Background Consultation of minor ailments and direct product request are frequent in Community Pharmacy in Spain although every pharmacy offers the service following their own criteria. There is international evidence supporting that Standard Operational Procedures (SOP) lead to low reconsultation and high symptom-resolution rates for minor ailments.

Purpose The aim of this study was to evaluate the clinical impact of a Minor Ailment Service (service offered in the Community Pharmacy following the SOP) compared to usual care in the province of Valencia relating to reconsultation rate due to the same minor ailment and symptom resolution rates.

Method Randomized controlled study with two different groups, intervention and control group carried out for 3 weeks in Valencia. The intervention has different parts: - SOP: A focus group was carried out consisting of general practitioners and community pharmacist to elaborate them. - Formulary: A list of generic non-prescription medicine for each ailment (headache, sore throat, dysmenorrhea, cold, nasal congestion, cough, heartburn, diarrhea, vomit, gas, cold-sore and athlete foot). - Consultation: Standard procedure for the consultation between the pharmacist and the patient. - Training: Educational training program for pharmacists including strategies to support and improve consumer self-care. Patients were followed-up by phone 10 days after the first consultation.

Findings A total of 65 patients were recruited in the participant pharmacies during the study period (3 weeks). Direct product request had slightly higher rate (53.9%) than consultation of minor ailment. The 3 minor ailments causing higher number of consultations were: cough, diarrhea and heartburn. The prevalence of minor ailments changes depending on the season, this pilot study was carried out in July. Only 32.3% (n=21) of patients could be followed-up 10 days after the consultation due to refusal to sign the consent form or impossibility to contact with the patient. Re-consultation rates were higher in the control group (33.3%) than intervention group (16.7%). Complete symptom resolution was obtained for the 33% of the patients in the control group and 72.2% in the intervention group.

Conclusion The protocolised Minor Ailment Service has the potential to improve the management of minor ailments in community pharmacy. This Service can improve patient self-care, acting as screening for the general practitioners' consultation without compromising the security of the patient. The main limitation was the time period in which the study was undertaken, hindering the patient recruitment. Further research will be carried out to confirm these trends.