

Publication Report



Prescribing & Medicines: Minor Ailments Service (MAS)

Financial Year 2011/12

Publication date – 26 June 2012



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Introduction

The Minor Ailments Service (MAS) was introduced to allow community pharmacies to provide direct care for common conditions. MAS went live across Scotland in July 2006, following the success of pilots in NHS Ayrshire & Arran and NHS Tayside.

Background

'Minor ailments are generally described as common, often self-limiting, conditions. They normally require little or no medical intervention and are usually managed through self-care and the use of products that are available to buy without a doctor's prescription.

Consulting and advising on the treatment of minor ailments has always been a core role provided by community pharmacists. An average community pharmacist advises around ten members of the public a day on the treatment of such conditions, which equates to over 11,500 consultations a day in Scotland.

The pharmacist's role in managing minor ailments was initially recognised in ["The Right Medicine – A Strategy for Pharmaceutical Care in Scotland"](#).

It made a commitment to introduce schemes between general practitioners and community pharmacists to allow patients to use their pharmacy as the first port of call for the treatment of common illnesses within the NHS. In addition it outlined plans to develop a new system of remuneration for community pharmacy contractors that would provide incentives to modernise and deliver quality services'¹.

Note: 1. [Implementation of the Minor Ailment Service](#), NHS Education for Scotland (Pharmacy), June 2006.

Service description

[The Minor Ailments Service \(MAS\)](#) aims to support the provision of direct pharmaceutical care within the NHS by community pharmacists. It allows eligible people to register with the community pharmacy of their choice for the consultation and treatment of common self-limiting conditions. The pharmacist advises, treats or refers the person (or provides a combination of these actions) according to their needs. The eligibility criteria for MAS is detailed in [NHS Circular PCA\(P\)\(2011\)06](#). A patient registers for MAS for a period of 12 months. If there is further activity in that time period, the registration is extended for a further 12 months from the date of activity. If the patient is no longer eligible for free prescriptions or there was no further activity centrally recorded, the patient registration will lapse.

Treatments

During a consultation, a pharmacist has the choice of

- giving advice only
- treating
- referring the patient to another healthcare professional
- or a combination of the above.

When a pharmacist chooses to provide a treatment they do so in accordance with the national formulary for MAS, which is based on the British National Formulary (BNF) and the

[Scottish Drug Tariff](#). In addition, NHS Boards have developed local MAS formularies in line with advice provided to other prescribers. Further details of both the national formulary and local NHS Board MAS formularies are available from the [community pharmacy website](#).

A CP2 form is used to both register a patient for MAS and to record the outcome of the MAS consultation (advice, treatment, referral or a combination of those). It is printed electronically by a community pharmacist's computer system. A CP1 form is completed manually (handwritten) and is used as a back up in the event that a CP2 form cannot be printed.

Key points

- There is an increasing trend in registrations between April 2011 and March 2012, indicating that in the majority of months the number of new registrations is greater than the number of lapsed registrations.
- In Scotland, 99.8% of community pharmacies have patients registered for MAS at 31st March 2012.
- At 31st March 2011, 844,843 people were registered for the service. On average 15.2% of those registered with a GP in Scotland are also registered for MAS.
- Between April 2011 and March 2012 almost 1.9 million items were dispensed under MAS at a cost of £3.93 million.
- MAS accounted for 2.0% of all items dispensed in the community in Scotland, with paracetamol being the top item dispensed.

Results and Commentary

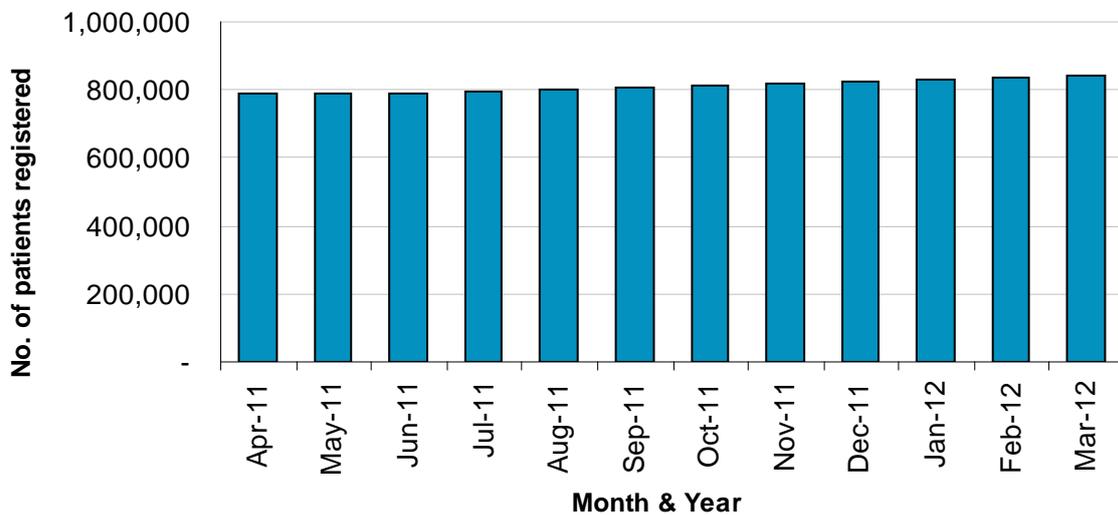
Registrations

The MAS registration data has been reviewed up to the period March 2012. Please note that for the purpose of these analyses, registrations are counted on the last day of the month and patients are counted in each month they are registered.

NHS Scotland

Figure 1 below shows the number of patients who were registered for MAS in Scotland by month, April 2011 to March 2012.

Figure 1 - Number of patients registered¹ for MAS in Scotland, April 2011 to March 2012



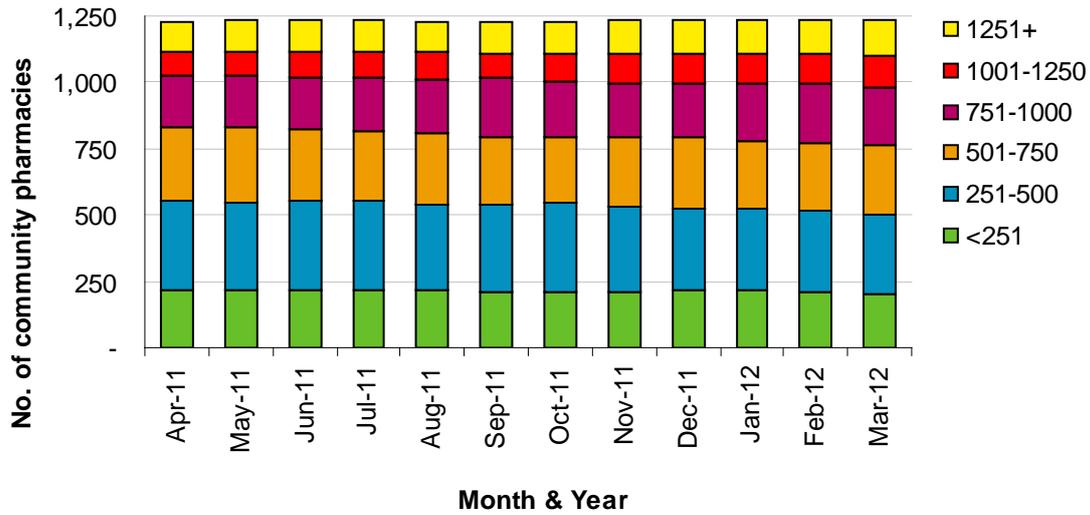
Note: 1. Number of patients registered on the last day of the month

Source: Prescribing Information System, ISD Scotland

Figure 1 shows that MAS registrations generally continue to increase month on month, indicating that in the majority of months the number of new registrations is greater than the number of lapsed registrations.

The number of community pharmacies by the number of registration groupings is shown in Figure 2.

Figure 2 - Number of community pharmacies in Scotland and number of patient registrations, April 2011 to March 2012



Source: Prescribing Information System, ISD Scotland

In March 2012, 99.8% of all community pharmacies in Scotland had one or more patients registered for MAS. The total number of registrations has increased from April 2010 to March 2011 as more pharmacies move into the higher registration groupings.

NHS Board

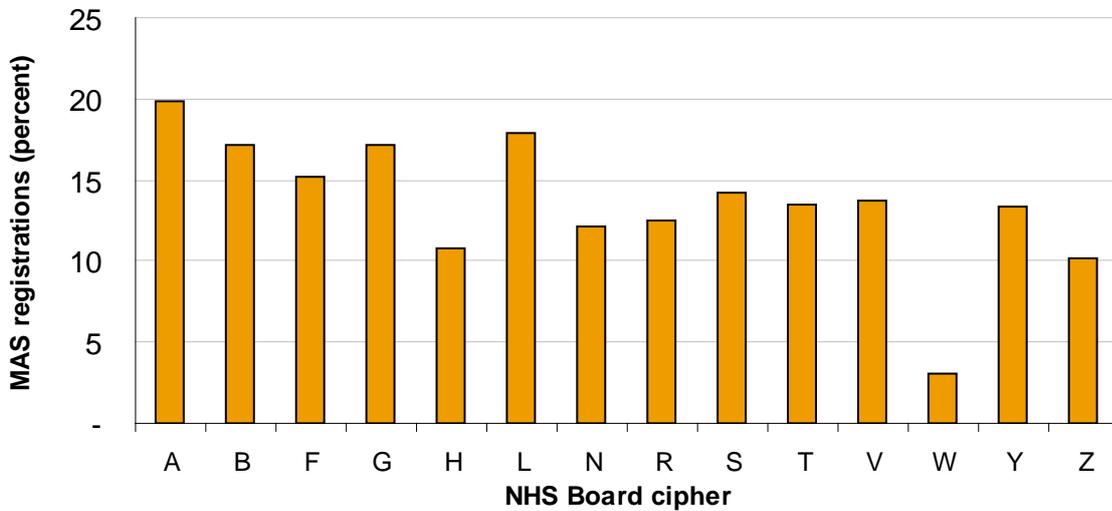
Table 1 below provides a translation between the NHS Board cipher and the NHS Board name. Please note that NHS Argyll and Clyde ceased to exist as a single entity from April 2006. Argyll and Bute was absorbed into NHS Highland and the remainder into NHS Greater Glasgow to become NHS Greater Glasgow and Clyde. NHS Board ciphers are displayed on figures 3, 6, 7 and 8 for reason of clarity.

Table 1 - NHS Board Cipher – Translation

NHS Board Cipher	Name
A	Ayrshire & Arran
B	Borders
F	Fife
G	Greater Glasgow & Clyde
H	Highland
L	Lanarkshire
N	Grampian
R	Orkney
S	Lothian
T	Tayside
V	Forth Valley
W	Western Isles
Y	Dumfries & Galloway
Z	Shetland

Source: Prescribing Information System, ISD Scotland

Figure 3 - MAS registrations¹ as a percent of GP practice populations² by NHS Board, March 2012



Note: 1. Patients registered at 31st March 2012
 2. Practice populations at 1st March 2012

Source: Prescribing Information System, ISD Scotland

On average, 15.2% of patients registered with a GP in Scotland are also registered with a pharmacy for MAS. Figure 3 shows that NHS Ayrshire and Arran has the highest percentage of registrations in March 2012, followed by NHS Lanarkshire which has the second highest percentage of registrations for the same time period.

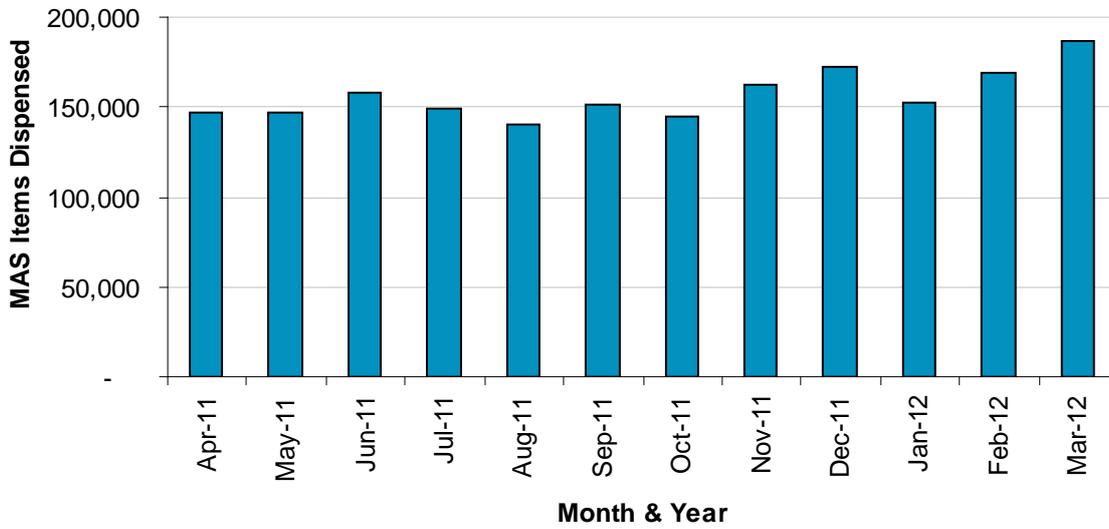
Treatments

The MAS treatments data has been reviewed up to the period March 2012. Please note that for the purposes of these analyses, data are provided for prescriptions written on both CP1 and CP2 prescription forms only.

NHS Scotland

Figure 4 shows the number of MAS items dispensed each month during financial year 2011/12.

Figure 4 – The number of MAS items dispensed in Scotland, April 2011 to March 2012

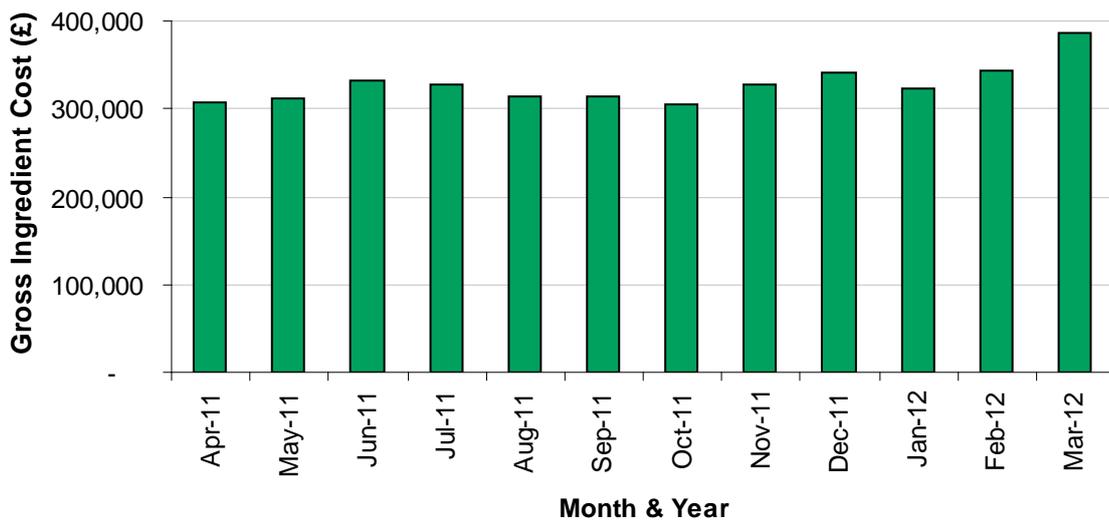


Source: Prescribing Information System, ISD Scotland

In financial year 2011/12 almost 1.9 million items were dispensed for minor ailments, with the number of items peaking in December 2011 and March 2012. Comparing April 2011 to March 2012 to the same period in 2010/11 shows an 11.3% increase in dispensed items.

Figure 5 shows the gross ingredient cost (GIC) for MAS items dispensed each month in Scotland.

Figure 5 – The gross ingredient cost (GIC) of MAS in Scotland, April 2011 to March 2012



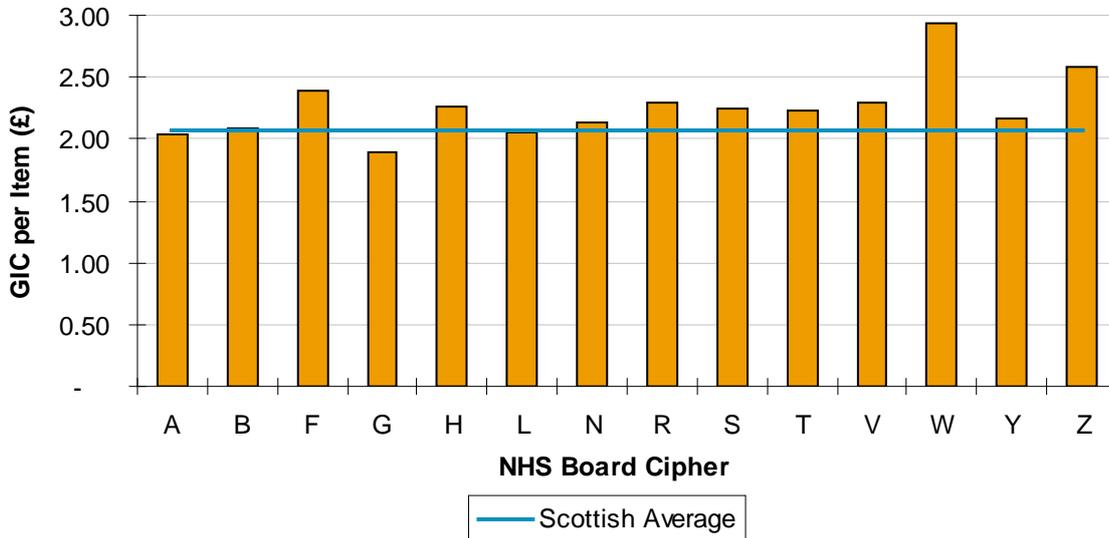
Source: Prescribing Information System, ISD Scotland

The total GIC for MAS items dispensed during financial year 2011/12 was £3.93 million, with an average cost per item of £2.09. Comparing the GIC for financial year 2011/12 with the same period in 2010/11 shows a 12.6% increase in cost.

NHS Board

Figure 6 shows the average cost (GIC) per MAS item dispensed by NHS Boards during April 2011 to March 2012.

Figure 6 – The average GIC per MAS item dispensed by NHS Board, April 2011 to March 2012

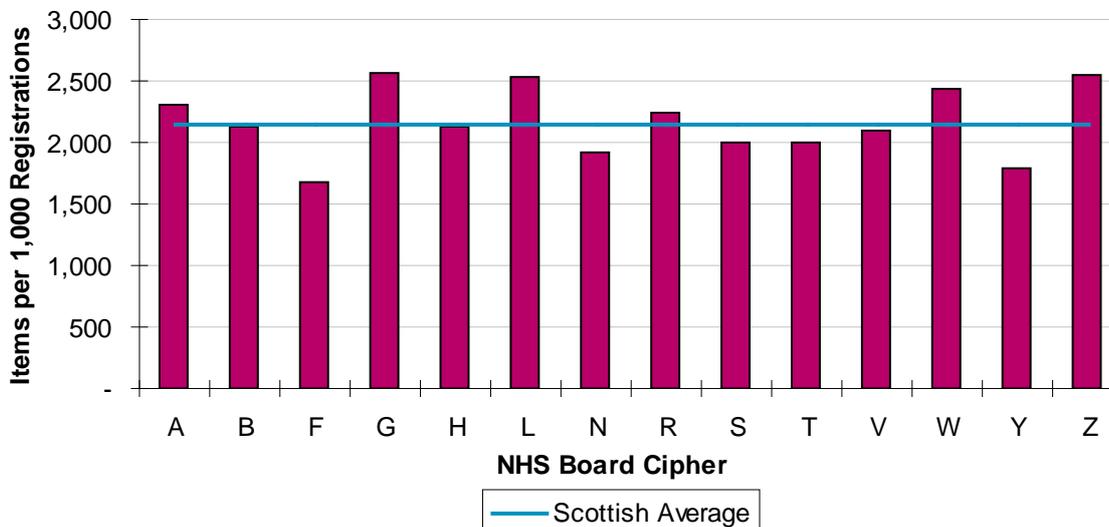


Source: Prescribing Information System, ISD Scotland

The average cost per item varies slightly between NHS Boards. NHS Western Isles and NHS Shetland have the highest average cost per item while NHS Greater Glasgow & Clyde have the lowest average cost of all the boards.

Figure 7 shows the number of items dispensed per 1,000 MAS registrations by NHS Board between April 2011 and March 2012.

Figure 7 – Items dispensed in Scotland per 1,000 MAS registrations¹ by NHS Board, April 2011 to March 2012



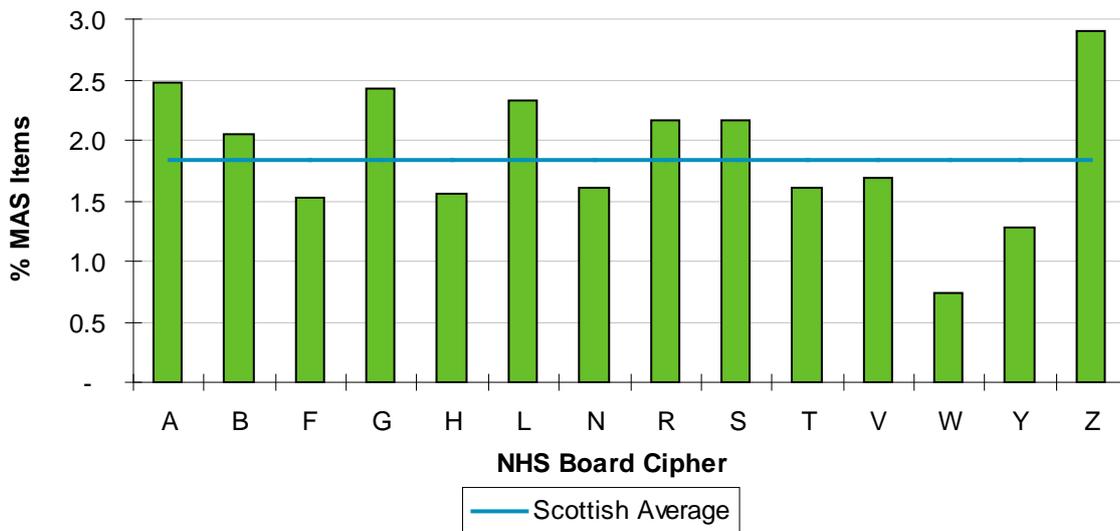
Note: 1. Registrations at 31st March 2012

Source: Prescribing Information System, ISD Scotland

On average 2,227 items were dispensed per 1,000 MAS registrations, with MAS accounting for 2.0% of all items dispensed in Scotland. NHS Greater Glasgow & Clyde dispensed the greatest number of items per 1,000 MAS registrations while NHS Fife dispensed the least.

Figure 8 shows what percentage of all items dispensed by the NHS Boards can be attributed to MAS during the last financial year.

Figure 8 – MAS items as a percent of all items dispensed by NHS Board, April 2011 to March 2012



Source: Prescribing Information System, ISD Scotland

The highest proportion of MAS dispensing is in NHS Shetland, closely followed by NHS Ayrshire & Arran. MAS dispensing as a proportion of all dispensing is lowest in NHS Western Isles.

Table 2 shows the top 10 MAS items dispensed for 2011/12 and gives examples of what the drugs might be used for.

Drug Name	Examples of use in MAS ¹	Number of Items
Paracetamol	Pain, fever	407,998
Ibuprofen	Pain, fever, inflammation	134,813
Simple Linctus ²	Cough	101,392
Emollients	Dry scaly skin	67,889
Dimeticone	Scabies, head lice	65,966
Chloramphenicol	Eye infections	59,868
Clotrimazole	Vaginal thrush, athlete's foot	57,139
Chlorphenamine Maleate	Hayfever	56,752
Compound Alginate Acid Preparations	Indigestion / heartburn	51,708
Cetirizine	Hay fever, other allergic reactions	43,604

Note: 1. The reason for prescribing is not captured on a prescription form. This section identifies the potential use of these drugs when prescribed in MAS.
2. Chemical name is citric acid but is commonly known as simple linctus.

The top ten remains unchanged for 2011/12 as each drug appears in the same rank order as it did in 2010/11. Paracetamol was again the most frequently prescribed MAS item, representing 21.7% of all MAS items.

Glossary

Gross Ingredient Cost (GIC)	Cost of drugs and appliances reimbursed before deduction of any dispenser discount (note this definition differs from other parts of the UK).
Community Pharmacy	A retail pharmacy outlet holding a contract with a Health Board to provide NHS pharmaceutical services.
Prescription item	An item is an individual product prescribed e.g.100 aspirin tablets of 300mg.
Prescription form	A prescription form that can contain up to three items.
British National Formulary	A standard classification of drugs into conditions of primary therapeutic use, the aim is to provide prescribers, pharmacists and other healthcare professionals with sound up-to-date information about the use of medicines.
Minor Ailment Service (MAS)	Minor ailments are generally described as common, often self-limiting, conditions. They normally require little or no medical intervention and are usually managed through self-care and the use of products that are available to buy without a doctor's prescription.
CP2 / CP1	A CP2 form is used to both register a patient for MAS and to record the outcome of the MAS consultation (advice, treatment, referral or a combination of those). It is printed electronically by a community pharmacist's computer system. A CP1 form is completed manually (handwritten) and is used as a back up in the event that a CP2 form cannot be printed.
Registration	A registration of a single eligible person to register with the community pharmacy of their choice for use of the Minor Ailments Service. A person must be registered with a Scottish GP practice and exempt from prescription charges to be eligible for the service. A patient registers for MAS for a period of 12 months. If there is further activity in that time period, the registration is extended for a further 12 months from the date of activity. If the patient is no longer eligible for free prescriptions or there was no further activity centrally recorded, the patient registration will lapse.
Treatment	During a MAS consultation, a pharmacist has the choice of giving advice only, treating, referring the patient to another healthcare professional, or a combination of the above. A treatment refers to a consultation in which a pharmacist dispenses a drug which is approved for MAS dispensing in accordance with the national formulary for MAS, which is based on the British National Formulary (BNF) and the Scottish Drug Tariff. Additionally NHS Boards have developed local MAS formularies in line with advice provided to other prescribers.
Dispensing Health Board	The NHS Board with which the dispenser holds a dispensing contract, i.e. Community Pharmacy, Dispensing Doctor or Appliance Supplier.
Over the counter	A drug for which a prescription is not needed.

List of Tables

Table No.	Name	Time period	File & size
1	MAS Registrations in Scotland	Apr 2011 to Mar 2012	Excel [106kb]
2	MAS Treatments in Scotland	Apr 2011 to Mar 2012	Excel [238kb]

Contact

Ross MacLean

Information Analyst

Ross.MacLean@nhs.net

0131 275 7639

Victoria Hepworth

Senior Information Analyst

Victoria.Hepworth@nhs.net

0131 275 6225

Further Information

Further information can be found on the [Prescribing and Medicines](#) area of the ISD website.

Further information on other ISD publications and datasets can be found the on the [ISD website](#).

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Appendix

A1 – Background Information

How the data is obtained

[Practitioner Services](#), a division of NHS National Services Scotland, processes all NHS prescriptions for payment of pharmacists, dispensing doctors and appliance suppliers. This gives a full record from which trends in prescribing can be investigated at a detailed level. The data includes prescribing by GPs, nurses, dentists, pharmacists and hospitals, where the latter was dispensed in the community. Hospital dispensed prescriptions are not included in the figures. The Information Services Division (ISD) cannot ascertain what proportion of the drug dispensed is actually consumed. These data do not include products purchased "over the counter". Prescriptions processed internally by Boards for payment purposes are not included in these data.

Top 10 – assumptions

A drug may be available in a number of formulations, such as tablets and syrups, produced by different manufacturers. For example, co-codamol includes aggregated data for all preparations of that drug, both branded and generic.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	NHS Scotland Prescribing – Minor Ailment Service Registrations and Treatments
Description	Summary and detailed statistics on prescribing and dispensing in the community in Scotland for minor ailments service.
Theme	Health and Social Care
Topic	Health Care Personnel, Finance and Performance
Format	Excel workbooks
Data source(s)	Prescribing Information System (PIS). All data held in PIS is sourced from Practitioner Services Division (PSD) within NHS National Services Scotland who are responsible for the remuneration and reimbursement of dispensing contractors within Scotland.
Date that data are acquired	Data is acquired on a monthly basis from PSD following payment approximately 2 calendar months after the end of the month being claimed for payment by contactors
Release date	26 June 2012
Frequency	Annual
Timeframe of data and timeliness	Data covering year to 31 March 2012.
Continuity of data	Data is held in PIS for the most recent 10 years and is stored in archive files back to 1993/94. The definition of the main measures such as gross ingredient cost and number of items are unchanged over this period. Types and value of dispensing fees are agreed the Scottish Government and set annually. Details can be found in the Scottish Drug Tariff and in Primary Care circulars issued by the Government. Drug products are first licensed as proprietary medicines but generic versions often appear once the original patent expires. This can affect the price and uptake of these drugs. The Scottish Government sets the reimbursement price of generic drug products via the Scottish Drug Tariff which is updated and issued quarterly.
Revisions statement	Data are sourced from monthly pharmacy payments data on an ongoing basis therefore once published there is no routine requirement to revise historical data. However occasionally adjustments are made to pharmacy payments retrospectively by PSD for example due to an administrative error. Retrospective revisions can also occur the classification of drugs in the British National Formulary (BNF). Where either of these occur and are deemed to be significant in line with ISD's Revisions policy, a revision will be made to published data. This will be notified on the website.
Revisions relevant to this publication	
Concepts and definitions	The data published in all these releases correspond to

	<p>prescriptions that have been dispensed in the community in Scotland, i.e. dispensed by a pharmacy, dispensing doctor or appliance supplier. This includes prescriptions which were issued in another UK country but dispensed in Scotland. These data do not include prescription drugs that were supplied and administered to patients in a hospital setting. Prescriptions issued in hospital to patients on discharge and dispensed in the community are included. Each excel workbook contains further detailed definitions of the main measures and links to a glossary.</p>
<p>Relevance and key uses of the statistics</p>	<p>These statistics are the primary source of data used to monitor the national community drugs bill within Scotland and the pharmacy contract agreed with dispensing contractors. They are also used to monitor national and local prescribing indicators covering both the quality and efficiency of prescribing in general practice.</p>
<p>Accuracy</p>	<p>The data is sourced from a payment system and routine monthly checks are carried out by PSD on a random sample of approximately 5% of prescription payments. These check all data captured for payment and the accuracy of the payment calculation and have a target accuracy of 98% which is routinely met. Data that is captured but is not mandatory for payment purposes can be of lower quality, principally this includes the prescriber code which links a prescription back to the individual prescriber e.g. GP and their organisation including NHS Board. Routine monitoring of unallocated prescriptions is carried out and correct codes are applied before publication. This ensures that unallocated prescriptions account for under 2% of all prescriptions. For remaining unallocated prescriptions, the prescribing NHS Board is assumed to be the same as the dispensing NHS Board.</p>
<p>Completeness</p>	<p>The Prescribing Information System holds information on 100% of NHS Scotland prescriptions dispensed within the community and claimed for payment by a pharmacy contractor (i.e. pharmacy, dispensing doctor or appliance supplier). It does not include data on prescriptions dispensed but not claimed (likely to be very small) or prescriptions prescribed but not submitted for dispensing by a patient. Some research have estimated these latter prescriptions to account for around 6% of all prescriptions issued to patients. It is not possible to determine from payment data how much of the medicine dispensed to patients is actually taken in accordance with dosage instructions.</p>
<p>Comparability</p>	<p>The main measures of drug ingredient cost and volumes of items dispensed in the community are comparable across the UK countries. However it should be noted that the Gross Ingredient Cost (GIC) within Scotland is equivalent to the Net Ingredient Cost (NIC) in England, i.e. the reimbursement cost of drugs before any pharmacy discounts are applied. Also each country determines its</p>

	own dispensing fees based on separate contractual arrangements with dispensing contractors in each country. A common formulary called the British National Formulary (BNF) is used to classify drugs based on therapeutic use.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	All prescribing tables are accessible via the ISD website . Prescribing statistics are presented within excel spreadsheets for NHS Scotland and where appropriate broken down by NHS Board.
Value type and unit of measurement	The main units of measure of drug reimbursement costs are Gross Ingredient Cost (GIC) and Net ingredient cost (NIC) quantity. The latter takes account of pharmacy discounts, the rates for which are set by the Scottish Government in the Scottish Drug Tariff. There are a large number of individual dispensing remuneration fees paid to dispensing contractors details of which can be found in the Scottish Drug Tariff. The main measures of drug volume are items (the number of individual drug items on a prescription form), quantity (the total number of tablets, capsules etc), and defined daily doses (DDDs - estimated average daily maintenance doses for a total quantity of prescribed). Further details and definitions can be found in the glossary.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics (Legacy designation, awaiting final designation by UK statistics Authority).
UK Statistics Authority Assessment	Assessment by UK Statistics Authority completed and assessment report issued.
Last published	28 June 2011
Next published	25 June 2013
Date of first publication	25 September 2007
Help email	NSS.isdprescribing@nhs.net
Date form completed	11 June 2012

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.