

Community Pharmacy –
helping with winter
pressures

December 2013

*High quality care for all, now and
for future generations.*



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Community pharmacy plays a vital role in local communities throughout England in providing medicines, helping people get the most from their medicines and as a trusted source of health and wellbeing advice. Sir Bruce Keogh in the first report of his Urgent and Emergency Care Review highlights community pharmacy as an under-used resource that could play an important part in transforming urgent and emergency care services. NHS England will be working with community pharmacy over coming months to understand how this potential might be fulfilled.

However, winter is upon us and will inevitably create pressures on the current system. This resource outlines how capacity in community pharmacy might be mobilised by local commissioning communities this winter.

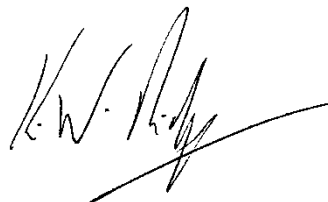
We are delighted to support the 'Treat Yourself Better' campaign working with Pharmacy Voice and the Proprietary Association of Great Britain (PAGB) and recognise that community pharmacy has a vital role to support people to be able to self-care for minor winter ailments and to better manage their long term conditions.

This resource takes examples of innovative practice and makes the tools available to help others to adopt these services to meet local need or help to manage demand. We encourage local commissioners to work together to make best use of community pharmacy locally.

Pharmacy Local Professional Networks (LPNs) in area teams will be ideally placed to work with CCGs to support engagement with frontline clinicians locally to understand how community pharmacy can best help with winter pressures.



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Chapter 1: Introduction

The urgent and emergency care system performs a critical role in the NHS, but there are strong indications that the current system in England is unsustainable and unaffordable. The increasing complexity and fragmentation of services leads to confusion, meaning that patients are not always able to get the healthcare they need when they need it and every winter this pressure increases further. This prompted our review of Urgent and Emergency Care Services.

On 13th November 2013 Sir Bruce Keogh published the End of Phase 1 Report of the Urgent and Emergency Care Review. It proposed a model where urgent and emergency care needs are met closer to home and where those with more serious or life threatening emergency care needs are treated in the centres with the very best expertise and facilities in order to maximise chances of survival and a good recovery.

The report highlighted that 20% of general practitioner (GP) consultations relate to minor ailments which could largely be dealt with by self-care and support from community pharmacy. It concluded that:

“Community pharmacies are an under-used resource: many are now open 100 hours a week with a qualified pharmacist on hand to advise on minor illnesses, medication queries and other problems. We can capitalise on the untapped potential, and convenience, that greater utilisation of the skills and expertise of the pharmacy workforce can offer.”

We are committed to ensuring we maximise the part community pharmacy can play in delivering a sustainable long term solution. This, in common with other elements of the report, will take time to deliver. In the meantime winter 2013/2014 is likely to cause pressure on the system.

Urgent Care Groups have been working hard to put in place winter plans that aim to prevent further pressure on the urgent and emergency care system this winter. We are aware that some of those plans do seek to utilise the resource of community pharmacy at a local level to relieve pressure.

Some Primary Care Trusts (PCTs) did use innovative local commissioning to involve community pharmacy in integrating care around the patient, personalising care and supporting the health community locally to cope with winter pressures.

This resource aims to provide support for Urgent Care Groups and local commissioning communities to utilise community pharmacy this winter and to look ahead at how community pharmacy might be better utilised in future. It directs commissioners to evidence and provides toolkits to help NHS England area teams working with local partners to utilise community pharmacy capacity.

Why community pharmacy?

- There are 438 million visits to community pharmacy a year for health related reasons.
- There are over 11,500 community pharmacies in England providing NHS services.
- Community pharmacies are highly accessible, located in the heart of communities where people live, work and shop.
- 96% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by walking or using public transport.
- Adults in England visit a pharmacy on average 16 times a year.
- Many pharmacies are open for extended hours in the evenings and weekends and nearly 900 of them are open for 100 hours a week.
- Pharmacists train for five years, are experts in medicines and can be consulted without an appointment.

Chapter 2: Support for Self Care

The Urgent and Emergency Care Review, End of Phase 1 Report highlighted that self-care is by far the most responsive way of meeting people's urgent but non-life threatening health care needs. Millions already do this but more people could be better supported to take control of their own health. This applies as much to long term conditions, where patients become experts in their own conditions and know how to look after themselves and when they need to seek help, as it does to minor illnesses.

Community pharmacy can support self-care for long term conditions, coughs and colds and other complaints this winter and support better health through provision of healthy lifestyle advice.

NHS England, Clinical Commissioning Groups (CCGs), Local Authorities, NHS 111, out-of-hours providers, walk-in centres and accident and emergency departments can help by publicising the resources available and referring patients to community pharmacy for support to manage their own mental and physical health.

There are a number of national campaigns that seek to get this message out to patients and the public. During November 2013 these included:

- **Ask Your Pharmacist Week**, 4th-11th November 2013
<http://www.npa.co.uk/askyourpharmacist>
- **Self Care Week**, 18th-24th November 2013. See patient fact sheets detailed below. <http://www.selfcareforum.org/events/self-care-week/>
- **European Antibiotics Awareness Day**, 18th November 2013
<http://www.ecdc.europa.eu/en/eaad/Pages/Home.aspx>

All of these websites contain useful resources. The patient fact sheets published by the Self Care Forum can be particularly useful to direct patients to and can be found at <http://www.selfcareforum.org/fact-sheets/>. Originally designed as hand outs for GPs to use to support the end of consultations that do not result in a prescription, the Fact Sheets can be used by all health professionals, to support consistent messaging about self-care and over-the-counter medicines.



Table 1: Self Care Forum Fact Sheets

Low Back Pain	Constipation	Sprains and strains
Eczema	Headache and migraine	Sore throat
Heartburn and indigestion	Coughs	Otitis media
Fever in children	Acne	Common cold
		Sinusitis

Treat Yourself Better Campaign

A new campaign for winter 2013 has been launched by Pharmacy Voice (a collaboration of the three largest pharmacy organisations) and The Proprietary Association of Great Britain - PAGB, (who represent manufacturers of over-the-counter medicines and food supplements). It is supported by NHS England, Public Health England and the Department of Health. This is a campaign to encourage people to self-treat winter ailments, rather than going to their general practitioner and asking for antibiotics which will be ineffective for their symptoms of viral infections. The campaign was launched on 12th November 2013 and will be running until March 2014. It will encourage people to self-treat winter ailments and supports the use of pharmacies as the first port of call for professional advice and treatments to help manage symptoms. You may already have seen the campaign logo used on television advertising for Lemsip® and Strepsils® – it will be very visible over the next few months.



The campaign includes resources for community pharmacy teams to help them provide messages to patients that are consistent with those from the Self Care Forum about the normal duration of ailments and the red flags (warning symptoms) of upper respiratory tract infections.

An interactive daily symptom checker provides information on what symptoms to expect each day and what people can do to treat themselves without going to see their GP, unless warning signs (red flags) are present. Other resources include expert videos, hosted on YouTube, online webinars, radio days and an advertorial in a high circulation consumer interest magazine to ensure guaranteed delivery of key messages and to reach women aged 25 and 45. These resources can be accessed via the campaign microsite at www.treatyourselfbetter.co.uk. More information on supporting this campaign locally can be found in Appendix 1 or by emailing info@pharmacyvoice.com or info@pagb.co.uk.

Long Term Conditions

It is estimated that up to 50% of medicines to treat long term conditions are not taken as prescribed¹. This can mean that long term conditions are not managed optimally; in the United States it is estimated that 11-20% of hospital admissions (30% for the elderly), A&E visits and repeat GP visits may be due to non-adherence^{2,3}.

The NHS community pharmacy contractual framework includes two services to help patients optimise the use of their medicines – the Medicines Use Review (MUR) and the New Medicine Service (NMS).

Both these services can support people with long term conditions to keep well this winter, by helping them to use their medicines effectively and supporting better health. The services help patients to understand how they should use their medicines and why they have been prescribed. Any problems the patient is having with their medicines will be identified and wherever possible solutions will be agreed without the need to refer the patient to the prescriber. Detailed information on the services can be found in the NHS Employers/PSNC guidance documents on MUR and the NMS^{4,5}.

One study on the Isle of Wight examined the effects of community pharmacists and other healthcare professionals educating patients regarding the use of their medicines and the adoption of correct inhaler technique. Through the analysis of hospital data, it was seen that emergency admissions due to asthma fell by more than 50% over a three month period with resultant bed occupation days falling by a similar percentage. Additionally the numbers of asthma related deaths reported over the same time period were seen to have fallen by 75%⁶.

A follow on project across the South Central Strategic Health Authority area demonstrated substantial and statistically significant improvements in the management of both asthma and COPD and a positive association between the introduction of the project and reductions in hospital emergency admissions⁷.

¹ World Health Organisation. Adherence to long-term therapies: evidence for action. 2003

² Caro JJ, Salas M, Speckman JL, et al. Persistence with treatment for hypertension in actual practice. *Can Med Assoc J.* 1999;160:31-37

³ Caro JJ, Speckman JL, Salas M, et al. Effect of initial drug choice on persistence with antihypertensive therapy: the importance of actual practice data. *Can Med Assoc J.* 1999;160:41-46

⁴ [Guidance on the Medicines Use Review Service \(NHS Employers/PSNC\)](#)

⁵ [New Medicine Service guidance \(NHS Employers/PSNC\)](#)

⁶ [Jerram P., Pharmacy Management Volume 25 Issue 3 p13-16](#)

⁷ [Evaluation of Inhaler Technique Improvement Project. The Cambridge Consortium \(Aug 2012\)](#)

MURs and NMS can also be used to support people recently discharged from hospital, to reduce the risk that confusion with their medicines leads to re-admission to hospital. Suggestions on how these services can be used to help to relieve pressure on the local health care system during winter are included in Chapter 5.

Chapter 3: Mobilising Capacity in Community Pharmacy

There have been examples from around the country where commissioning services from community pharmacy has helped relieve pressure on the system.

Three examples of services that could be relatively swiftly commissioned from community pharmacy in the event of an urgent winter pressure scenario are:

- 'Flu vaccine administration to 'at risk' populations
- Emergency supply of medicines , where appropriate
- Supporting deprived populations to self-care with NHS provided medicines

These services are intended to be time limited according to need and it is anticipated that a 'switch on, switch off' model will be used. A service might not be commissioned from every pharmacy in the area.

The services will need to be commissioned locally. If Clinical Commissioning Groups wish to ask the Area Team to commission one of these services on their behalf as an enhanced service permission is given by the Central Operations Team for this. These services will not necessarily be commissioned from every pharmacy in an area. Subject to Ministerial approval, emergency supply at the request of the patient may be added to the directions as an enhanced service this winter).

Suggested approaches to implementation of the services and rates of remuneration (which have been agreed between NHS England and the Pharmaceutical Services Negotiating Committee) are included to facilitate rapid local implementation, but this does not preclude local arrangements being put in place where it is deemed appropriate.

Community pharmacy can administer 'flu vaccines to 'at risk' patients

Nearly half of community pharmacies already provide a private 'flu vaccination service. Prevention of influenza in targeted populations prevents hospitalisation and saves lives⁸. Where the NHS has commissioned 'flu vaccine administration from community pharmacy for 'at risk' groups there is

⁸ Assessing Optimal Target Populations for Influenza Vaccination Programmes: An Evidence Synthesis and Modelling Study <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001527>

evidence that many people who receive the vaccine have never been vaccinated before⁹.

Appendix 2 provides further information from those wishing to commission a service from community pharmacy.

Area teams will need to work closely with Public Health England colleagues to ensure that adequate supplies of vaccination are available for this service to be effective.

Community pharmacy can provide emergency supplies of repeat prescriptions and medicines out of hours

Around 2% of out-of-hours appointments and 4% of Bank Holiday out-of-hours appointments with a doctor are taken up by requests for a prescription for repeat medicines^{10,11}.

Community pharmacy can legally provide emergency supplies at the request of the patient without a prescription. The supply must comply with the medicines legislation requirements. The pharmacist must interview the patient and satisfy themselves that: there is an immediate need and it is impracticable for a prescription to be obtained without undue delay; the patient has had the medicine prescribed before; that the dose is appropriate; that in the case of a schedule 4 and 5 controlled drug no more than 5 days supply is made and for other Prescription Only Medicines (POMs) no more than 30 days supply is made; it is not for a schedule 1,2 or 3 controlled drug or for a blacklisted item and a note is made in the prescription register of the supply. This service is provided at the expense of the patient.

The cost associated with this for those who do not usually pay for their prescriptions means that they often choose to consult an out-of-hours service or accident and emergency department if they perceive the need for their medicines is urgent. Visitors to an area may also require emergency supplies of medicines both in and out of hours.

In order to release pressure on the local health care system community pharmacy can be commissioned to provide an emergency supply of medicines at NHS expense where this is appropriate, (i.e. the requirements of the medicines legislation are met) and to inform the patient's general practitioner within 48 hours.

In Cornwall this year 2,691 patients received 3,177 medicines in four months using such a service commissioned from pharmacy preventing other services from becoming overwhelmed during Cornwall's summer surge in demand.

⁹ NHS Sheffield Community Pharmacy Seasonal Flu Vaccination Programme for hard to reach at risk groups 2012-13 (and catch up campaign for over 65s) <http://psnc.org.uk/sheffield-lpc/wp-content/uploads/sites/79/2013/06/1-Evaluation-of-Pharmacy-Flu-Service-2012-13-1.pdf>

Appendix 2 provides more information to help quickly set up this service if this is a problem in your area. Patients can be directed from NHS 111, out-of-hours services and accident and emergency services to pharmacies for an emergency supply of urgently required medicines.

Community pharmacy can provide NHS funded, over-the-counter medicines to low income groups to help them self-care to free up GP, walk-in-centre and out of hours appointments

In areas of high deprivation, services that allow access to a limited range of NHS- funded over the counter medicines for low income and deprived families to support self-care have been shown to be cost-effective in reducing demand on GPs, walk-in-centres and Accident and Emergency¹². Patients can be directed to use this service where and when appropriate via NHS 111, general practice telephone messages, out of hours providers and accident and emergency departments.

Appendix 2 provides the tools, evidence and information that you need to set up this service locally.

¹⁰ Local Care Direct and Yorkshire Ambulance Service (NHS111) Data

¹¹ South Western Ambulance Service NHS Foundation Trust Data

¹² Closing the NHS Funding Gap: How to get better value health care for patients, October 2013
<http://www.monitor.gov.uk/closingthegap>

Chapter 4: Community Pharmacy helping with surveillance and escalation

Spotter Pharmacies

Spotter community pharmacies are being used in Yorkshire and Cornwall to help inform the Urgent Care Group of increased demand for cough and cold remedies and for sickness and diarrhoea advice. Volunteer pharmacies, spread across the local geography, are regularly providing answers to the following questions to the Urgent Care Group:

Has your pharmacy noticed any significant increases or more than you would expect from the following:

- Have over the counter consultations for colds and flu increased?
- Have over the counter consultations for diarrhoea and vomiting increased?
- Are you dispensing more prescriptions for antibiotics?
- Do you feel your local general practitioners are under more pressure with appointments?
- Has pharmacy staff sickness increased?
- Have you had to stop any services you provide due to winter demands?

Urgent Care Groups are adding to intelligence from other sources and escalating accordingly.

Partnership with Pharmacy Voice

NHS England is also working in partnership with Pharmacy Voice to see if pharmacy information can help give early warning of surges in demand.

Some community pharmacies have agreed to work with colleagues from Public Health England to pilot and assess whether use of real time pharmacy data (prescribing and over-the-counter) has any added utility for the surveillance of influenza and other diseases.

Chapter 5: How else can community pharmacy help now and in the future?

There are a number of other ways that community pharmacy can work with area teams, CCGs and GP practices to help to relieve pressure on the local health care system during winter:

- Involving community pharmacists and their teams as part of the local multidisciplinary team keeping an eye on vulnerable older people this winter. Pharmacy teams might be providing home deliveries or may see vulnerable older people in the pharmacy and often know how well they are coping. Community pharmacies and local GP practices could agree referral mechanisms to be used where a vulnerable older person may require the assistance of their GP practice. GP practices should be encouraged to involve community pharmacy as an important part of the primary care team in plans to support these patients.
- Area teams may wish to work with their Local Pharmaceutical Committee to encourage community pharmacies to ensure patients with respiratory conditions are offered an MUR during this time when respiratory conditions can worsen.
- When a patient is discharged from hospital and provides consent, they should be referred to their community pharmacy for the provision of a post discharge MUR. This involves the patient and pharmacist going through the patient's medicines and helping them to understand what they should be taking. Detailed information on the service can be found in the NHS Employers/Pharmaceutical Services negotiating Committee (PSNC) guidance on MUR¹³. Guidance for hospitals, including a template referral form and patient leaflet about the MUR service has been published by NHS Employers and PSNC¹⁴. Consideration may be given by area teams to pre-authorise domiciliary and/or telephone MURs for particular groups of patients.
- When a patient starts a new medicine, prescribers could refer them to the community pharmacy for provision of the New Medicine Service. The service covers medicines prescribed for the treatment of asthma, COPD, type 2 diabetes, hypertension and antiplatelet and anticoagulant therapy. Detailed information on the service can be found in the NHS Employers/PSNC guidance on the NMS¹⁵.
- Community pharmacy teams can provide services and advice to support healthy living such as support to stop smoking.

¹³ [Guidance on the Medicines Use Review Service \(NHS Employers/PSNC\)](#)

¹⁴ [Community pharmacy services. Guidance for hospitals \(NHS Employers/PSNC\)](#)

¹⁵ [New Medicine Service guidance \(NHS Employers/PSNC\)](#)

- Community pharmacy can supply rescue packs of antibiotics and steroids in line with NICE guidelines for the treatment of chronic obstructive pulmonary disease (COPD) and support patients in using them in line with their personal disease management plan.

In the future

NHS England will be continuing work to implement the recommendations from the Urgent and Emergency Care review and will be working closely with the public, patients, carers, the wider healthcare team including community pharmacy and the broader pharmacy workforce on the recommendations from the review.

We are encouraged by the collaboration of organisations working very positively together to produce this resource and have seen a real willingness to help us to deliver 'high quality care for all, now and for future generations'.

We welcome the Royal Pharmaceutical Society's 'Now or Never, Shaping Pharmacy for the Future'¹⁶ report of the Commission on future models of care delivered through pharmacy and will be launching a Pharmacy 'Call to Action' to inform our strategic plan alongside the Call to Action launched in July 2013 aimed at informing our five year strategy for primary care.

¹⁶ www.rpharms.com/leading-on-nhs-reforms-for-pharmacy/models-of-care.asp

Appendices

Appendix 1 Treat Yourself Better Winter Campaign

**Appendix 2 (Published separately) Outline of Services local areas may wish to
commission from community pharmacy**

Appendix 1

Treat Yourself Better Without Antibiotics Campaign

www.treatyourselfbetter.co.uk

Treat Yourself Better Without Antibiotics is a new campaign from Pharmacy Voice and the PAGB which encourages people to treat winter ailments themselves, rather than going to their GP and asking for antibiotics this winter. The campaign is intended to help relieve some pressure from the NHS this winter and reduce the demand for antibiotics by promoting a self-care message and supporting the use of pharmacies as the first port of call for professional advice and treatments to help manage the symptoms of colds and flu.

New research has uncovered a distinct lack of awareness around the appropriate use of antibiotics for winter ailments like cold and flu, with almost half the population (45%) believing these can treat symptoms and slightly more (48%) admitting to visiting their GP with an expectation of being prescribed them^{Error! Bookmark not defined.}. *Treat Yourself Better Without Antibiotics* also aims to educate people on normal symptom duration and provide advice on self-treatment with pharmacy support, in order to help people avoid unnecessary visits to their GP surgery, which costs the NHS £35.2 million a year and countless practice hoursⁱ.

The reasons for these often unnecessary GP visits is largely down to people not knowing that antibiotics are not an effective treatment, but also because they don't understand how long their symptoms should last with two in five (40%) people seeing a GP for cold symptoms significantly too earlyⁱ. Research shows that people will visit their GP or Accident and Emergency department after four to seven days to get reassurance that nothing more serious is wrong, but also expecting that the doctor will write them a prescription for an antibiotic.

To understand better the symptom duration of cold and flu an informative new website, www.treatyourselfbetter.co.uk, has been developed that features a symptom checker and warning signs support material, to help people understand how long symptoms could last for and when it is appropriate to seek medical assistance. The website hosts videos from Dr Rob Hicks and Pharmacist Raj Patel providing expert advice on what people can do treat themselves better, when to visit the pharmacy and when to seek medical advice.

In addition, new research from Doctors.net.uk, conducted to support the launch of the campaign, shows that GPs struggle to cope with their caseload as the months get colder. On average doctors say more than a quarter (28%) of their consultations in the winter months are for people with cold and flu symptoms that don't warrant a GP appointmentⁱⁱ. Furthermore, five out of six GPs have felt pressured by their patients to prescribe an antibiotic when it wasn't necessary.ⁱⁱ The research also shows GPs are spending an average of five hours a week seeing patients that could have been treated by a pharmacist.ⁱⁱ It's not just patients who are unclear how long they should allow cold and flu symptoms to last for before seeing their GP as doctors are also unsure with a third saying seven to 10 days while a fifth say five to six days.

According to NICE, respiratory tract infections are responsible for 60% of antibiotic prescribing in general practice and annual prescribing costs for acute cough alone exceed £15 millionⁱⁱⁱ.

Continuation of over-prescribing antibiotics from GP surgeries could mean a potential major public health problem for our own and future generationsⁱⁱⁱ, so educating people now is vital.

Deputy Chief Medical Officer Professor John Watson said: “The increasing threat from antibiotic-resistant infections is so serious that in 20 years' time we could be back to how it was in the 19th century when routine operations could be fatal as a result of everyday infections. The Chief Medical Officer’s call to action has definitely struck a chord. Through campaigns like this, I hope we can change the way people think about antibiotics and we are pressing for it to be much higher up the global political agenda. It is however important to remember that winter flu and its complications can kill - that's why it's important that those who are offered the flu vaccine take it up to protect themselves and others.”

In pharmacies to support the campaign, Pharmacy Voice and PAGB have developed a series of condition-specific Pharmacy Self Care Advice pathways, to complement the information provided to GPs by the Self Care Forum. These are intended to give pharmacy the means to align self care advice to the information used by general practice when talking about minor illness, so patients will receive a consistent message from healthcare providers.

The guides are designed to help pharmacy teams help patients deal with their symptoms themselves for longer than they currently do, while information about red flags is designed to highlight when patients should be referred. They have been circulated through pharmacy companies and via the National Pharmacy Association as electronic resources.

In addition, the Self Care Forum website <http://www.selfcareforum.org/> hosts, as downloadable documents, a series of Fact Sheets for the public which support self care. Originally designed as hand outs for GPs to use to support the end of consultations that do not result in a prescription, the Fact Sheets can be used by all health professionals to support consistent messaging about self care and over the counter medicines).

The *Treat Yourself Better Without Antibiotics* campaign is supported by a wide range of public health organisations including the Department of Health and Public Health England through European Antibiotic Awareness Day.

ⁱ Self Care Forum. Save our NHS: Time for Action on Self Care. <http://www.selfcareforum.org/wp-content/uploads/2013/10/Self-Care-Forum-Mandate-FINAL-single-page.pdf> Accessed October 2013

ⁱⁱ Doctors.Net.UK Market Research carried out with 1,000 GPs, October 2013 on behalf of the Treat Yourself Better Without Antibiotics campaign

ⁱⁱⁱ Respiratory tract infections – antibiotic prescribing: Prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care. NICE Clinical Guidelines. <http://publications.nice.org.uk/respiratory-tract-infections-antibiotic-prescribing-cg69> Accessed October 2013

<u>VITAL STATISTICS</u>	Day Visited GP	Recommended Time to Seek Medical Assistanceⁱⁱⁱ (NICE)
Out of those that saw a GP for flu, 78% of people went too early <small>Error! Bookmark not defined.</small>	(1 – 10 days)	14+ days
Out of those that saw a GP for a cold, two in five people (40%) went significantly too early <small>Error! Bookmark not defined.</small>	(1 – 6 days)	10+ days
Out of those that saw a GP for sore throat, nearly a quarter (24%) of people went significantly too early <small>Error! Bookmark not defined.</small>	(1 – 4 days)	7+ days
Out of those that saw a GP for cough, two thirds (63%) of people went significantly too early <small>Error! Bookmark not defined.</small>	(1 – 14 days)	21 days
45% of people wrongly believe antibiotics can treat cold, flu, coughs and sore throats <small>Error! Bookmark not defined.</small>		
45% of the population went to see their GP expecting antibiotics but were not prescribed them, of these <small>Error! Bookmark not defined.</small> , 39% said they felt disappointed 30% felt frustrated 21% felt their time had been wasted 19% felt relieved		