



**Community Pharmacy Roadmap Program Development Template**

<b>Program/Service</b>	<b>Minor Ailments Scheme</b>
<b>Quadrant</b>	<b>B - Pharmacy Medicines and Health Products – Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>Many people visit their General Practitioner (GP) as the first line of treatment for what are relatively minor ailments.</p> <p>Community Pharmacy already provides advice and treatment for many minor ailments such as coughs and colds, headache, skin disorders, constipation, diarrhoea, haemorrhoids, ear aches etc. Pharmacists are well qualified to carry out this service, and have been trained to counsel and detect symptoms which may indicate more serious conditions that warrant referral to a GP. However, there is scope, to raise public awareness of and expand this role, in an effort to make better use of pharmacists' skills thus preserving GPs' time to focus on more complex medical conditions.</p> <p>A study, commissioned by the Australian Self Medication Industry (ASMI) in November 2008, and conducted by IMS Health, revealed that in Australia 15% of all GP consultations involve the treatment of minor ailments, and 7% involve the treatment of minor ailments only<sup>1</sup>. A further study identified that the cost of benefits paid through Medicare during 2007/08 for the treatment of minor ailments only, amounted up to \$260 million<sup>2</sup>.</p> <p>A recent survey by the Nielsen Company found that 39% of Australians reported seeing a GP first line for their most recent minor ailment.<sup>3</sup> Of these, only 24% ultimately used a prescription medicine – including concession card holders, who are supplied with such medicines as paracetamol through the Pharmaceutical Benefits Scheme (PBS). The same survey found that 71% answered 'yes' to the question 'are you willing to use a pharmacist as the first point of contact for your health concerns'.</p> <p>These doctor visits represent an inefficient use of our scarce health resources, including GPs' time, whose skills are in demand for more complex problems.</p> <p>This has been recognised in the UK, where the White Paper<sup>4</sup> supports the extension of the treatment of minor ailments to community pharmacies. It notes that 'such a service can include treatment not only for headaches and colds, but also for other conditions, such as allergies, head lice, minor skin conditions and common fungal infections (such as thrush) simple viral infections (such as cold sores), eye infections etc.. It goes on to point out that such a scheme could yield a number of benefits. 'People will not need to spend time booking and then waiting for an appointment at their local GP surgery'. It would 'help reduce pressures on surgeries and free up time for GPs and their staff to treat people with more complex needs.'<sup>4</sup></p> <p>A study published in the British Journal of General Practice investigated people's attitude</p>

<sup>1</sup> IMS Study "Minor Ailment Workload in General Practice" presented at ASMI general conference, November 2008.

<sup>2</sup> Gadiel, D. The Potential Economic Impact of Expanded Access to Self-Medication in Australia.

Study Commissioned by the Australian Self Medication Industry, September 2009.

<http://www.asmi.com.au/documents/ASMI%20Minor%20Ailments%20Report%20Final.pdf>

Accessed 30 April, 2010

<sup>3</sup> Doric K. Paper presented at The 2008 Australian Self Medication Industry Conference, Nov. 2008

<sup>4</sup> Pharmacy in England: Building on Strengths, Delivering the Future: UK Department of Health., April 2008 p.54

	<p>towards management of minor illnesses. That study found that, in most cases, self-care is likely to be the course of action recommended by healthcare professionals. The findings of this study suggest ‘that when people opt for professional health advice, they prefer to seek community pharmacy advice for the symptom presented’. Results indicated that people prefer to wait and pay less to manage symptoms, both of which are addressed by the ‘minor ailment service’.<sup>5</sup></p> <p>The accessibility, skills and infrastructure within Australian community pharmacies make them an ideal place for a national minor ailments scheme to be implemented.</p>
b) Brief Description	<p>A minor ailments scheme would include the following elements:</p> <ul style="list-style-type: none"> <li>• a consumer education campaign to raise awareness about the choices available before presenting to a GP with a minor ailment;</li> <li>• continuation of the current triage and minor ailment management role of the pharmacist; and</li> <li>• the supply of medicines, directly by the pharmacist which are currently subsidised through the PBS and which do not require a prescription. Current examples include paracetamol for the treatment of pain and fever; ophthalmological items for the treatment of infection, allergy and dry eyes; topical corticosteroid preparations for the treatment of dermatitis; and, topical preparations for the treatment of scabies. The same PBS restrictions would apply to such items under the minor ailments scheme as are applied when prescribed by a medical practitioner. The same PBS Safety Net (SN) arrangements would also apply, including the SN20 day rule, in order to avoid wastage and misuse of medicines. This arrangement will mean that patients will have access to PBS subsidy for such items, without the unnecessary step of medical consultation as these items can already be lawfully supplied by the pharmacist without the need for a prescription.</li> </ul> <p>These elements will form the basis for further discussions with Government and other stakeholders.</p>
c) Alignment with Government Policy	<p>A minor ailments scheme provided through community pharmacy would align with recommendations from the three major reform reports commissioned by the current federal Government:</p> <ul style="list-style-type: none"> <li>• National Health and Hospitals Reform Commission stressed ‘greater personal responsibility’ that self care should be ‘a cornerstone of reform’, and, ‘giving people real control and choice about whether, how, where and when they use health services’.</li> <li>• The Preventative Health Taskforce concluded that ‘Consumers should have access to tools to enable self-care and assist them to navigate the health system maze effectively’.</li> <li>• The National Primary Healthcare Strategy External Reference Group stressed the need to make best use of all healthcare professionals and pointed to the expanded role for pharmacy in facilitating ‘self-management of health conditions and preventing/managing chronic disease’.</li> </ul>
d) Expected Outcomes for Government and Community Pharmacy	<p>From a Government perspective, improving and supporting patients to self-manage their condition through readily available access to a highly trained health professional network will result in more efficient and cost-effective use of the health system.</p> <p>From a pharmacy perspective, there will be a greater recognition of the role of community pharmacists as members of the primary health care team. Community pharmacy will have the opportunity to develop a viable business involving service provision as an adjunct to product supply and will have a greater capacity to effectively utilise the increased number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community.</p>
e) Consumer Benefits	<p>Many pharmacies in Australia exceed the opening hours of GP practices, therefore a minor ailments scheme would enable people to visit their local pharmacy at potentially lower travel costs to obtain appropriate treatment that would otherwise have been prescribed by their GP.</p>

<sup>5</sup> Porteous T, Ryan M, Bond C, and Hannaford P. Preferences for self-care or professional advice for minor illness: a discrete choice experiment. The British Journal of General Practice 2006. December 1.

	This would allow for easier GP access for people with conditions genuinely requiring GP attention. Visiting the pharmacist and self-medicating has also been shown to increase patient confidence, improving self care support skills and empowering people to look after themselves.
f) Who Performs the Service?	Pharmacist
g) Collaboration with Other Health Care Professionals	<i>Will service delivery require any formal collaboration with other health care professionals?</i> No
<b>2. Implementation and Enablers</b>	
a) Stakeholder Consultation	<i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program:</i> <ul style="list-style-type: none"> <li>• Consumer and industry organisations</li> <li>• Disease management organisations</li> <li>• Funders</li> <li>• Government and regulatory bodies</li> <li>• GP and prescriber organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Professional insurers</li> <li>• Relevant allied health professional bodies</li> </ul>
b) IT Requirements	<i>Is pharmacy software required to deliver this program?</i> Yes Program software needs to integrate service consultation with dispensary software, be streamlined for ease of use and consistent with pharmacy workflow. With the development of e-Health records, there is the opportunity for consumers' use of medicines, including prescription and over-the-counter medicines, to be recorded by the pharmacist for access by other health professionals as required.
c) Infrastructure and Staffing	<i>Is a private consultation area required to deliver this program?</i> Ideally a private consultation will take place within a private area of the pharmacy.  <i>Is the program within the pharmacist's normal scope of practice?</i> Yes  <i>Will an additional pharmacist be needed?</i> In developing professional services that require an extended pharmacist consultation, consideration needs to be given to the need for another pharmacist to manage other professional activities within the pharmacy.
d) Training	<i>What additional formal training is likely?</i> Apart from introductory instruction for pharmacists and pharmacy assistants in relation to system use, related protocols and legislative implications, there should be no special training needs. Pharmacy graduates should be trained to a level where they can confidently provide minor ailments management services upon registration. Refresher training should also be available for qualified pharmacists to ensure services remain aligned with current clinical guidelines.  If a pharmacy assistant has any significant role apart from program administration, appropriate training would need to be determined and provided in an appropriate format.  <i>Does any suitable training exist?</i> To be determined

<p>e) Supporting Standards, Procedures and Templates/ Checklists</p>	<p><i>Will a QCPP standard be required?</i>  Yes  Strict adherence by pharmacists to professional protocols set out in an auditable standard should ensure the public receives a standardised, quality-assured professional minor ailments service. Generic standards for professional support services are available as part of QCPP 2<sup>nd</sup> edition. As services are developed, the need for service checklists can be assessed and where not available, the development of new ones should be part of the program structure.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i>  Yes</p> <p><i>Are there any other national guidelines that need to be taken into account in developing the program to ensure consistency with best practice?</i>  To be determined</p>
<p>f) Legislation/ Regulation Implications</p>	<p>It will be necessary to ensure that all elements are aligned with relevant legislation.</p>
<p><b>3. Funding</b></p>	
<p>Funding Options</p>	<p>Possible funding options include:</p> <ul style="list-style-type: none"> <li>• Community Pharmacy Agreement</li> <li>• Alternative Commonwealth Program</li> <li>• User-pays (Review GST implications ✓)</li> <li>• Private Health Insurance</li> </ul> <p><i>Has any funding for this program been secured?</i>  No</p>
<p><b>4. Timelines</b></p>	
<p>Timelines</p>	<p><input type="checkbox"/> Established community pharmacy practice  <input checked="" type="checkbox"/> Immediate to short-term implementation (&lt; 30 June 2015)  <input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)  <input type="checkbox"/> Longer-term implementation (&gt; 1 July 2020 )</p>