

**ALL GPs, PRACTICE NURSES,
COMMUNITY NURSES,
COMMUNITY MIDWIVES,
COMMUNITY PHARMACISTS
IN NHS BORDERS.**

Date 8th May 2015
Enquiries to Adrian Mackenzie
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Dear Colleague,

Re: COMMUNITY PHARMACY MINOR AILMENT SERVICE - UPDATED

1. The Minor Ailment Service (eMAS) was established in community pharmacies throughout Scotland in the Summer of 2006. We therefore now have quite a considerable experience with it and a website with a host of resources is available at:

http://www.communitypharmacy.scot.nhs.uk/core_services/mas.html

2. Most people are familiar with how the service works but occasionally it is worth reiterating some of the key features and highlighting new issues which come to light.
 - A critical point to note is that the service is based on the patient having a consultation with the pharmacist who will then use their professional judgement to determine whether or not it is appropriate to prescribe a product (and if so what product to prescribe). **Thus, if professional colleagues wish to refer a patient to the community pharmacy for the service, they should make it clear that they are referring the patient for a consultation rather than a request for a specific medicine.**
 - This is similar to a situation where the pharmacist decides that a patient consulting them actually needs to be seen by a member of the GP practice team.
 - The service is for responding to patients symptoms as they currently exist. It is not intended to provide prophylactic therapy e.g. for stocking up medicine cabinets at home.
 - The exception to not supplying prophylactic medication is the referral of children for post vaccination antipyretics, it is sometimes suggested that some parents should request both ibuprofen and paracetamol when they attend the pharmacy. This raises an expectation for the parents who may then have that dashed if the pharmacist refuses to supply either or both, which they should reasonably do given the recommendations in *NICE 160 - Feverish Illness in Children* which indicates that antipyretics should only be used in children with fever who appear to be distressed. The guidance further advises that paracetamol and ibuprofen should not be administered at the same time to children with a fever and clinicians should only consider alternating these agents if the distress persists or recurs before the next dose is due.

- Within NHS Borders, a formulary to support community pharmacists prescribing for the minor ailment scheme has been prepared. This has been developed using the same principles of safety, efficacy and cost effectiveness that were used for the NHS Borders Joint Formulary. A copy of the eMAS formulary is available at:

http://www.communitypharmacy.scot.nhs.uk/documents/nhs_boards/borders/NHSBordersMASformulary2011.pdf

It is heartening to receive feedback that this formulary significantly influences prescribing.

- Like all formularies the MAS formulary is not exhaustive and other P (Pharmacy Only) and GSL (General Sales List -Medicines that can be sold from Pharmacies and other retailers) medicines can be recommended using the professional judgement of the pharmacist, NHS Borders does not however support the prescribing of any Herbal or Homeopathic products.
- Pharmacists are encouraged to feedback to the Board to recommend a change in the formulary should they identify a deficiency.
- If a patient sees a healthcare professional, it is anticipated that any requirements that the patients has for treatment will be provided **in full** from that person i.e. it is **not** anticipated that a prescriber may prescribe an antibiotic for a child and request that they also collect paracetamol suspension for their pyrexia via the eMAS service.
- There is no requirement within the eMAS service for the community pharmacist to let the GP know which medicines are being provided for individual patients.
- The very nature of professional services means that judgements need to be made. Sometimes the judgments of doctors or nurses referring patients to the Minor Ailment Service will be different from the pharmacists delivering the service. I hope that this updated guidance will help to overcome any problems when these occur, and my strong advice is that where there are differences in expectation which leaves the pharmacist in an awkward situation, they may use this document to initiate a dialogue with the relevant nurse/doctor and so resolve any difficulties.

Yours sincerely



Adrian Mackenzie
Lead Pharmacist – Community and Social Care
NHS Borders