

# The Minor Ailment Study Executive Summary

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The Minor Ailment (MINA) Study was a 2-year programme which derived evidence to inform recommendations regarding the future delivery of community pharmacy-based minor ailments schemes (PMAS) in the UK. The programme comprised:

- A systematic literature review of the effectiveness (patient outcomes) and cost-effectiveness of existing PMAS both nationally and internationally
- Routinely-collected data to identify minor ailments that have the highest impact on the workload of general practices (GPs) and emergency departments (EDs).
- A multi-stage consensus process to identify minor ailments suitable for treatment in the community pharmacy setting.
- A prospective cohort study to explore and compare health- and cost-related outcomes associated with the management of minor ailments in community pharmacy, general practice and EDs.
- A simulated patient (SP) study to evaluate pharmacists' consultation performance in the management of selected minor ailments.

The systematic review demonstrated that the majority of patients reported complete resolution of symptoms after their PMAS consultation. Of patients who consulted a PMAS, between 2.4% and 23.4% sought an additional consultation with a GP thereafter for the same ailment. The mean cost per PMAS consultation in the included studies ranged from £1.44 to £15.90.

In the consensus exercise, the prevalence of ED and general practice consultations deemed to involve minor ailments suitable for management in community pharmacy was 5.3% (95% CI, 3.4% to 7.1%) and 13.2% (95% CI 10.2% to 16.1%), respectively. There was generally low agreement amongst ED doctors and amongst GPs regarding which consultations were minor ailments suitable for management in a community pharmacy.

The cohort study demonstrated that symptom resolution was similar across all settings i.e. pharmacy, general practice, ED. Quality of life measured at follow-up using the EQ-5D was highest for participants who had visited a pharmacy but differences between sites were not statistically significant. The mean overall costs were estimated to be significantly lower in the pharmacy (£29.30 (standard deviation (SD) 37.81)) setting, compared with general practice (£82.34 (SD 104.16)) and ED (£147.09 (SD 74.96)). The trigger ranked first for seeking care from any of the three settings was convenient location. Not having to travel too far was ranked second by pharmacy participants and third for general practice and ED participants.

The SP Study generated mixed results. Whilst SP satisfaction and the general professionalism of pharmacy staff were rated highly, few visits reflected the standards established by a multidisciplinary consensus panel.

The results demonstrate that consultations for minor ailments continue to be a burden on high cost service providers. The lack of consensus amongst healthcare professionals regarding what constitutes a minor ailment suitable for treatment in the community pharmacy setting requires further exploration: if these professionals are unsure of the suitability of conditions for community pharmacy treatment then it is likely that the public has a greater degree of uncertainty. The systematic review derived evidence that suggests that community pharmacy-based Minor Ailment Schemes are an effective and cost-effective strategy for managing patients. The cohort study suggested equivalence of health-related outcomes for pharmacy-managed patients presenting with symptoms and those in high cost settings. The lower costs associated with the management of these symptoms in pharmacies compared with the other settings provides further evidence of the suitability of pharmacies to manage these conditions. The SP Study confirmed the need for further continued support of pharmacists and their staff in terms of maximising consultation performance. In conclusion, the MINA Study suggests the value of community pharmacy in the management of minor ailments in terms of effectiveness, cost-effectiveness and satisfaction.