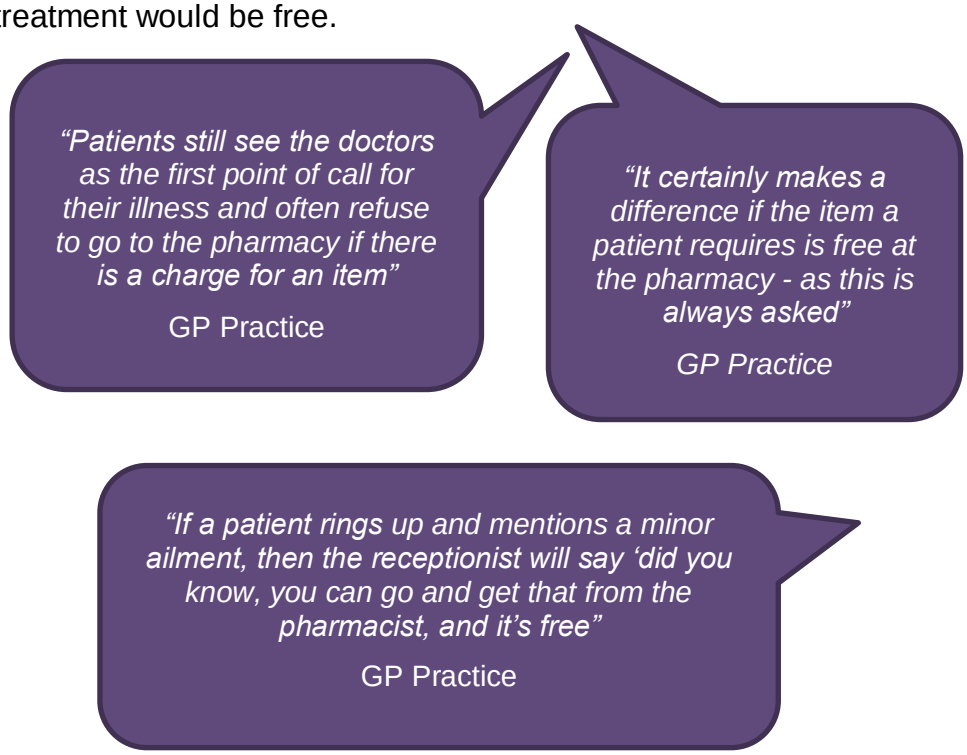
"It can be difficult to get patients away from the GP surgery and into a pharmacy and there are issues of people sharing their reason for needing an appointment with a receptionist"

GP Practice

"The receptionist reminds patients when telephoning and patients will take a card for reference but they prefer to stay for a consultation with GP"

GP Practice

Stakeholders had not observed any trends in those patients most likely to 'convert' from the GP practice to the pharmacy. However one GP practice reflected that patients attending the practice with a new ailment appeared to be more inclined to 'try' Choose Pharmacy, whereas those returning for a second time with the same ailment are less keen. There was a high degree of consensus between the GP practices interviewed that a key driver for converting from the GP to Choose Pharmacy was patient awareness that treatment would be free.



5.4.4 Drivers and barriers to patient engagement

Drivers

- Awareness and understanding of service – particularly with respect to eligibility for advice and treatment;
- Timely access to advice and treatment;
- Word of mouth recommendations from friends and family;
- Successful first visit/consultation;
- The privacy of the consultation room and the face-to-face consultation
- Unavailability of a GP appointment;
- Promotion of the service by GP practices – with the perception that such promotion increased patient confidence in the service; and
- Highlighting that treatment offered through the service is free particularly in areas of high socioeconomic deprivation and that consultations were available without appointment– this was specific to GP practices promoting the service with patients seeking an appointment.

Barriers

- Awareness and understanding of service – particularly with respect to eligibility for advice and treatment;
- Experience of an inappropriate referral;

- Experience of not receiving the treatment of choice, or any treatment at all (in cases where advice only is given); and
- Experience of visiting the pharmacy at a time when the pharmacist was unavailable.

6 Emerging outcomes

This section examines the extent to which outcomes were emerging in the first nine months of the service being in operation. Interviews with stakeholders explored whether and how the service was starting to deliver change and the desired outcomes set out within the Choose Pharmacy logic model[8] (see Annex 3).

There was a high degree of consensus among stakeholders that the progress made to date demonstrates that the service is feasible and has the potential to deliver significant change. However, many considered that the programme had yet to do so – in part due to the lower than expected demand and poor patient awareness, but also due to the relatively short timescale since implementation.

"I don't think it's really hit its potential anywhere – it's been a much slower uptake than expected, even in areas where it is going quite well"

GP Practice

"The service isn't that meaningful yet but has the potential to be' – due to demand and low awareness"

GP Practice

Nonetheless, the interviews with stakeholders provide evidence of emerging outcomes consistent with the pathfinders' logic model. Furthermore, no unintended consequences associated with the introduction of the service were identified.

6.1 Job satisfaction

Delivering the service is leading to improved job satisfaction for pharmacists. Pharmacists highlighted that delivering the service had extended their roles, giving them the opportunity to apply and develop further their existing skills and expertise to help patients and support more effective use of health care services. One pharmacist noted that a key strength of the service's design is that it utilises the pharmacists' existing clinical skills and does not require additional training.

"Improved job satisfaction because I am helping people"

Pharmacist

"It's given the team more variety and a different role - more enjoyable – it's another interesting thing to do"

Pharmacist

[8] The Choose pharmacy logic model underpins the framework for the evaluation of the Choose Pharmacy pathfinders. It sets out the programme's inputs, activities/outputs, short-term and longer term outcomes.

"The fact that the service has been set up in such a way that draws on pharmacists existing clinical skills is spot on, it doesn't involve any extra training – it makes the most of what we already have"

Pharmacist

"When I qualified, we always worked towards the Pharmacy being the first point of call". This was the holy grail. We want people to come to the pharmacy first. This scheme is the closest we have ever got in a formal setting"

Pharmacist

6.2 Partnership working

Partnership working and relationships between GPs and community pharmacists are being strengthened. The necessity to develop effective referral pathways is further strengthening professional relationships and partnership working between the pharmacies and GP practices and other health care professionals. The extent to which this was apparent was dependent on the strength of existing relationships, with limited changes in relationships that were previously less well established. Nonetheless, the foundations are there to enable the service to better integrate health care services for patients with common ailments.

"It's all about working together and helping patients"

Pharmacist

6.3 Public awareness of the role of the pharmacy

The service is helping to increase public understanding of support available at the pharmacy. A minority of pharmacists believed that the service was raising awareness of the support available from pharmacies, as well as improving public perceptions of pharmacists. Despite this, one pharmacist noted that *'Patients are not noticing a shift in quality of care' by seeing a pharmacist rather than GP".*

"It's raised people's awareness of what the pharmacy does"

Pharmacist

"It's promoting your knowledge to patients – some do ask – are you sure? They are used to getting advice from a GP"

Pharmacist

6.4 Improved access to advice and treatment for common ailments

Patients have better access to common ailment services. Pharmacists identified that demand for the service often increases when GP practices are closed, and that patients are often referred to the service when GP appointments are 'fully booked'. Pharmacists frequently reported that the service provided patients with 'another option' to the GP. This may suggest that, while the service is increasing access, a significant number of patients are currently using the service as an alternative to GP consultations, rather than the first port of call for treatment and advice about common ailments. However, a minority of pharmacists did consider that patients were starting to use the pharmacy in the first instance. Others noted that rapid access to the service had led to improved patient satisfaction.

As highlighted in sections 3.3.3 and 0, the capacity to undertake timely consultations could reduce access to services as patient awareness and demand increases – particularly for those pharmacies with only one pharmacist.

6.5 Quality of care

There are early signs that the service is maintaining the quality of care for patients seeking advice and treatment for common ailments. In part, Choose Pharmacy aims to provide a more cost-effective means of addressing common ailments than GP services. As a minimum it would achieve this if a cheaper input is used (a pharmacist's time rather than a GP's) and the quality of the service is maintained.

While resolution of symptoms and other patient reported outcomes have not been explored as part of the interim evaluation, evidence that the service is maintaining the quality of care is emerging. Pharmacists also noted that they

had referred few patients back to the GP for reasons other than being in receipt of inappropriate referrals (see section 4.3.2). Related to this, several GPs noted that they were unaware of any duplication of service with respect to patients seeking a follow-up appointment with the GP subsequent to a consultation with the pharmacist. This could indicate that patients are satisfied with the pharmacist's advice and treatment and that the symptoms have been resolved. However, several stakeholders noted that patients' perceptions about the quality of the service will be influenced by whether they consider they were given the 'right' treatment for their common condition.

> *"There is some pattern with people attending, being referred to the pharmacist, then returning to the GP if they perceive that what the pharmacist gave them didn't work"*
>
> GP Practice

6.5.1 Demand for GP consultations

There is limited (and anecdotal) early evidence that the service may have led to some reduction in demand for GP consultations GP practices were asked whether demand for treatment and advice on common ailments had changed since the inception of the service. The majority interviewed had not observed any changes in demand. Furthermore, analysis of local GP-prescription data for products for the most frequently presented common ailments, from a sample of 12 GPs in Cwm Taf, (see section 4), suggest that the majority of patients are still seeking advice and treatment from the GP.

However, one GP practice noted that demand for GP consultations for advice and treatment for head lice, nappy rash and teething had declined significantly – which may be indicative of a shift in activity.

> *"We haven't noticed any major changes as the demand is so great anyway. It will be interesting to see our prescribing information as this may tell a different story."*

> *"Excellent service and I believe where the surgeries who offer booked appointments in the morning this service will prove valuable"*
>
> GP Practice

> *"We have not really seen any changes in appointments - we have a lot of patients anyway"*
>
> GP Practice

"We haven't observed changes due mainly to the 'open access surgeries and the single handed pharmacist available at the local chemist"

GP Practice

"Now almost all patients go straight to pharmacy for treatment and advice for head lice…we almost never' now see cases of nappy rash or teething…..sometimes we have the odd spare appointment – this was previously unheard of"

GP Practice

7 Conclusions, recommendations and next steps

This section sets out the conclusions from the findings presented in the preceding sections. With these conclusions in mind, recommendations are presented to support continuous improvement of the pathfinders and maximise the lessons learned for the national roll-out. The next steps for the evaluation of the pathfinder service is also summarised.

7.1 Conclusions

Our interim findings demonstrate that the service has been well designed and delivered. Stakeholders expressed positive views about the pathfinder service; they also saw potential for positive results.

While early uptake was lower than expected, and engagement by pharmacists and GP practices has been variable, there are examples of high activity (with respect to consultations) and effective practice in delivering the service. Evidence of outcomes is also emerging.

A focus, in the first instance, on those common ailments most frequently presented by patients is emerging as being particularly effective in both supporting GP practices to engage with the service and ensuring appropriate referrals, as well as supporting awareness-raising among patients. This focused approach could be used to secure greater involvement of those GP practices and pharmacies that have had limited engagement in the service to date. However, the tensions between pharmacy capacity to deliver consultations and increased demand for the service will be a critical issue for the future development of the scheme. Improvements in the usability of the eCAS system and increased experience of undertaking consultations could help to mitigate to some extent the challenges associated with limited capacity to respond to growing demand.

Support provided by the LHBs has been instrumental to the effective launch of the pathfinders, its operation and continuous improvement. Specifically, they have been proactive in developing solutions to promote awareness and understanding, encourage engagement and to address emerging challenges, such as inappropriate referrals.

To a significant degree, the success of the scheme hinges upon good local relationships. This is not only to support awareness-raising and understanding of the service (and what it can and cannot offer), but also to ensure that challenges and issues can be resolved in a timely and effective manner. Furthermore, effective relationships and joined-up communication needs to extend beyond GP practices, pharmacists and patients / the wider public and include other health care professionals, such as community nurses, out of hours (OOH) services and ophthalmologists who can help raise awareness, and in some cases, refer patients.

There are several areas for continued action to help secure the success of the pathfinders and to maximise the lessons learned for national roll-out. These include:

- Improving awareness and understanding of the service – by patients, the public, GP practices, and wider health care professions;

- Ensuring consistency of service availability – especially in pharmacies with a dependency on locums;
- Refining the eCAS system to make it more user friendly; and
- Developing and implementing new referral pathways, particularly with OOHs services.

7.2 Recommendations

The LHBs, working with key stakeholders and partners (for example NWIS) have already made or are in the process of implementing, a number of improvements to the delivery and promotion of the service to address the areas identified above, most notably to improving awareness and understanding of the service, refining the eCAS system and exploring processes for new referral pathways. Continued focus on these areas will be important in the remaining months of the pathfinders.

Building on these improvements, we have identified nine recommendations for action we believe should be taken in response to the interim findings:

- **Continue the targeted promotion of the service to patients** – involving GP-led promotion activity as well as more general promotion through newsletters and media articles. The variation in the age profile of patients registering with Choose Pharmacy suggests that there will be value in not only continuing to tailor awareness raising activity to specific ailments, but also to different age groups of patients. This drive to increase uptake is fundamental to demonstrating whether the pilots have worked.

  Monitor the effect of increased take-up on capacity and patient experience. The ability of pharmacy to deliver a high-quality service as take-up increases is fundamental to the effectiveness of the pilots. If the service can only be delivered at low volume it will only have marginal effect; if quality suffers as take-up increases this will be similarly limiting. The pilot nature of the current schemes provides an opportunity to test this at low risk, giving LHBs and WG a clearer sense of what might happen in any national roll-out.

- **Explore opportunities to ensure that key stakeholders involved in the delivery of healthcare are aware of the service** (for example, community nurses, community hospitals) and are encouraged to raise awareness of the service with their patients.

- **Ensure that any awareness-raising activity also reinforces understanding of the service** – specifically with respect to restrictions / common ailments in scope and circumstances when treatment might not be offered, this will ensure that patients (and other stakeholders/delivery partners) understand what the service can and cannot offer – and why. There will also be benefit in reinforcing how the service provided is similar to the advice and treatment patients will receive at the GP practice. Doing so could help to address any patient perceptions that the benefits of visiting the GP for advice and treatment for common ailments outweigh

those of visiting the pharmacy. It is likely that this message would be most effective coming from GPs than from other individuals/organisations.

- **Raise awareness of the need for 'accredited' locums to be placed in 'Choose Pharmacy' pharmacies to support the consistency of access to the service** – with the head offices of the multiples and the locum agencies. Channels to promote to locums the WCPPE e-learning training module and the value of Choose Pharmacy accreditation should be explored and used to increase the numbers of accredited locums.

- **Use examples of effective practice to encourage further GP engagement.** The insights gained from the activity to date together with the experiences of the 'early adopter' GP practices (and the approaches they have used to support the service) can help to 'convince' other GP practices of the value in engaging with the service. Again, these messages are likely to be more effective coming from GPs.

- **Increase GP practices' understanding of the service to support appropriate referrals by targeted training of practice managers and receptionists.** The quick reference guides developed by the LHBs help to improve understanding of eligibility criteria for the service. However, consideration could be given to the merits of developing specific GP practice training / e-learning model – to reinforce the knowledge of those practices already involved, but also to support the engagement of those practices that have yet to engage with the service.

- **Consider the merits of convening a learning session for pharmacists and GP practices – to encourage the sharing of lessons learned and effective practice.** Highly engaged pharmacists and GP practices could act as champions to support peer learning / engagement. Such a session will also help to reinforce a sense of joint accountability for the success of the service – and could also enhance relationships/joint working.

  Similarly, the highly engaged pharmacists and GP practices could act as champions to promote the service to other health care professions (including the GP practices that have had limited involvement in the service to date). Champions could showcase their experiences – including the challenges and how they have overcome them during briefing sessions with wider stakeholders.

- **Ensure that the lessons learned from the operation of the referral pathways between pharmacies and GP practices are reflected in new referral pathways**, with, for example, OOHs services – particularly with respect to understanding of eligibility criteria for the services and the importance of professional – professional communication with respect to referrals back to the service from which the patient was originally referred.

7.3 Next steps

The full evaluation of the pathfinders will commence in November 2014 and report in March 2015. It will build on the interim findings, and explore in detail the outcomes and impact of the pathfinders, including an economic evaluation of the service.

The full evaluation will comprise a mixed-method approach, involving

- Primary research with participating pharmacies, GP practices and other health care practitioners, patients and the public; and
- Analysis of the pathfinder management information captured within eCAS.

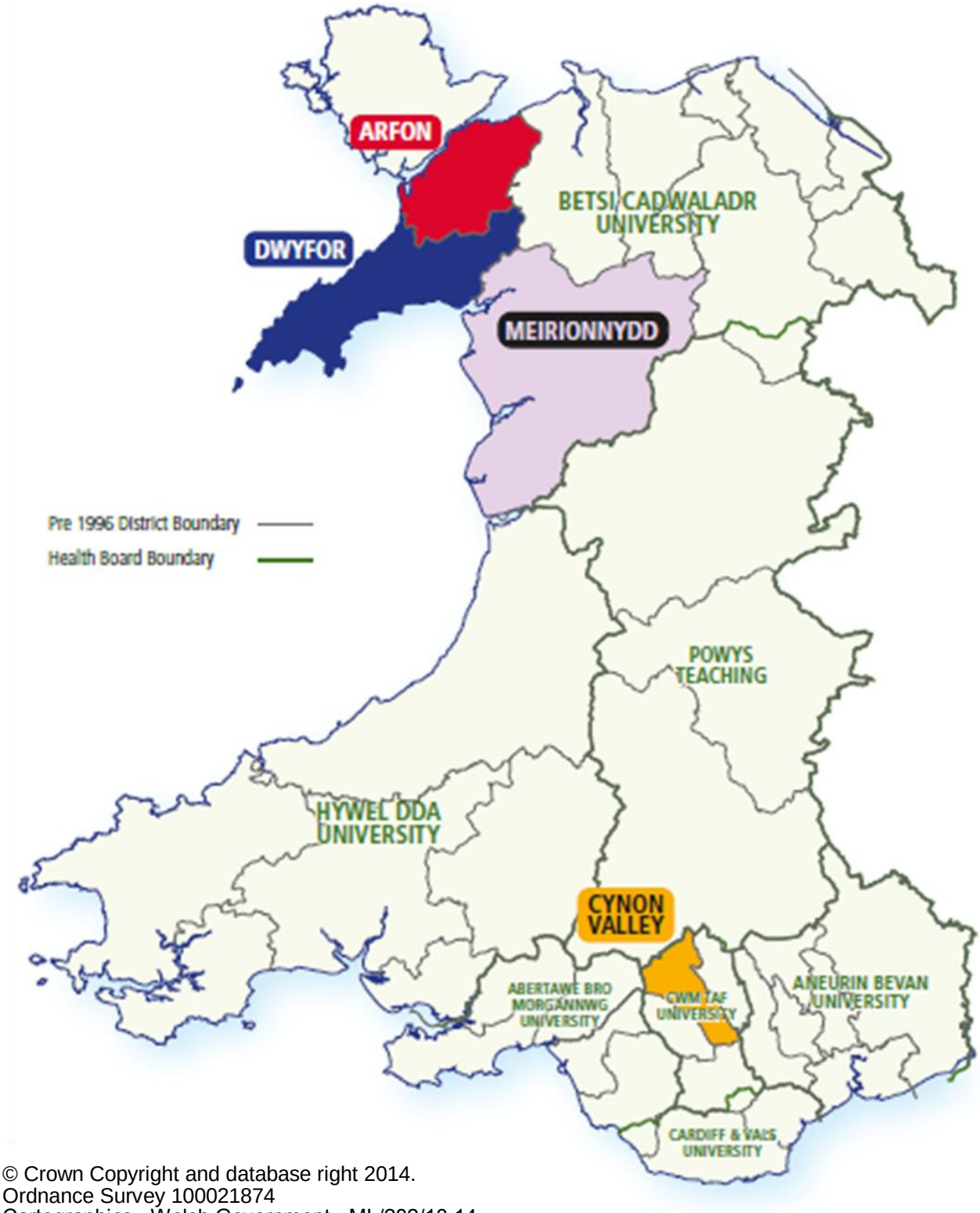
The economic analysis will comprise of three types of analysis:

- Cost-effectiveness;
- Cost benefit analysis; and
- Net saving to the healthcare system.

Each type of analysis will explore the marginal impact the pathfinder has made. The approach the economic analysis will be underpinned by the Treasury Green Book guidance.

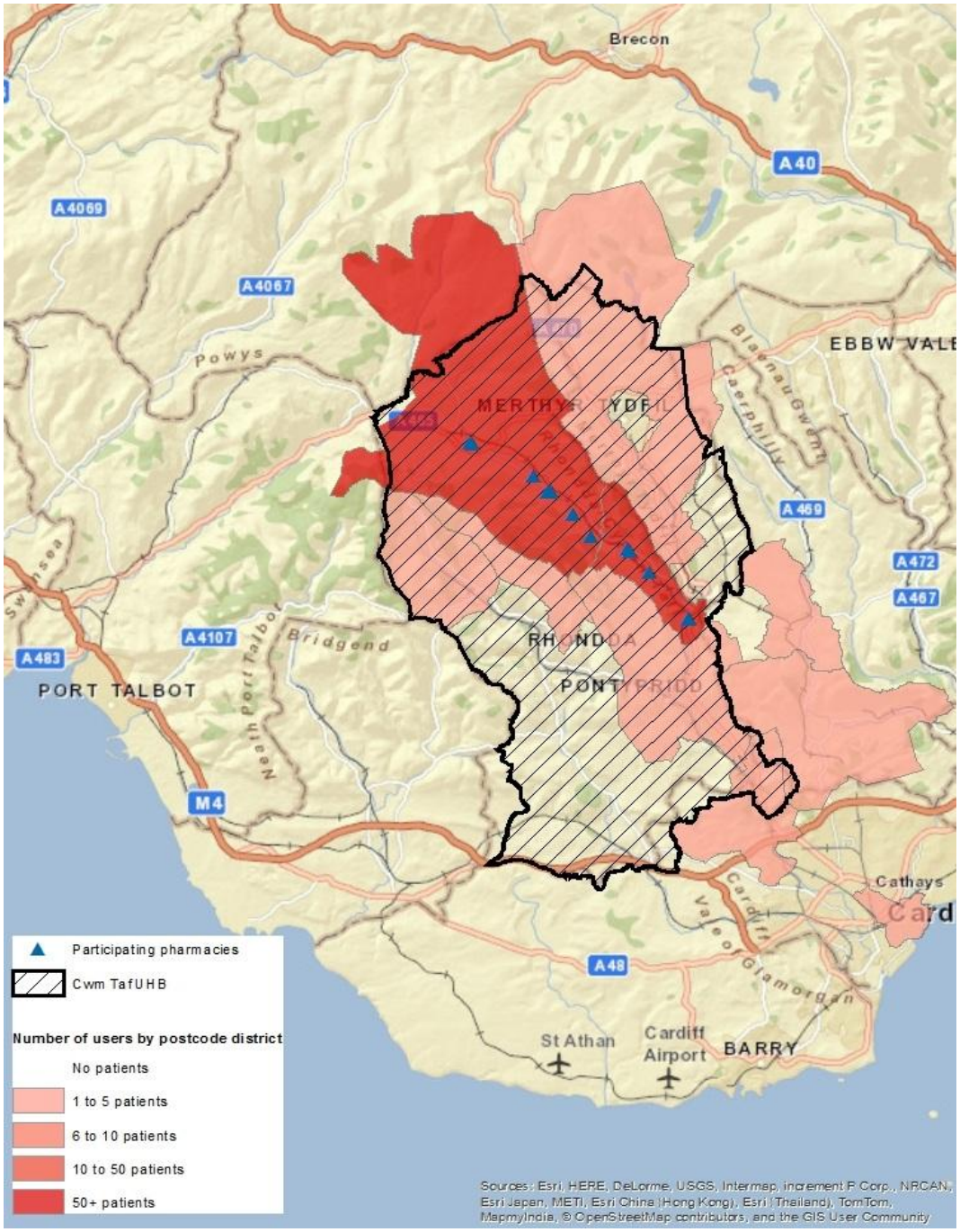
ANNEXES

Annex 1 Map of the Choose Pharmacy pathfinder sites



Cartographics • Welsh Government • ML/282/13.14
May 2014

A1.1 Number of patients by postcode district, Cwm Taf



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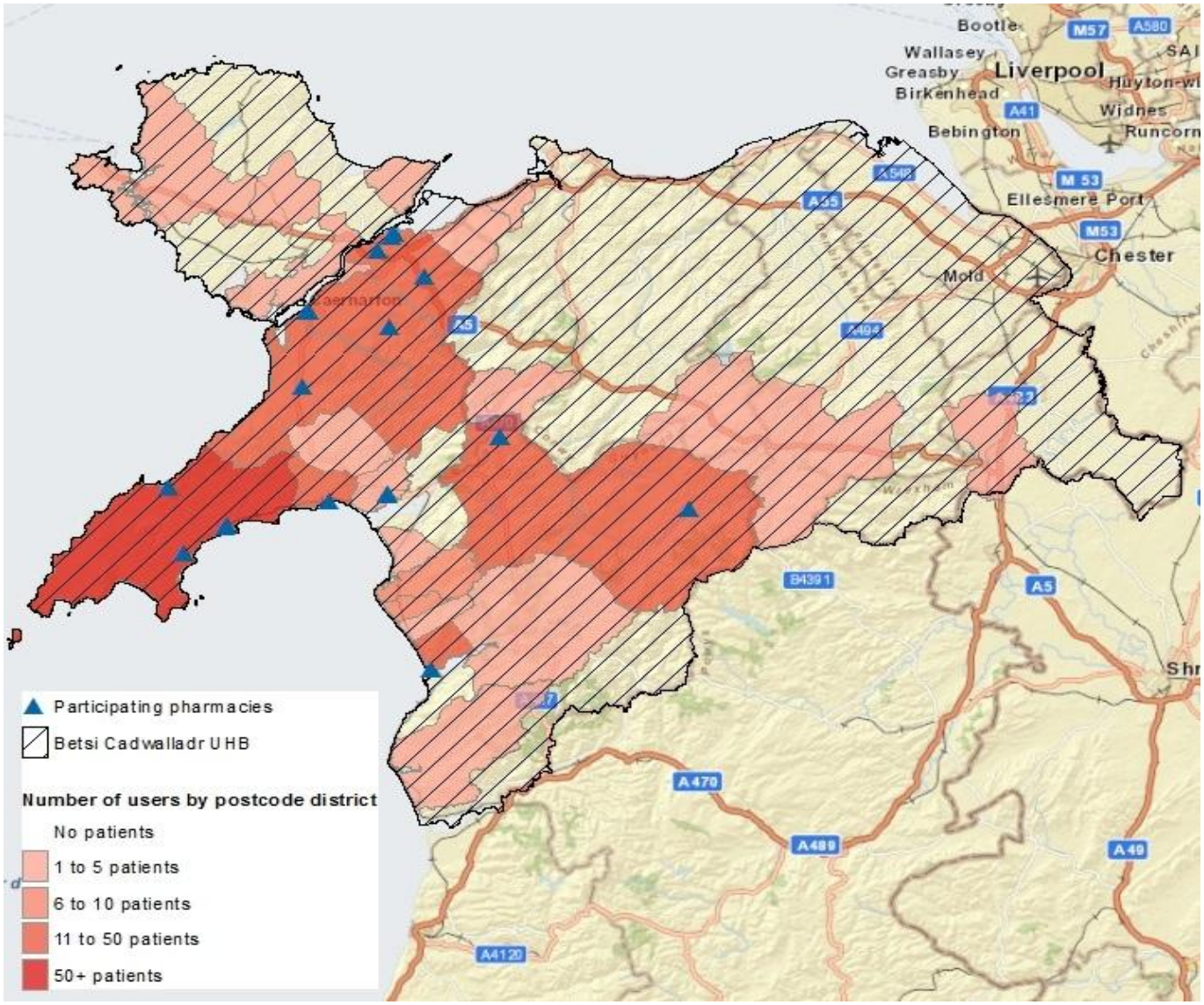
A1.2 Number of patients by postcode district, Betsi Cadwalladr



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Annex 2 Conditions treated through the Choose Pharmacy service and associated restrictions

	Condition	Advice / Treatment	Age Restrictions
1	Acne	Treatment	
2	Athlete's Foot	Treatment	
3	Backache (Acute)	Treatment	Aged 20 -55 years
4	Chicken Pox (In Children Under 14)	Treatment	< 14 years
5	Cold Sores	Advice only	
6	Colic	Advice only	
7	Conjunctivitis (Bacterial)	Treatment	> 2 years
8	Constipation	Treatment	>10 years
9	Dermatitis (Acute Exacerbation)	Treatment	
10	Diarrhoea	Advice only	>1 years
11	Dry Eyes	Treatment	
12	Haemorrhoids	Treatment	
13	Hay Fever	Treatment	
14	Head Lice	Treatment	
15	Indigestion And Reflux	Treatment	>12 years
16	Ingrowing Toenail	Advice only	
17	Intertrigo/Ringworm	Treatment	
18	Mouth Ulcers	Advice only	>10 years
19	Nappy Rash	Treatment	
20	Oral Thrush	Treatment	
21	Scabies	Treatment	> 2 years
22	Sore Throat And Tonsillitis	Treatment	
23	Teething	Treatment	> 3 months
24	Threadworms	Treatment	> 2 years
25	Vaginal Thrush	Treatment	Aged 16 – 60 years
26	Verruca	Treatment	>2 years

Where no specific age restrictions apply, the service is delivered in line with the over-the-counter licensed age ranges for the included medications.

Annex 3 Choose Pharmacy logic model

Inputs	Activities	Short term outcomes	Medium term outcomes	Impact
▪ Programme level costs (one off and recurring), including: – IT infrastructure – Staff costs ▪ Renumeration costs to participating pharmacies ▪ Costs associated with communications awareness raising ▪ In kind costs – e.g. time given by professionals to support the management and delivery of the service ▪ Patient time ▪ Local programme management costs ▪ Additional costs (one off and recurring) to participating pharmacies associated with the service (e.g. staff training, infrastructure)	▪ Registration of patients ▪ Consultation with patients ▪ Provision of advice and, where necessary, treatment ▪ Development of referrals from and to other HCP to the service ▪ Promotion and marketing of the service ▪ Training ▪ Reviewing formulary	▪ Improved public awareness of primary care services for minor ailments ▪ Improved access to advice on, and treatment for, common ailments ▪ Improved patient satisfaction ▪ Improved inter-professional relationships ▪ Extended roles for Pharmacists	▪ Appropriate use of pharmacy, GP and other health care services ▪ Improvements in health literacy ▪ Increased self management of minor ailments ▪ Improved integration of health care services for common minor ailments ▪ Maintained or improved quality of care ▪ Improved job satisfaction	▪ Pharmacy is the first port of call for advice and treatment for minor ailments ▪ Improved health outcomes ▪ Saving and better use of resource ▪ Increased resilience of health care system ▪ Reduced health inequalities / unmet need

A3.1 How is Choose Pharmacy expected to make an impact?

Below is a set of propositions inherent in Choose Pharmacy. These propositions relate to the desired outcomes and impacts of the scheme; they are presented alongside consideration of the mechanisms and causal pathways by which they are expected to be achieved.

A3.1.1 Expected outcomes

Choose Pharmacy will **improve public awareness of primary care services available for common ailments.** It will do this through: awareness raising material in GP practices, pharmacies and other locations; promotion of, and referral to the service by GPs, Practice managers and receptionists, NHS Direct and other health care professionals; word of mouth by friends and family, and registration onto Choose Pharmacy.

Choose Pharmacy will also **improve access to advice on, and treatment of common ailment services**. Pharmacies are typically open for longer hours than GP surgeries and are located where people live and work: on the high street, in supermarkets, and in the heart of local communities. In contrast to GP consultations, patients are able to register with Choose Pharmacy and access an immediate consultation with the pharmacist, without the need to pre-book an appointment. Where appropriate, the patient is also able to access NHS treatment, without the need to purchase over the counter drugs or obtain a prescription from the GP. Improved access in deprived areas could lead to reductions in inequality of access.

Improved access will lead to **improved patient satisfaction**, providing patients are satisfied with the advice and treatment they receive, and symptoms are resolved. Patient satisfaction could, however, decline if the patient is referred to a GP or other HCP (e.g. if the patient does not meet the eligibility criteria for Choose Pharmacy due to age restrictions). Reduced patient satisfaction, could, in turn affect repeat use of Choose Pharmacy by patients themselves, or by their friends and family.

Improved awareness, access and satisfaction are expected to lead to repeat use of Choose Pharmacy for the same or other common ailments – with the **Pharmacist becoming the default option for patients seeking advice and treatment on common ailments**, resulting in more appropriate use of pharmacist, GP and other health care professional led- health services. Overtime, there will therefore be a reduction in use of GPs and other services for common ailments (see below under impacts).

The duration of the Choose Pharmacy consultation could be longer than an average GP consultation for some patients, providing greater opportunity for the pharmacist and patient to discuss options for treating the common ailment, both now and in the future. This could lead to an **increase in self-management** – including the patient seeking OTC medication in the future, rather than NHS treatment, and / or the patient adopting more preventative approaches to reduce the risk of future common ailments. It could also lead to **improvements in health literacy** in general.

However, some patients who ordinarily buy OTC treatments could opt to use Choose Pharmacy to access free treatment, thereby **reducing self-management**.

In the short term, the pathfinders are also likely to deliver strategic added value as a result of the necessity to develop referral pathways from and to the Choose pharmacy service, including further **strengthening of professional relationships** and partnership working between the community pharmacies and GP practices and other health care professionals.

This in turn, could lead to **improvements in the integration of health care services for patients seeking advice and treatment for common ailments**, and for those who present to Choose Pharmacy with a common ailment but require referral elsewhere in the system.

These outcomes highlighted above are expected to **maintain or improve the quality of care** for patients with common ailments – as a result of the provision of easily accessible and safe, integrated and evidence based advice and treatment for common ailments.

In addition to improved outcomes for patients and the health care system, the provision of advice and treatment for common ailments will **extend the pharmacist role**. The opportunity to apply extensive medicines expertise and training in common ailments to improve patient outcomes is likely to lead to **improved job satisfaction** for pharmacists.

A3.1.2 Expected impacts

The use of **Choose Pharmacy as the default option for common** ailments is expected to **reduce demand on GPs and other health care professionals for common ailments**. For GPs in particular, this should create more time for consultations for more complex cases. This would make better use of available resources.

Reducing demand for nurse-led common ailment services could similarly result in increased capacity to deliver, for example, long term condition clinics for patients. However, it is inevitable that a cohort of patients will prefer to consult with the GP for their medical needs – and will always choose the GP; some patients are likely to prefer to consult with a GP about specific common ailments, whilst others could well be late 'converters' to Choose Pharmacy' – converting after several cycles of visiting the GP for advice and treatment about common ailments.

The shift in demand, taken together with the provision of pharmacy-led high quality advice and treatment for common ailments and improved self-management is expected to lead to **improved health outcomes** (or, at least, the same outcomes at reduced cost). Uptake of Choose Pharmacy by those patients who would ordinarily seek no advice or treatment for common ailments could help to identify unmet need and **reduce health inequalities**. It should also improve the **resilience of the health care system** with managing the increase demand for NHS services.

The shift in demand is expected to deliver **savings to the health care system / better use of available resources** ('savings' would imply disinvestment following freed capacity). This would be due to net savings associated with the lower costs associated with pharmacist-led consultations relative to GP consultation. The extent to which Choose Pharmacy leads to a shift from a high cost setting to a low cost setting will be influenced by whether the service displaces nurse-led or GP-led advice and treatment for common ailments in the GP practice setting. In addition, some patients may well seek a 'second' opinion from the GP following a Choose pharmacy

consultation – duplicating costs to the NHS and increasing demand. Conversion of patients who ordinarily self-manage and buy OTC treatments to Choose Pharmacy could also increase costs to, and dependency on the NHS.

Annex 4 Topic guides and online survey questions

A4.1 Pharmacists

A4.1.1 Pharmacist topic guide

Question 1:
Aim: capture background information about the pharmacy and the interviewee

Main question: Can you start by telling me a little about your pharmacy and role?

Probes

- *How did you become involved in the Choose Pharmacy scheme*
- Does the pharmacy just dispense drugs or does it offer other enhanced services?

Question 2:
Aim: capture and explore the effectiveness of the initial implementation of the pathfinder]

Main question: Thinking back six months or so, can you talk through your experience of the initial launch of the pathfinder service?

Probes

- *How did you prepare?*
  - *Setting up the service*
  - *Training*
  - *IT systems/data collection/administration*
  - *How are they promoting the service (e.g. leaflets, etc)*
- *Understanding of role/responsibilities with respect to delivering the minor ailment service? – how did these play out in practice?*
- *What were the challenges?*
- *What went well and what could have gone better in hindsight? (If suggestions are made, who could have done this/provided help?)*

Question 3:
Aim: capture and explore the effectiveness with which the service is 'bedding in' and what has changed since the launch

Main question: What has your experience of delivering the service been over the last six months?

Probes

- *Reflect back on the strengths and weakness identified in the previous question – how have things changed?*
- *How are they promoting the service (specifically with patients who come in with a prescription [for a treatment for a minor ailment] from the GP?*
- *Any unexpected activities/involvement?*
- *What challenges have they had to address and how have these challenges been overcome?*

- *Lessons learned – what has gone well, what hasn't, and what could be improved (and how?)*

Question 4
Aim: explore perceptions of how patients/public are engaging with the service

Main question: From your experience how are patients engaging with the service?

Probes
- *Who is using it? Any patterns of users?*
- *How are people becoming aware of the service? (e.g. referral from a GP/ seen a leaflet etc)*
- *Most common ailments consulted for?*
- *How many people come back for advice and treatment for other common ailments – are they seeing any changes in patient/public behaviour (i.e. – are patients/ public starting to use the pharmacy as a first port of call for advice and treatment about common ailments)*
- *Outcomes from engagement with the service (e.g. what proportion are prescribed treatment, many referred elsewhere – and why (e.g. is it because they don't meet the eligibility criteria?)*
- *What have been the main drivers and barriers to patient engagement with the service – how can the barriers be addressed*
- *What works well and what could be improved (and how*)

Question 5
Aim: explore perceptions of how GPs and other health care professionals are engaging with the service

Main question: From your experience how GPs are engaging with the service?

Possible Probes
- *Are GPs referring patients?*
- *Are there any patterns (e.g. any particular practices more or less likely to refer patients / particular 'types of patients' etc) - what do they think are the reasons behind these patterns (e.g. already have a good relationship with GP practice, etc.)*
- *What have been the main drivers and barriers to GP engagement with the service?*
- *Are other health care professionals referring patients (e.g. nurses, ophthalmologists, etc.)*

Question 6
Aim: To explore whether people who would usually buy OTC treatments have switched to using the pathfinder service

Main question: We are interested whether the service is changing the behaviour of those people who would usually buy OTC treatments for their common ailments – are they switching to using Choose Pharmacy?

Possible Probes

- *Interactions with people who usually buy OTC? What actions are they taking with these people?*

Question 7
Aim: to understand the outcomes delivered to date

Main question: What difference do you think the service has made so far?

A) For you

Possible probes

- Costs? Remuneration?
- Time demands?
- Change in demand for services?
- Improved relationships with GPs/HCPs (inter-professional relationships)
- Greater job satisfaction, improved skills/knowledge, extended role?

B) For patients

Possible probes

a) Increased public awareness of the types of support pharmacies can offer

- Improved access to advice on, and treatment for, common ailments?
- Improved patient satisfaction?

Question 8
Aim: to understand perceptions of expected outcomes and the drivers and barriers to realising these outcomes

Main question: What difference do you think the service will/ could make longer term?

Possible probes

Same as above, but include:

- Pharmacy becomes first port of call for common ailments
- Improved patient satisfaction?
- Changes in patient self-management?
- Savings/better use of resources
- Improved health outcomes
- Impact on quality of care for common ailments
- Changes in the levels of integration of health care services?
- Reduced health inequalities

[Explore how and why for any outcomes identified]

Concluding questions

- Reflecting back, what is the one thing that stands out that has gone well/ gone less well?
- Are there any ways in which you feel the service could be improved? Why, and who should be responsible for this?

Is there anything else you would like to add?

A4.1.2 Pharmacist online survey

1. **Thinking back six months or so, what were your experiences of the preparation for and initial launch of the pathfinder service?** *Please comment on what went well, and any challenges - and how you overcame them.*
2. **What have been your experiences of delivering the service over the last six months?** *Please comment whether and how delivering the service has changed since it was launched, any lessons learned and any unexpected activities*
3. **How are patients engaging with the service?** *Please comment on any patterns (e.g. types of conditions/ different age groups etc), how people are becoming aware of the service? (e.g. referral from a GP/ seen a leaflet), and any thoughts about barriers patients might have to engaging with the service / how to improve patient engagement with the service.*
4. **How are GPs engaging with the service?** *Please comment on whether there any patterns in which practices are more likely to refer, and whether and how you working with GP practices to promote the service.*
5. **What difference has the service made so far to** (*Please comment on any difference you think the service has made to your pharmacy and role, to patients and to GP practices)*
6. **Are there any ways in which you feel the service could be improved*?*** *Why, and who should be involved?*
7. **Any other comments**

A4.2 GPs

A4.2.1 GP topic guide

In the majority of cases we will be speaking to the practice managers rather than GPs – please tailor questions appropriately. Some GP practices haven't engaged with the service and it's likely that awareness and understanding of the pathfinder will vary.

Question 1:
Aim: capture background information about the GP practice and the interviewee [but keep it short!]

Main question: Can you start by telling me a little about your practice and role?

Probes

- *Number of patients, number of GPs, any nurse-led clinics, other clinics offered – do they have a common ailments clinic*
- *How many pharmacies provide cover with respect to dispensing prescriptions (e.g. do they have a strong relationship with one pharmacy, or are there, for example, three pharmacies nearby to which patients go to?)*
- *Have they been involved in any other pharmacy-based services (eg. smoking cessation etc.)*

Question 2
Aim: capture views / context on the utilisation of the GP practice for advice and treatment for common ailments

Main question: Can you tell me about how patients use the practice for advice and treatment for common ailments?

Probes

- *Proportion of GP consultation (and / or nurse) time is spent on common ailments / proportion of prescriptions for common ailments*
- *What are the most common conditions for which people seek advice and treatment?*
- *Are there any patterns in how different patients use the GP for advice and treatment for common ailments – eg. are patients of a particular age most likely seek treatment and advice about a particular condition*
- *How have the patterns of utilisation changed over the last year – what factors have led to these changes (do they think it's the pathfinder)*

Question 3:
Aim: to understand levels of practice awareness and engagement with the pathfinder.

Main question: moving on to the choose pharmacy service – please can you describe how you/your practice has been involved with the service?

Probes: [some might not have engaged/been involved at all, so flex the prompts appropriately]

Awareness

- *How aware are you of the service/ how have you become aware of the service - has the practice's level of awareness changed over the past 9 months (the pathfinders were launched in October)*
- *How aware of the service are other receptionists and GPs and other practice staff*
- *[if not involved] – what would help to improve awareness of the service*

Involvement

- *Was the practice involved in helping to set up the service, how long has it been involved with service (e.g. since launch)*
- *What are been the drivers for, and barriers to involvement*
- *[if not involved] how likely are to become involved in the next six months and why*

Question 4
Aim: to capture and explore the effectiveness with which the service was launched, is 'bedding in' and what has changed over the last nine months
[skip this question if the GP practice is showing no signs of having engaged with pathfinder]

Main question: Thinking back over the nine months or so, can you talk through your experience of the pathfinder service to date?

Potential probes

- *How did the practice prepared for the service?*
- *How are they raising awareness of the service?*
- *How have you engaged with the pharmacists and Local Health Board (or other practices?) as part of the service?*
- *Understanding eligibility for the service/ referral to and from the service*
- *How are referrals playing out in practice?*
- *How are you promoting the service (specifically with patients who come in/phone in to use the make a GP appointment / during the GP appointment?*
- *Any unexpected activities/involvement?*
- *What challenges have they had to address and how have these challenges been overcome?*
  - *Resources*
  - *Missed illness*
- *Lessons learned – what has gone well, what hasn't, and what could be improved (and how – and involving who?)*
- *How have things changed over the last nine months?*

Question 5
Aim: explore perceptions of how patients/the public are engaging with the service

Main question: From your experience how are patients engaging with the service?
If the practice has not engaged with the pathfinder, focus the question on how they think
their patients are likely to engage/ drivers and barrier etc.

Potential probes

- *Who is using it? Any patterns of users? – and any patterns of the types of patients who continue to use the GP practice*
- *How are people becoming aware of the service? (e.g. referral from a GP/ seen a leaflet etc) – what are their levels of awareness?*
- Is there any duplication of service/consultations (e.g. Is the practice seeing patients come back to the practice for the same or other common ailments after they have engaged with choose pharmacy service?
  - *[If yes, are there any trends in the types of patients/any particular minor ailment?]*

- *What are the drivers and barriers to patients using the service – how can the barriers be removed?*

Question 6
Aim: to understand the outcomes delivered to date **[Skip this question if the Practice hasn't engaged with the pathfinder]**

Main question: What difference do you think the service has made so far?

C) For you/ your practice

Potential probes

- Reduced demand on GP/practice time?
- Reduced consultation time
- Have more time to focus on more complex cases
- Time demands?
- Improved relationships with pharmacists
- Increased resilience of healthcare system

D) For patients

Potential probes

- Increased public awareness of the types of support pharmacies can offer/better use of primary care services?
- Improved access to advice on, and treatment for, common ailments?
- Improved patient satisfaction?

[Explore how and why for any outcomes identified]

Question 7
Aim: to understand perceptions of expected outcomes and the drivers and barriers to realising these outcomes

Main question: What difference do you think the service will/ could make longer term?

Potential probes

Same as above, but include:

- Pharmacy becomes first port of call for common ailments
- Improved patient satisfaction?
- Changes in patient self-management?
- Savings/better use of resources
- Improved health outcomes
- Impact on quality of care for common ailments
- Changes in the levels of integration of health care services?
- Reduced health inequalities

[Explore how and why for any outcomes identified]

Concluding questions

- [If the GP practice has engaged] Reflecting back, what is the one thing that stands out that has gone well/ gone less well?
- [If the GP practice has engaged] Are there any ways in which you feel the service could be improved? Why, and who should be responsible for this?
- [if the GP practice hasn't engaged to date] – what do you think you could do to get involved, what support would you need and from who?
- Is there anything else you would like to add?

A4.2.2 GP survey

1. **Please provide a little background information about the practice.** Please comment on the number of GPs, whether the practice operates any nurse-led clinics, whether any other clinics are offered, including common ailments clinics.
2. **How do patients use the practice for advice on and treatment of common ailments?** Please comment on the proportion of GP consultation (and / or nurse) time is spent on common ailments / proportion of prescriptions for common ailments, and any whether there any patterns in how different patients use the GP for advice and treatment for common ailments.
3. **How have the patterns of utilisation of the practice for advice and treatment changed over the nine months.** Please comment on whether you have observed any changes in the patterns in how patients use the practice for advice and treatment about common ailments. If appropriate please common on the factors have led to these changes.
4. **Please can you describe how you/your practice has been involved with the service?** Please comment on your practice's level of awareness of the service how have you become aware of the service, how you have been involved in the service, and drivers for, and barriers to involvement, and how any barriers could be addressed.
5. **Thinking back over the nine months or so, can you talk through your experience of the pathfinder service to date?** Please comment on how the practice prepared for the service, has raised patient awareness of the service, any challenges you have faced and how these have been address, and any lessons learned.
6. **From your experience how are your patients engaging with the service?** Please comment on who is using it and how are they becoming aware of it. Please also comment on drivers and barriers your patients might have to engaging with the service / how to improve patient engagement with the service.
7. **What difference has the service made so far to your practice and patients?** Please comment on any difference you think the service has made to your practice and patients.
8. **What difference do you think the service will/could make in the longer term?** Please comment on any difference you think the service could make in the longer term to your practice and patients.

9. **Are there any ways in which you feel the service could be improved to make a difference?** Please comment on why the improvements would help, and who should be involved?
10. **Any other comments**

Annex 5 Literature Review

Below we consider the wider literature on pharmacy-based common ailments services. Evidence has been drawn on from across the four nations of the UK. In undertaking the review we drew heavily on two sources:

- The first systematic review of pharmacy based common ailments services that assesses their impact on patient outcomes, costs and general practice workload (Paudyal, et al., (2013)
- A rapid review of the evidence for community pharmacy common ailments schemes (Hinchliffe, 2013)

The studies reported within these two sources, as well as additional studies that were included within this review vary with respect to duration of the evaluation (i.e., the number of months of period of operation of the service), number of pharmacies involved and the number of consultations undertaken. Despite this variation, common themes emerge within the evidence, these are discussed below.

A5.1 The case for community pharmacy minor ailment services

Common ailments are conditions that may require no or limited medical intervention. These conditions are often self-limiting (for example coughs, diarrhoea and indigestion). Others, such as athlete's foot or eczema, are not self-limiting but can be treated with medicines readily available from a pharmacy without prescription.

Despite this, many GP consultations are for common ailments that could be self-managed. The Proprietary Association for Great Britain (PAGB) suggests that up 18% of GP workload is estimated to relate to minor ailment services – at a significant cost of £2billion annually (PAGB, 2008). More recently, the Welsh Government has reported that up to 40% of a GP's time is spent on common ailments. More specifically, every GP in Wales spends an estimated one hour each day dealing with common ailments with an estimated five million general practice consultations concerning common ailments (Community Pharmacy Wales, 2011).

Other areas of the healthcare system are also affected, including A&E – with one early study reporting consultations for common ailments accounted for 8% of consultations per year, costing the NHS £136million (Bednall, et al. 2003).

A shift from GP-led to community pharmacy-led patient self-care of common ailments has been a focus of many UK health policy documents. One of the key drivers for this focus has been the need to reduce the associated financial burden owing to common ailments presentation at general practices (GPs), as well as reducing the demand on GP's time. Other drivers include the need to increase patient access to services, aid pharmacists' professional development through extended roles, and to support and encourage patient self-care.

Pharmacists have extensive medicines expertise and are trained in common ailments. Many already provide advice on common ailments in the

community setting - recommending over-the-counter (OTC) products or referring patients to other health care professionals. Pharmacies typically open for longer hours than GP surgeries and are located where people live and work: on the high street, in supermarkets, and in the heart of local communities.

A5.2 Overview of common ailments services in the UK

Community pharmacy common ailments services have been in operation across the UK since 2006. Minor ailment services were introduced nationally in all community pharmacies in Scotland and Northern Ireland in 2006 and 2009, respectively. In England, common ailment services have been in operation in some localities since early 2000 – these are currently commissioned by Clinical Commissioning Groups after assessment of local needs, and as enhanced services.

In Wales, pharmacies in Torfaen have been running a common ailments scheme since 2006. Local Health Boards also commission enhanced services, under which common ailments fall. In 2011-12, 23 community pharmacies were accredited to provide enhanced services (Welsh Government, Community Pharmacy Services, 2013). The Welsh Government announced that a national service was to be delivered across the 710 community pharmacies in Wales commencing in 2013.

A5.3 The profile of patients seeking advice and treatment for pharmacy based common ailments

The profile of service users is consistent with the eligibility criteria for the majority of the schemes reviewed; people living in more deprived and urban areas and children under 16 years of age more frequently seek advice and treatment from common ailments services (Hinchliffe, 2013; Pumtong, et al., 2011; Walker et al.; 2003). For example, a study of predictors of patient uptake and supplied medicines, involving 1,206 pharmacies in Scotland, found that registrations were significantly higher in urban and more deprived areas (Wagner, et al., 2011). Similarly, Schafheutle, et al. (2003) reported that 59% of consultations delivered through the common ailments service in Scotland involved 15 year olds and under, and Davidson, et al. (2009) reported that 60-64% service users in Cheshire were children aged 0 to 10 years.

Furthermore, multivariate analysis conducted by Wagner, et al. (2011) reported that the proportion of Scottish services users under 16 years' old, as well as those living in more deprived and urban areas were also more likely to be associated with higher provision of treatment items (Wagner, et al., 2011).

Comparison with the profile of patients consulting with GPs for advice and treatment for common ailments

Findings published by the PAGB (2009) suggests that the profile of patients using pharmacy based common ailments service is consistent with that of patients seeking consultations for the same conditions in a general practice setting. Specifically, it found that people who visit a GP or nurse are more likely to be lower earners) and consumers with children.

In contrast, Pillay, et al. (2010) suggest that the age distribution of patients seeking advice and treatment for common ailments from general practice mirrors that of the general population in the UK. Specifically, the study found that the highest proportion of NHS spend on common ailments in general practice (for consultations and prescriptions) is on patients aged above 40 years old, and particularly those aged 60 and over, with spending being relatively low for the young (0-15 year olds). Furthermore, a gender split was found with 60% of general practice consultations and prescriptions accounted for by females, despite an almost equal gender population split in the UK (Pillay, et al., 2010).

A5.3.1 Repeat use of common ailment services

Limited evidence exists regarding the number of people who revisit pharmacy common ailment services. One study of a pharmacy common ailments service in Leicester observed that a substantial majority (67%) of respondents had used Pharmacy First on more than one occasion. 8% had done so ten or more times during a three month period in a year-long scheme (The Mary Seacole Research Centre, 2011). Thus suggesting a degree of satisfaction, familiarity and value placed on the service. However, no evidence is available to identify whether and how 'repeat' visits varied over time.

In relation to more general behaviour, Winit-Watjana et al (2011) observed that 72% of patients registered with a common ailments service in Sunderland and South Tyneside visited a pharmacy every three to four weeks to access common ailment or other services. However, it is not clear, whether the introduction of the service had led to an increase in the use of the pharmacy by these patients, or whether, they were already frequent users.

A5.4 Trends in the most common ailments treated

The number of common ailments covered by pharmacy common ailments services varies, but typically range from ten to 25 conditions. Common ailments most frequently included within pharmacy common ailments services include:

- Headlice
- Diarrhoea
- Thrush
- sore throat
- indigestion
- Hay fever
- Cough
- Headache
- Threadworm
- Earache

The common ailments presented by registrants varies across the studies reviewed. However trends in the most common ailments are apparent. For example, Hinchcliff (2013) reported that that head lice, cold and flu, indigestion and general pain were identified as being the most commonly treated ailments. The high proportion of consultations for head lice is consistent with the relatively high use of common ailments services for children.

Consistent with the trends in most common ailments presented, Hinchliffe (2013) also reported that the treatments most frequently prescribed are paracetamol, ibuprofen and preparations for head lice. However, a degree of regional variation is apparent, with paracetamol and ibuprofen being most frequently prescribed in Scotland (NHS National Services Scotland, 2014), compared with head lice preparations being the most frequently dispensed in England.

A5.5 Prescription items dispensed

There was limited evidence available in the studies reviewed on the volume of dispensed items per person under these schemes. However, across Scotland, 2,340 items were dispensed per 1,000 registrations, during the financial year 2013 – 2014. During this period the common ailments service accounted for 2.18% of all items dispensed in Scotland by community pharmacists. Items dispensed varied across local health boards (ranging from 2,824 items to 1,794 items per 1,000 registrations) (NHS National Services Scotland, 2014).

Only one study of a pharmacy common ailments service in the Midlands, England assessed whether pharmacists provided advice and treatment for multiple ailments in one single consultation. Rivers, et al. (2011) reported that pharmacist practice varied – with some providing advice and treatment for multiple (and unrelated) conditions in single consultations. No evidence was presented as to whether and how variations in practice impacted on the length of consultations or the uptake of the service, or number of items prescribed.

A5.6 Patient preferences for settings of care

Patient reported preferences for setting of care and perceptions of the pharmacy-based health care highlight that significant behavioural change will be required to shift demand away from GP practices. A study by Krska, et al. (2010), exploring the views of the public into the role of pharmacists in relation to public health, revealed that only 23% considered pharmacies to be the best place to get health advice. Similarly, a more recent investigation by Gidman and Cowley (2013) in Scotland reported that while people had positive comments to make about pharmacists and the role they had to play, many preferred to see general practitioners, especially those with long term health conditions.

However, several studies suggest that ease of access and convenience could be equally as important as perceptions about the ‘best’ setting of care in influencing patient behaviours. For example, one study explored factors that influence patients’ decision to seek treatment from different health care providers for common ailments. The single most popular response for seeking care in both an emergency department and at a GP was convenient location (52% and 69% of respondents, respectively) (Burr, et al., 2013, cited in Hinchliffe, 2013). While the study did not present evidence regarding reasons for seeking care in a pharmacy setting, the patient-reported benefits discussed in section A5.7 suggest that ease of access of pharmacy-based

common ailments services could be leveraged to support behavioural change.

The majority of studies reviewed provide summative evidence about the changes in patients' interactions with healthcare providers following the introduction of a pharmacy service for common ailments. Therefore, limited evidence exists to assess lag times for changes in patient behaviour following the inception of these services.

A5.6.1 Which patients are most likely to self-care and seek over the counter treatment?

Several studies have explored the profile of people most likely to self-care for their common ailments. A systematic review of factors associated with self-care reported that females, people aged between 35 and 64 and those from higher socio-economic classes are more likely to purchase OTC medicines (Ryan et al, 2009). Additionally, the review reported that three high quality studies found a link between purchase / or use of OTC medicines and poor health. Consistent with these findings, the PAGB has reported that those who self-care are more likely to be females, higher earners, White British, older consumers and full time workers who pay for their prescriptions the PAGB (2009).

A5.7 Factors influencing patient choices to use pharmacy based common ailment services

Common themes in the factors that influence (both positively and negatively) patients decisions to seek advice and treatment from pharmacy based common ailment services have been identified from the evidence reviewed. These factors are illustrated in Figure A5.1.

A5.7.1 Access and convenience

Ease of access and convenience were consistently identified as the key factors influencing patient choices to use pharmacy common ailment services. For example, a study of the Pharmacy First Common ailments Scheme in Nottingham revealed that patients were most satisfied with the access and convenience of the ailments scheme (Pumtong, et al., 2011). Similarly, an earlier evaluation of the Scotland common ailments service reported that most users of service particularly valued the convenience that the scheme offered (Schafheutle, et al., 2003). Furthermore, 67% of patients in an assessment of a scheme in North East England said the scheme had saved them time (Winit-Watjana and Nazir, 2011). Furthermore one evaluation of a common ailments service for patients with undiagnosed skin problems identifies that conversely, the inaccessibility of a GP also contributes to the use of minor ailment services with difficulty of obtaining an appointment and long waiting times being common problems (Tucker, et al., 2013, cited in Hinchliffe, 2013).

Figure A5.1 Patient drivers and barriers for using the service

A5.7.2 Confidence in service and positive experience of the service

Confidence in using a pharmacy service / the skills of the pharmacist also influences patients' choice. For example, a study of the patient perspectives of community management of skin problems found that familiarity and trust in the pharmacist were key themes influencing the patient choices to seek pharmacy based care and treatment (Tucker, et al., 2013, cited in Hinchliffe 2013).

Similarly one cohort study of patients using pharmacy services in Scotland and East Anglia, (Pharmacy Research UK, 2014) found prior (successful) use of the pharmacy for advice and treatment influenced subsequent patient decisions to seek care from a pharmacy setting. Findings from this study also suggest some correlation between successful utilisation of such schemes and repeat use inferring that a level of trust in the pharmacy based care had been established.

A5.7.3 Perceived severity of condition

Perceived seriousness of the symptoms and / or condition have also been identified as key influencers of healthcare choices. For example, the previously mentioned cohort study of patients using pharmacy based services in Scotland and East Anglia, suggested that patients assess the seriousness of their condition prior to selecting which setting of care they select for advice or treatment (Pharmacy Research UK, 2014).

A5.7.4 Other drivers

Several other drivers are cited in the evidence reviewed, although less consistently. These include:

- Patients 'preferring' not to waste a GP or nurse's time (PAGB, 2009)
- An opportunity to access treatment at no cost or lower cost (Ibid)

Barriers

A5.7.5 Privacy

Perceived or actual lack of privacy and confidentially associated with a pharmacy setting is often cited by patients as a reason for seeking advice and treatment for common ailments in an alternative setting (predominantly the GP). For example, research into public views about the role of pharmacists revealed that a significant proportion of people surveyed stated that they would not consider visiting a pharmacist for health advice because of lack of confidentiality and privacy (Krska, et al., 2010). Evidence reported in another study, found that patients who used the Pharmacy First scheme in Nottingham were 'least satisfied' with the amount of privacy that the pharmacy offered (Pumtong, et al., 2011).

A5.7.6 Lack of awareness of schemes

Another barrier which was frequently found was a lack of awareness of the common ailments service, as well as wider services offered by the pharmacy in general. Several evaluations found that there was a lack of patient awareness of the existence of common ailments services in localities in which they were operating (Krska et al., 2010, Edwards et al., 2011 cited in Hinchliffe, 2013). This lack of awareness extends to patients perception of pharmacies offering restricted privacy as Edwards et al (ibid) found that 44% of patients did not know they had access to private consultation rooms in pharmacies. Effective promotion of common ailment schemes is essential for patients to be able to engage with services. Burr, et al. (2013) note that interventions are needed to increase public awareness of the suitability of pharmacies for managing common ailments.

A5.8 Drivers and barriers for Pharmacist and GP engagement in pharmacy based services

Several studies have explored pharmacists and GP practices' motivations for engagement with and the delivery of pharmacy-based advice and treatment for common ailments. Several common drivers and barriers emerge.

A5.8.1 Drivers and barriers for pharmacy engagement

Opportunities to expand professional roles, improving services for patients and potential financial returns are the three main benefits identified by pharmacists – with each serving as a driver for engagement with the delivery of services (Paudyal, et al., 2010 and 2011, cited in Hinchliffe, 2013). Furthermore, Paudyal, et al., (2011) concluded that pharmacists' perceptions of whether specifications for common ailment services supported these drivers were key to predicting whether similar innovations would be *successfully* adopted in future.

One evaluation - the Pharmacy First minor ailment scheme in the Midlands reported improved relationships between community pharmacists, GPs and practice staff as a benefit arising from the introduction of the scheme (Rivers, et al., 2011). Over the longer term, these improved relationships could drive further engagement with pharmacy-based common ailment services.

The main barrier to pharmacy engagement relates to concerns about the potential misuse or overuse of the service by some patients (Pauyal 2013 and references therein). For example, one evaluation in Scotland reported that 75% of pharmacists perceived suspected misuse or over use to be a barrier (Paudyal, et al., 2010). This fear is further reflected in the results from a study of pharmacists' perspectives of the Pharmacy First scheme in Nottingham. This study reported that 25% of pharmacists felt the scheme was being abused in some way, for example patients using the services at more than one pharmacy to build up a supply of medicines (Pumtong 2008).

Additional barriers to engagement included administrative burden, protocol restrictions and capacity constraints associated with the increased time needed to assess patients and record their consultations (Paudyal, et al., 2010).

A5.8.2 Drivers and barriers for GP engagement

The majority of studies involving GP practices report that GPs express positive attitudes to pharmacist involvement in the management of common ailments (Paudyal, et al., 2013). However explicit drivers and barriers to GP engagement with pharmacy based minor ailment services were not readily identified in the studies reviewed. Nonetheless inferences can be made from the evidence available.

Reducing the demand for GP consultations and treatments for common ailments included in pharmacy-based services serves as a driver for GP engagement and referral of patients (see section A5.9.3 for further information).

Lack of GP understanding of the criteria for, and purpose of, the pharmacy schemes is a potential barrier which has been inferred from the evidence reviewed. For example, one study of a Nottingham based pharmacy common ailments service, reported that pharmacists believed that some GP practices had limited understanding of the service and referred patients inappropriately (Pumtong, et al., 2008). This could, in turn, influence GP perceptions of the quality of the service provided and therefore, likelihood of subsequent engagement with the service.

Several studies suggest that GP perceptions of the types of ailments for which it is appropriate for pharmacists to provide advice and treatment vary. For example, Hammond, et al. (2004) reported that GPs believed that only 7% of consultations could be dealt with by a community pharmacist. Thus, GP perceptions and attitudes about the expanding role of the pharmacist could also act as barriers to engagement.

A5.9 Outcomes and impact of common ailments services

The studies reviewed have explored numerous outcomes associated with pharmacy based common ailments services. Outcomes reported include:

- Health related outcomes, typically including an assessment of patient reported resolution of symptoms, consultation with a GP or other health care professional following consultation with the pharmacy, and referral to other health care professionals;
- Patient satisfaction: typically including patient reported levels of satisfaction with the quality of service received from the common ailments service;
- Healthcare system related outcomes/impact: typically including impact of changes in the demand for general practice consultations for common ailments and impact on general practice workload; and
- Economic impact, typically including an assessment of the cost savings associated with shifting demand from a GP to pharmacy setting.

A5.9.1 Health related outcomes

Several studies have assessed resolution of symptoms and re-consultation rates following consultation with a pharmacist**.** The systematic review of the outcomes and impact of common ailments services suggests that the majority of patients report total resolution of symptoms following intervention from a pharmacy for their minor ailment (ranging from 68% to 94.4% of patient reporting resolution) (Paudyal, et al., 2013).

The same systematic review also noted that re-consultation rates with a GP following the pharmacy consultation varied ten-fold, ranging from 2.4% to 23.4% (Paudyal, et al., 2013). Evidence is not presented to assess whether the re-consultation rates reported correlated with levels of patient reported resolution of symptoms. However, symptom reoccurrence was identified as common reason for re-consultation. Perceived severity of the ailment and dissatisfaction with the duration of the treatment available were other reasons frequently reported for re-consultation (*ibid*).

One study included within the systematic review provided evidence which suggested that the re-consultation rates following GP consultation for advice and treatment for common ailments are similar to those observed for the pharmacy service, albeit that the evidence was specific to the locality in which the service was in operation (Whittington et al., 2001, cited in Paudyal, et al., 2013).

Re-consultation rates could also be influenced by inappropriate referrals. For example, one study noted that pharmacists delivering the service had reported incidences in which there had inappropriate referrals to the service from GPs (Pumtong, et al., 2008). This resulted in patients being referred back to the GP. These inappropriate referrals could in turn influence re-consultation rates, as well as patient satisfaction with community pharmacy.

Limited evidence exists relating to the type of ailments associated with re-consultations. An audit of a common ailments service in Islington, London, reported that most common conditions for re-consultation and re-referral were hay fever and coughs and colds and earache (National Prescribing Centre, 2005). The evaluation of the Pharmacy First scheme in Leicester found that re-consultations for children presenting with fever, cough or viral upper respiratory tract infection were common (Mary Seacole Research Centre, 2011). This suggests that 'at risk' patient groups could be more inclined to seek re-consultations for those ailments associated with bacterial infections and other, more serious, conditions.

A5.9.2 Patient satisfaction

The studies reviewed suggest that patient satisfaction with pharmacy common ailments services is high. Paudyal, et al.; (2013), reported that at least 90% of patients (asked in in the studies included within the systematic review) reported that they would use the service again. One evaluation recorded that 99% of patients would be happy to do so (Bloodworth, 2012, cited in Paudyal, et al.; 2013). Further feedback from this evaluation documented that 70% of patients rated the service as "excellent" and 41% wanted more medicines to be available through the service (*ibid*).

A5.9.3 Healthcare system related outcomes/impact

Changes in demand for consultations with the GP

Several studies have reported that pharmacy-based common ailments services reduce the demand for GP consultations for common ailments. For example, Paudyal et al., (2013) reported that the reduction in the demand for GP consultations for common ailments varied from 1.4 to 56.6% across the studies included within the systematic review (Paudyal et al., 2013). However, only two studies reported a statistically significant reduction in demand for GP common ailments consultations. Both studies evaluated minor ailment services in Merseyside - one of which reported a 27% reduction in GP consultations for common ailments over a 6 month period, the other reporting a 21.6% reduction, also over a six month period (Bojke et al., 2004, cited in Paudyal et al., 2013).

However, the majority of studies reported that the number of consultations for all ailments have remained unchanged (Paudyal et al., 2013). Consistent with this finding, one evaluation reported that GPs involved in the study had noticed little impact on their overall workload (Schafheutle et al., 2003). Nonetheless, it remains possible that the reduced demand for common ailments-related consultations could have enabled GPs to focus more time on consultations for more complex conditions.

Several evaluations have also explored the action patients would have taken had the pharmacy service not existed. The proportion of patients reporting that they would have consulted with a GP varies, ranging from 47% to 92% (Paudyal et al., 2013). For example, an evaluation of a Pharmacy First scheme in the North of England reported that, over a one month period: 58% of patients using the service would have made an appointment with a GP and 3% of patients would have made an appointment with another health care professional or attended A&E. (Baqir, et al., 2011). Another evaluation of the common ailments service in Cheshire, reported that a higher proportion (80%) of patients said that they would have visited a GP had the service been unavailable (Davidson, et al., 2009 cited in Hinchliffe 2013). These findings further suggest that pharmacy common ailment services support a reduction in the demand for GP consultation for common ailments.

Conversion of those patients who self-manage – increasing demand on the NHS

Few studies have explored whether those patients that would have typically self-managed and purchased OTC treatments convert to using the pharmacy common ailments service.

One evaluation of the common ailments services implemented across three PCTs in the north of England noted that over a one month period: 39% of patients using the pharmacy service had reported that they would have bought OTC treatments had the service been unavailable. Furthermore, 8% of patients would have done nothing. The evaluation of the Cheshire service, discussed previously, reported that 15% of patients would have bought over the counter treatments (Davidson, et al., 2009 cited in Hinchliffe 2013). These findings highlight that the introduction of pharmacy-led common ailments services can increase demand on NHS resource. However, this increased demand needs to be considered within the context of decreased demand on higher cost GP consultations (as noted above).

Changes in prescribing

Several studies have also explored changes in GP prescribing for treatments for common ailments. The majority of these studies reported a decline in GP prescribing volumes for those treatments included in the pharmacy service formulary following the introduction of the service. For example, one study of the Pharmacy First service in Leicester found that GP prescription items for those items included in the pharmacy services formulary decreased by 71,000 (Mary Seacole Research Centre, 2011). This fall in prescriptions was most pronounced for head lice treatments – one of the most common ailments for which Pharmacy First registrants sought advice.

Few studies have reported the effect, size and significance of levels of the decline in GP prescribing (Paudyal, et al., 2013). Furthermore, limited evidence exists to explore whether reductions in GP supply correlate with an increase in the pharmacy supply of these treatments.

A5.10 Cost and Value for money

As noted in the first systematic review of evaluations of common ailment services (Paudyal, et al., 2013), few studies have undertaken detailed / robust economic evaluations – taking into account, for example:

- Duplication of resources (e.g. when patients undertake a re-consultation with a GP following a consultation with a pharmacist); and
- The costs/benefits of changes in demand for services provided by other health care professionals (e.g. nurses), or other health care providers (e.g. secondary care providers, specifically A&E).

A5.10.1 Cost per consultation

Numerous studies have analysed the costs per consultation in the pharmacy setting. Analysis reported in the studies included within this review showed that the mean cost of a pharmacy consultation was lower than the cost of consultations with a GP or at an emergency department. Average pharmacy consultation costs ranged from £1.44 (Whittington, et al., 2001, cited in Paudyal, et al., 2013) to £17.75 (The Bow Group, 2010) with average GP consultation costs ranging from £32 (ibid) to £36 (Curtis 2010, cited in Paudyal et al., 2013). Emergency department consultations cost around £110 (*ibid*).

A5.10.2 Assessment of value for money

It is difficult to draw conclusive findings regarding value for money of pharmacy minor ailment schemes in light of a lack of robust economic evaluations. Studies have typically assessed the net savings associated with the shift from high to low cost settings of care as a result of the introduction of pharmacy common ailments services. However, the robustness of these studies has varied with respect to use of controls and comparator groups, and the scope of costs included. For example some have taken account of set-up costs and / or the conversion of those patients who have typically self-managed, others have not. Few have taken account of re-consultation rates with another healthcare professionals or assessed the costs and benefits from both the patient and a wider NHS perspective.

The cost analysis conducted in the Pharmacy First scheme in the North East of England mentioned previously, considered the net savings associated with the operation of the service. This study took into account the savings associated with avoided GP and other healthcare professional consultations; the costs associated with the pharmacy based consultations, and the drug costs associated with the conversion of patients that would have previously purchased over the counter treatments or done nothing.

Based on this analysis, the authors estimated that the common aliments service had reduced local healthcare costs by £6,739 per month – with an

estimated £12 million per annum across England (Baqir et al., 2011). However, the analysis did not incorporate the costs of running and promoting the scheme.

A modelling analysis from Sewak and Cairns (2011, cited in Hinchliffe 2013) reported that a higher cost saving of £550,717 per annum could be saved through consulting a pharmacist rather than a GP (based on 308,199 minor ailment consultations in England). The extrapolation of this economic model resulted in potential estimated cost savings of £56 million nationally (*ibid*).

More detailed economic analysis of pharmacy based common ailment services are required to assess the value for money these services offer.

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Annex 6 Treatments prescribed for common ailments presented during consultations through the service

The table below summarises the products prescribed during consultations for each common ailment

Athlete's Foot
Clotrimazole 1% cream
Miconazole 2% cream
Backache
Back book
Paracetemol 500 mg tablets
Ibuprofen 400 mg tablets
Chicken Pox
Chlorphenamine 2 mg in 5 ml sugar-free liquid
Paracetamol 120 mg in 5 ml sugar-free suspension
Paracetamol 250 mg in 5 ml sugar-free suspension
Crotamiton 10% cream
Ibuprofen 100 mg in 5 ml sugar-free suspension
Cetraben cream
Conjunctivitis
Chloramphenicol 0.5% eye drops
Chloramphenicol 1% eye ointment
Constipation
Ispaghula husk (Fybogel) sachets
Lactulose 3.1-3.7 g/5 ml liquid
Macrogols '3350' sachets
Senna 7.5 mg tablets
Dermatitis
Cetraben cream
Diprobase cream
Doublebase gel
Epaderm cream
Hydrocortisone 1% cream
Hydromol ointment
Emulsifying ointment
Hydrocortisone 1% ointment
Dry Eyes
Carbomer '980' 0.2% preservative-free eye drops (Viscotears)

Hypromellose 0.3% eye drops
Haemmorrhoids
Anusol cream
Anusol ointment
Scheriproct ointment via PGD
Anusol suppositories
Hay Fever
Beclometasone 50 microgram nasal spray
Cetirizine 1 mg/ml sugar-free oral solution
Cetirizine 10 mg tablets
Chlorphenamine 4 mg tablets
Loratadine 1 mg/ml oral solution
Loratadine 10 mg tablets
Sodium cromoglicate 2% eye drops
Head Lice
Detection comb
Dimeticone 4% lotion (Hedrin)
Indigestion
Gaviscon Advance aniseed
Gaviscon Advance peppermint
Lansoprazole 15 mg capsules via PGD
Omeprazole 20 mg capsules via PGD
Peptac aniseed
Peptac peppermint
Ranitidine 150 mg tablets (via PGD)
Ringworm
Clotrimazole 1% and hydrocortisone 1% cream
Clotrimazole 1% cream
Miconazole 2% and hydrocortisone 1% cream
Miconazole 2% cream
Nappy Rash
Clotrimazole 1% cream
Sudocrem
Oral Thrush
Miconazole oral gel
Nystatin via PGD

Scabies
Permethrin 5% cream
Cetirizine 10 mg tablets
Sore Throat
Ibuprofen 100 mg in 5 ml sugar-free suspension
Ibuprofen 200 mg tablets
Ibuprofen 400 mg tablets
Paracetamol 120 mg in 5 ml sugar-free suspension
Paracetamol 250 mg in 5 ml sugar-free suspension
Paracetamol 500 mg tablets
Teething
Paracetamol 120 mg in 5 ml sugar-free oral suspension
Ibuprofen 100 mg in 5 ml sugar-free oral suspension
Threadworms
Mebendazole 100 mg tablets
Mebendazole 100 mg/5 ml suspension
Vaginal Thrush
Clotrimazole 10% cream (intra-vaginal)
Clotrimazole 2% cream (external)
Clotrimazole pessary 500 mg (use with clotrimazole 2% external cream)
Fluconazole 150 mg capsule
Verruca
Salicylic acid 12% (Salatac gel)
Salicylic acid 16.7% (Salactol collodion paint)