

The MINA Study: Minor Ailment (MA) Management in Community Pharmacy

Dr M C Watson on behalf of the MINA Study Team

Corresponding author

Dr M C Watson, Senior Research Fellow, Centre of Academic Primary Care, University of Aberdeen, Westburn Road, Aberdeen, AB25 2ZD.

m.c.watson@abdn.ac.uk , Tel: 00 44 1224 437258

Objective

To describe the MINA Study, a 2-year research programme to:

- estimate patient demand for the management of minor ailments from high cost settings.
- review the evidence of the effectiveness and cost-effectiveness of pharmacy-based minor ailment schemes (MASs).
- Compare outcomes (health and cost-related) for minor ailment management across pharmacy, general practice and emergency department (ED) settings.

Methods

The MINA Study comprised: an audit of routine data with a formal consensus exercise to estimate the prevalence of consultations in general practices (n=2) and one emergency department for MAs suitable for management in community pharmacies; a systematic review of the evidence of pharmacy-based minor ailments schemes in terms of patient outcomes (including symptom resolution, re-consultation rates, quality of life) and costs; and a cohort study conducted across 10 pharmacies, six general practices and two EDs in North East Scotland and East Anglia, England to compare the health- and cost-related outcomes of patients seeking care for symptoms suggestive of minor ailments. Data collection at baseline, post-consultation and at 2-weeks' follow-up explored the reason for presentation and choice of setting, consultation satisfaction, and symptom resolution and health resource utilisation, respectively.

Results

The prevalence of consultations for MAs 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%), for the ED and general practices, respectively. In total, 26 studies were included in the systematic review all of which were conducted in the UK. Few high quality evaluations were identified. Low re-consultation and high symptom resolution rates were reported. In total, 377 patients were recruited to the cohort study. Symptom resolution was similar across all settings: pharmacy (44.3%); general practice (35.7%); and ED (37.3%). Mean overall costs were significantly lower with pharmacy consultations (£29.30 (standard deviation (SD) 37.81)) compared with GP (£82.34 (SD 104.16)) and ED (£147.09 (SD 74.96)).

Conclusions

Patients with minor ailments continue to seek care from high cost healthcare settings. Interventions are needed to redirect demand to community pharmacies. The evidence derived from the MINA Study indicated equivalence of health-related outcomes for patients presenting with selected minor ailments across all three healthcare settings. The substantially lower costs associated with managing these conditions in community pharmacies compared with other service providers is further evidence of the urgent need to change patients' health-seeking behaviour for these conditions.