



**GENERAL
PHARMACEUTICAL
COUNCIL OF SPAIN**

Good Pharmacy Practice in Spanish Community Pharmacy

02

**Minor Illness
Service**

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Introduction

Greater patient involvement in caring for his/her own health implies the responsibility of the pharmaceutical profession in this task, in particular in advising on minor symptoms or minor illness.

Minor illness refers to self-limiting or short-lasting non-serious health problems that are unrelated to the clinical manifestations of the other health problems affecting the patient, or to the desired or undesired effects of the medicines he/she is taking. As such, they do not require a medical diagnosis and respond to or can be alleviated by a symptomatic treatment. It also refers to those health problems for which pharmacists are authorized.

They are characterized by:

- Their non-serious nature; these health problems must be easily recognizable or identifiable by the patient.
- Their short duration and/or spontaneous resolution. In most cases the treatment aims to alleviate symptoms so that patients can continue their daily activities.

The pharmacist professional service in dealing with these minor ailments is known as the Minor Illness Service.

According to the definition of the Pharmaceutical Care in Community Pharmacy Forum (FORO AF-FC), the Minor Illness Service is *“the professional service provided upon patient request in the pharmacy, when unsure of which medicinal product to acquire and upon requesting that the pharmacist provide the most appropriate remedy for a specific health problem”*.

According to the explanatory preamble of Law 29/2006, 26th July on the rational use of medicines and medical devices, the social reality of the 21st century is that the use of non-prescription medicines is becoming increasingly important and must be carried out in such a way as to ensure the responsible use of them. To this end, the role of the community pharmacist is essential in everything relating to self-care and responsible self-medication.

This document contains the recommendations needed so that the Minor Illness can be regarded as a good professional practice.

Objectives of the Minor Illness Service

- a) To assess whether the health problem(s) reported by the patient can be regarded as a minor symptom.
- b) To inform the patient of the option best suited to resolving his/her health problem and to select a medicine that does not require a prescription (ensuring that the patient is aware of and accepts the process for using it) or other non-pharmacological measures.
- c) To provide the information needed to answer the questions asked and/or the deficiencies noted by the pharmacist so that the patient can understand the pharmacist's instructions.
- d) To determine if the health problem reported by the patient is a negative outcome of a medicine and to try to resolve it.
- e) To protect the patient against the possible appearance of negative outcomes associated to medicines (detect and correct the preventable causes).
- f) To detect other needs so as to offer other professional pharmacy services, if required, or refer the patient to a doctor or other healthcare professional.
- g) To record and document the interventions carried out by the pharmacist.

Requirements of the Minor Illness Service

The following prerequisites are established to ensure this Service has the proper quality assurances

- **It must be provided by a pharmacist**, who assumes responsibility for the prescription of a treatment, pharmacological or not. The role of the pharmacy technician or assistant in this Service is to collaborate with the pharmacist by identifying consultations from customers subject to the Minor Illness Service and referring them to the pharmacist.
- **It must be requested by the patient or caregiver**. The Minor Illness Service implies the patient's request for a solution to alleviate a health problem.

When the request is not from the patient or caregiver, but from a representative (friend, relative, co-worker, etc.), there may be information gaps regarding the patient's health. It is thus recommended that the information should be obtained directly from the patient or caregiver.

- **Use of medicines allowed for the Minor Illness Service, as well as non-pharmacological measures**, as therapeutic tools.
- Interventions must be based on the **guidelines and protocols derived from the scientific evidence available**.
- Have the **proper space** in the pharmacy, an area for personalized care, so that the service can be provided with the confidentiality required.
- **Comply with the legislation in terms of the dispensing of non-prescription medicines, if applicable**.
- **Record the activities conducted**, including doctor referral reports and information provided to the patient.
- **Enhance communication with other healthcare professionals** involved in that patient care.
- **Cover 100%** of the community pharmacy customers who require the service.
- Ensure the **safety** of the recommendations, the **responsibility** for the results and the **confidentiality** of the service.

The Minor Illness Service relies on support elements so that it can be provided in keeping with the established requirements. FORO AF-FC deems these elements to be:

1. **Medicines databases**: with the necessary and interrelated information required to provide the service and based on updated and corroborated knowledge on pharmacology and drug therapy.
2. **Intervention protocols for different conditions**: having protocols agreed upon by the healthcare professionals involved facilitates the decision-making process and the continuity of the care.
3. **Software program that makes it easier to record the activity**.

Procedure of the Minor Illness Service

When a patient ask for a remedy to alleviate a health problem, the pharmacist must:

1. **Obtain the necessary information**: by interviewing the patient or caregiver, the pharmacist should at least find out:
 - a) **Who makes the consultation**, the patient him/herself, a caregiver or another person.
 - b) The minor symptom at issue or **the reason for the inquiry** in terms of how the patient describes the location, intensity, etc.
 - c) Whether the health problem in question is an **adverse event** to a medicine.
 - d) The **duration** of the problem. The longer the duration the higher the likelihood that it is not a minor illness. The pharmacist must determine the length of time above which the illness is not likely to be minor. This time depends on the illness in question and must be included in the referral protocols.

e) The presence of **other signs or symptoms** associated with the health problem in question that indicate the non-trivial nature of the process. The pharmacist's interventions during this phase focus on ruling out other signs or symptoms that increase the likelihood that the health problem in question is not self-limited. This aspect assumes that the community pharmacist knows, for each minor illness, what those signs or symptoms are. To that end, the guidelines or protocols for handling minor illnesses should include the signs or symptoms that would trigger a referral to the relevant healthcare professional.

f) The **patient's health problems**. The patient's conditions must be determined so as to be able to rule out a relationship between the problem in question and the illnesses affecting him/her. Some symptoms perceived as trivial by the patient could be the result of a worsening pre-existing illness.

Likewise, knowing the patient's physiological condition and age should be another key point to bear in mind, since a particular physiological condition or age (pregnancy, nursing, under the age of two, bed-ridden senior, etc.) predetermine the pharmacist's decision. The presence of allergies and known intolerances, including to foods, must also be determined.

g) The **medicines taken by the patient**: information must be gathered on the patient's usual medications and the medicines he/she may have taken in order to treat the symptom in question. Knowing what chronic medications the patient is on, yields indirect knowledge of the patient's health problems that he/she may have forgotten to mention. It can also be used to establish a possible relationship between the medicines used by the patient and the problem in question. This happens when, in light of the medication, the reason for the consultation could be related to an unsafe treatment (appearance of an adverse reaction) or to its ineffectiveness (in which case the patient would be referred to the Medication Review with Follow-up Service). If the decision is eventually made to recommend a medicine, however, it will be chosen so as to minimize the possibility of interacting with the medicines the patient is taking and that could affect his/her health.

2. Evaluate the information: the pharmacist's intervention, or that of any healthcare professionals, must be guided by the scientific information available, meaning the proper community pharmacy guidelines or protocols must be available. These are used to gather the best scientific knowledge available at the time when they are used to make clinical decisions, though they do not absolve the professional of responsibility nor replace the clinical criteria applicable to each case. They are also an essential component of the medical training of healthcare professionals.

Certain aspects for handling minor symptoms, however, such as criteria for referring to a doctor, should be agreed upon beforehand by the professionals involved so as to improve the quality of healthcare.

Likewise the pharmacist would have to evaluate the presence of contraindications or possible interactions with medicines that the patient could be using.

3. Act or intervene: after evaluating the case, and based on the patient's specific situation, the pharmacist may advise without dispensing, provide a non-prescription therapeutic option, a non-pharmacological treatment, refer to a doctor or other healthcare professional, or refer the patient to other Pharmaceutical Care Services.

a) Selecting the therapy: if it is decided to treat the patient, the therapeutic alternatives available are:

- **Indicate a medicine permitted for the Minor Illness Service:** selected based on the patient's specific condition and on the scientific evidence available, selecting the active ingredient, dose, pharmaceutical form, regimen and treatment duration.
- The selection must consider the contraindications of the selected medicine, the patient's physiological condition, any medicine allergies the patient might have, the health problems already diagnosed and the medication he/she is using.
- The patient must be involved in the different treatment options available and consider, to the extent possible, his/her preferences. If a medicine allowed for the Minor Illness Service is dispensed, the procedure of the Dispensing Service will be followed (see Procedure of the "Dispensing Service for Medicines and Medical Devices").

- **Recommend a non-pharmacological treatment:** healthcare products and/or dietary or physical measures by themselves or coupled with a pharmacological treatment can be useful for minor health problems. Modifying or enhancing hygienic-dietary habits and providing health information allow the patient to better look after his/her own health.

b) Referral to other professional pharmacy services:

- **Referral to the Medication Review with Follow-up Service:** when, after evaluating the case, the pharmacist suspects that the reason for the patient's consultation could be related to a lack of effectiveness of the medicines he/she is on or to their side effects, the patient should be referred to the Medication Review with Follow-up Service.

- **Referral to the Health Education Service:** when resolving a health problem or preventing a reoccurrence requires further education.

- **Other services:** there are various pharmaceutical services that can help resolve different health problems, like smoking cessation programs, Personalized Dosage Systems, Medicines Use Review, pharmacovigilance, etc.

c) Referral to a doctor or other healthcare professional:

when the pharmacist identifies situations that he/she deems require a diagnosis by a doctor or other healthcare professional, such as persistent symptoms, the presence of non-trivial symptoms or health problems that do not correspond to minor or trivial conditions.

This healthcare activity thus allows pharmacists to cooperate with doctors and other healthcare professionals by referring undiagnosed or inefficiently treated patients or those who exhibit some of the conditions specified in the protocols as a criterion for referral.

In this sense, the referral should be made via a *Referral Report* so as to enhance communications with other professionals involved in the patient care. The purpose of this report is to pass along to the professional the information that the pharmacist has on the patient and the reason for requesting the doctor's assessment. This report should include the identifying data for the patient, the reason for the consultation, the reason for the referral and the pharmacist's identifying data.

4. Recording and overall analysis of the process:

the assessment of the service performed and the knowledge of the results of the intervention help improve the Minor Illness Service.

The process of the Minor Illness Service concludes once **the results** of said service are verified, if possible.

The tools for evaluating the service could be the direct observation of how the process works, of the patient interviews and, vitally, an analysis of the relevant records. To this end it is essential that computer programs be available to facilitate recording the activity. Recording the activities of the Minor Illness Service allows for a subsequent analysis of the process and an evaluation of its results.

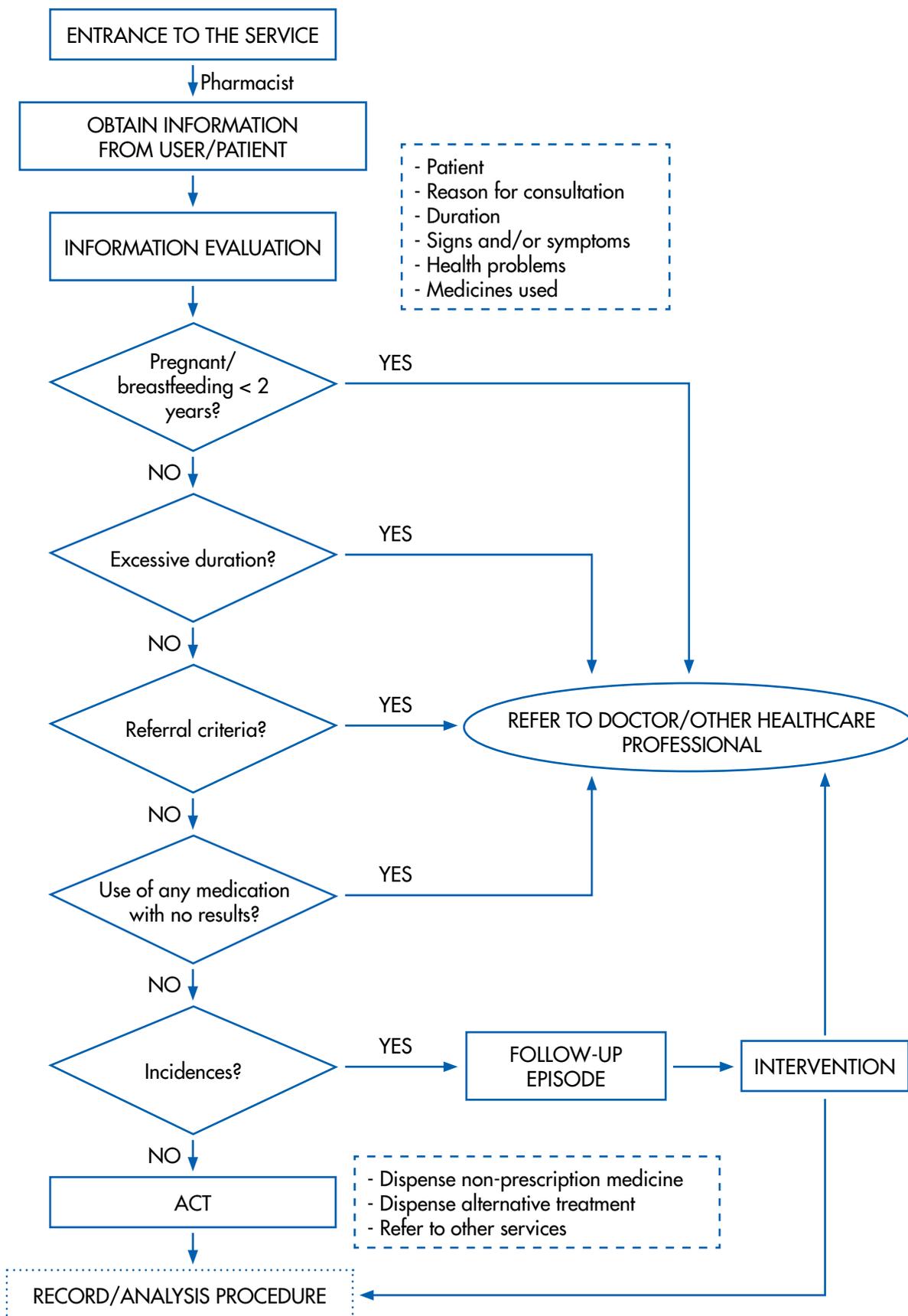
When collecting information of a personal nature, this shall be done so as to ensure its confidentiality in keeping with the purposes, limitations and rights set out in the relevant legislation.

When the Minor Illness Service is provided **online**, it will be through the website of a legally authorized community pharmacy that has reported its involvement in this activity to the competent authority.

The pharmacist shall be bound by the same legal and ethical standards as when providing the service in person. Thus, the procedure described above shall be applicable, to which end the website will feature the tools (telephone, SMS, videoconference, e-mail, etc.) that enable the provision of the service requested.

The pharmacy must make available forms for the user to fill out to provide the information needed to ensure the proper service, as well as to guarantee the proper use of the medication.

Flowchart of the Minor Illness Service



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