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**Title**

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| Evaluation of a new patient consultation initiative in community pharmacy for ear, nose and throat and eye conditions |

**Keywords**

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| Common ailments serviceMinor ailments serviceCommunity pharmacy servicesSelf care |

**Introduction**

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| Community pharmacy Common Ailments Services have been shown to be effective and can ease the considerable workload pressures on primary and secondary care services.1,2 However, evidence is needed to determine whether there are benefits of extending such services beyond their typically limited scope. This study therefore aimed to evaluate a new community pharmacy model of a service for patients with ear, nose and throat (ENT) and eye conditions who would otherwise have had to seek primary care appointments or emergency care. |

**Methods**

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| People with specified ENT or eye conditions registered with General Practitioners in Staffordshire or Shropshire who presented at one of ten participating community pharmacies were offered a consultation with a pharmacist trained to provide the service. All pharmacies in the area were invited to participate and 10 that best met service delivery criteria were selected. The conditions the service included were bacterial conjunctivitis, bacterial sinusitis, otitis externa with suspected secondary infection, otitis media, chronic sinusitis and sore throat. These were chosen because they were common local reasons for Accident and Emergency Department attendance or GP appointments. The service included provision of relevant self-care advice and, where clinically appropriate, supply of non-prescription medicines or specified prescription-only medicines (POMs), including antibiotics, under Patient Group Directions. Patients received a follow-up telephone call from the pharmacist five days later. Anonymised data were collected from *PharmOutcomes* records on the characteristics of patients who accessed the service and the proportion of those who were treated by the pharmacist without subsequently seeing another health professional about the same condition. Following their consultation, patients were invited to anonymously complete a short questionnaire to rate their satisfaction about the service on a 5-point Likert scale ranging from very dissatisfied to very satisfied. As a service evaluation the study did not require ethics approval. |

**Results**

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| A total of 408 patients accessed the service between December 2017 and March 2018, of whom 61% received a POM, 15% received advice and medicine supplied under the common ailments service, 9% received advice and purchased a medicine, 10% received advice only and 5% were referred onwards. Sore throat accounted for 45% of diagnoses where a POM was supplied, 32% were diagnosed with acute otitis media and 15% were diagnosed with acute bacterial conjunctivitis. The number of patients successfully followed up was 309 (76%), of whom 264 (85%) had not seen another health professional for the same symptoms, whilst 45 (15%) had seen another health professional, usually their GP, but one patient attended an out-of-hours service due to a suspected adverse drug event. The questionnaire was completed by 259 patients (response rate 63%) of whom 96% reported being very satisfied or satisfied with the service. |

**Discussion and Conclusion**

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| The study demonstrates that pharmacists can effectively diagnose and treat these conditions, with a high degree of patient satisfaction. Whilst a small-scale study, the findings suggest that wider adoption of such service models could substantially benefit primary care and emergency care services, but evaluating the full benefit for patient and the health economy would require an appropriately designed clinical trial.  |

**Reference(s)**

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| 1. Paudyal V, Watson M, Sach T, et *al*. Are pharmacy-based minor ailment schemes a substitute for other service providers: A systematic review. *Br J Gen Pract* 2013; doi: 10.3399/bjgp13X669194.
2. Watson M, Ferguson J, Barton G, *et al*. A cohort study of influences, health outcomes and costs of patients’ health-seeking behaviour for minor ailments from primary and emergency care settings. *BMJ Open* 2015; 5: e006261.doi:10.1136/bmjopen-2014-006261.
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