Innovation of new self-care models
Minor ailment services

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Community Pharmacy in Australia

- **5,510**: Approximate number of community pharmacies in Australia.
- **4,305**: Each pharmacy provides services on average to 4,305 people across Australia.
- **14**: The average person visits a community pharmacy fourteen times a year.
- **300 million**: Community pharmacies are visited by approximately 300 million patients each year.
- **98%**: Experienced no difficulties in accessing a community pharmacy for their healthcare needs.

Non-prescription medicines market in Australia

$16.8 billion
Total medicines market in Australia

$4 billion
Non-prescription medicines market account for 23% of total market

250,000
Non-prescription medicines market is growing at 5% per annum & supplies over 250,000 to consumers

5-30%
5-30% of pharmacies turnover is linked to minor ailment care

4 in 5
Australian adults use a non-prescription medicine in any given month

Self-care in Australia

- Australia has no formal policy of self-care
- Self-care policy should be integrated into the National Health policy
- New self-care models needed to help consumers manage their health
- 90% of Australians wish to improve their own level of self care
- 78% of Australians took self-care measures to manage their most recent minor ailment

What are minor ailment schemes?

A locally tailored, structured community pharmacy based service where individuals are encouraged to seek pharmacist care to manage their minor ailment symptoms in an effective and timely manner.

Pharmacists may supply certain non-prescription medicines from a defined formulary and offer advice or treatment as required.

Established locally or nationally where the pharmacist is the first port of call for a common minor ailment and acts in accordance with structured local/ national guidelines.

These schemes have already been implemented in the United Kingdom and Canada.

Core policy principles of MAS

1. Improve access and delivery of essential primary care services
2. Enhance the role of self-care
3. Increase utilisation of the healthcare workforce
4. Reduce health care costs

Literature Review by UTS

3,476 records identified from searching databases

36 records were identified through searching other sources*

3,512 records

57 records assessed as potentially eligible

3,455 duplicates and records not meeting inclusion criteria removed

38 records included in synthesis

International Minor Ailment Schemes

Scotland & Northern Ireland
National Scheme

England
83 individually commissioned MASs

Wales
Single MAS in 32 pharmacies in two health board areas

Canada
6/13 provinces

Common features of NHS minor ailment services

- They are commissioned by Primary Care Trusts (PCTs) to meet local health needs and to tackle inequalities in healthcare.
- They are run by community pharmacies in collaboration with local GP practices.
- They have systems in place to notify each GP practice about the consultations that have taken place in the pharmacy and to provide feedback about the number and type of consultations to the PCT.
- The patients journey through the service follows a set of process from referral through registration and consultation.
- The community pharmacy is paid for providing the service through either a one-off annual fee and/or a fee per capitation. They are reimbursed for the cost of medicines.
Key findings: International schemes
Clinical outcome/ symptom resolution

36 minor ailments included in English MAS (mean 20 conditions)¹

Analgesics were the most commonly dispensed MAS items in the UK²

Highest utilisation of MAS in more deprived areas²

Younger patients (<15 years old) and women utilised MAS more than other population groups³

5.8-8% of A&E workload transferable to community pharmacy¹

10-38% of GP minor ailment workload transferred to community pharmacy

~80% of patients reported complete/significant improvement in symptoms in Canadian MAS³

The total number of GP consultations were unchanged

Analysis of Minor Ailment Services data: England
Patient’s health seeking behaviour in absence of MAS

Key findings: July 2017
Data from 74 services has been analysed and includes 1,722,230 patient consultations.

“If you hadn’t attended this pharmacy today for advice or medication, where would you have gone?”
- 87% would have attended their GP surgery
- 12.8% other - 0.4% would have attended ED

Analysis of Minor Ailment Services data: England
Appropriate triage and onward referral

Key findings: July 2017
Data from 74 services has been analysed and includes 1,722,230 patient consultations.

98% of MAS users required no onward referral

- Patients were provided with appropriate advice and medicines without further resources

2% required referral

- Majority were for non-urgent appointments with the individuals GP through the usual appointment system

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# Analysis of Minor Ailment Services data: England

Symptomatic presentations

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Acute pain/ earache/ headache/ temp</td>
<td>30.9%</td>
</tr>
<tr>
<td>2 Cough/ cold/ flu</td>
<td>14.2%</td>
</tr>
<tr>
<td>3 Headlice</td>
<td>11.4%</td>
</tr>
<tr>
<td>4 Hayfever</td>
<td>8%</td>
</tr>
<tr>
<td>5 Vaginal thrush</td>
<td>3.9%</td>
</tr>
<tr>
<td>6 Indigestion/ heartburn/ reflux</td>
<td>3%</td>
</tr>
<tr>
<td>7 Bacterial conjunctivitis</td>
<td>2.7%</td>
</tr>
<tr>
<td>8 Sore throat</td>
<td>2.6%</td>
</tr>
<tr>
<td>9 Musculoskeletal pain and soft tissue injury</td>
<td>2.4%</td>
</tr>
<tr>
<td>10 Allergy / rash / bites and stings</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

Key elements of an Australian minor ailments service

- **HealthPathways**: Each treatment ‘pathway’ will provide a definitive course of management and referral based on evidence-based practice.

- **Formulary**: A generic non-prescription medicine formulary for each ailment.

- **Consultation**: A standardised consultation between the pharmacist & the patient during routine clinical practice using clinical pathways.

- **Collaboration**: Shared clinical information, communication and feedback to the general practitioner using HealthLink.

- **Formal Training**: Educational training program for pharmacists (& GPs) including strategies to support & improve consumer self-care.
<table>
<thead>
<tr>
<th>Type of consultation</th>
<th>Total number of non-prescription medicines requested by the patient</th>
<th>Brand of product requested</th>
<th>Strength of product requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tension Headache</td>
<td>Direct product request</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflux</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Cold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Dysmenorrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Back Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provision of non-prescription medicine**

<table>
<thead>
<tr>
<th>Did you supply the product(s) as per the original request?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please indicate the reason(s) for not supplying the product the patient has requested</td>
<td>Drug interaction</td>
<td>Duplicated</td>
</tr>
<tr>
<td>In total, how many non-prescription medicines were provided to the patient?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Brand of product(s) supplied</td>
<td>AstraZeneca</td>
<td>Pfizer</td>
</tr>
<tr>
<td>Strength of product(s) supplied</td>
<td>100mg</td>
<td>50mg</td>
</tr>
<tr>
<td>Recommended dose</td>
<td>50mg daily</td>
<td>100mg daily</td>
</tr>
<tr>
<td>Recommended frequency</td>
<td>3 times daily</td>
<td>2 times daily</td>
</tr>
<tr>
<td>Total recommended duration of therapy (days)</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

**Consultation**

A standardised consultation between the pharmacist & the patient during routine clinical practice using clinical pathways.
<table>
<thead>
<tr>
<th>From</th>
<th>Date</th>
<th>To</th>
<th>Location</th>
<th>Copy To</th>
<th>Location</th>
<th>Patient</th>
<th>Subject</th>
<th>Note</th>
<th>Transaction</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>DINNEQ-GIFFIN, Ms Sarah (LOCUM6057)</td>
<td>16/09/2017</td>
<td>DAHAL, Dr Shilpa</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mark this report as URGENT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Conclusion

● National Governments should develop Self care policy within their national health policy

● increase consumer access to primary health care

● Increase of community pharmacies to increase access to primary health care

● Cost effective to move load from Emergency departments

● Use general medical practitioners more effectively