

MINOR AILMENTS SERVICE

FREQUENTLY ASKED QUESTIONS

Provision of a Minor Ailments Service through community pharmacies

- ☑ Encourages patient ability to self-treat minor ailments
- ☑ Supports the use of the pharmacy as a first point of call for health advice and allows the pharmacist to make more use of their professional skills
- ☑ Improves patient accessibility to treatment without the need of an appointment
- ☑ Benefits other parts of the healthcare service particularly Emergency Department (ED) and OOH

Who is eligible for the service?

- Patients over the age of three months **and** registered with a GP practice in Northern Ireland.

How can a patient participate in the service?

- **Self-referral:** Patient has heard about the Service, has seen an advertisement or has previously been involved with the Service.
- **Referral by a pharmacist:** Patient presents at the pharmacy with **symptoms** that fall into the therapeutic areas covered by the service protocol.
- **Referral by GP practice/Out-of-hours centres:** GP practices can refer a patient requesting an appointment or prescription **with symptoms** that fall into the therapeutic areas covered by the service protocol.

Who must not be referred into the service?

- Patients requesting to **purchase a medicine** contained within the formulary must not be referred into the Service.
- If patient presents **more than twice within a month with the same symptoms** and there is no indication for urgent referral, the patient should be referred back to their surgery for a routine appointment.
- GP practices **cannot refer patients for named medicines**. If a GP has made a decision about the medicine a patient needs, then a prescription must be issued. A GP cannot write a prescription for one item and refer the patient for another named item.

Who can conduct the consultation?

- A **pharmacist** must undertake all consultations in a semi private / private area.

What can be supplied to the patient?

- **Advice only** (no medicines).
- A consultation fee can still be claimed provided the consultation is for a minor ailment detailed within the service.
- Advice should be given on symptom control, when to expect to get better and when to contact the GP.
- Write the phrase 'Consultation Fee' on the body of the voucher and endorse the consultation fee code in the coding column when a product **has not** been supplied and only advice given.
- **Advice plus treatment** from the formulary (up to two products per patient where appropriate) referring to the treatment algorithms for the appropriate condition.
- Advice should be given as above, plus on the correct use of the recommended medicine and what to do if symptoms persist.
- **Pharmacists must adhere to the licensing information of all products that are supplied under the Service.** Only licensed over-the-counter packs may be supplied through the service. All products and packs must be licensed as P, PGSL or GSL medicines. No POM medicines or packs may be supplied.
- Any product supplied must comply with Code of Ethics requirements – this includes **labelling as per normally dispensed products.**

Complete the Consultation Record

- Complete an individual or multiple consultation record as appropriate e.g. multiple consultation record should be completed for families requiring treatment for headlice or threadworms.
- **Multiple consultations attract one consultation fee.**
- The consultation form must be fully completed at the time of the consultation. This must include the signature of the pharmacist providing the service together with the Pharmacy Voucher serial number/s. The patient consent section must be completed and signed by the patient/parent or guardian.
- Completed consultation forms must be held securely and confidentially in the pharmacy for the following time periods:
 - Adults - eight years after the conclusion of treatment;
 - Children and young people - until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment.

Complete the Pharmacy Voucher

- The pharmacist must complete and sign the pharmacy voucher/s at the time of the consultation, accurately coding for any medicine(s) supplied and the consultation fee.
- The specific codes allocated by BSO for the formulary products must be used for coding purposes.
- **Codes from the ordinary codebook must NOT be used.**
- The patient must complete the back of the voucher.
- DLRS are now the current contract holder and provider for all prescription forms from 1st January 2014. All new orders for prescriptions must be either faxed to 0844 836 0100 or posted to DLRS (NI) Ltd, Lissue Industrial Estate East, Lissue Road, Lisburn, BT28 2RB. Helpdesk Tel: (028) 9262 2999.

Third Party Requests

- The patient consent section must be completed and signed by the patient/parent or guardian.
- In the case of a 'third party consultation' a phone-call to the patient will be necessary to obtain consent for sharing information with the GP or for the use of information in assessing the effectiveness of the service and this should be recorded on the form and signed by the pharmacist.
- The patient's representative may sign the form to indicate receipt of treatment.

Payment Model

- From 1st April 2014:
- The first 500 consultations will attract a fee rate of £8.50 per consultation.
- The next 500 consultations delivered in year will attract a fee rate of £7.50 per consultation.
- The next 1000 consultations will attract a fee rate of £6.50 per consultation.
- Up to 2950, the rate is £5 per consultation.
- There will be no payment after the 2950 level has been reached.

FURTHER RESOURCES

(Ctrl and click to follow the link)

[GP Practice Receptionists' Protocol](#)

[HSC Minor Ailments Scheme](#)

[NICPLD](#)

[Compass Therapeutic Notes](#)

Minor Ailment Symptoms	When to refer to GP	Treatments	Advice
<p>COLD SORES</p> <p>A tingling, itching or burning sensation around the mouth, followed by the appearance of small fluid-filled sores, most commonly on the edges of the lower lips.</p>	<ul style="list-style-type: none"> • Immunocompromised • Pregnancy, particularly near term • Babies and young children • Severe worsening • Eyes affected • Lesion present for more than 2 weeks • Symptoms of systemic illness (fever, swollen glands) • Unable to confirm diagnosis 	<p><u>Adults and Children > 3 months:</u></p> <p>Aciclovir 5% Cream (Cymex Ultra) Aciclovir 5% Cream (Virasorb)</p> <p>It must be initiated within 1-2 hours of the onset of a recurrent episode. Apply five times daily at four-hourly intervals for 5 days. Continue for a further 5 days if healing not complete. It does not prevent progression to vesicles, ulcers and/or crusts. It is ineffective if started after the lesions appear.</p>	<ul style="list-style-type: none"> • Avoid touching lesion • Limit spread of infection by using separate towel • Use sunblock if in direct sunlight • Wash hands frequently • Avoid touching contact lenses • Recommend use of an emollient after crusting for patient comfort
<p>HEAD LICE</p> <p>A live moving louse must be found to confirm head lice infection. It does not have to be detected by the pharmacist. Live lice can be found anywhere on the scalp. Hatched lice live close to the scalp unless dying, or if the host sweats. Other signs of louse infection may include finding black specks like pepper (lice droppings) on pillows or collars, rash on the scalp, head itching –not always the first sign.</p>	<ul style="list-style-type: none"> • Patients who fall outside the licensed age range. • Suspected pubic lice • Treatment failure (live lice after the completion of two full courses of treatment(s)) • One Treatment Course failure– treat with alternative /re treat depending upon initial treatment choice • Suitable treatment option not available 	<p><u>Adults and Children > 6 months:</u></p> <p>Dimeticone 4% Lotion (Hedrin) Malathion 0.5% Aqueous Liquid (Derbac M) Bug Busting Kit</p> <p>Apply to dry hair so that the scalp and roots of the hair are saturated. Quantity of product needed depends on length and thickness of hair. Allow to dry naturally. Leave on the hair for 12 hours or overnight. Then wash hair. Comb with detection comb while wet to remove dead lice. Repeat treatment after 7 days. Inspect hair and scalp 2-3 days after final treatment to check if it has worked. Avoid contact with eyes; do not use on broken or secondarily infected skin. Do not use more than once a week for three consecutive weeks. Detection combing should be carried out two or three days after completing treatment to assess response. This may be repeated 8–10 days after treatment to confirm that no louse eggs have survived. Successful eradication of head lice is confirmed when no head lice or nymphs are found in both detection combing sessions e.g. at 2 days and 8 days.</p>	<ul style="list-style-type: none"> • It does not matter if the hair is dirty or clean • Lice are caught by coming into head to head contact with someone who is infested as the lice walk from one head to the other, they do not fly or jump • Children with head lice should carry on going to school and not be excluded from school. Treat the child as soon as possible and tell the school / nursery and the parents of their close friends to look out for lice in their children • There is no good way of preventing head lice but it may help to tie back long hair • Head lice repellent sprays do not work very well • Detection combing of children’s hair every week will detect lice infection early • Use an anti-lice product only when the child has head lice. They should not be used to prevent head lice or “just in case” • After successful treatment, it may take 2 – 3 weeks for the itch to go fully • Check hair -regularly. • Regular brushing and combing may prevent head lice taking hold



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<p>EAR WAX</p> <p>Sometimes earwax can build up and harden, creating a blockage called a 'Plug'. Symptoms include hearing loss, earache, tinnitus, itchiness and vertigo.</p>	<ul style="list-style-type: none"> • Perforated eardrum • Past history of ear surgery • Presence of foreign body in the ear canal • Discharge due to infection • No improvement following use of OTC ear drops for one week 	<p><u>Adults and Children:</u> Olive oil (DT) 10mls Sodium bicarbonate (DT) 10mls Apply a generous amount (five drops) into the affected ear twice daily for 3 days. Olive Oil should be warmed before inserting a generous amount. The patient should lie with the affected ear uppermost for 5-10mins after ear drops have been inserted. (Ear wax should only be removed if it causes discomfort or hearing loss).</p>	<ul style="list-style-type: none"> • Do not put anything into the ear, e.g. cotton bud, as this can push the ear wax back towards the eardrum aggravating the impaction • Ear wax should be removed for those hearing aid wearers who require an impression to be taken of the ear canal for a mould, or if wax is causing the hearing aid to whistle
<p>ATHLETE'S FOOT</p> <p>Sometimes patients are asymptomatic and they may be unaware that they are spreading the infection. Symptoms include sore and itchy feet especially between the toes however the soles can also be affected; stinging or burning sensation between the toes; thickened skin on the feet; peeling or cracked skin; reddened patches of skin with white and wet-looking surface or blistering skin.</p>	<ul style="list-style-type: none"> • Patients who fall outside the licensed age range • Patients with diabetes • Pregnancy/breastfeeding • Immunocompromised • Fungal infection spreading to other body parts including toenails • Suspected bacterial infection • Skin on soles hot and leathery • Condition lasting >4 weeks • Recurrent symptoms • Treatment failure – no improvement when treated with an OTC medicine for >2 weeks 	<p><u>Adult, Elderly and Children:</u> Clotrimazole Cream 1% 20g Miconazole Cream 2% (Daktarin cream) 15g <u>Adult, Elderly and Children >16yrs:</u> Terbinafine Gel 1% (Lamisil AT gel) Apply the antifungal directly to the rash and the surrounding 4-6 cm of normal healthy skin. Make sure that the area is dry before applying the treatment. Rub cream or gel into the skin thoroughly so the skin does not feel moist. Always wash hands both before and after applying the treatment. Although the rash may disappear quickly, this does not mean that the infection is cleared. Medication is usually required for 1-2 weeks after symptoms have gone to ensure the infection is successfully treated. Topical treatment is usually necessary for 2-4 weeks to clear the lesions.</p>	<ul style="list-style-type: none"> • Main aim is to keep feet clean and dry • Wearing clean cotton, wool or silk socks every day, allowing the skin to breathe reducing the amount of moisture in direct contact with the skin • After playing sport remove sport socks, wash and dry feet well and wear a clean pair of socks • Washing and drying feet thoroughly each day with soap and water – especially between the toes • Using a separate towel for drying feet • Not putting on socks, tights or stockings before feet are completely dry and allowing feet to breathe as much as possible by removing shoes • Reducing foot perspiration by using talcum powder on the feet and wearing leather or canvas shoes to allow feet to breathe • Never sharing towels with other people • Not going barefoot in public showers, changing rooms and pool areas



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<p>MOUTH ULCERS</p> <p>One or more shallow, painful sores with a cream or white coloured coating and reddish border. Present on mucosa and at the base of gums. Occasionally accompanied by fever, listlessness and swollen lymph nodes.</p>	<ul style="list-style-type: none"> • Mouth ulcer lasting > 3 weeks • Patient is pregnant • First occurrence in patients >30yrs • Red, white/red & white patches, particularly if painful, swollen or bleeding • Patient is a heavy smoker or drinker, >45 years and male • Patient is diabetic • Patient has tuberculosis 	<p>Only treat if presence of mouth ulcer confirmed by pharmacist</p> <p><u>Adults & Children over 12 years:</u> Hydrocortisone Pellets 2.5mg One dissolved in contact with ulcer four times daily for <u>single</u> ulcer</p> <p>Chlorhexidine mouthwash Rinse with 10mls twice daily for 1 minute each time for <u>several</u> ulcers</p>	<ul style="list-style-type: none"> • Use a softer toothbrush • Avoid spicy, salty and acidic foods • Avoid dehydration by drinking adequate fluids • Rinse mouth with warm salt water • If smoker, advise smoking cessation <p>NB. No treatment option is available on Formulary for Inflammation of the Mouth and Gum Disease</p>
<p>VAGINAL THRUSH</p> <p>Onset of symptoms tends to be rapid.</p> <ul style="list-style-type: none"> • Itching and soreness of the vulva and the vagina • Redness and swelling of the vaginal area • Vaginal discharge often thick white, cheese-like or sometimes colourless with no smell • Dysuria • Superficial dyspareunia 	<ul style="list-style-type: none"> • Patients who fall outside the licensed age range • Pregnancy or breastfeeding • Post-menopausal women • Immunocompromised • Diabetes mellitus • First time sufferers • Suspicion of STD • Severe debilitating infection • Offensive smelling discharge • Coloured discharge • Abdominal pain and fever • Diarrhoea, nausea or vomiting • Appearance of blood in discharge • Irregular vaginal bleeding • Ulcers or blisters on vagina or vulva • Lower abdominal pain or dysuria • Systemic symptoms • Recurrent infection 2 or more episodes in previous 6 months • Treatment failure (7-14 day following treatment) 	<p><u>Adults & Children >16 - <60yrs:</u> Clotrimazole Cream 2% (Canesten Thrush cream) 20g Clotrimazole 2% cream should be used for at least 14 days.</p> <p>Clotrimazole 500mg Pessary (Canesten) Clotrimazole 10% Cream (Canesten internal cream) 5g Clotrimazole 500mg pessary and the Clotrimazole 10% vaginal cream should be inserted into the vagina, preferably at night.</p> <p>Clotrimazole Combi (Canesten Combi) Clotrimazole Cream Combi (Canesten Cream Combi) Creams and pessaries may damage latex condoms and diaphragms.</p> <p>Fluconazole 150mg Capsule Fluconazole is teratogenic so sexually active women of child-bearing age should ensure they take adequate contraceptive precautions.</p> <p>Topical creams applied to the vulva should be considered in addition to intra-vaginal or oral treatment.</p>	<ul style="list-style-type: none"> • Advise to shower, wash or bathe immediately after taking exercise, and cool off as quickly as possible <p>To reduce the impact of symptoms consider the following advice:</p> <ul style="list-style-type: none"> • Wear stockings instead of tights • Wear cotton underwear avoiding synthetic materials • Wear cool and loose fitting clothes avoiding tight fitting under garments • Avoid irritants e.g., excessive use of perfumed products or bath additives • As a general health precaution, always wipe the bottom from front to back after using the toilet



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<p>GROIN AREA INFECTION (DHOBIE ITCH)</p> <p>Lesions are red to red brown. They may be flat or slightly raised. Scaly, erythematous, circular lesions characterised by well-defined edges. The rash, which is symmetrical, appears clear from the centre is redder at the edge and spreads outwards edge. Pruritus is often present. Lesions affect the groins and the upper parts of the thighs. The rash is usually bilateral but usually spares the penis and scrotum. Many sufferers have coexisting athlete's foot</p>	<ul style="list-style-type: none"> • Patients who fall outside the licenced age range • Patients with diabetes • Pregnancy / breastfeeding • Immunocompromised • If penis and scrotum involved in rash • Suspected secondary bacterial Infection • Condition lasting more than 4 weeks • OTC treatment failure after 2 weeks 	<p><u>Adult, Elderly and Children:</u> Clotrimazole Cream 1% 20g Miconazole Cream 2% (Daktarin cream) 15g</p> <p><u>Adults, Elderly and children > 10 yrs:</u> Miconazole 2%, HC Cream 1% (Daktacort HC cream) 15g</p> <p><u>Adult, Elderly and Children >16yrs:</u> Terbinafine Gel 1% (Lamisil AT gel)</p> <p>Apply the antifungal directly to the rash and the surrounding 4-6 cm of normal healthy skin. Make sure that the area is dry before applying the treatment. Always wash hands both before and after applying the treatment. Topical treatment with imidazoles is usually necessary for 2-4 weeks to clear lesions. Topical treatment should continue for 1-2 weeks after the skin has healed to eradicate any residual fungal material. Rub cream thoroughly into the skin so that the skin does not feel moist.</p>	<ul style="list-style-type: none"> • Care should be taken to avoid transmission by careful hygiene and appropriate treatment • Change underwear daily, as fungi may persist in skin debris • Wash area daily and dry thoroughly afterwards particularly in skin folds • Wear loose clothing made of cotton or breathable material to allow moisture to escape from the skin • Do not share towels and wash towels frequently • Avoid scratching affected skin as this may spread infection to other sites • If athlete's foot is present, ensure this is also treated in order to reduce risk of reinfection • Avoid occlusive tight clothes and reduce risk of friction or skin trauma • Skin moisture may increase risk of transmission, in warm weather or after exertion ensure good hygiene measures
<p>ORAL THRUSH</p> <p>Superficial, grey to white curd-like areas on lips, buccal mucosa, tongue and/or palate, which can be scraped off to reveal an erythematous base. Removal of plaques may cause mild bleeding which helps confirm diagnosis. May cause cracked, red, moist areas on skin at the corners of the mouth. May be asymptomatic or may cause pain. May cause a cottony feeling in the mouth and loss of taste. May cause restlessness and a decrease in feeding in infants.</p>	<ul style="list-style-type: none"> • Children under 4 months • Symptoms lasting longer than 3 weeks • Immunocompromised patients, e.g. those receiving chemotherapy • Unexplained weight loss • Difficulty or pain on swallowing • No improvement following OTC treatment for one week • Suspected adverse drug reaction 	<p>Miconazole Oral Gel 2% (Daktarin)</p> <p><u>Adult, Elderly and Children aged >6 years:</u> Apply a small amount of gel directly to the affected area with a clean finger four times a day.</p> <p><u>Children aged 4 months – 6 years:</u> Apply a small amount of gel directly to the affected area with a clean finger twice daily. The gel should be kept in the mouth for as long as possible. Duration: To be used for 5 -7 days and continue for 2 days after lesions have cleared. To be administered after food and retained near oral lesions before swallowing. When treating infants younger than 6 months, avoid placing gel near to back of tongue to avoid choking.</p>	<ul style="list-style-type: none"> • Brush teeth regularly with a soft toothbrush • Rinse mouth with water following use of steroid inhalers. Use of aerochamber and MDI can help to prevent infection • Review diabetic control if there are recurrent episodes of oral of oral candida infection • Stop smoking • Remove dentures each night and clean with denture tablets in cold water and rinse mouth • Bottles and teats for infants showing symptoms should be sterilised according to manufacturer's directions • Do not use OTC mouthwashes or sprays as they may alter normal oral flora • Eating unsweetened yoghurt can help restore the normal oral bacterial flora



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<p>THREADWORMS</p> <p>Often asymptomatic, but the following symptoms can present:</p> <ul style="list-style-type: none"> • Intense itching and scratching in the perianal region especially at night which may lead to loss of sleep and irritability. • Can sometimes be seen around the anus and in the stools, looking like tiny white threads • Severe cases of infection can cause loss of appetite, diarrhoea, weight loss, insomnia, enuresis and irritability. 	<ul style="list-style-type: none"> • Patients who fall outside the licenced age range • Children under 2 years with epilepsy and / or kidney disease • Pregnancy /breastfeeding • Suspected secondary infection • Perianal eczema • Recent travel abroad • Severe abdominal pain • Repeated attacks • Bouts of diarrhoea • Suspected food poisoning • Drug treatment failure 	<p><u>Adult, Elderly and Children >2yrs</u> Mebendazole 100mg Chewable Tablets (Ovex) Mebendazole 100mg/5ml Oral Susp (Ovex)</p> <p>Repeat mebendazole dose in 14 days if infection persists. Continue hygiene measures for at least 2 weeks post medication. All family members should be treated simultaneously (unless contraindicated) because the threadworm eggs spread very easily.</p>	<ul style="list-style-type: none"> • To avoid reinfection it is essential to clear the living environment of viable worm eggs on the day that drug treatment is started. An initial cleaning blitz in bedrooms and bathrooms followed by continued routine good hygiene • Wear close-fitting underpants at night. Bath or shower washing around the anus first thing each morning and if possible, once more during the day. • Wash clothes in hot water regularly. Wash underwear, nightwear and all bed linen daily where possible. Keep fingernails short and clean and discourage finger sucking. Always wash hands and scrub nails thoroughly first thing in the morning, after using the toilet, changing nappies, before eating or preparing food.
<p>DIARRHOEA</p> <ul style="list-style-type: none"> • Rapid onset • Watery stools passed very frequently • Accompanying nausea and vomiting • Abdominal cramps • Weakness and fatigue • Occasional fever • Headaches 	<ul style="list-style-type: none"> • Patients who fall outside the licenced age range • Patients working in the food industry • Patient has diabetes • Pregnancy • Chronic disease e.g. Crohn's • Severe vomiting and fever • History of change in bowel habit • Presence of blood in mucus or stools • Severe abdominal pain • Repeated attacks • Bouts of diarrhoea alternating with constipation • Following travel • Failed OTC treatment <u>or</u> diarrhoea lasting longer than: <ul style="list-style-type: none"> ○ 1 day in children <1 yr ○ 2 days in those <3 yrs and elderly ○ 3 days in older children and adults • Suspected adverse drug reaction 	<p><u>Adult, Elderly and Children >12yrs:</u> Loperamide 2mg Capsules</p> <p>Ensure adequate fluid intake and electrolyte intake where appropriate.</p> <p><u>Adult, Elderly and Children >3months</u> Oral rehydration Sachets (Dioralyte sachets) (Dioralyte Relief) (Electrolade sachets)</p> <p>Mix the contents of the sachet with water only. Boiled and cooled water should be used for children under 12 months of age. Drink enough to replace the amount of fluid lost.</p>	<ul style="list-style-type: none"> • Diarrhoea is normally acute and self-limiting, normally disappearing after one to two days • Treatment is based around rehydrating the patient to replace lost fluids and electrolytes • Drink plenty of fluids such as water, soup, fruit juice • Early feeding is now recommended, if tolerated, especially with food high in carbohydrates • Avoid transmission by meticulous hand washing and reducing spread by avoiding attendance if possible at work, school or other public place e.g. hospitals

