

Black Country STP Minor Ailments Service Evaluation Report

For the period: 1st June 2018- 30th November 2018



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1. Executive Summary

The NHS is under increasing pressure to meet the demands of an ageing population, whilst faced with the challenges of making efficiency savings. General Practice (GP) and urgent care services are required to assess and change their service delivery models in order to face the rising demand for their services.

The NHS Five Year Forward View called for better integration of GP, community health, mental health and hospital services. Partnerships of care providers and commissioners in the form of Sustainability and Transformation Partnerships (STPs) or Accountable Care Systems (ACSs) are an effective means of doing so. Community pharmacy services are highlighted nationally as part of the NHS response to managing increasing demand and complexity. The [NHS England Call to Action programme](#) identified a key role for community pharmacy in the transformational agenda to improve access to general practice and urgent and emergency care.

The Black Country STP Minor Ailments Service (MAS) was commissioned on the 1st June 2018 to bring a consistent and cohesive Minor Ailments Service across the footprint. The service follows on from the NHS England Pharmacy First Service for Under 16s (commissioned during 2015-2018) and the Wolverhampton and Dudley CCG led Pharmacy First Service for Over 16s (commissioned during 2017-2018). There is currently a total of 173 pharmacies actively delivering the STP Minor Ailments Service across Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG and Wolverhampton CCG.

Evaluation of the first 6 months of service provision between the 1st June to 30th November has been undertaken by analysing the consultation data from each Minor Ailment Service community pharmacy during this period. The outcomes from the 6-month evaluation across Dudley CCG, Sandwell & West Birmingham CCG and Wolverhampton CCG were:

- A total of 9,485 consultations took place.
- 91.6% (8,685) of all community pharmacy MAS consultations were shown to have shifted workload from General Practice to community pharmacy.
- 91.6% of MAS consultations have been able to successfully reduce GP workload and providing a better health care model in terms of utilisation of skill set and cost management, as the cost impact of community pharmacy is significantly lower than a GP appointment.
- 3.8% (364) of all MAS consultations were shown to have shifted workload from Urgent Care to community pharmacy.

The outcomes from the 6-month evaluation across Walsall CCG were:

- A total of 913 consultations took place
- 95.4% (871) of all community pharmacy MAS consultations were shown to have shifted workload from General Practice to community pharmacy
- 95.4% of MAS consultations were successful in reducing GP workload and providing a better health care model in terms of utilisation of skill set and cost management as the cost impact of community pharmacy is significantly lower than a GP appointment
- 3.4% (31) of all MAS consultations were shown to have shifted workload from Urgent Care to community pharmacy

The Minor Ailment Service is important to achieve a behavioural change in self-care amongst the population. Self-care is widely acknowledged as an important solution to managing demand and keeping the NHS sustainable. Supporting people to self-manage increasing demand conditions such as coughs and colds, could help bring down the many of GP consultations each year for minor ailments. Promoting the concept of self-care and increasing awareness that there are alternatives to making GP appointments, or attendance at Out of Hours or A&E departments with minor conditions, will encourage patients to explore self-care in the future, so changing the culture of dependency on the NHS. Good engagement with General Practices can result in more service users accessing the service, further liberating GP and Urgent Care capacity.

The MAS service has been able to successfully engage with key stakeholders such as the Local Pharmaceutical Committee and local GPs. Each CCG has been able to advertise the MAS service via its communication channels, which has seen an increase in the number of patients using the service. There is further potential to refine and enhance the service in terms of the number of providers and participating General Practices across CCG areas. Following the publication of the [NHS England Guidance for OTC medicines not to be routinely prescribed in primary care](#) a further consultation with stakeholders is planned to refine both the conditions and treatments covered by this service to ensure cost-effective use of NHS resources.

In the first six months, the STP Minor Ailment Service has delivered consultations which have been cost-effective and embraced by many patients. The evaluation of the scheme demonstrates the service is a viable option to manage minor ailment conditions. With appropriate controls, this service represents better value for money compared to other more expensive NHS environments such as GP Practice, Walk-in Centres, Out-of-Hours and Emergency Services. The impact of community pharmacy on easing the workload on General Practice and other acute NHS services has been recognised in several publications from NHS England whilst the British Medical Association has also recognised the potential of community pharmacy in their publication [Quality first: managing workload to deliver safe patient care](#).

The recommendation to the CCG commissioners, considering the findings of the evaluation, is to approve continued commissioning of the Minor Ailment Service into the 19/20 financial year.

2. Introduction

The NHS is facing increasing pressures on its GP and urgent care services. An increasing ageing population and the challenges of making efficiency savings across the NHS means services must fundamentally change to meet this increasing demand and strengthen access to high quality GP services. Alternative service delivery models must be sought for the way in which healthcare services are delivered. Aiming to ensure the most relevant health service is available to meet patient demand in accordance with the complexity of health need.

The NHS Five Year Forward View called for better integration of GP, community health, mental health and hospital services. Partnerships of care providers and commissioners in the form of STPs or ACSs are an effective method of doing so.

Within the constraints of the requirement to deliver financial balance across the NHS, the main current national service improvement priorities for the NHS are:

- Improving A&E performance.
- Strengthening access to high quality GP services and primary care.
- Improvements in cancer services and mental health

Each year the NHS provides around 110 million urgent same-day patient contacts. Around 85 million of these are urgent GP appointments, and the rest are A&E or minor injuries-type visits. Some estimates suggest that between 1.5 and 3 million people who come to A&E each year could have their needs addressed in other parts of the urgent care system. They turn to A&E because it seems like the best or only option.

An aspect of this increasing demand is Minor ailments. MAS services are commissioned to promote self-care via a consultation with the pharmacist. Community pharmacies are best placed to support the management of self-care for minor conditions. A significant percentage of consultations within general practice are for minor ailments which can be treated by community pharmacy.

Much of the UK population experiences symptoms of minor ailments every day. A large majority take responsibility for dealing with their symptoms by self-care and self-medication. In the year to June 2017, the NHS spent approximately £569 million on prescriptions for medicines for treating conditions that are self-limiting or symptoms that lend themselves to self-care. NHS England as a result have produced guidance supporting self-management/self-care to give patients the independent or in partnership with the healthcare system to recognise and managing their own health.

Community pharmacy services are highlighted nationally as part of the NHS response to managing increasing demand and complexity. In addition, the [NHS England Call to Action programme](#) has identified a role for community pharmacy in the transformational agenda by playing a significant role in urgent and emergency care and improving access to general practice. NHS England has outlined community pharmacy as an integral partner in multiple documents, including the [Urgent and Emergency Care System](#) and the [Transforming Urgent and Emergency Care Services in England Community Pharmacy – Helping Provide Better Quality and Resilient Urgent Care](#). The British Medical Association via their [Quality first: managing workload to deliver safe patient care](#) has also reflected on this point and these documents have proposed solutions for commissioners to help support over stretched General Practices via commissioning Services such as Minor Ailments Service.

By encouraging the management of minor ailments to move from general practice to community pharmacy, the Minor Ailment Service can provide a better financial model service as well as providing GPs an increased capacity to manage more complex and urgent care needs

The [*Guidance on conditions for which over the counter items should not be prescribed in primary care*](#) by NHS England was produced in partnership with NHS Clinical Commissioners to produce a nationally co-ordinated approach to tackle the extreme pressures faced by General Practice due to minor ailments.

In the year to June 2017, the NHS spent approximately £569 million on prescriptions for medicines for minor conditions, which could have been purchased over the counter (OTC) from a pharmacy. By reducing the spend on treating conditions that are self-limiting or lend themselves to self-care, more money is available to spend on high priority areas that have a greater impact for patients. The cost to the NHS for many of the items used to treat minor conditions is often higher than the OTC price as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18 from a pharmacy whereas the cost to the NHS is over £3.00 after including dispensing fees. The actual total cost is more than £35 when you include GP consultation and administration costs. The OTC ban, which NHS England says will save the NHS around £136m a year.

Self-care is widely acknowledged as an important solution to managing demand and keeping the NHS sustainable. Supporting people to self-manage increasingly common conditions such as coughs and colds could help bring down the millions of GP consultations each year for minor ailments. Promoting the concept of self-care and increasing the awareness that there are alternatives to making GP appointments, or attendance at Out of Hours or A&E departments with minor conditions, will encourage patients to explore self-care in the future, so changing the culture of dependency on the NHS.

Removing medications for certain conditions from routine prescription releases money to treat conditions such as heart disease and diabetes and helps maintain financial balance in the health economy. Medications no longer routinely prescribed are for conditions that:

- may be self-limiting, so they do not need treatment as they will get better of their own accord, or
- are suitable for self-care, so that the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly.

3. Black Country STP Minor Ailments Service

The Black Country STP Minor Ailments Service was commissioned on the 1st June 2018 to bring an equitable and cohesive Minor Ailments Service across the STP footprint. The service follows on from the NHS England Pharmacy First Service for Under 16s (commissioned during 2015-2018) and the Wolverhampton and Dudley CCG led Pharmacy First Service for Over 16s (commissioned during 2017-2018). The Black Country STP recognises the significant deprivation in their population as one of the three critical gaps that requires bridging. Each of the areas within the Black Country STP are within the 20% most deprived districts nationally. Patients in deprived areas may prefer to access free medication for common minor ailments over the counter from the pharmacy at no charge rather than attending a GP appointment.

The Black Country STP Minor Ailments Service allows patients exempt from paying prescription charges who are registered with a participating GP in Sandwell & West Birmingham, Dudley, Walsall or Wolverhampton to be signposted to the Minor Ailments Service and, where appropriate be supplied with medicines, without the need to attend their General Practice for an appointment (the Walsall CCG MAS is facilitated by the CCG directly and not through MLCSU).

The Black Country STP Minor Ailments Service aims to improve primary care capacity by reducing medical practice workload related to minor ailments and to allow GPs to focus on more complex and urgent medical conditions. The Service provides a more appropriate alternative to the use of general practice or other healthcare providers (e.g. A&E, Out of Hours Urgent Care) for minor ailments. It improves primary care capacity by reducing GP Practice workload related to minor ailments and to ease pressures on their local A&E department and primary care urgent services. The service helps to promote the role and greater contribution of community pharmacies in primary health care to help patients deal with coughs, colds and other minor ailments without the need for a GP appointment or emergency care visit.

The service is aimed at patients who use GP or out of hours services when they have a minor ailment rather than self-care or purchasing medicines over-the-counter (OTC). It is hoped that this service will change patient behaviours, educating and assisting patients in how to access self-care and the appropriate use of healthcare services, promoting and empowering patients to self-care when suffering from a minor ailment. This is through the provision of advice, printed information and, where necessary, the supply of medication from a defined formulary by the pharmacist. With increased waiting times for GP appointments, the Minor Ailments Service helps to provide a readily available information point (with treatment if deemed appropriate) for several conditions. The Service is offered as a quicker alternative for patients. However, patients are at liberty to refuse the service and continue to access healthcare in the same way as they have done previously.

Patients attending the pharmacy who are not exempt from prescription charges can access free advice under the community pharmacy essential service - self-care and can be offered the purchase of a medicine. The cost of all medicines for conditions included within the Minor Ailments Service is less than the current prescription charge.

The service is only available for the following Minor Ailments and depend on the patient age; ***acute cough, acute fever, acute headache, acute bacterial conjunctivitis, athletes foot, bites and stings, cold sores, cold and flu, constipation, cystitis, diarrhoea, dry skin***

(simple eczema), dermatitis/allergic type rashes, earache, earwax, hay fever, heartburn/indigestion, haemorrhoids, infant decongestant, mouth ulcers and teething, nappy rash, oral thrush, scabies, sore throat, sprains and strains, sunburn, threadworm, vaginal thrush, warts and verruca's. Management of these conditions is set out in treatment protocols within the service specification. All consultation information is captured on PharmOutcomes® which generates claims details for payment in addition to providing data about the Service itself. Patients sign a consent form on registration to the Service to permit their information to be shared for the purposes of managing the Service. PharmOutcomes® is a system software solution implemented in community pharmacies to facilitate the Service. Midlands and Lancashire Commissioning Support Unit was enlisted to help provide business support; managing payment schedules to providers, setting up and accrediting providers on the platform, design of the electronic service template and undertaking the requisite data collation to inform regular analysis and reporting.

These conditions can be treated using medication listed in the STP MAS formulary below:

Paracetamol 120mg/5ml s/f suspension (100ml pack)
 Paracetamol 250mg/5ml s/f suspension (100ml pack)
 Simple Linctus paediatric s/f (200ml pack)
 Ibuprofen 100mg/5ml s/f suspension
 Chlorphenamine syrup s/f 2mg/5ml
 Simple Linctus BP s/f (200mls)
 Mebendazole 100mg tablet
 Cetirizine 10mg tablets
 Chloramphenicol 0.5% eye drops
 Lactulose solution
 Sodium cromoglicate 2% eye drops 5ml
 (Opticrom Aqueous 2% eye drops 5ml)
 Dioralyte sachets
 Clotrimazole 2% cream
 Zeroderm (500gpack)
 Normal Saline Nose Drops 0.9% (10ml pack)
 Pholcodine 5mg/5ml linctus s/f (200ml pack)
 Gaviscon advance liquid
 Anbesol Teething Gel
 Chlorphenamine 4mg tablets
 Olive Oil Ear Drops (10ml pack) For Ear Wax
 Difflam throat spray
 Clotrimazole 500mg pessary
 Clotrimazole 1% cream

Ibuprofen 10% gel
Zerobase (500g pack)
Hydrocortisone 1% cream
Ibuprofen 200mg tablets
Salactol Topical Paint (10ml pack)
Aciclovir 5% cream
Miconazole Oral gel 2% (15g)
Calamine cream (aqueous)
Paracetamol 500mg tablets (32)
Beclometasone 50mcg nasal spray
Permethrin 5% Dermal Cream (30g pack)
Fluconazole 150mg capsule
Crotamiton 10% cream
Ranitidine 75mg (12)
Bonjela gel
Senna 7.5mg tablets (20)
Cetirizine liquid
Anusol Ointment
Loratadine 5mg/5ml syrup
Conotrane 100g cream
Pseudoephedrine linctus 30mg/5ml 100ml
Anusol Plus HC ointment
Chlorhexidine 0.2% mouthwash
Loratadine 10mg tablets
Gaviscon advance tablets
Zeroderm (125g pack)
Mepyramine maleate 2% cream 20g (Anthisan)
Ispaghula 3.5g sachets
Xylometazoline 0.1% Nasal Spray (10ml)
Menthol and Eucalyptus inhalation (100ml)
Anusol Plus HC suppositories
Anusol suppositories
Glycerol suppositories
Sodium Citrate sachets (6)
Potassium Citrate sachets (6)

Pharmacists can supply any brand of product (unless specified above) if the active ingredients are the same and pack size is at least the size specified above (i.e. larger packs can be supplied). The products supplied must not be Prescription Only Medicine packs and each product must be supplied with a corresponding Patient Information Leaflet. Community Pharmacy Providers are reimbursed at £5 per consultation with drug costs reimbursed at pre-agreed set rates.

There are 288 community pharmacies eligible to serve patients across the Black Country STP. These pharmacies are based in residential neighbourhoods, high street locations and supermarkets. They pharmacies have a range of opening hours including weekends and during extended opening hours. These pharmacies are comprised of independents and multiple chains such as Boots, Lloyds, Murrays, Asda to name a few. The pharmacy must be located within one of the participating CCG areas and must comply with all the requirements of the NHS Community Pharmacy Contractual Framework. There must be suitable access to a confidential patient consultation room on site to undertake a private consultation (should this be requested by a patient). The service must be available at the pharmacy throughout the whole core and supplementary opening hours. An individual patient can access the Service up to six times per calendar year.

4. Evaluations & Findings

The purpose of this evaluation is to determine the merits of commissioning a Minor Ailments Service beyond 31st March 2019. This evaluation covers the period of 1st June 2018 to 30th November 2018 for minor ailments consultations in the Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG and Wolverhampton CCG areas. This evaluation seeks to address whether this community pharmacy Minor Ailments Service helps to liberate capacity and reduce workload within General Practice and other primary care settings.

A total of 135 Pharmacies are actively delivering the STP minor ailments Service across Dudley CCG, Sandwell & West Birmingham CCG and Wolverhampton CCG. For the Walsall CCG minor ailments Service an additional 38 providers are delivering the service

Dudley CCG, Sandwell & West Birmingham CCG and Wolverhampton CCG jointly commissioned MLCSU to facilitate the STP Minor ailments Service on their behalf from the 1st June 2018 to 31st March 2019. This report contains analysis of these three CCG areas combined and later individually in Appendices 1 – 3. Walsall CCG have submitted data for inclusion in this report and this can be seen in appendix 4.

All data inputted on to PharmOutcomes® was evaluated from 1st June 2018 to 30th November 2018.

STP Minor Ailments Service Overview

Overall findings across the Dudley CCG, Sandwell & West Birmingham CCG, and Wolverhampton CCG areas over the initial six-month period can be seen below.

1.1 135 active community pharmacies conducted a total of 9,485 community pharmacy Minor Ailment Service consultations (288 pharmacies are accredited to deliver the service). This highlights on average, each active pharmacy conducted 70 consultations. Patients using this service were registered at 187 GP practices, with each practice on average having 69 consultations undertaken for its patients. Almost all (99.6%) consultations resulted in a medicines supply being made. Figure 1 shows the proportion of service users accessing the Service by CCG area

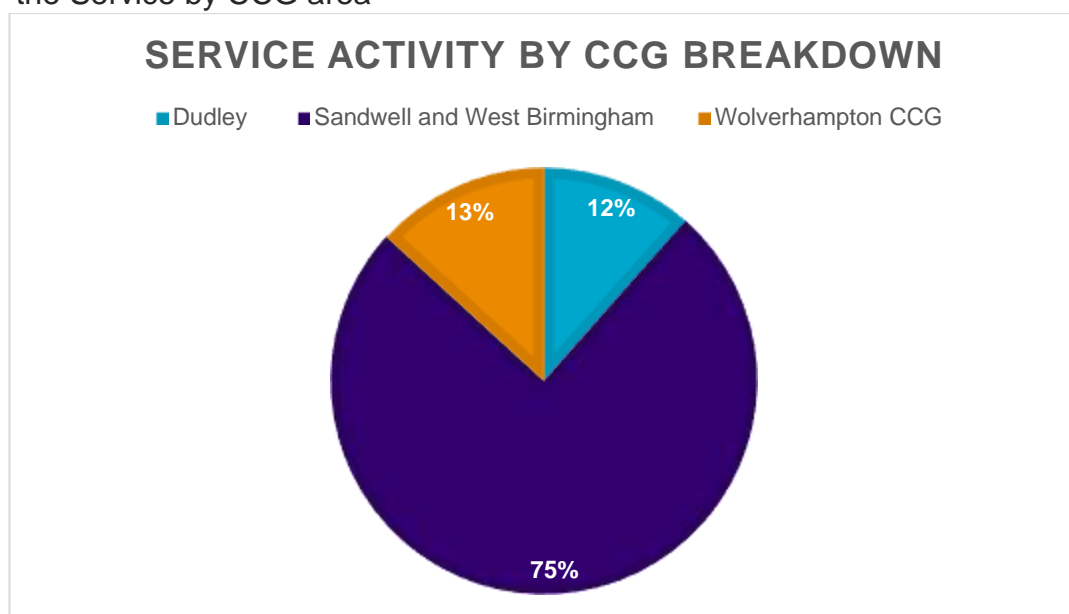


Figure 1: Community Pharmacy Minor Ailment Service activity by CCG

1.2 Figure 2 shows analysis of consultations by gender across the three CCGs. There is a fair split between males 45% (4,299) and females 55% (5,186) accessing the service.

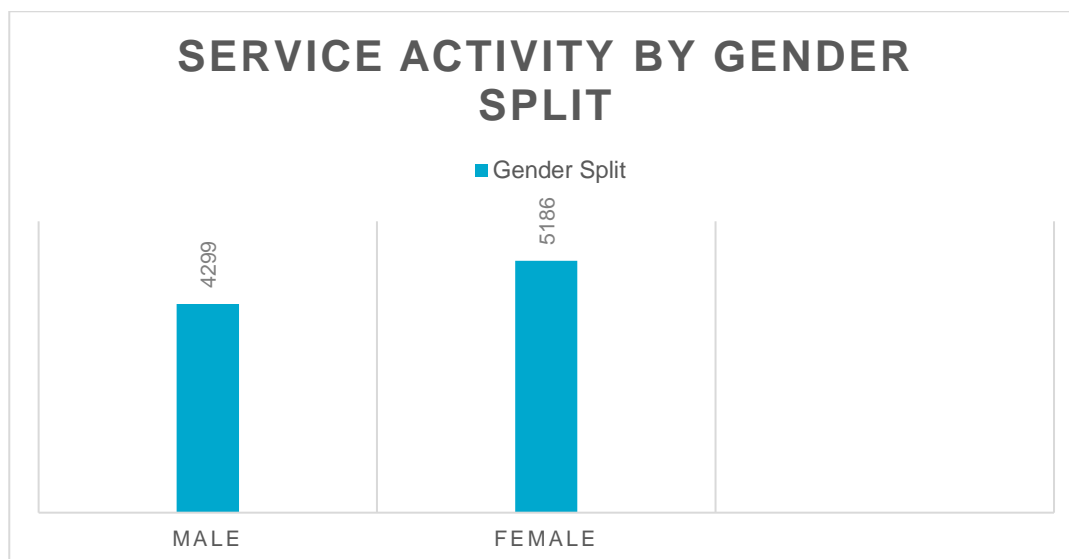


Figure 2: Minor Ailment Service activity by service user gender

1.3 The service was accessed across a range of ages, as highlighted in Figure 3. 60% of consultations were accessed by service users aged 11 or below with a fair split between the age groups of 0-4- and 5-11-year olds. 15% of service users were aged 60 or above.

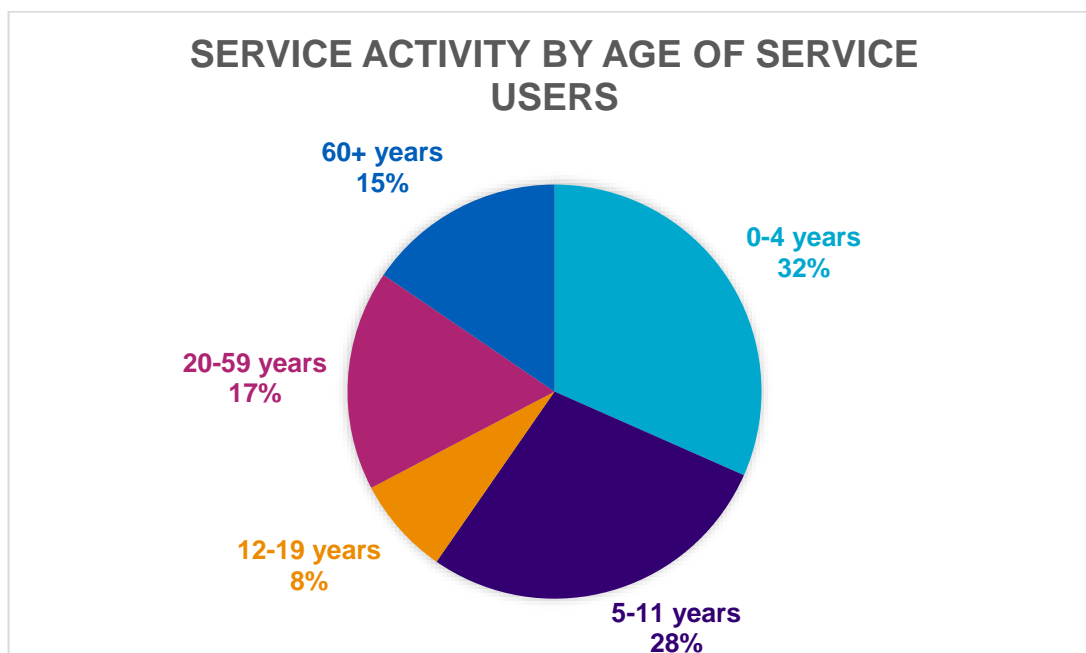


Figure 3: Minor Ailment Service activity by service user age

1.4 The service can be accessed up to 6 times a year. Figure 4 shows 84% of service users accessed the service only once during the initial six-month period. 12% of service users accessed the service twice, whilst 3% of service users accessed the service three times.

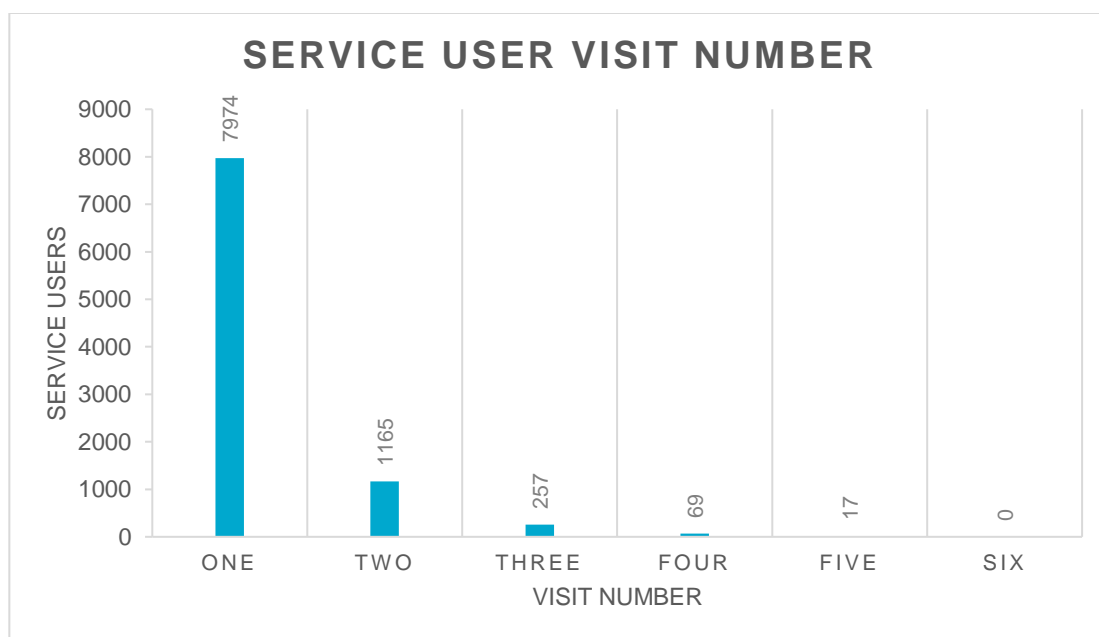


Figure 4: Minor Ailment Service activity by service user visit number

1.5 Figure 5 shows 94% of consultations undertaken by service users were on weekdays before 7pm, predominately during GP opening hours. 3% of consultations took place on the weekend.

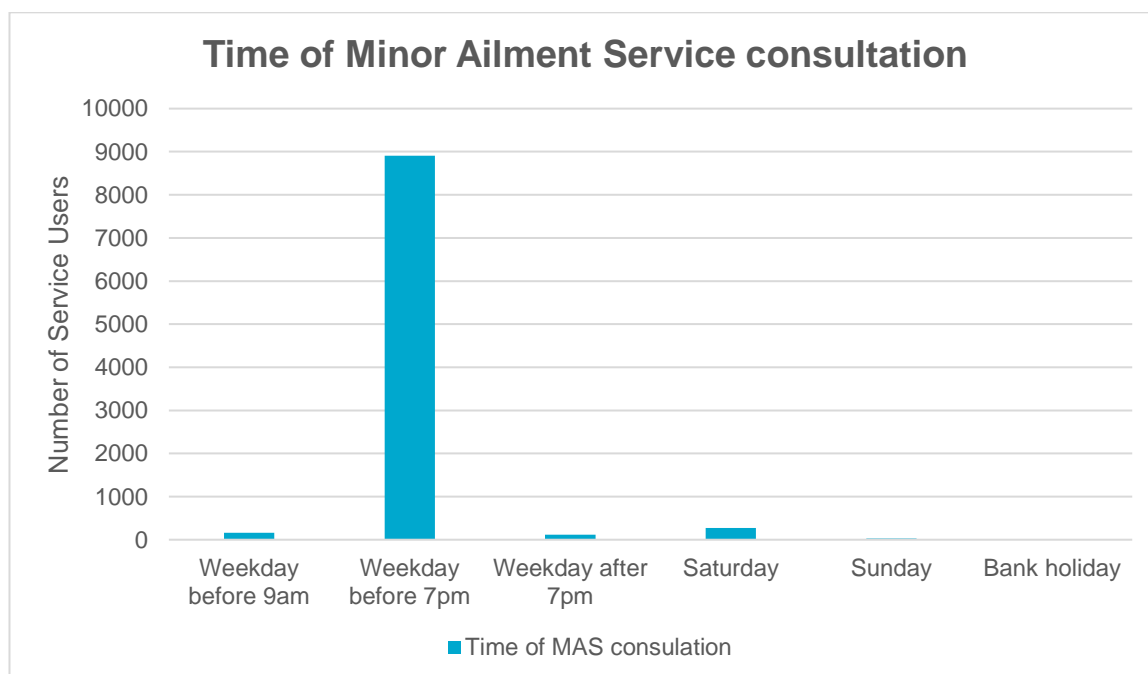


Figure 5: Analysis of time of Minor Ailment Service consultation

1.6 Figure 6 illustrates an increase in activity from June to November. The Winter months of October and November have shown a significant increase in service users accessing the service in comparison to the June and July.

Month of consultations	Number of interactions	%
June	1019	11
July	1245	13
August	1130	12
September	1597	17
October	2307	24
November	2187	23

Figure 6: Analysis of time of Minor Ailment Service consultation by month

1.7 Under the service, users can access treatment for up to two presenting symptoms per consultation. Service data shows the percentage of patients presenting with either one or two symptoms was 58% and 42% respectively. Figure 7 shows acute fever was the most common presenting symptom.

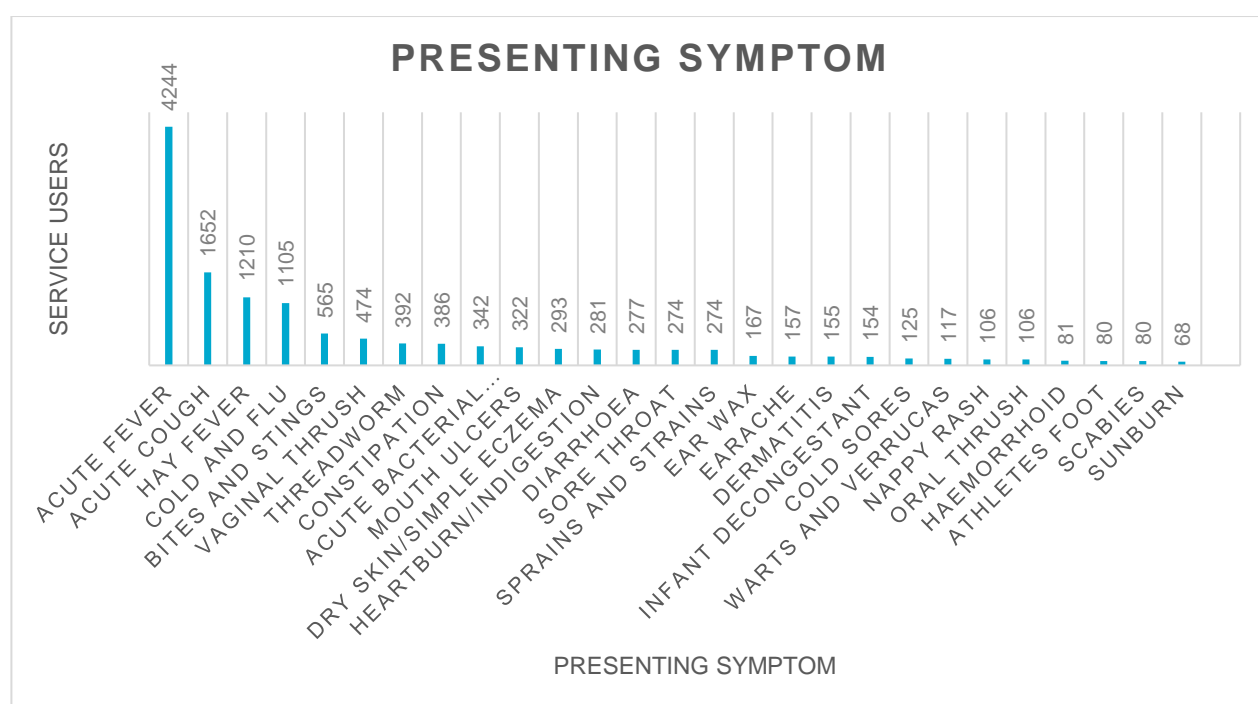


Figure 7: Minor Ailment Service activity by presenting symptoms

1.8 Figure 8 highlights service user exemption status.

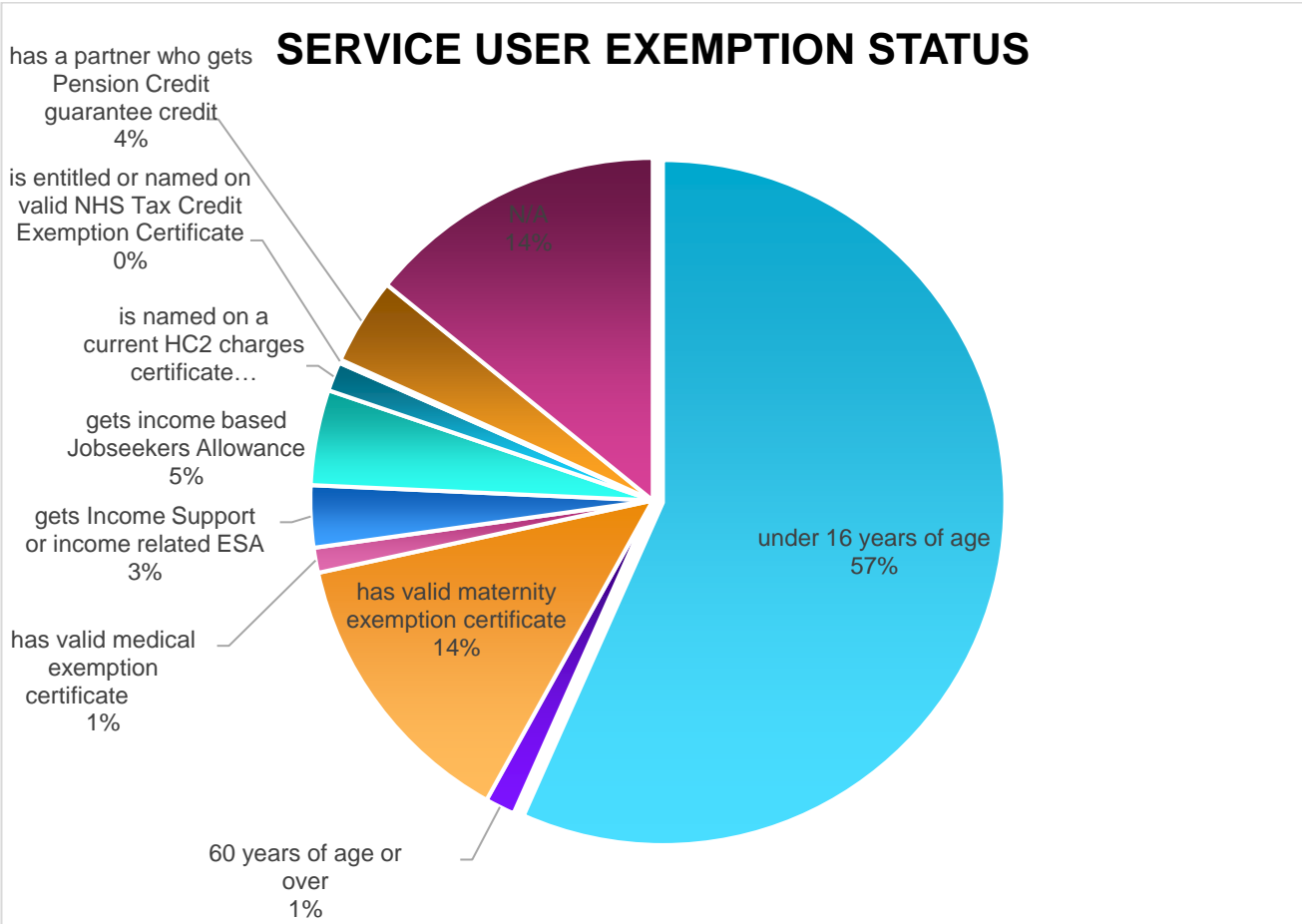


Figure 8: Minor Ailment Service activity by service user exemption status

1.9 Figure 9 illustrates the top 30 medications supplied to service users under the Minor Ailments Service. A range of medications for various indications were supplied. 20% (2,592) of the medications supplied were for paracetamol 120mg/5ml s/f solution, followed by 8% (1,296) of paracetamol 250mg/5ml s/f solution.

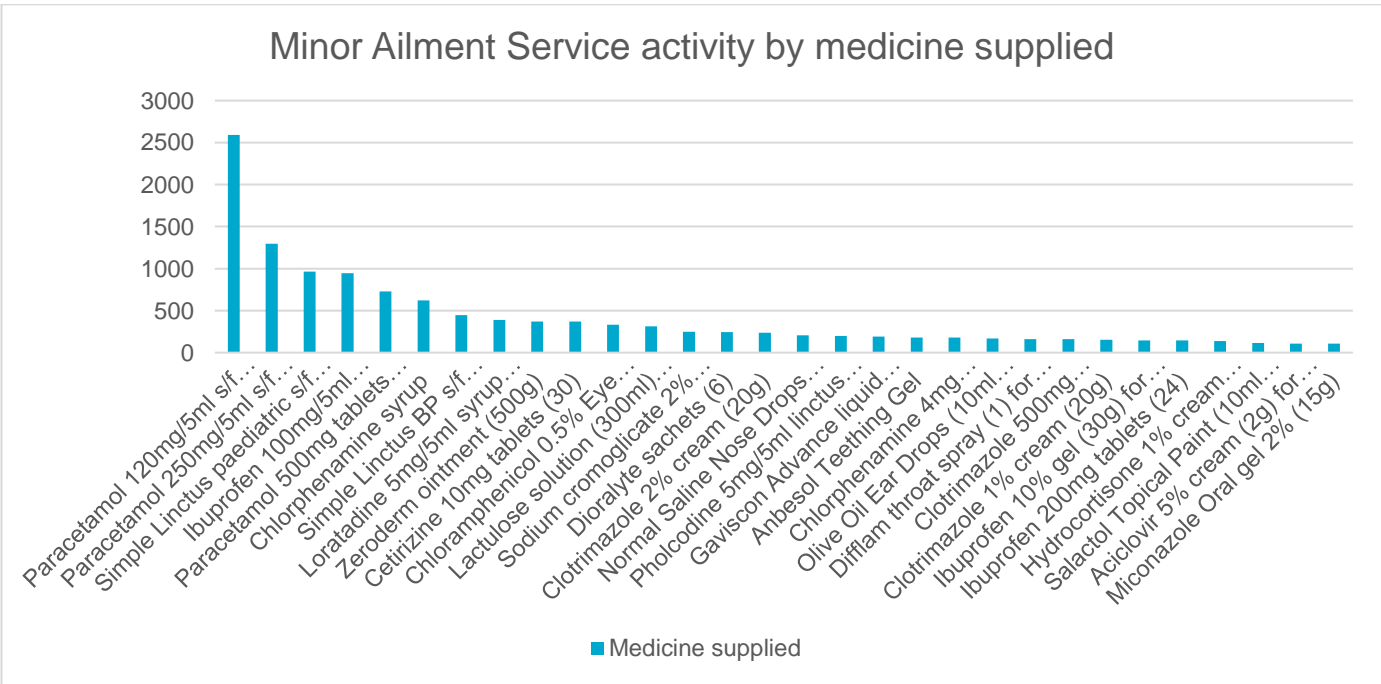


Figure 9: Minor Ailment Service activity by medicine supplied

1.10 For each of the 9,485 consultations undertaken, patients were asked what they would have done if the service was not in place. Figure 10 highlights that 95.5% of all service users accessing the Minor Ailments Service would have sought a more expensive healthcare environment if the service were not in place.

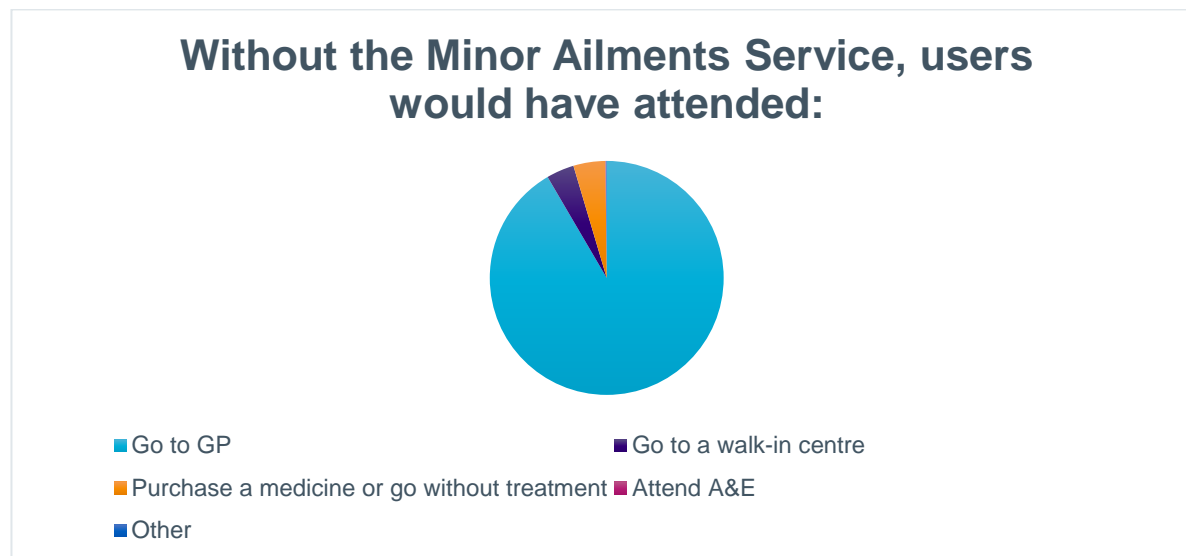


Figure 10: Minor Ailment Service audit

6. Conclusion and Recommendations

In the first six months, the STP Minor Ailment Service has delivered cost-effective consultations. The service has been embraced by many patients with most patients accessing the service belonging to the under 12's and over 60's demographic.

Figure 1 shows however there is significant variation in terms of service activity when analysed via CCG. SWB CCG has approximately seven times as many consultations (7150) compared to Wolverhampton CCG (1,252) and Dudley CCG (1095). In comparison to Walsall CCG (913) there are approximately eight times as many consultations.

- SWB CCG consultations have been undertaken from 64 active providers from 98 that are accredited to offer the service. 76% of all consultations were offered from 20 pharmacies.
- Wolverhampton CCG consultations have been undertaken from 35 active providers from 61 that are accredited to offer the service. 91% of all consultations were offered from 20 pharmacies.
- Dudley CCG consultations have been undertaken from 17 active providers from 33 that are accredited to offer the service. 94% of all consultations were offered from 20 pharmacies.
- Walsall CCG consultations have been undertaken from 38 active providers from 46 that are accredited to offer the service. Individual pharmacy data was not available for the purposes of this report.

Individual Pharmacy consultation data is regularly monitored. Approximately 50% of all accredited pharmacies in Wolverhampton and Dudley are actively engaged with the service and this can be increased further.

Where service activity highlights any outliers i.e. those with significantly higher than average numbers of consultations, these are followed up and investigated to ensure service robustness and resilience. The strategy includes requesting SOPs and face to face discussions around service activity where necessary.

Evaluation of medicines provided under the scheme highlights paracetamol suspension for acute fever is the most accessed medication under this service.

The evaluation of the scheme demonstrates the STP Minor Ailment Service is a viable NHS service to manage minor ailment conditions, and with appropriate controls represents better value for money compared to other more expensive NHS environments, including GP Practice, Walk-in Centres, Out-of-Hours and Emergency Services.

Figure 9 indicates that 95.5% of community pharmacy Minor Ailment Service consultations liberated capacity across General Practice, A&E and Walk in centres. Community Pharmacies were remunerated at £5 per consultation, so that 9,445 consultations cost the CCG commissioner £47,225. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £25,516.05. The total cost of the STP MAS service to the CCG commissioners in total is therefore £72,741.05.

According to the [unit costs of Health and Social Care 2017 document](#); it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20. Almost all (99.6%) of service consultations resulted in a supply being made.

Figure 9 shows 8,685 consultations were undertaken where patients would have gone to a GP had this STP service been unavailable. Assuming 100% of these consultations would have resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 8,685 *£58.20 i.e. £505,467. 8,685 consultations would've taken on average 9.22 minutes per appointment in General Practice or 1,335 hours which across the 188 eligible GP practices is a GP time saving of just over 7 hours each.

The recommendation to the CCG commissioners, considering the findings of the evaluation, is to approve continued commissioning of the Minor Ailment Service into the 19/20 financial year.

Return on Investment (ROI) is around 6:1. This is based on inputs of £14,850 (MLCSU service cost) and £72,741.05 (service consultation and drug costs) vs the expected cost of £505,467 had the STP MAS service been unavailable.

Limitations

Other studies have looked at the impact of minor ailment services on general practice prescribing for minor ailments and the number of re-consultation rates. It is not possible to evaluate this with current available data; however, the potential use of practice data could be explored for future evaluation of the service.

The GP time released was based on the patients specifying where they would have gone; this may differ from where they may have gone had the service not been in place. The patient opinion data was collected by the pharmacists providing the service which may have biased the results due to the patient not wanting to offend the pharmacist.

Recommendations

- Encourage increased engagement and liaison and communication between general practice and pharmacies to improve joint understanding, resolve issues and increase uptake
- Further work to increase understanding, promotion and engagement, plus build relationships between pharmacy and practice staff is needed to increase uptake.
- Develop effective strategies to shift demand for minor ailment management away from general practices to the community pharmacy setting. By reducing the time spent by GPs on managing minor ailments, it would enable them to focus on more complex cases and could reduce patient waiting times.
- Consider further ways to increase promotion of the service by GP practice staff to ensure appropriate use and referral
- Work with GP practices to ensure that the Minor Ailments Service is embedded into their triage systems and patient pathways
- Review list of conditions and formulary with the Minor Ailments project group and if agreed devise a further business case to expand the service to include further conditions
- Promote increased recording of patient access to Minor Ailments on the GP electronic health record.

Appendices

Appendix One (Dudley CCG)

Across Dudley CCG, 1,095 consultations took place for patients registered to Dudley CCG GP Practices. Consultations were split evenly between males 47% and females 53%.

1.1 The service was accessed across a range of ages, as highlighted in figure 1. The data shows that approximately 56% of the service users were accessed by those aged 11 or below with a fair split between the age groups of 0-4- and 5-11-year olds. 19% of service users were aged 60 or above with approximately 39% of these service users aged 75 and above.

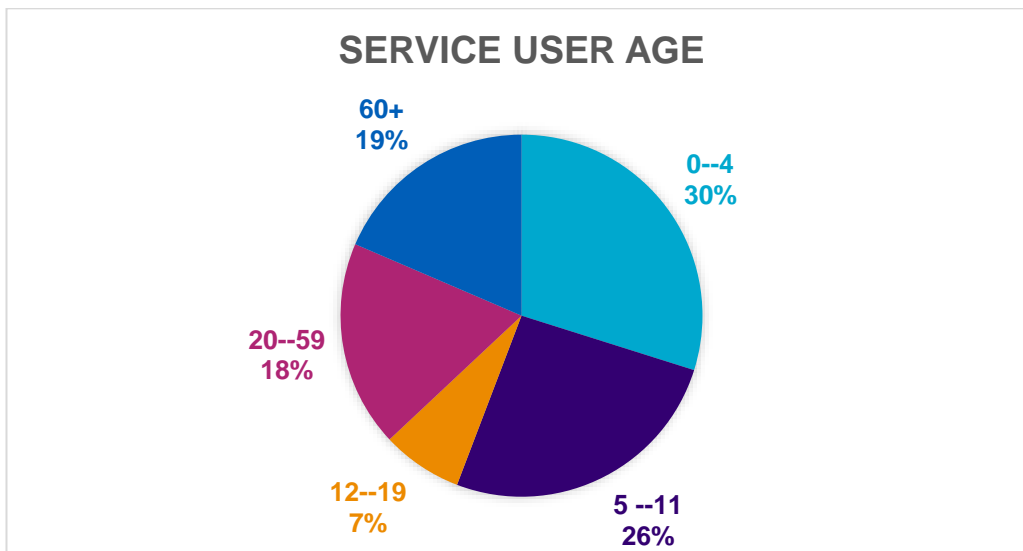


Figure 1: Minor Ailment Service activity by service user age

1.2 The Service can be accessed up to 6 times a year. Figure 2 shows 88% of service users accessed the service once during the initial six-month period. 10% of service users accessed the service twice whilst 1% of service users accessed the service three times.

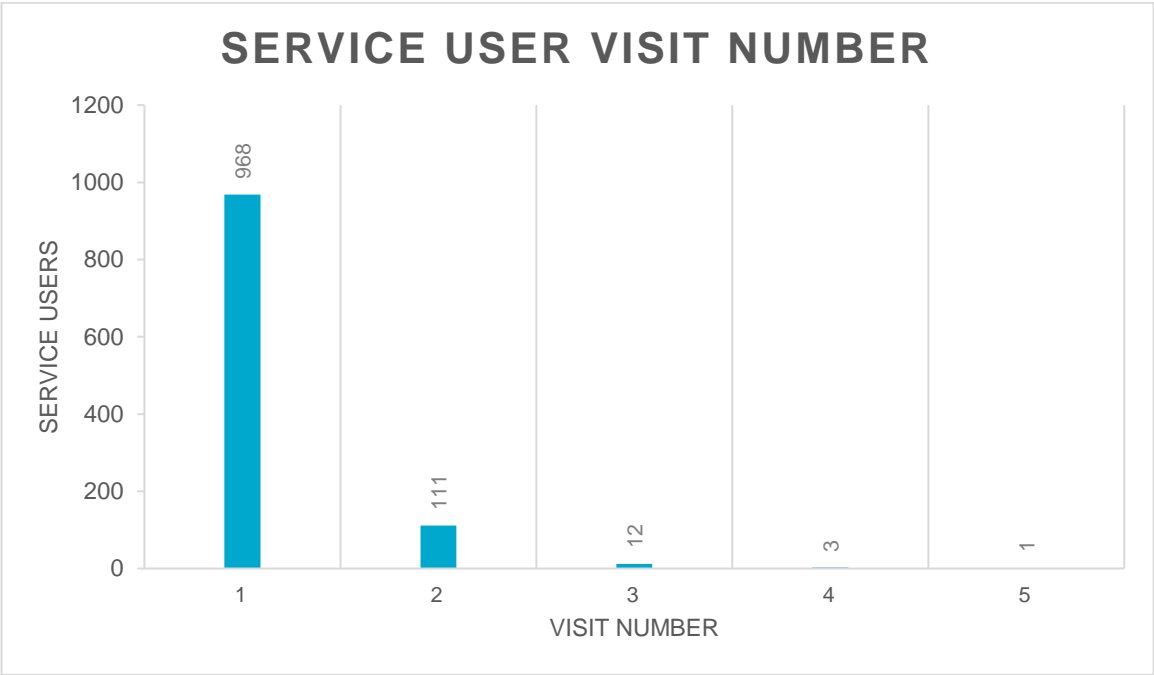


Figure 2: Minor Ailment Service activity by service user visit number

1.3 Figure 3 shows 90% of consultations undertaken by service users were on weekdays before 7pm, predominately during GP opening hours. 5% of consultations took place on the weekend.

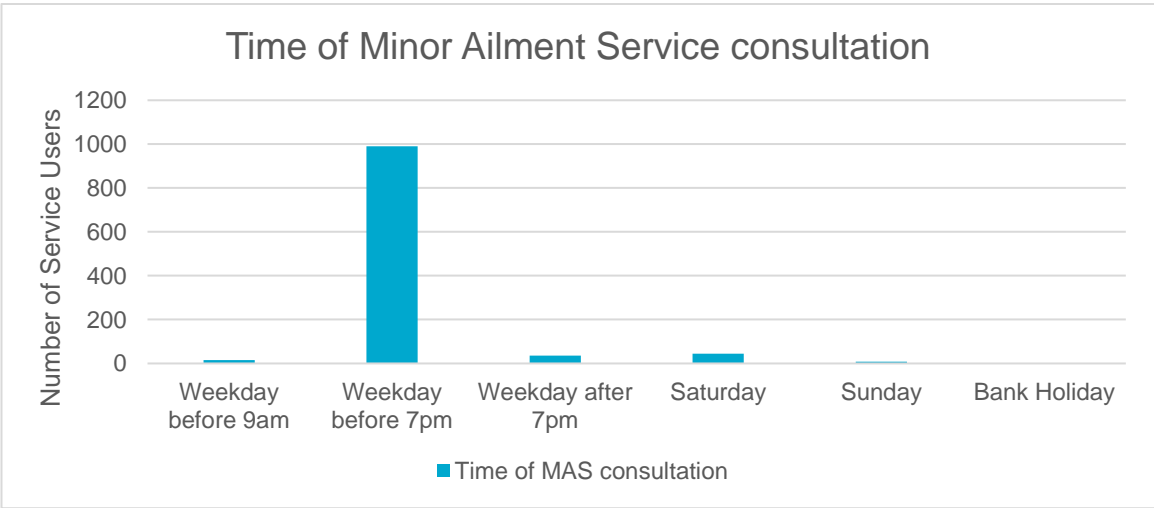


Figure 3: Analysis of time of Minor Ailment Service consultation

1.4 Figure 4 illustrates a gradual increase in activity from June to November. The winter months of October and November showed significant increase in the number of interactions in comparison to the previous months.

Month of consultations	Number of interactions	%
June	134	12
July	140	13
August	160	15
September	193	17
October	236	22
November	232	21

Figure 4: Analysis of time of Minor Ailment Service consultation by month

1.5 Service users can access treatment for up to two presenting symptoms per consultation. Service data shows the percentage of users presenting with either one or two symptoms was 73% and 27% respectively. Figure 5 shows acute fever was the most common presenting symptom.

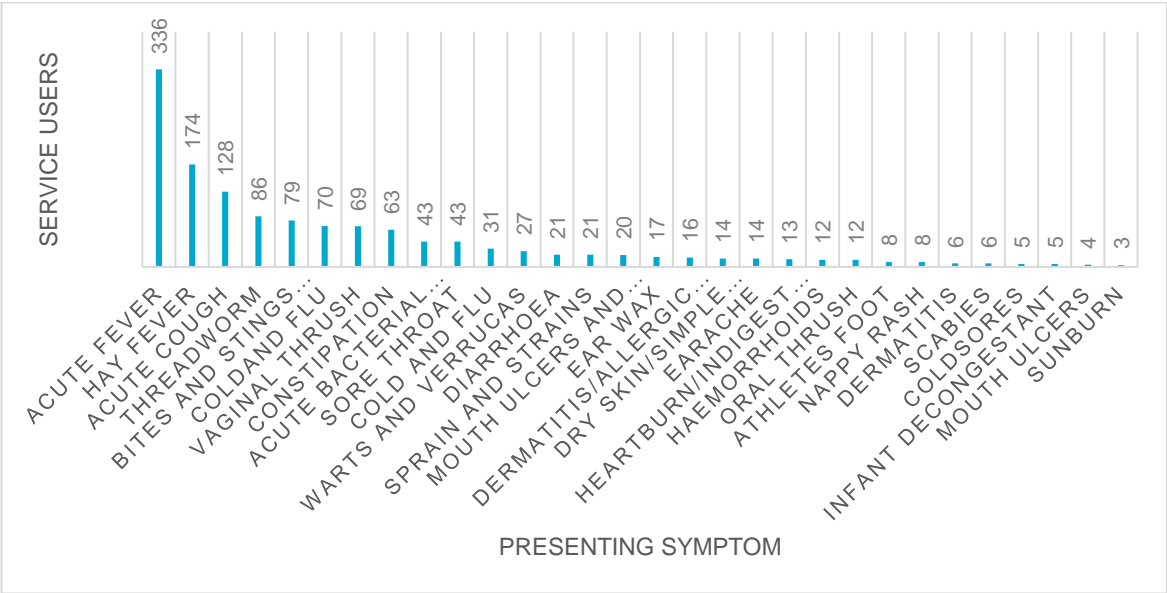


Figure 5: Minor Ailment Service activity by presenting symptom

1.6 Figure 6 illustrates the top 30 medications supplied to service users under the Minor Ailment Service. A range of medications for various indications were supplied.

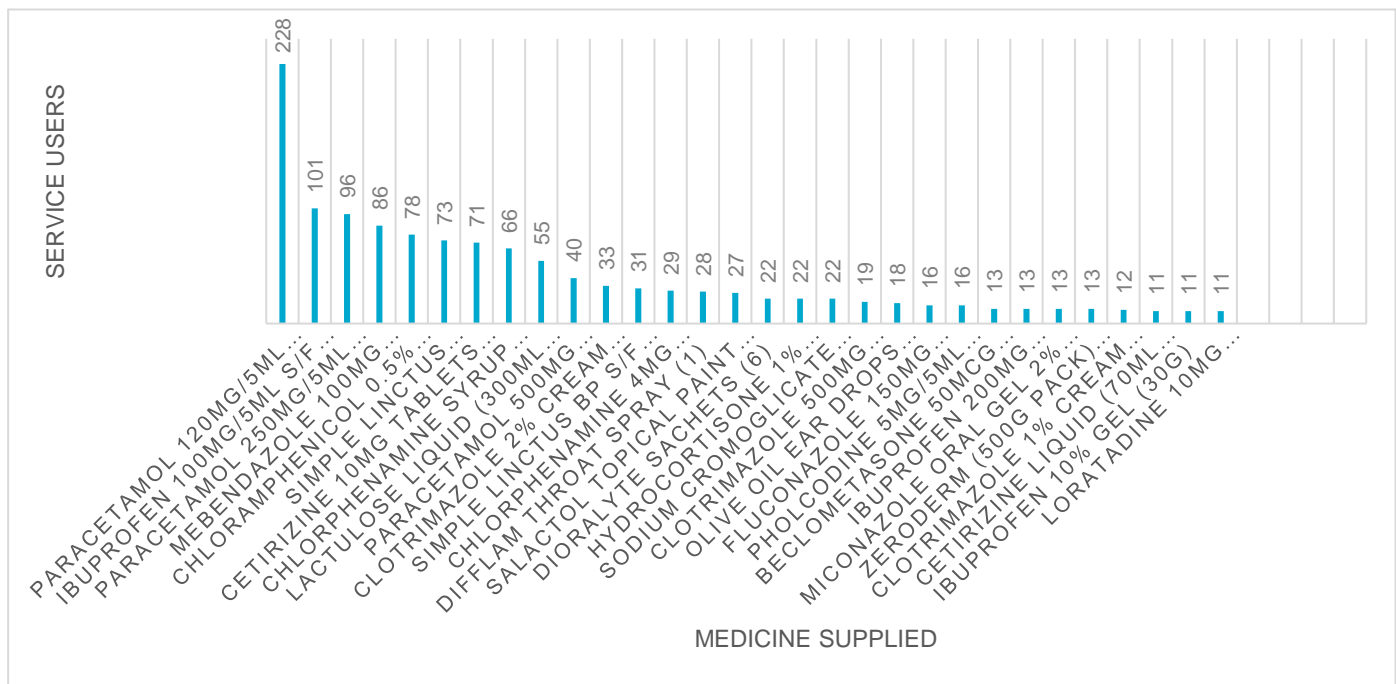


Figure 6: Minor Ailment Service activity by medicine Supplied

1.7 For each of the 1,095 consultations which took place, users were asked what they would have done if the service was not in place as shown in figure 7. The responses combined illustrate that patients would have resorted to booking GP appointments for their minor ailments which is costlier compared to this service.

- 74% (814) would have gone to the GP
- 2% (24) would have gone to the walk-in centre
- 23% (256) would have either purchased a medicine or gone without any treatment
- 0.09% (1) would have accessed an A&E

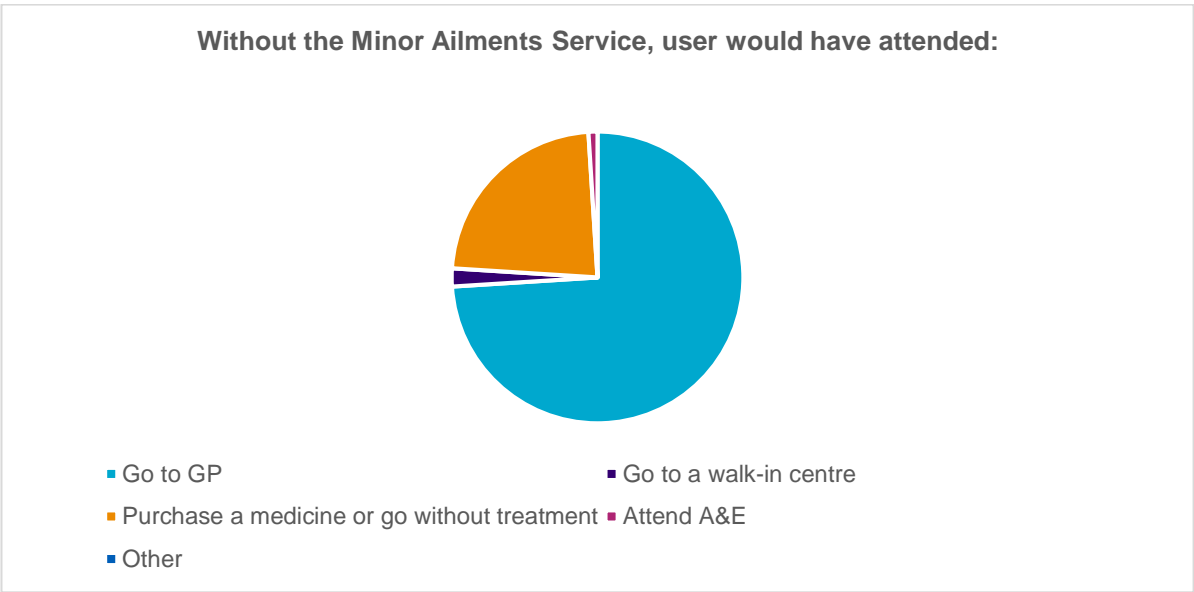


Figure 7: Minor Ailment Service audit

Figure 7 indicates that 77% of community pharmacy Minor Ailment Service consultations in Dudley CCG, liberated capacity across General Practice, A&E and Walk in centres. Community Pharmacies were remunerated at £5 per consultation, so that 1095 consultations cost the CCG commissioner £5,475. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £2,771.35. The total cost of the STP MAS service to the CCG commissioners in total is therefore £8,246.35.

According to the unit costs of Health and Social Care 2017 document; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20. Figure 7 shows 814 from 1,095 consultations were undertaken, where patients would have gone to a GP had this service been unavailable. Assuming 100% of these consultations would have resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 814 *£58.20 i.e. £47,374.80.

814 consultations would've taken on average 9.22 minutes per appointment in General Practice or 125 hours which across the eligible GP practices is a GP time saving of just over 2.6 hours each.

Return on Investment (ROI) is around **4:1**. This is based on inputs of £4,950 (MLCSU service cost) and £8,246.35 (service consultation and drug costs) vs the expected cost of £47,374.80 had the STP MAS service been unavailable.

The table below shows in which pharmacy locations and how frequently patients registered to Dudley CCG GPs are accessing the MAS service:

Patient Postcode	Pharmacy Location MAS service accessed from	Frequency
DY1	DY3 2DA	1
	B68 8JB	2
	B70 9QL	2
	DY1 1RN	3
	DY1 2BY	68
	DY1 2ER	7
	DY1 2TY	4
	DY1 4EH	23
	DY2 9PY	2
	DY3 2DA	5
	DY3 2PG	1
	DY4 7EW	1
	DY5 3EE	2
	WV14 9DD	8
DY2	B63 3UD	2
	B64 6HF	13
	B64 6HN	1
	B64 6HP	1

Patient Postcode	Pharmacy Location MAS service accessed from	Frequency
DY5	DY5 1RG	2
	DY5 3JR	10
	DY6 8AW	1
	DY8 4BS	2
	B63 1AU	2
	B64 7HG	1
	B68 9DU	1
	B70 9QL	1
	DY1 2BY	2
	DY1 2ER	2
	DY1 4EH	1
	DY2 9PY	1
	DY3 2PG	1
	DY5 2AA	2
	DY5 3AP	13
	DY5 3DL	11
	DY5 3EE	33
	DY5 4ED	2

	B64 6JD	6
	B64 7HG	16
	B65 0BA	1
	B69 1RZ	70
	B69 2JQ	1
	B69 4SN	1
	B70 6JX	2
	DY1 1RN	6
	DY1 2BY	20
	DY1 2ER	10
	DY1 4RP	1
	DY2 8TH	50
	DY2 9PY	50
	DY5 3EE	4
DY3	B63 1AU	1
	B70 9QL	2
	DY1 2BY	14
	DY1 2ER	1
	DY1 2TY	6
	DY1 4RP	1
	DY3 2DA	16
	DY3 2PG	11
DY4	B21 9RY	3
	B68 8JB	5
	B68 9EX	2
	B69 1RZ	14
	B70 6JX	4
	B70 7RW	13
	B70 8PA	1
	B70 9QL	64
	DY1 2BY	1
	DY1 4EH	1
	DY1 4RP	1
	DY4 7EW	24
	DY4 7PE	116
	DY4 8PX	2
	DY4 8RP	24
	WS10 9PR	1
	WS5 4LB	2
	WV14 9DD	7
	WV2 3AH	4
	WV4 6ED	1
	DY4 0SN	7

	DY6 8pf	3
	DY9 8LF	2
	DY9 8LQ	1
DY6	DY6 9HS	2
	DY8 4BS	1
	DY1 2ER	1
	DY6 7SH	4
	DY6 8pf	2
	DY6 9JS	1
DY8	B63 4WD	1
	DY8 4BS	27
	B63 1AU	1
	B63 3UD	1
	B69 1RZ	1
	DY5 3AP	1
	DY5 3EE	3
	DY6 7SH	1
	DY6 9JS	1
DY9	DY5 3JR	3
	DY9 8LN	1
	B63 1AU	2
	B63 3UD	1
	B68 9EX	1
	DY9 8JX	2
	DY9 8LF	92
	DY9 8LQ	7
	DY9 9DS	6
	WV10 8EB	1
DY12	DY1 2BY	1

Appendix Two (Sandwell & West Birmingham CCG)

Across Sandwell & West Birmingham CCG, 7,130 community pharmacy Minor Ailment Service consultations took place for patients registered to Sandwell & West Birmingham CCG GP Practices. The consultations were split evenly between males 45% and females 55%

2.1 The service was accessed across a range of ages, as highlighted in Figure 1. The data shows that approximately 61% of the service users were accessed by those aged 11 or below with a fair split between the age groups of 0-4- and 5-11-year olds. There was 16% of service users aged 60 or above accessing the service with approximately 40% of these service users aged 75 and above.

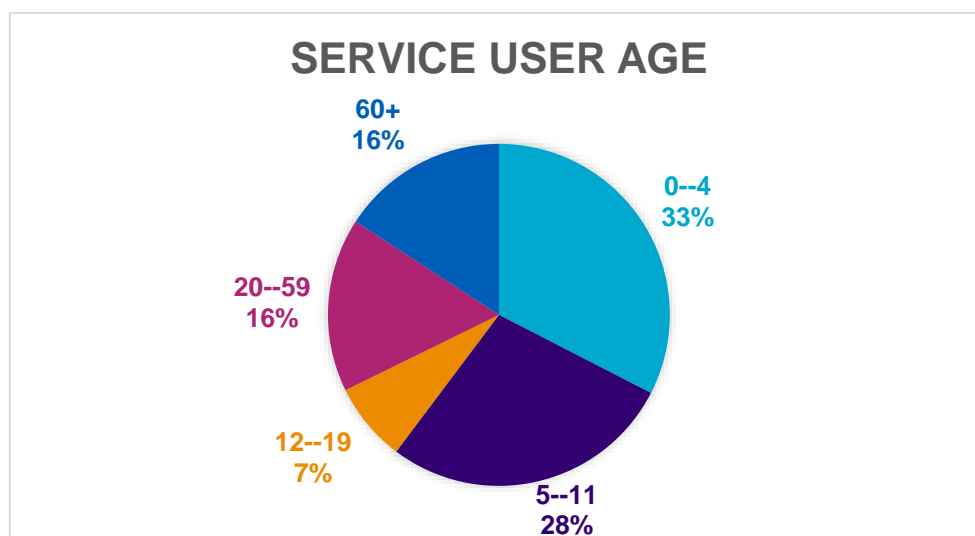


Figure 1: Minor Ailment Service activity by service user age

2.2 The service can be accessed up to 6 times a year. Figure 2 shows that 84% have accessed the service once during the initial six-month period. 13% of service users accessed the service twice whilst 3% of service users accessed the service three times.

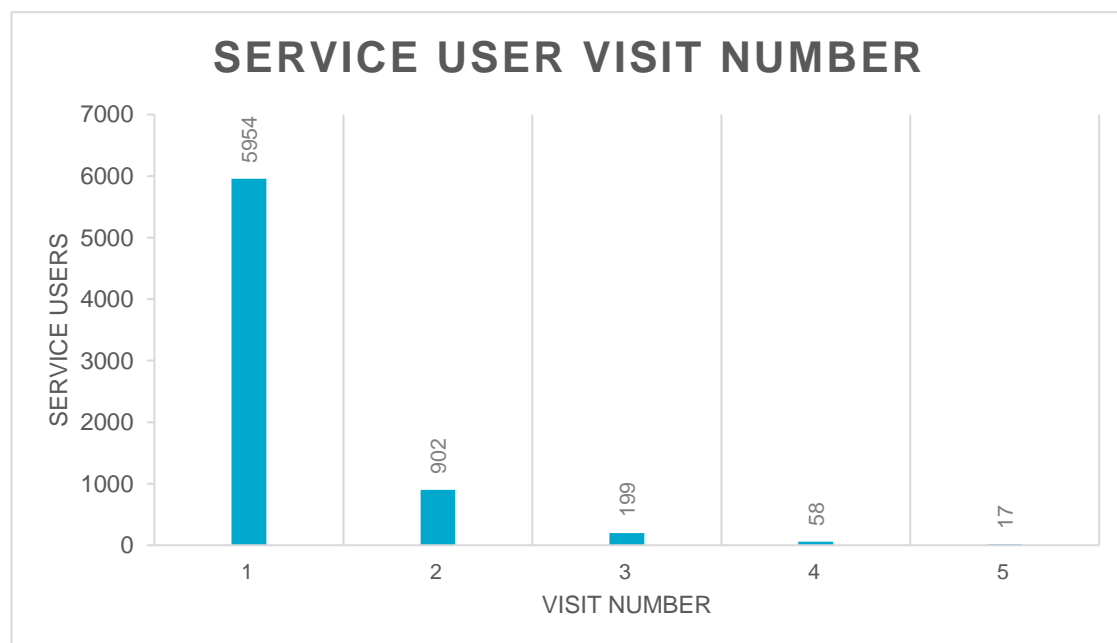


Figure 2: Minor Ailment Service activity by service user visit number

2.3 Users accessed the service across a range of days and times throughout the week, highlighting the accessibility of community pharmacy. Figure 3 shows 95% of consultations undertaken by service users were on weekdays before 7pm, predominately during GP opening hours. 5% of consultations took place on the weekend.

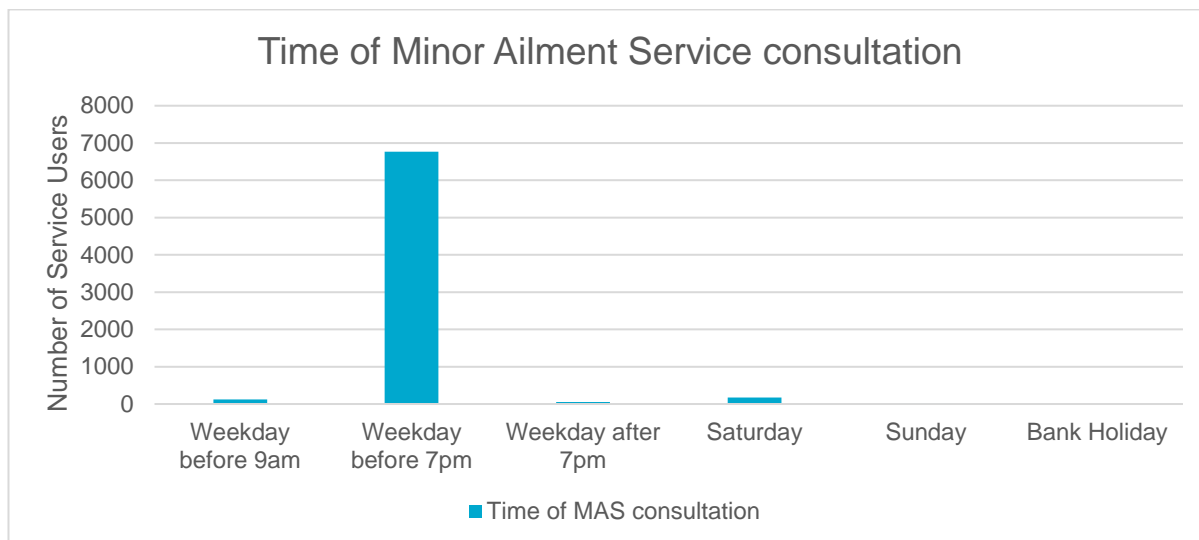


Figure 3: Analysis of time of Minor Ailment Service consultation

2.4 Figure 4 illustrates an increase in activity from June to November. The Winter months of October and November have shown a significant increase in interactions in comparison to the previous months.

Month of consultations	Number of interactions	%
June	730	10
July	901	13
August	843	12
September	1239	17
October	1815	25
November	1602	23

Figure 4: Analysis of time of Minor Ailment Service consultation by month

2.5 Under the service, users can access treatment for up to two presenting symptoms per consultation. The percentage of service users presenting with either one or two symptoms was 52% and 48% respectively. Figure 5 shows acute fever was the most common presenting symptom

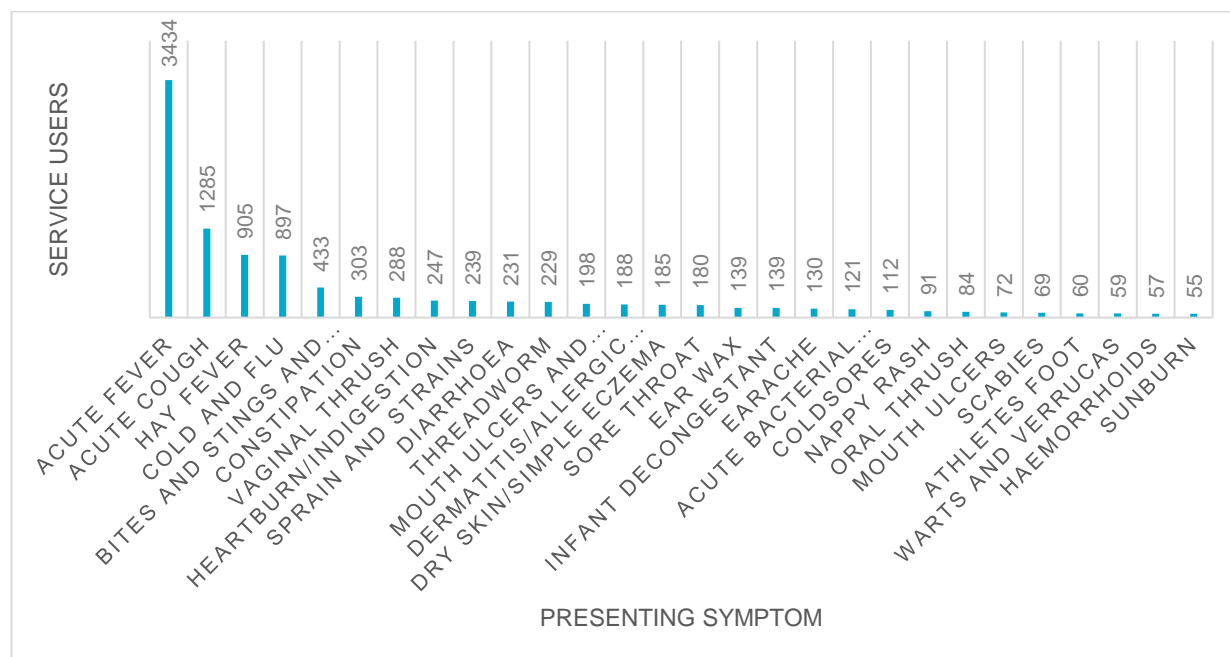


Figure 5: Minor Ailment Service activity by presenting symptom

2.6 Figure 6 illustrates the top 30 medications supplied to service users under the Minor Ailment Service. A range of medications for various indications were supplied.

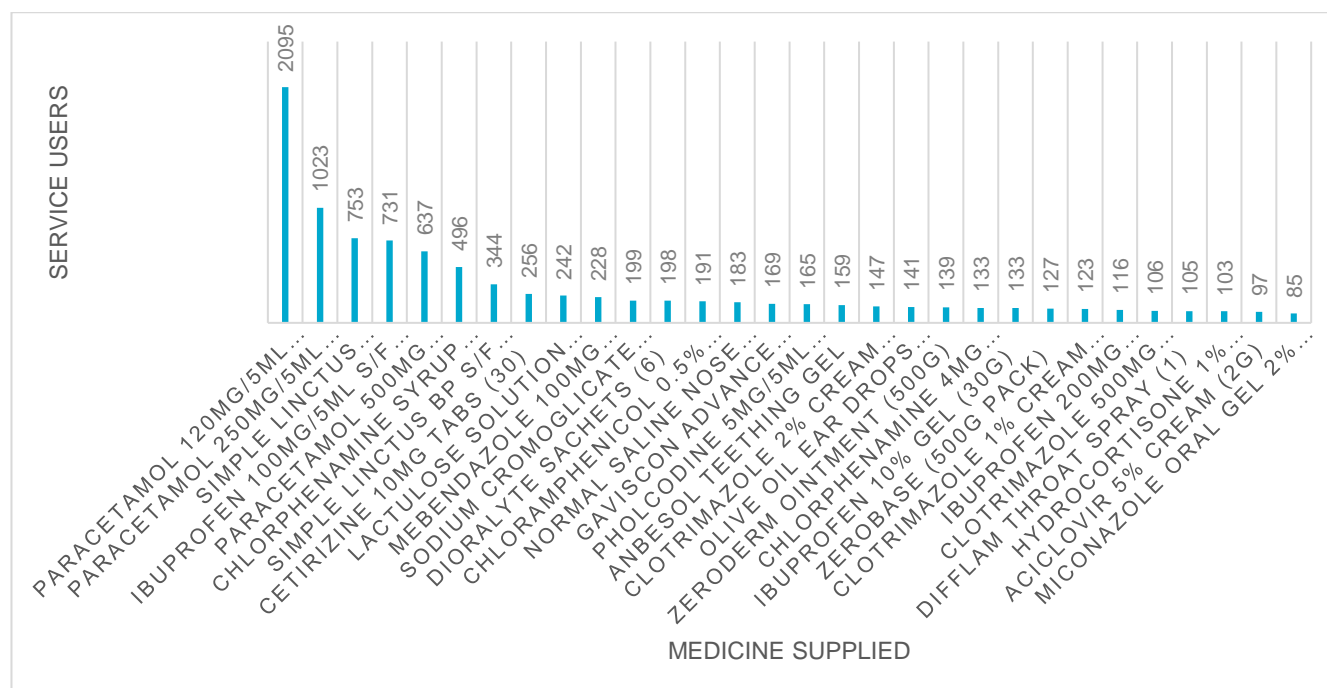


Figure 6: Minor Ailment Service activity by medicine supplied

2.7 For each of the 7,130 consultations which took place, users were asked what they would have done if the service was not in place. The responses combined illustrate that service users would have resorted to booking GP appointments for their minor ailments which is costlier compared to the service.

- 95.4% (6,803) would have gone to the GP
- 3.7% (264) would have gone to the walk-in centre
- 0.7% (52) would have either purchased a medicine or gone without any treatment
- 0.04% (3) than 1% would have accessed the A&E
- 0.1% (8) other reason

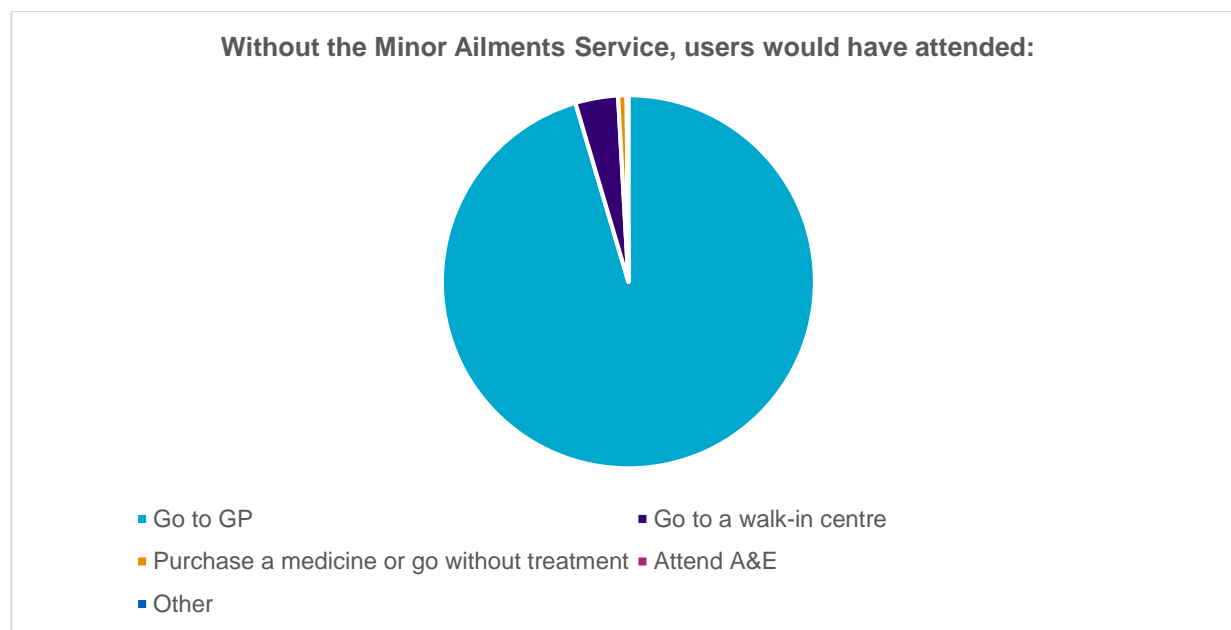


Figure 7: Minor Ailment Service audit

Figure 7 indicates that 99% of community pharmacy Minor Ailment Service consultations in SWB CCG, liberated capacity across General Practice, A&E and Walk in centres. Community Pharmacies were remunerated at £5 per consultation, so that 7,130 consultations cost the CCG commissioner £35,650. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £19,643.59. The total cost of the STP MAS service to the CCG commissioners in total is therefore £55,293.59.

According to the unit costs of Health and Social Care 2017 document; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20. Figure 7 shows 6,803 from 7,130 consultations were undertaken where patients would have gone to a GP had this service been unavailable. Assuming 100% of these consultations would have resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 6803 *£58.20 i.e. £395,934.60

6,803 consultations would've taken on average 9.22 minutes per appointment in General Practice or 1045 hours which across the eligible GP practices is a GP time saving of just over 10 hours each.

Return on Investment (ROI) is around **7:1**. This is based on inputs of £4,950 (MLCSU service cost) and £55,293.59 (service consultation and drug costs) vs the expected cost of £395,934.60 had the STP MAS service been unavailable.

The table below shows in which pharmacy locations and how frequently patients registered to Sandwell & West Birmingham CCG GPs, are accessing the MAS service:

Patient Postcode	Pharmacy Location MAS service accessed from	Frequency
B10	B12 8AN	2
	B13 9AG	1
	B6 5UP	13
B11	B12 8AN	52
	B13 9AG	23
	B62 8AF	1
B12	B12 8AN	14
	B13 9AG	49
B13	B12 8AN	15
	B13 9AG	76
B14	B12 8AN	1
B15	B21 9PP	1
	B66 4DH	2
B16	B18 4BA	3
	B18 4HJ	7
	B18 7BA	5
	B21 9PP	1
	B21 9RY	3
	B66 3PZ	1

Patient Postcode	Pharmacy Location MAS service accessed from	Frequency
	B64 6JD	39
	B64 7HG	46
	B65 0BA	5
	B69 1RZ	1
	DY2 9PY	2
	DY9 9DS	2
	B68 0LS	2
B65	B62 8AF	5
	B63 3UD	3
	B64 6HF	1
	B64 6JD	12
	B65 0BA	56
	B65 0HF	1
	B68 8LY	5
	B68 9DU	5
	B69 1RZ	16
	B69 4SN	5
	B70 7RW	2
	B70 9QL	2

	B70 7RW	2
	B6 5UP	3
B17	B18 4BA	3
	B21 9PP	2
	B66 3PZ	3
	B66 4DH	10
	B66 4QJ	1
	B69 4DE	1
	B6 5UP	2
B18	B66 1QZ	1
	B21 9SN	3
	B18 4BA	2
	B18 4HJ	4
	B18 7BA	9
	B21 9LR	7
	B21 9PP	1
	B21 9RY	26
	B66 4DH	5
	B70 9QL	1
	B6 5UP	6
B19	B18 4HJ	1
	B21 9RY	5
	B7 5DT	1
	B68 0LS	2
	B6 5UP	28
B20	B21 9SN	3
	B18 4HJ	1
	B20 2JU	71
	B21 9LR	5
	B21 9PP	40
	B21 9RY	32
	B42 1BT	2
	B69 4DE	2
	B7 5DT	5
	B70 9QL	1
	B6 5UP	22
	B43 7HB	1
B21	B21 9SN	12
	B18 4BA	3
	B20 2JU	3
	B21 9LR	69
	B21 9PP	173
	B21 9RY	201
	B66 2DD	2
	B70 6JX	1
	B70 7RW	4
	B70 9QL	3
	B6 5UP	6

	DY1 2BY	1
	DY2 9PY	1
	B68 0LS	23
B66	B66 1QZ	98
	B18 4BA	1
	B18 4HJ	3
	B21 9LR	1
	B21 9PP	3
	B21 9RY	1
	B66 2DD	130
	B66 3EN	2
	B66 3PZ	108
	B66 4BH	1
	B66 4DH	6
	B66 4PB.	3
	B66 4QJ	1
	B67 7RA	2
	B68 8JB	9
	B68 8LY	1
	B69 4DE	2
	B7 5DT	1
	B70 6JX	3
	B70 7RW	4
	B70 9QL	9
	B66 3NL	7
	B68 0LS	1
B67	B66 1QZ	39
	B21 9SN	1
	B66 2DD	1
	B66 3EN	3
	B66 3PZ	34
	B66 4BH	6
	B66 4DH	15
	B66 4ES	1
	B66 4PB.	2
	B66 4QJ	3
	B67 7RA	11
	B68 8JB	14
	B68 9DU	17
	B68 9EX	6
	B69 2JQ	1
	B69 4SN	3
	B70 6JX	1
	B70 7RW	2
	B70 9QL	8
	DY2 8TH	1
	WV2 1DR	1
	B66 3NL	49

B23	B6 5UP	66
B24	B6 5UP	21
B26	B13 9AG	1
	B6 5UP	2
B27	B13 9AG	2
B28	B12 8AN	1
	B13 9AG	2
B29	B18 4BA	1
	B66 4BH	1
	B6 5UP	1
B31	B66 4BH	1
	B6 5UP	2
B32	B13 9AG	1
	B21 9RY	1
	B66 4DH	2
	B68 9DU	2
	B68 0LS	2
	B6 5UP	2
B33	B21 9LR	1
	B6 5UP	4
B36	B6 5UP	3
B42	B18 4HJ	1
	B20 2JU	6
	B21 9PP	3
	B21 9RY	1
	B42 1BT	90
	B70 9QL	2
	B6 5UP	13
	B43 7HB	4
	B42 1EZ	5
B43	B20 2JU	2
	B21 9PP	5
	B21 9RY	1
	B42 1BT	24
	B42 1TQ	5
	B70 0RT	1
	B70 6JX	1
	B70 7RW	3
	B70 9QL	13
	WS5 4LB	1
	B6 5UP	6
	B43 7HB	27
	B42 1EZ	1
B44	B42 1BT	7
	B6 5UP	14
	B43 7HB	7
B46	B6 5UP	1
	B43 7HB	1

	B68 0LS	1
B68	B66 1QZ	9
	B62 8PY	1
	B65 0BA	2
	B66 2DD	1
	B66 3EN	1
	B66 3PZ	3
	B66 4DH	5
	B66 4PB.	2
	B68 0BZ	2
	B68 8JB	275
	B68 8LY	1
	B68 9DU	120
	B68 9EX	46
	B69 4DE	3
	B69 4SN	36
	B70 7RW	3
	B70 9QL	1
	DY2 9PY	1
	DY9 8LF	1
	B66 3NL	2
	B68 0LS	113
B69	B66 1QZ	21
	B20 2JU	2
	B64 6JD	1
	B64 7HG	1
	B65 0BA	5
	B66 3PZ	2
	B68 8JB	36
	B68 8LY	1
	B68 9DU	4
	B69 1RZ	193
	B69 4DE	16
	B69 4SN	71
	B70 6JX	3
	B70 7AR	1
	B70 7RW	4
	B70 8PA	1
	B70 9QL	10
	DY2 8TH	1
	DY4 7PE	1
	B68 0LS	44
B7	B7 5DT	21
	B6 5UP	29
B70	B66 1QZ	5
	B21 9RY	2
	B66 2DD	1
	B66 3PZ	2

B5	B6 5UP	1
B59	B69 1RZ	3
B6	B42 1BT	2
	B7 5DT	1
	B6 5UP	448
B60	B69 1RZ	1
B62	B62 8AF	9
	B62 8PY	2
	B62 9AA	3
	B63 1AU	3
	B63 3AW	5
	B63 3UD	2
	B64 6JD	1
	B64 7HG	1
	B65 0BA	6
	B65 0HF	2
	B66 4DH	1
	B68 9DU	2
	B68 9EX	1
	B68 0LS	8
	B43 7HB	1
B63	B63 4WD	1
	DY8 4BS	2
	B62 8AF	4
	B62 8PY	1
	B63 1AU	58
	B63 3AW	21
	B63 3UD	189
	B64 6JD	1
	B64 7HG	12
	B65 0BA	1
	B65 0HF	1
	DY2 9PY	2
	DY9 9DS	5
B64	B62 8AF	2
	B62 8PY	1
	B63 1AU	2
	B63 3AW	1
	B63 3UD	3
	B64 6AG	3
	B64 6HF	15
	B64 6HN	3
	B64 6HP	2

	B68 8JB	1
	B69 4SN	4
	B70 0HN	9
	B70 0RT	6
	B70 6JX	92
	B70 6NZ	1
	B70 7AR	11
	B70 7RW	463
	B70 8PA	30
	B70 9QL	869
	B71 1AW	5
	DY4 7EW	5
	DY4 7PE	2
	B6 5UP	1
	B43 7HB	1
B71	B66 1QZ	1
	B21 9RY	1
	B66 2DD	8
	B66 4DH	3
	B68 8JB	4
	B70 0HN	4
	B70 0RT	5
	B70 6JX	8
	B70 6NZ	1
	B70 7AR	2
	B70 7RW	108
	B70 8PA	2
	B70 9QL	663
	B71 1AW	57
	B71 3HP	3
	B71 3HR	2
	WS10 7DF	3
	WS5 4LB	11
	B68 0LS	2
	B6 5UP	2
B73	B70 7RW	2
B74	B21 9PP	1
	B70 7RW	1
	B43 7HB	1
B75	B6 5UP	2
B76	B6 5UP	5
B8	B6 5UP	10
B80	B70 7RW	2
B9	B13 9AG	1
	B6 5UP	3

Appendix Three (Wolverhampton CCG)

Across Wolverhampton CCG, 1,252 community pharmacy MAS consultations took place for patients registered to Wolverhampton CCG GP Practices. The consultations were split between males 43% (544) and females 53% (708)

3.1 The service was accessed across a range of ages, as highlighted in Figure 1. The data shows that approximately 59% were accessed by those aged 11 or below with a fair split between the age groups of 0 - 4 and 5 - 11-year olds. 11% of service users were aged 60 or above with approximately 36% of these service users aged 75 and above.

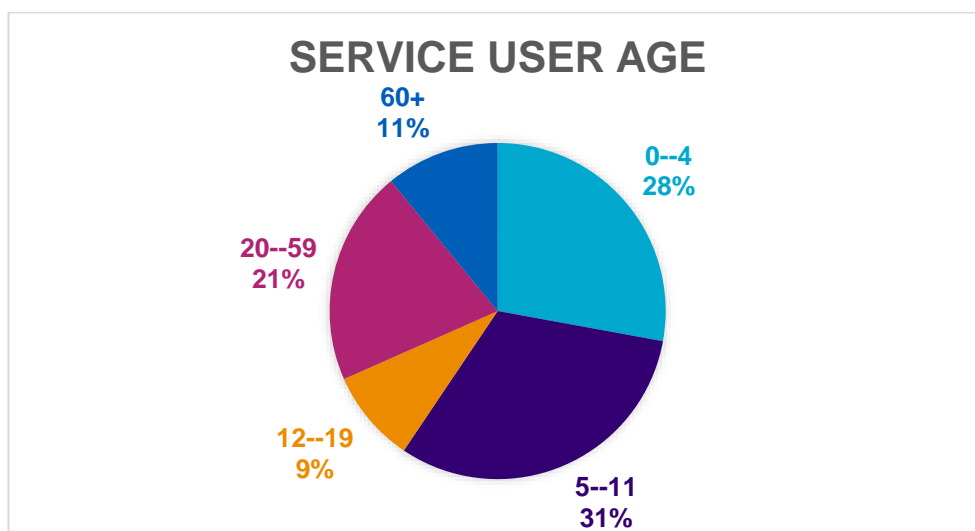


Figure 1: Minor Ailment Service activity by service user age

3.2 The service can be accessed up to 6 times a year. Figure 2 shows 83% of service users accessed the service once during the initial six-month period. 12% of service users accessed the service twice whilst 4% of service users accessed the service three times.

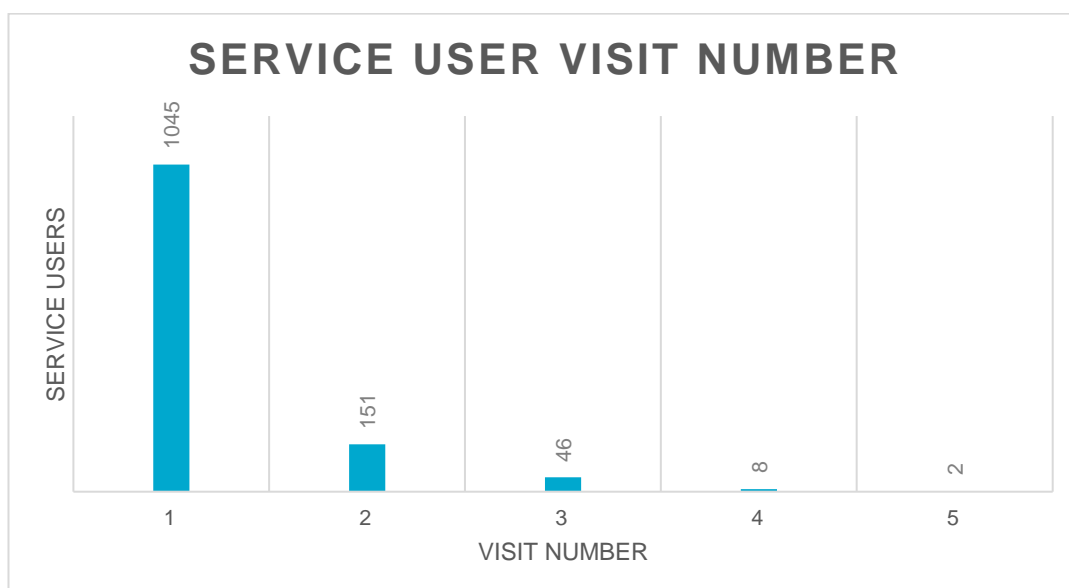


Figure 2: Minor Ailment Service activity by service user visit number

3.3 Patients accessed the service across a range of days and times throughout the week, highlighting the accessibility of community pharmacy. Figure 3 shows 92% of patients accessed the Service during the weekday before 7pm, predominately during GP opening hours. 5% of consultations took place on the weekend.

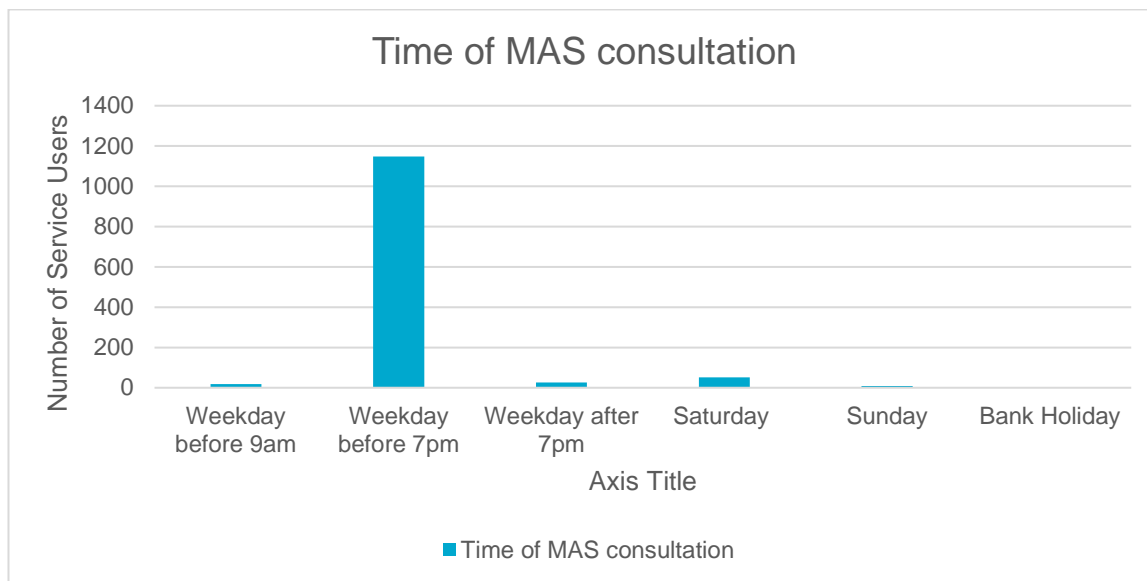


Figure 3: Analysis of time of MAS consultation

3.4 Figure 4 illustrates an increase in activity from June to November. The Winter months of October and November have shown a significant increase in interactions in comparison to the previous months.

Month of consultations	Number of interactions	%
June	155	12
July	204	16
August	127	10
September	164	13
October	251	20
November	351	28

Figure 4: Analysis of time of MAS consultation by month

3.5 Under the service, users can access treatment for up to two presenting symptoms per consultation. Service data shows the percentage of patients presenting with either one or two symptoms was 74% and 26% respectively. Figure 5 shows acute fever was the most common presenting symptom

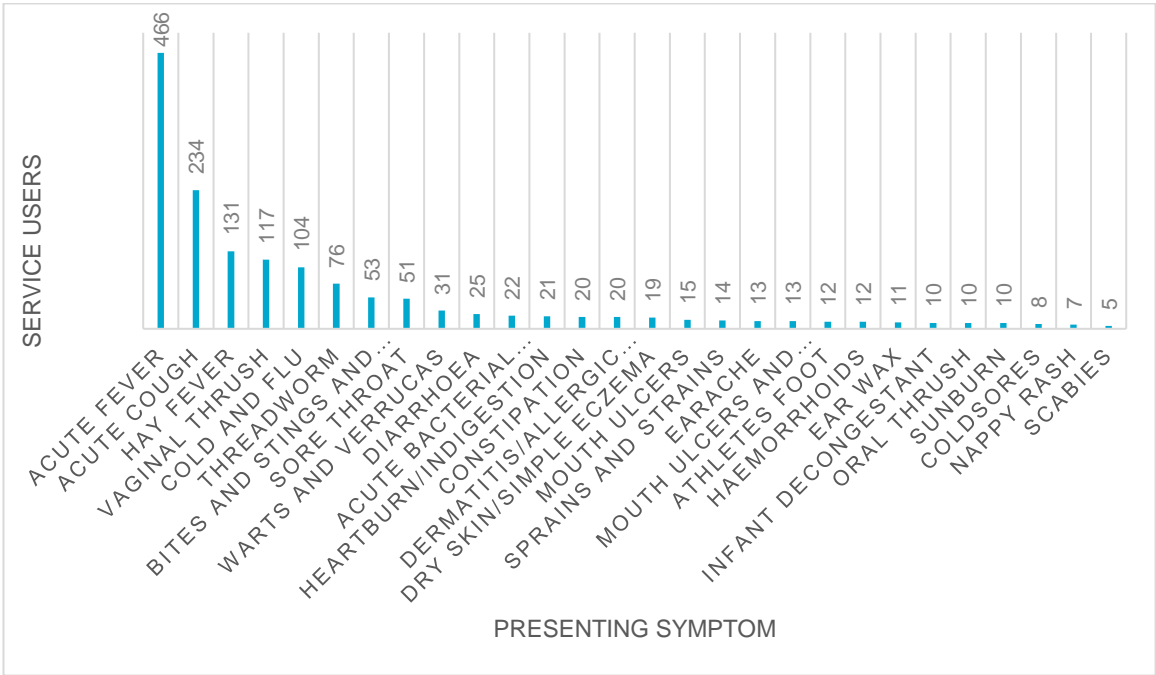


Figure 5: MAS activity by Presenting symptom

3.6 Figure 6 illustrates the top 30 medications supplied to service users under the Minor Ailment Service. A range of medications for various indications were supplied.

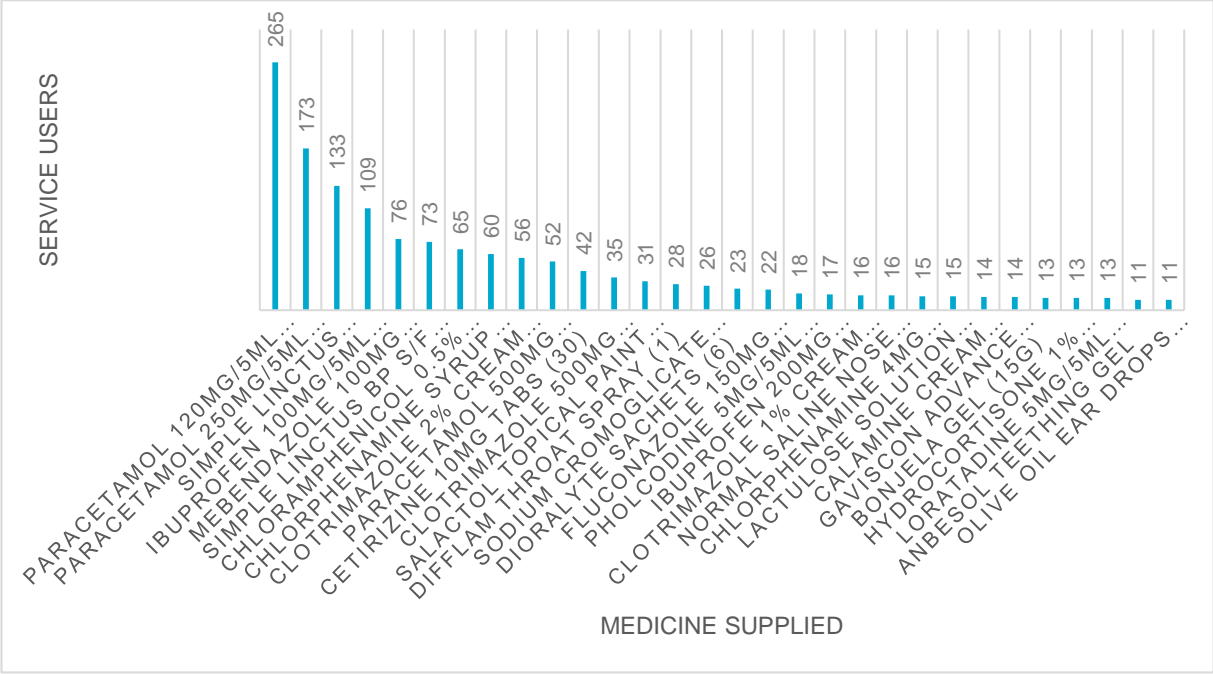


Figure 6: MAS activity by Medicine Supplied

3.7 For each of the 1,252 consultations which took place, service users were asked what they would have done if the service was not in place as shown in Figure 7. The responses combined illustrate that patients would have resorted to booking GP appointments for their minor ailments which is costlier compared to the service.

- 84.7% (1,061) would have gone to the GP
- 6% (76) would have gone to the walk-in centre
- 8.9% (113) would have either purchased a medicine or gone without any treatment
- 0.2% (2) would have attended A&E

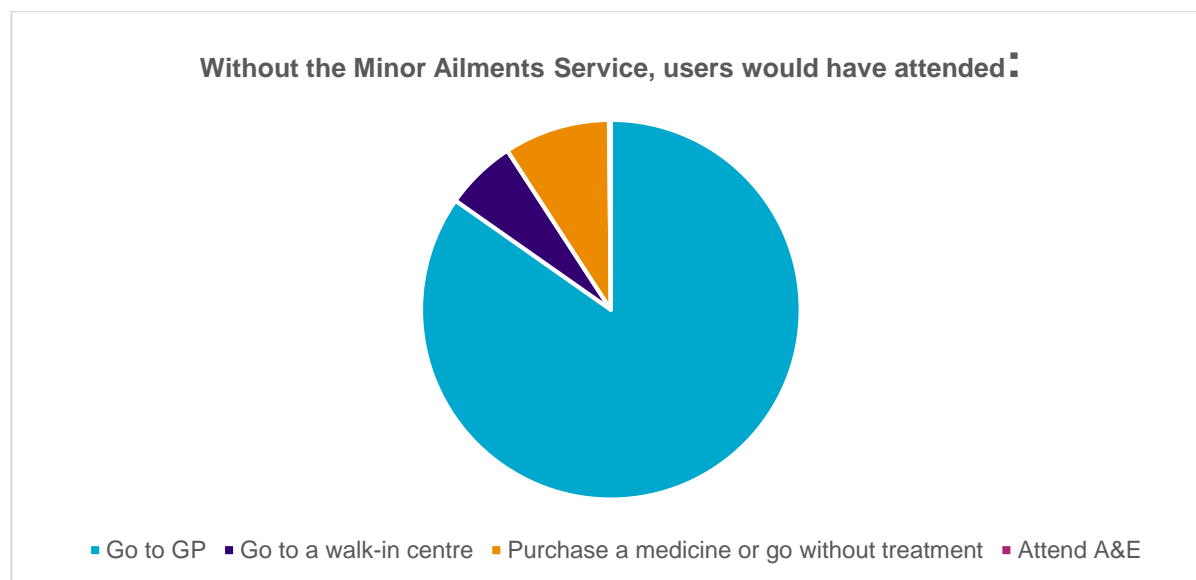


Figure 7: Minor Ailment Service Audit

Figure 7 indicates that 99% of community pharmacy Minor Ailment Service consultations in Wolverhampton CCG, liberated capacity across General Practice, A&E and Walk in centres. Community Pharmacies were remunerated at £5 per consultation, so that 1,252 consultations cost the CCG commissioner £6,260. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £3,082.45. The total cost of the STP MAS service to the CCG commissioners in total is therefore £9,342.45.

According to the unit costs of Health and Social Care 2017 document; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20. Figure 7 shows 1,139 from 1,252 consultations were undertaken where patients would have gone to a GP had this service been unavailable. Assuming 100% of these consultations would have resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 1139 *£58.20 i.e. £66,289.60.

1,139 consultations would've taken on average 9.22 minutes per appointment in General Practice or 175 hours which across the eligible GP practices is a GP time saving of just over 4.3 hours each.

Return on Investment (ROI) is around **5:1**. This is based on inputs of £4,950 (MLCSU service cost) and £9,342.45 (service consultation and drug costs) vs the expected cost of £66,289.60 had the STP MAS service been unavailable.

Patient Postcode	Pharmacy Location	Frequency
WV1	WN11 1UP	2
	WV1 2GZ	17
	WV1 2NE	68
	WV1 4RH	43
	WV10 9BA	1
	WV10 9QY	1
	WV2 1DR	1
	WV2 2LR	6
	WV4 6ED	4
WV10	B70 7RW	1
	WV1 2NE	3
	WV1 4RH	17
	WV10 6AN	46
	WV10 6QG	66
	WV10 8EB	21
	WV10 9BA	15
	WV10 9QY	22
	WV10 9UJ	22
	WV14 0RY	2
	WV2 3AH	1
	WV2 3DH	1
	WV6 8AF	1
	WV6 8QQ	7
WV11	WV1 4RH	1
	WV10 9BA	1
	WV10 9QY	3
	WV11 1SZ	1
	WV11 2JW	40
	WV11 3NE	7
	WV4 6ED	4
	WV6 8EJ	1
WV12	WV11 3NE	1
	WV2 2LR	1
WV13	WV1 2GZ	7
	WV14 0AX	2
WV14	DY1 2BY	1
	DY4 7EW	1
	WV1 2NE	7
	WV1 4RH	6
	WV10 0EZ	19
	WV11 3NE	1
	WV14 0AX	44
	WV14 0DR	1
	WV14 8DD	4
	WV14 8TH	8
	WV14 9DD	162
	WV14 9XW	25

Patient Postcode	Pharmacy Location	Frequency
WV17	WV14 9XW	1
WV2	WV1 2GZ	1
	WV1 2NE	2
	WV1 4RH	3
	WV14 0AX	3
	WV2 1DR	103
	WV2 2LR	30
	WV2 3AH	66
	WV2 3DH	5
	WV2 3JY	11
	WV4 6ED	37
WV3	B70 9QL	16
	WV1 4RH	6
	WV10 6AN	1
	WV2 3AH	7
	WV2 3DH	3
	WV4 4AA	3
	WV4 4LP	4
	WV4 5QF	4
	WV4 6ED	7
	WV6 8AF	2
	WV6 8EJ	1
	WV3 7AH	17
WV4	DY1 4RP	1
	WV1 4RH	2
	WV10 0EZ	1
	WV14 9DD	6
	WV14 9XW	2
	WV2 1DR	9
	WV2 3AH	23
	WV2 3DH	6
	WV2 3JY	15
	WV4 4AA	5
	WV4 4LP	23
	WV4 5QF	13
	WV4 6ED	51
	WV6 9LL	1
	WV3 7AH	1
WV5	WV10 9BA	3
	WV4 6ED	1
WV6	B70 6JX	1
	WV1 4RH	140
	WV10 6AN	1
	WV10 9QY	2
	WV14 0RY	9
	WV2 1DR	1
	WV4 4LP	1

	WV2 2LR	5
	WV2 3AH	1
	WV4 6ED	20

	WV4 6ED	6
	WV6 8AF	1
	WV6 8QQ	4
	WV6 9LL	3
	B68 0LS	1
WV8	WV4 6ED	1
WV9	WV10 6QG	3
	WV9 5NJ	4

Appendix Four (Walsall CCG)

Across Walsall CCG, 913 consultations took place for patients registered to Walsall CCG GP Practices.

- 4.1** Users accessed the service across a range of days and times throughout the week. Figure 1 shows 95% of patients accessed the service during the weekdays, predominately during GP opening hours. 5% of consultations took place on the weekend.

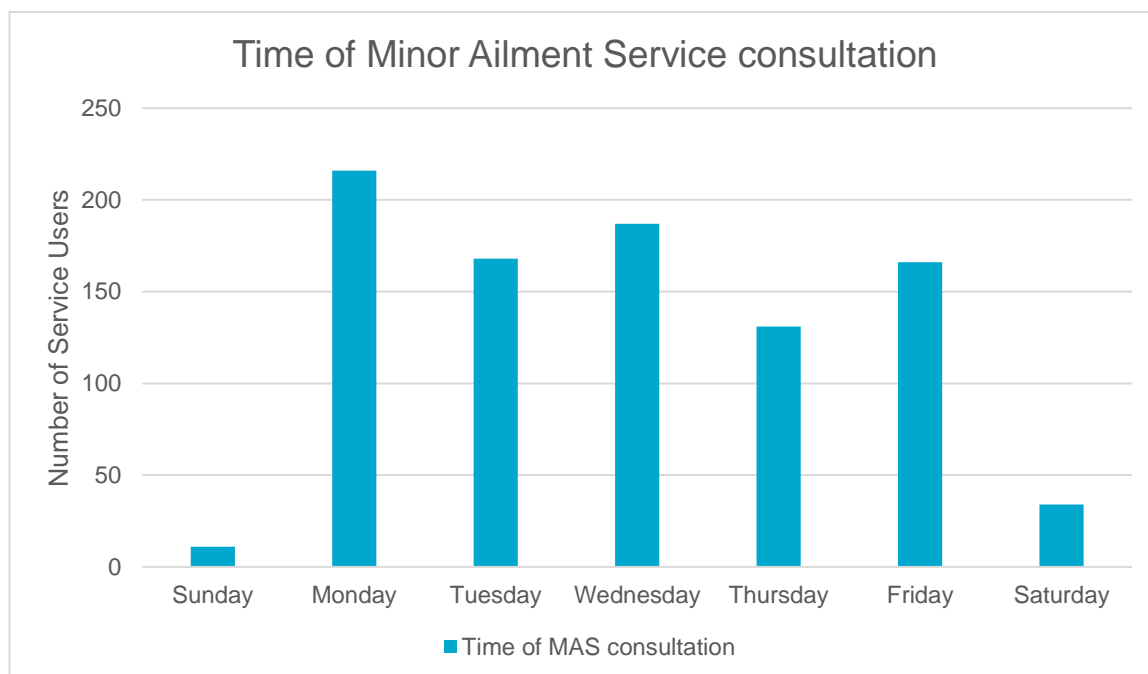


Figure 1: Analysis of time of Minor Ailment Service consultation

- 4.2** Figure 2 illustrates an increase in activity from June to November. The Winter months of October and November have shown a significant increase in interactions in comparison to the previous months.

Month of consultations	Number of interactions	%
June	92	10
July	138	15
August	75	8
September	158	17
October	220	24
November	230	25

Figure 2: Analysis of time of Minor Ailment Service consultation by month

4.3 Under the service, users can access treatment for up to two presenting symptoms per consultation. The percentage of patients presenting with either one or two symptoms was 72% and 28% respectively. Figure 3 shows acute fever was the most common presenting symptom.

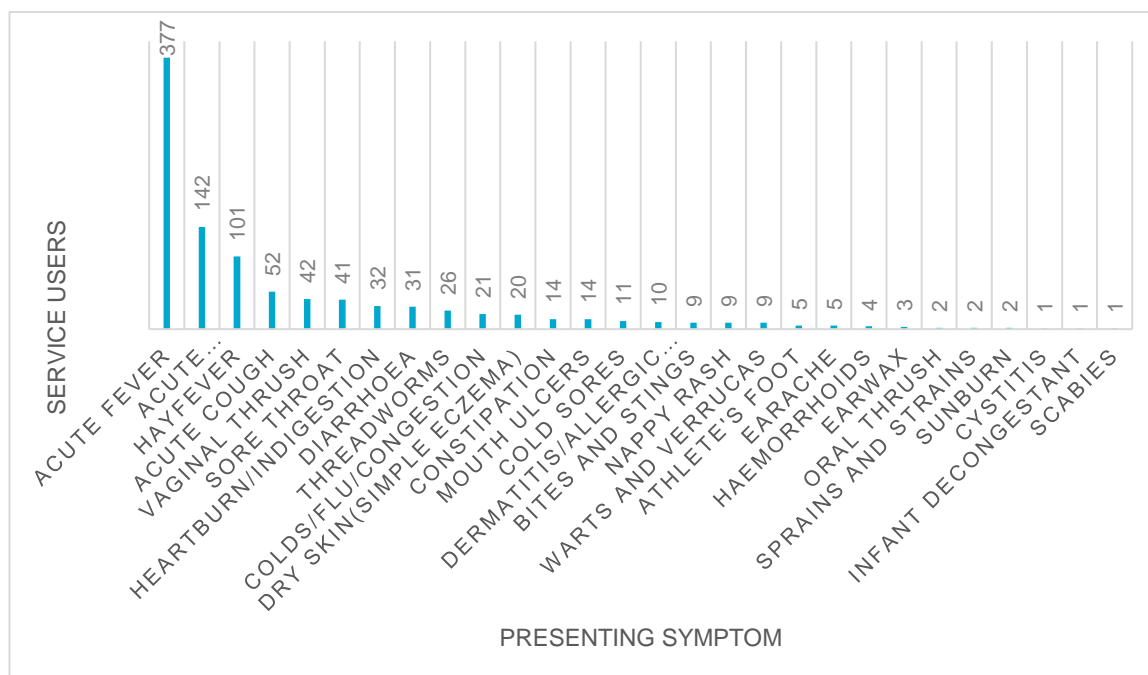


Figure 3: Minor Ailment Service activity by presenting symptom

4.4 Figure 4 illustrates the top 30 medications supplied to service users under the Minor Ailment Service. A range of medications for various indications were supplied. 24% (278) of the medications supplied were for paracetamol 120mg/5ml oral suspension, followed by 11% (125) for Calpol six plus 250mg/5ml oral suspension.

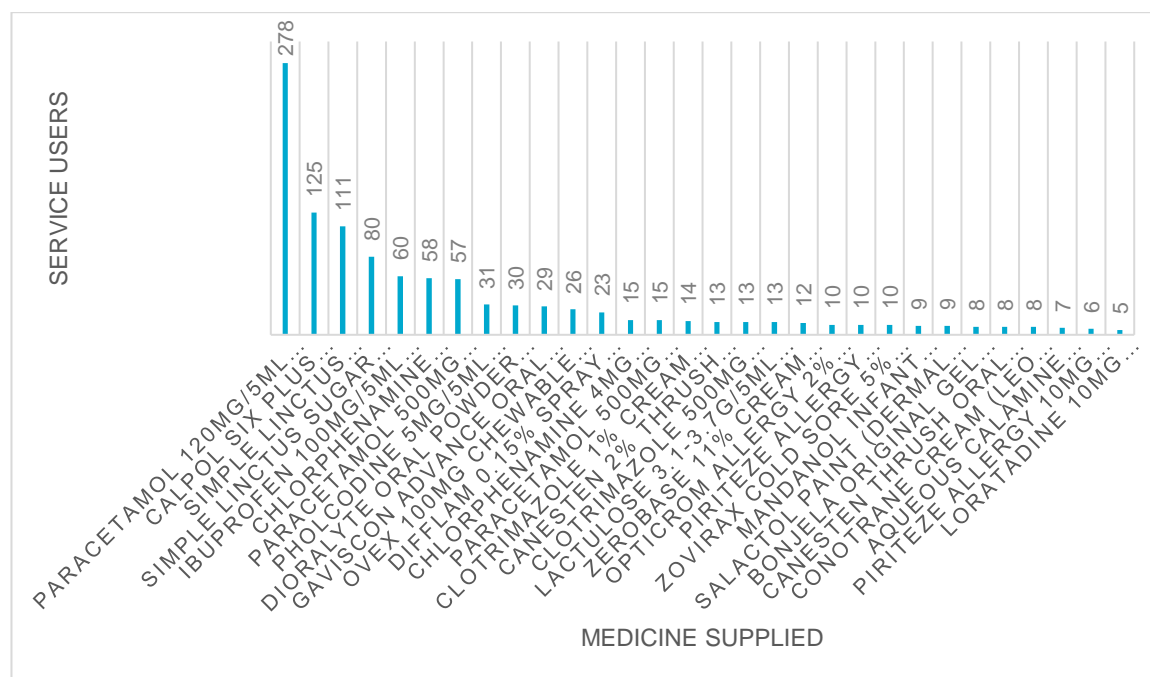


Figure 4: Minor Ailment Service activity by medicine supplied

4.5 For each of the 913 consultations which took place, patients were asked what they would have done if the service was not in place. The responses combined illustrate that patients would have resorted to booking GP appointments for their minor ailments which is costlier compared to the service.

- 95.4% would have gone to the GP
- 3.4% would have gone to the walk-in centre
- Less than 1% would have accessed the A&E

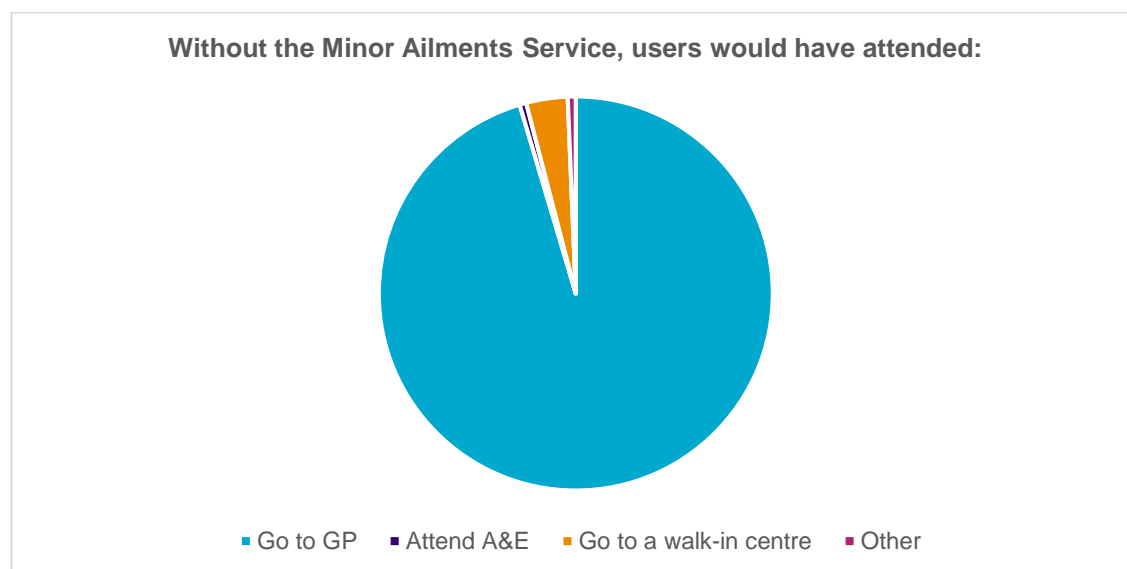


Figure 5: Minor Ailment Service audit

Figure 5 indicates that almost 99% of community pharmacy Minor Ailment Service consultations in Walsall CCG, liberated capacity across General Practice, A&E and Walk in centres. Community Pharmacies were remunerated at £5 per consultation, so that 913 consultations cost the CCG commissioner £4,565. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £2,103.76. The total cost of the STP MAS service to the CCG commissioners in total is therefore £6,668.76.

According to the unit costs of Health and Social Care 2017 document; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20. Figure 7 shows 871 from 913 consultations were undertaken where patients would have gone to a GP had this service been unavailable. Assuming 100% of these consultations would have resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 871 *£58.20 i.e. £50,692

871 consultations would've taken on average 9.22 minutes per appointment in General Practice or 134 hours which across the eligible GP practices is a GP time saving of just over 2.27 hours each.

Return on Investment (ROI) is around **8:1**. This is based on inputs of £6,668.76 (service consultation and drug costs) vs the expected cost of £50,692 had the STP MAS service been unavailable.

*Data around patient postcode and pharmacy locations accessed was unavailable for the purposes of this report.

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