

Health and Community Care Research Programme

Direct Supply of Medicines in Scotland: Evaluation of a Pilot Scheme

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Minor ailments can generally be managed through the use of products available over the counter (OTC) from community pharmacies. However, people exempt from prescription charges may visit their GP to get a prescription instead. The aim of the Direct Supply of Medicines (DSoM) Scheme was to allow such exempt patients to consult a community pharmacist and receive OTC medicines free of charge under the NHS. An evaluation of this pilot scheme was conducted between April 2001 and March 2002 in two areas of Scotland. The experience from this pilot was intended to inform a wider roll-out of DSoM in Scotland.

Main Findings

- Uptake of the scheme was slow in both areas. At the end of the pilot period, 4% of patients registered with GPs in Area 1 had registered with the scheme and 23.3% in Area 2. Around half of those who had registered used the scheme during the pilot.
- Prior to the start of the scheme, 4.1% of all consultations with GPs in Area 1 and 7.9% of those in Area 2 were recorded as being for minor ailments. These figures fell to 2.6% and 5.3% respectively during the pilot year. These figures, however, have to be treated with caution because of possible under-recording.
- Over 70% of the community pharmacy minor ailment consultations were by those exempt by age (59% aged 15 and under, 13% by those aged 60 and over). Patients with income-related exemptions accounted for 19% of consultations.
- Head lice was the most frequently presented condition at community pharmacies followed by pain and cough. Apart from these conditions there were no other identifiable shifts of consultations away from GPs to community pharmacies.
- There was wide variation in the number of consultations carried out by each participating pharmacy during the year-long evaluation of the scheme, ranging from 21 consultations in one pharmacy to 505 in another.
- Most users of the scheme gave very favourable opinions of it, particularly valuing the convenience that the scheme offered. Older patients were less inclined to use the DSoM. A minority of users objected to the busyness and lack of privacy in some pharmacies when conducting consultations.
- The cost of medicines prescribed by community pharmacies under the scheme during the pilot was £3,027.69. Over 50% of the cost was associated with the treatment of head lice. The average cost of medicine per consultation was modest at £2.40 in Area 1 and £1.59 in Area 2.
- Community pharmacists were generally favourable towards the scheme. GPs were broadly supportive though they noticed little impact on their overall workload.

Introduction

Minor ailments can generally be managed through self-care and the use of products that are available to buy without a doctor's prescription. Nevertheless, the high level of prescription charge exemption in the UK has been found to act as a disincentive for some patients, who seek care from a general practitioner (GP) solely because they would otherwise have to pay for an over-the-counter (OTC) product. The 'Direct Supply of Medicines' (DSoM) project removed this financial disincentive through making advice on, and products for, minor ailments available through community pharmacies free of charge to exempt patients. This recognized the important role that community pharmacy can play in the management of minor ailments ('The Right Medicine – A Strategy for Pharmaceutical Care for Scotland' Scottish Executive 2001). It further aims to ease GPs' frustration at having to deal with such minor ailments and to shift GPs' workload to conditions that require a GP consultation.

The DSoM scheme was introduced, on a pilot basis, in two areas in Scotland (one a small town on the east coast (Area 1) and the other an ex-mining village in the south-west (Area 2)) and began in April 2001. Under the scheme patients exempt from prescription charges could register with a local participating community pharmacy. On consultation for a defined range of minor conditions pharmacists were able to prescribe products from an agreed, limited formulary. Products in the formulary reflected GP prescribing practice in the areas. The DSoM scheme was evaluated for a period of one year between April 2001 and March 2002. This evaluation aimed to determine the impact of the scheme on workload, particularly of GPs and community pharmacies; to identify the advantages and disadvantages for patients; and examine the resource implications to the NHS. Experience from this pilot was intended to inform a wider roll-out of DSoM in Scotland.

Methods

Immediately prior to the start of the pilot, GP consultations for minor ailments were recorded over a baseline period of at least three months. These data continued to be recorded throughout the course of the pilot. Records of people registering with the scheme were obtained from the project co-ordinator in Area 1 and the GP practice in Area 2. During the pilot, community pharmacists recorded all consultations under the DSoM scheme. Patient details, including prescription exemption status, presenting condition and product prescribed or other outcome were recorded. The cost of prescriptions issued was obtained from the Primary Care Information Unit.

Telephone interviews were conducted with patients using the scheme (n=90), patients registered with the scheme but attending their GP for a listed minor ailment (n=22), registered patients who had not used scheme (n=19) and eligible patients not registering onto the scheme (n=21). Telephone, face-to-face interviews and focus groups were used to gather the views of GPs (n=9), practice staff (n=5) and community pharmacists (n=7), both before the scheme started and after the scheme had been running for several months.

Registration onto, and use of, the scheme

The uptake of the scheme was relatively slow, and registrations had not reached a steady state by the end of the 12 months pilot period. By this time, 4% of patients registered with GPs in Area 1 had registered with the scheme and 23.3% of GP patients in Area 2. This difference was attributable, at least in part, to the high level of publicity and vigour devoted to recruiting patients to the scheme in Area 2. There was also no simple relationship between registration – which was the basis on which community pharmacies were remunerated – and use of the scheme. In fact, only around half of those who had registered used the scheme during the pilot, leading to 1435 consultations (930 in Area 1 and 505 in Area 2) in the seven participating community pharmacies (six in Area 1 and one in Area 2) during the pilot.

The community pharmacy consultation data showed that the DSoM was predominantly used by those aged under 16, representing 59% of the community pharmacy minor ailment consultations. Those with income-related exemptions made up 19% of the consultations, and the age group 60 and above provided 13%. Head lice was the most common condition presented at community pharmacies, with pain and cough also frequently cited as reasons for consultation.

Workload

Prior to the start of the scheme, 4.1% of all consultations with GPs in Area 1 and 7.9% of those in Area 2 were recorded as being for minor ailments. These figures fell to 2.6% and 5.3% respectively during the pilot year. These figures, however, have to be treated with considerable caution because of possible under-recording.

There was wide variation in the consultation rates amongst the participating pharmacies; the pharmacy in Area 2 undertook 35% (n=505) of all community pharmacy consultations and the six in Area 1 conducted between 27%

(n=391) and less than 2% (n=21). Apart from the three conditions mentioned above, the pilot did not demonstrate well-defined shifts in GP workload associated with minor ailments or perceptible changes in overall consultation workload for GPs.

Views of patients

Most users of the scheme gave very favourable opinions of it. Users were particularly impressed by the easier access provided by community pharmacies to the management of minor ailments, and the quality of advice and service received. Of course under the scheme all minor ailments consultations were provided by pharmacists, whereas advice on minor ailments and OTC sales outside the scheme are routinely provided by medicines counter assistants in most pharmacies. Although a significant number of older patients registered with the scheme, they were low users, preferring to continue to consult their GPs with minor ailments. Many of course were being treated for co-existing illness and were already visiting their GPs routinely, so the greater convenience and access prized by younger patients, was of less relevance to them. Those patients exempt on the grounds of low income may be unable or particularly reluctant to take time off work to attend a GP appointment, and yet have difficulty in paying for OTC medicines. For them, the convenience and more flexible access provided by the scheme was particularly welcome, and 19% of community pharmacist consultations during the pilot were with income-related exempt patients.

Resource implications

The total ingredient cost of medicines prescribed by community pharmacies under the scheme during the pilot was £3,027.69. Over 50% (£1,557.44) of the cost of medicines was associated with the treatment of head lice (60% in Area 1; 27% in Area 2). The average net ingredient cost (n.i.c.) per consultation (excluding head lice treatments)

was modest (£1.50 in Area 1; £1.36 in Area 2); including these treatments the n.i.c. was £2.40 in Area 1 and £1.59 in Area 2.

Given the unexpectedly low uptake, none of the pharmacies reached the ceiling of the first registration-based band of remuneration, i.e. 750 registrations, and the four most active pharmacies in Area 1 achieved only 30-40% of the first band ceiling. Each of the seven participating community pharmacies therefore received the same remuneration package for the scheme irrespective of consultation rates, which varied 24-fold across the pilot.

Views of Community Pharmacists and General Practitioners

The enthusiasm amongst health professionals and activity under the scheme was much greater in the smaller pilot site in Area 2. More generally the doubts and concerns about workload issues and risks, expressed before the pilot, were not realised. Community pharmacists found the scheme manageable and generally viewed it favourably. They welcomed it as an extension of their contribution to the NHS. General Practitioners were also broadly supportive although in general they had noticed little impact on their own workload. The original registration procedure proved frustrating to many prospective users and entailed unwelcome paperwork for GPs. Simplifications of the registration scheme introduced early in the pilot year improved its acceptability.

Conclusions

This one-year pilot suggests that the Direct Supply of Medicines provides a convenient and well-appreciated service for the management of minor ailments of patients exempt from prescription charges. On the basis of work to date, this transfer of workload seems readily accommodated and welcomed by community pharmacists and GPs.

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The full report of the research summarised in this Research Findings 'Direct Supply of Medicines in Scotland: 'Evaluation of a Pilot Scheme', will be published later in 2003. For further information, please contact the above address.

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