



The implementation of a Minor Ailments Scheme (MAS) has major support in Australian pharmacy. Here's why it's needed – and how it's going to work.

BY **THEA COWIE**



**M**inor Ailments Schemes (MAS) involve pharmacists treating and referring patients who present with common conditions such as skin issues, allergies and respiratory issues.

Sounds like an average day in community pharmacy, right? So why move to introduce a formalised MAS?

Three reasons, says PSA National President Dr Shane Jackson.

'Firstly, it's recognition from governments and other health professionals of what pharmacy actually does when it comes to dealing with common ailments,' he says.

'Secondly, a MAS would formalise referral pathways and provide a robust framework around how minor ailment services are delivered.

'Thirdly, if we formalise things, there needs to be remuneration that flows – remuneration for what pharmacists actually do, the tasks they perform and the outcomes that they deliver from a healthcare perspective.

'There's no doubt that pharmacists actually save healthcare costs by dealing with common illnesses that don't require a visit to general practice or the emergency department (ED).'

### The case for a scheme

A MAS is defined as a 'structured pharmacy-based primary care service that effectively supports the population to manage their minor ailment symptoms in an effective and timely manner'.<sup>1</sup>

There is broad support to establish a MAS in Australian pharmacy, as a recent Consumers Health Forum of Australia survey demonstrated.<sup>2</sup>

The resultant discussion paper stated that, in Australia: 'Community pharmacies are an ideal place to deliver a MAS with appropriately trained staff and extended opening hours, and potentially lower travel costs for some people due to the wide network of community pharmacies available in Australia.'

Research has shown that an enhanced Australian MAS that transferred minor ailment care to community pharmacies could produce a cost saving of up to \$260 million.<sup>3</sup>

'Outcomes of international data applied to Australian statistics indicate that the Australian GP minor ailment workload would reduce by up to 13 million consultations,<sup>4</sup> freeing up GP time for more complex consultations,' says PSA Program Manager Laura Wilson.

She points to a Grattan Institute investigation that concluded that 23 million (19%) of annual GP visits were 'less complex' and could potentially be treated in a community pharmacy setting.<sup>5</sup>

A MAS would also help address the rising level of participation in self care and self-medication for minor ailments, says University of Technology Sydney (UTS) Pharmacy Practice Researcher Sarah Dineen-Griffin MPS.

'We must draw on international experiences where self-care reforms and innovative models of collaborative healthcare have shown cost savings and better health outcomes, and maximise the opportunities for expanded self care in Australia,' says the PhD candidate.<sup>6,7,8</sup>

### Overseas experience



There are more than 90 MASs across the United Kingdom and Canada,<sup>9</sup> with the first pharmacy-based MASs introduced more than a decade ago.

Northern Ireland and Scotland both have national MASs, while in Wales the service is now available at 92% of pharmacies.

'We had a challenge getting all health boards to commission the service initially, as they pay for it,' says the Royal Pharmaceutical Society Wales Head of External Relations, Ross Gregory. 'But they all do so now.

'It's designed to relieve pressure on GP practices. Both NHS prescriptions and the Common Ailments Service are free of charge to patients registered with a GP in Wales.'

In England, the schemes are authorised by the National Health Service and commissioned by the Clinical Commissioning Groups, depending on local need.

Pharmacies are reimbursed for the cost of medicines, while consultation payments vary across England – under some schemes there is a fee per consultation, others have a banded fee structure based on the number of consultations, and others charge an annual, or one-off, retainer.<sup>10</sup>»

# FEATURE COVER STORY

Latest analysis from across the United Kingdom has demonstrated that MASs take pressure off other healthcare professionals. As many as 87% of patients said they would have gone to their GP if a MAS wasn't available, and in 98% of consultations no onward referral to other NHS providers was necessary. Only 8% of patients said they would have purchased medicines if a MAS was not available.<sup>11</sup>

In some English counties, however, MASs have recently been discontinued due to funding issues,<sup>12</sup> or in response to NHS England guidance to restrict the prescribing of over-the-counter (OTC) medicines for minor, self-limiting or short-term conditions.<sup>13</sup>

## Local efforts

### Far North Queensland



In Far North Queensland (FNQ) the case for a MAS may be strengthened through the findings of an after-hours data collection project currently underway.

The NQ Primary Health Network has contracted PSA to run the project, collecting data from emergency departments, general practices, pharmacies and consumers. This data will reveal the number and nature of pharmacy presentations for minor ailments in the after-hours period.

'We will be able to demonstrate what minor ailments are treated in that after-hours period by the pharmacy,' says (former) PSA Manager, Health Sector Engagement, Shelley Crowther. 'This will show that there are people who could have potentially presented to a GP or an emergency department, but have chosen to present to a pharmacy instead.'

'Currently, there is no evidence of who presents to the pharmacy, what they present for, what they're treated with or what the outcomes are.'

### Western Sydney



In Western Sydney an integrated model of pharmacist-delivered minor ailment care has been co-designed and evaluated by a team of researchers at the UTS Graduate School of Health in collaboration with Western Sydney Primary Health Network (WentWest).

Project lead Sarah Dineen-Griffin says the model consists of five core features, including formalised clinical care pathways for minor ailments.

'The pathways are agreed between general practitioners and community pharmacists, with agreed referral processes,' she says. 'The conceptual model also involves a generic non-prescription medicines formulary; a standardised patient-pharmacist consultation during routine practice with active patient follow-up; and a method of communication between community pharmacists and general practitioners for OTC consults.'

## RESOURCES FOR ASSISTING WITH MINOR AILMENTS:

### PSA Pharmacist Self Care Program<sup>16</sup>

Designed for pharmacies to deliver improved healthcare to consumers. It provides resources and training to educate pharmacy staff, add value to the patient's experience, and aims to increase business growth with tailored health promotions and resources. Subscriptions opened in September 2018.  
**Contact [SelfCare@psa.org.au](mailto:SelfCare@psa.org.au)**

### PSA's Self Care Fact Cards<sup>17</sup>

Providing up-to-date, evidence-based written health advice to consumers on more than 100 common health topics. Fact Cards can be printed on demand or emailed directly to the consumer. Pharmacies can purchase access to Self Care Fact Cards through the PSA Shop.

### PSA Action Kit – Providing a minor ailments service in pharmacy<sup>18</sup>

In 2016, PSA collaboratively designed a MAS with consumer and GP representatives. The proposed structure involves consent, clinical assessment, recommendation to treat or refer, provision of information, documentation and follow-up.





Finally, the model includes an educational training program and ongoing practice change support to drive implementation of the service into usual workflow.

'The pilot study highlighted the feasibility of a structured minor ailments service delivered by community pharmacists in the Australian health setting,' says Ms Dineen-Griffin. 'Community pharmacists are working in collaboration with GPs and referring patients via agreed referral processes. Patients are receiving the most appropriate care, in the right place, at the right time.'

Outcomes of the patient-pharmacist consultations from the pilot study were most frequently a non-prescription medicine with self-care advice (84.5%), a WentWest report stated.<sup>14</sup>

'Control participants were significantly more likely to receive a non-prescription medicine without self-care advice compared to those receiving MAS (Group B 10.3%; Group A 72.7%),' the report stated.

'At follow-up, 92.8% of the intervention group reported symptom relief or resolution compared with 78.6% of participants receiving usual care.'

Importantly, pharmacists identified 7.7% of patients who required immediate referral for symptoms identified as urgent or life-threatening. »

## SUPERCARE FOR MINOR AILMENTS

Victoria now has 20 Supercare Pharmacies operating 24/7 to help relieve the burden on the state's GPs and emergency departments.



Ascot Vale Pharmacy owner Jane Mitchell MPS began running a Supercare Pharmacy in mid-2016.

'We are often the first point of contact because we are accessible and knowledgeable,' she says.

'Although services like Nurse on Call are still in existence, the data that we have collected from our pharmacy is that attendance at that pharmacy in person in the after-hours period is a least five times greater than a phone call.'

Pharmacists provide triage, non-prescription products, self-care advice and information.

'In many situations where privacy is required – for example, skin conditions, head checks for head lice and wound care – the service often takes place in one of our two consulting rooms,' she says.

'The provision of a minor ailments service often involves the recording of a clinical intervention; for example, if the service involves the provision of a new medicine or device or referral.'

Clearly, there is a demand for this service.

'We're about to add an additional consulting room to our pharmacy due to the increasing need to professionally and appropriately provide the services within the pharmacy,' Ms Mitchell says.

Since expanding its operating hours, the pharmacy has also seen a particular increase in customers seeking wound care services. It has upskilled its staff accordingly.

'We've seen an increasing number of customers for this service because of the increasing knowledge and expertise in this area,' Ms Mitchell says. 'In some of these situations where we dressed burns, blisters and wounds, customers have told the staff they would have gone to the emergency department if it wasn't for the service received.'



# FEATURE COVER STORY

## Victoria



In Victoria, the rollout of Supercare Pharmacies – which operate 24 hours a day, seven days a week – has aimed to give Victorians a safe and accessible alternative to visiting doctors and EDs for less urgent matters.

Ascot Vale Pharmacy owner Jane Mitchell, who began running a Supercare Pharmacy in mid-2016, says treatment for minor ailments had been a major reason for pharmacy visits.

'The most common minor ailments that we see are coughs and cold, pain and fever, vomiting and diarrhoea, common skin conditions, head lice and first aid/wound care. All of the ailments are within the scope of pharmacists' knowledge and training,' she says.

The pharmacies also have a nurse on site from 6–10 pm daily. Data has shown around 30% of Supercare Pharmacy visitors would have gone to hospital if the pharmacy or nursing service had not been available.<sup>15</sup>



Victorian pharmacists' role in delivering care for minor ailments has also been promoted with a multimillion dollar state government advertising campaign encouraging Victorians to 'Save 000 for emergencies'.

PSA Victoria State Manager Bill Suen says the campaign has been greatly appreciated: 'There have been prime-time TV ads about seeing your pharmacist under a number of scenarios – painful tummy, vaccination, sports injury and wounds. The Victorian government has actually recognised the role of pharmacists in minor ailments and they're putting a lot of money into educating the public.'

## No minor feat

It's this government recognition and a standardised framework that PSA is seeking through the establishment of a formalised MAS, says Dr Jackson.

'A minor ailments scheme is a high priority for us to be implemented within the next community pharmacy agreement. We're working on what the model looks like, how it can be funded and how we can actually support the profession to do that,' he says.

And part of that process will include devising a more palatable name for the scheme.

'I don't like the term "minor ailments",' Dr Jackson says. 'If somebody comes into a pharmacy, their issue isn't minor.'

'The right term may well be "common ailments" – essentially it's pharmacists supporting self care.'

'It would be great if somebody came up with a better name.'

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