

Service Specification No.	
Service	Pharmacy First, Minor Ailments Scheme
Commissioner Lead	Jayne Mellor, Head of Transformation & Delivery
Provider Lead	
Period	1st April 2021 to 30th September 2021
Date of Review	Annually

1. Population Needs

1.1 National/local context and evidence base

In 2009 a review of the "Pharmacy First", Minor Ailment Scheme was undertaken. The review identified that 99% of patients surveyed found that the scheme saved time compared to waiting to see their GP and 79% indicated that had the scheme not been available they would have gone to their doctor with their illness. Given that nearly 40,000 minor ailments, resulting from 32,775 consultations, were treated through the scheme in 2009 this equates to nearly 26,000 saved GP appointments.

GPs spend a significant proportion of their working day dealing with minor ailments. For some patients this is entirely appropriate, but for many others, it is an inconvenient and inefficient way of getting help to look after themselves. Many emergency appointments are taken up by people with minor ailments.

The aim of this scheme is to allow appropriate patients to be referred or to self-refer to their local community pharmacy. The community pharmacist will be able to treat a number of specified minor conditions and supply medicines from an agreed local formulary at NHS expense. No payment need be made if the patient is exempt from prescription charges. Those patients who pay prescription charges will be able to choose either, to pay the prescription charge due, or purchase the medication at the normal 'over the counter' price.

The minor ailments have been selected because of their prevalence, the availability of pharmacy medicines for their treatment and the willingness of GPs to see their management transferred to pharmacies.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

None

3. Scope

3.1 Aims and objectives of service

The service is designed to meet the following aims for:

Patients

- Reduce waiting times
- Improve access to advice and treatment
- Offer an alternative to a GP consultation
- Remove anxiety about 'bothering the doctor'
- Raise awareness of the role of the pharmacist in support for self-care

GP's

- Reduce inappropriate consultations
- Increase time for tasks that really need medical input
- Help achieve access targets
- Support multidisciplinary working

Pharmacists

- Provide an opportunity to work more closely with the primary healthcare team and raise the profile of community pharmacy
- Make better use of professional skills
- Raise awareness if the role of the pharmacist

3.2 Service description/care pathway

3.2.1 Referral into the Service

Patients can be referred into the scheme through any of the following 3 routes:

- Referral by GP practice staff or other healthcare professionals
 - Patients presenting at a participating GP surgery, Out of Hours, or Walk in Centre with one of the minor ailments listed on PharmOutcomes may be referred to a pharmacy for advice and treatment. If the pharmacy provides the Community Pharmacy Consultation service then this consultation must be managed through this service in the first instance.
<https://www.england.nhs.uk/wp-content/uploads/2019/10/CPCS-Advanced-Service-Specification.pdf>
 - (If the pharmacy does not provide this service, then a healthcare professional may refer a patient directly to the minor ailments service)
 - Pharmacy referral- patients should not be directed to this scheme if they would normally seek pharmacist advice and purchase medication for treatment.
- Patient Self- Referral
 - Patients, who are aware of the scheme, can self- refer into the service.

3.2.2 Patient Registration

Pharmacists will only accept a patient into the scheme providing they can establish that the patient is registered with a participating GP practice. This can be achieved by:

- Evidence produced by the patient of registration with a participating GP practice e.g., repeat prescription tear-off slip or NHS card.
- Pharmacy PMR record showing evidence of a prescription dispensed in the last 6 months.
- The pharmacist may also telephone the surgery to confirm registration.

If a patient or pharmacist cannot confirm registration with a participating GP practice the patient cannot access the scheme at that time. The patient should be advised of alternative methods of accessing care.

The patient should be encouraged to use the pharmacy that normally dispenses their prescriptions if applicable; however, presentation in association with a minor ailment consultation at another participating pharmacy in Chorley & South Ribble or Greater Preston CCG area is acceptable.

3.2.3 Consultation Process

The pharmacist or suitably trained member of the pharmacy staff should carry out a professional consultation with reference to the appropriate minor ailment protocol which should involve:

- Patient assessment
- Provision of advice
- Completion of 'Pharmacy First' online consultation form in accordance with the Clinical Commissioning Group's protocols.
- Supply of appropriate labelled medication from the agreed formulary

The pharmacist should endeavour to keep the consultation process as confidential as possible and as such a private consultation area would be desirable to achieve this but is not a necessity.

In general, the patient should attend the pharmacy **in person** to receive a consultation and if appropriate a supply of medication, in the same way they would be required to attend a GP appointment for a prescription. However, patient's carers may access the scheme on behalf of patients and pharmacists are asked to exercise their professional judgement in deciding if a supply should be made in the absence of the patient.

The pharmacist should ensure the patient, or their representative has completed and signed the declaration of exemption of prescription charges which can be printed off following the completion of the online consultation form. Alternatively, pre-printed exemption declaration forms can be used or the back of the 'Pharmacy First' consultation form during the transition to online submissions). This should occur each time the patient accesses the scheme. Pharmacy staff must ask any person who makes a declaration that the patient is exempt from paying a prescription charge to produce satisfactory evidence of such entitlement.

Consent from the patient is required at the point of consultation so that the information can be shared with the patients GP.

The pharmacy consultation decision pathway is outlined on PharmOutcomes which can be used by locums as a quick summary of the scheme.

If referral is made through CPCS then the requirements with regards to consultation for this scheme should be followed.

3.2.4 Rapid Referral and Routine Referral of patient from the pharmacy to the GP

Rapid Referral from the Pharmacy to the GP

If the patient presents with symptoms causing serious concern to the pharmacist e.g., symptoms of meningitis, the pharmacist must use the rapid referral form, to be photocopied from PharmOutcomes, which allows patients to see their GP as soon as possible.

Repeated Requests (frequent presentation of the same ailment)

At the pharmacist's discretion, if a patient presents on 3 or more occasions in 12 months for the treatment of the same ailment, or treatment is outside of the protocol for that condition, treatment should normally be withheld, and the patient should be referred to their GP for a routine appointment using photocopies of the form on PharmOutcomes. An entry, "Referred to GP; Repeated Requests" should also be made in the patient's record indicating that the patient has been referred to their GP. The GP will notify the pharmacy of the outcome of the referral, which should also be documented in the patient's PMR to complete the audit trail.

3.2.5 Supplying treatment through the Pharmacy First Minor Ailments Scheme

The pharmacist should ensure that the patient is eligible for treatment within the scope of the scheme.

Eligible patients will only be provided with medicines to manage the minor ailment if, in the professional opinion of the pharmacist, the medicine required is not contra-indicated and that the treatment provided is in accordance with the minor ailment protocol.

Only the products listed, in the quantities stated, against the specific minor ailment as indicated in formulary and in accordance with the ailment protocols can be provided as part of the scheme. These

are listed on PharmOutcomes. The OTC licensed medicines available within the scheme must not be supplied out with the licensed indication for the medicine and no POM medicines should ever be supplied. Pharmacists can use their professional discretion to supply sugar free preparations of the same formulary items where appropriate e.g., diabetics etc.

The pharmacist must ensure that the patient is advised how to take/use the medication and is provided with a Patient Information Leaflet at all times.

When supplying the medication an entry onto the patient's PMR must be made and the product labelled in the normal way. (i.e., as if it had been dispensed on an FP10)

3.2.6 When not to supply treatment through the Pharmacy First Minor Ailments Scheme

NHS Chorley & South Ribble and NHS Greater Preston fully support any pharmacist who refuses to supply a medicine through the Pharmacy First Minor Ailments Scheme if the medicine requested is deemed to be clinically inappropriate. Other circumstances in which a Pharmacy First medicine should not be supplied include:

- The patient has already received a recent supply of the same medicine
- At the pharmacist's discretion, if a patient presents on 3 or more occasions in 12 months for the treatment of the same ailment, treatment should normally be withheld, and the patient should be referred to their GP for a routine appointment using the form on PharmOutcomes. An entry should also be made in the patients' record detailing that the patient has been referred to their GP.
- If the pharmacist suspects the patient is abusing the scheme this should be reported immediately to the Clinical Commissioning Group by contacting the Customer Care Team on 01772 214601.
- The patient presents with more than 2 ailments (refer to GP if warranted)
- Patients presents with symptoms not indicative of any of the minor ailments included in the scheme.
- Patient or parent cannot demonstrate that the patient is registered with a participating GP practice.
- The patient normally pays a prescription charge (these patients are not excluded from the scheme, but may choose to purchase OTC medicines rather than pay a prescription charge for a medicine supplied under Pharmacy First)
- Patient or parent unwilling to complete/use Pharmacy First documentation
- Medicine requested due to lost medicine
- Medicine requested 'just in case'
- Medicine requested to take abroad
- Medicine requested to stock up medicine cabinet
- Medicine requested is in lieu of repeat prescription e.g., paracetamol for chronic pain (chronic illness must continue to be managed by GPs)

Patients who present with a minor ailment outside the scope of the scheme or for whom the listed formulary product/s is/are not appropriate or contra-indicated, should be advised of alternative methods of accessing care (e.g., OTC sale, routine GP appointment)

3.2.7 When to sell a treatment and when to supply Pharmacy First Minor Ailments treatment

If a patient/customer requests to buy a product or a medicine to treat an ailment listed in the Minor Ailment Scheme, then these patients/customers should be sold the appropriate product, e.g., if a patient requests a packet of paracetamol to treat a headache, they should be sold a packet of paracetamol.

3.2.8 Display

All participating authorised pharmacies may be required to display posters and leaflets indicating:

- The availability of treatment through the minor ailment scheme from the pharmacy.
- The range of ailments covered by the Minor Ailment Scheme

3.2.9 Record Keeping

A record of any medication supplied through the minor ailment scheme should be documented in the Patients Medication Record on the pharmacy IT system.

3.3 Equipment / Premises

No specific equipment required

3.4 Minimum Required Activity

There is no minimum required activity

3.5 Activity Reporting

The provider is required to complete a consultation on line using the PharmOutcomes system. Claims submitted by the 5th of the following month will be paid in that calendar month. Claims from the PharmOutcomes system will be submitted to the Commissioning Support Unit via email enhancedserviceslcsu@nhs.net for payment.

3.6 Audit

PharmOutcomes produces reports including day of attendance, presenting symptoms, medicines issued, and which other services would have been accessed if the Pharmacy First Minor Ailments Scheme was not in place. This information will be used to monitor the effectiveness of the service and to improve if required. Ad-hoc audits may be completed by the CCG.

3.7 Finance

Pharmacy contractors will be reimbursed according to the following payment structure:

*A consultation fee of £3.00 per ailment treated, there is no payment for Stage 1 of the service. If a patient has received a consultation under the NHS Community Pharmacist Consultation service, then no consultation fee will be paid.

The list price of the medication supplied is based on the Dictionary of Medicines and Devices

**Please note where a formulary item supplied is not done so in accordance with the minor ailment's protocols, no reimbursement for the formulary item supplied will occur and no consultation fee will be paid. Likewise, no consultation fee will be paid for minor ailment consultations that results in no medication being supplied, this is an Essential Service under the pharmacy contract (Essential Service 5 Signposting and Essential Service 6 Support for Self-care), for which pharmacy contractors already receive payment.*

Claims for payment will be processed in accordance with the Clinical Commissioning Groups / Commissioning Support Unit protocols.

All consultations must be recorded on the PharmOutcomes system to ensure payment. Payment will be collated from the PharmOutcomes system on the 5th of the month and submitted to the Commissioning Support Unit for payment.

Payments will be made at the end of the month following that to which the payment relates.

Claims should be submitted not later than 3 months after the date of the activity (for example, March claim can be submitted in April, May, or June). Claims submitted after the 3-month period will not be approved for payment. At year end the final processing date for claims for the previous year is 10th July, (for example claims for 2021/2022 must be submitted by 10th July 2022)

3.8 Eligibility / Criteria and Accreditation

This service may be provided by any authorised community pharmacy within NHS Chorley & South Ribble and Greater Preston, subject to the following:

The pharmacy contractor must agree with the NHS Commissioner to participate in all parts of the service as detailed in this document along with any subsequent amendments as agreed with the LPC. This agreement will be in writing signed by both parties using the NHS Standard Contract.

A standard operating procedure (SOP) must be produced for the provision of this service, which clearly defines roles and responsibilities of relevant staff within the authorised pharmacy.

Medicines Counter Assistant qualified staff may be delegated to undertake the minor ailment consultation provided they adhere to a minor ailment scheme SOP and Sales of Medicines protocol. However overall responsibility and accountability will remain with the responsible pharmacist. If referral as been made under the CPCS then the requirements of the specification of this service should be followed.

Pharmacist and Pharmacy Staff Accreditation

No formal accreditation is required to deliver this service as only Over the Counter Medication can be supplied as treatment. However, the pharmacy must have a Sales of Medicines Protocol and satisfy the core competencies and Clinical Governance criteria listed below. All participating pharmacy staff should ensure they are familiar with all relevant SOPs and the formulary and clinical protocols appended to this specification.

3.8.1 Competencies for Community Pharmacies Involved in Providing a Minor Ailment Service

Reference should be made to the CPPE Declaration of Competence document.

<https://www.cppe.ac.uk/services/docs/minor%20ailments.pdf>

3.9 Any acceptance and exclusion criteria

The service will be offered to any patient who presents with symptoms of a minor ailment listed on PharmOutcomes and is registered with a GP practice in one of the following two Clinical Commissioning Groups:

- Chorley & South Ribble
- Greater Preston

Patients, who are not registered with a GP in one of the above Clinical Commissioning Groups, may opt to purchase Over the Counter medication and should therefore be managed in accordance with Essential Service 6 – Support for Self-Care or if appropriate Essential Service 5 – Signposting.

Patients are at liberty to refuse this service.

3.10 Interdependencies with other services

GP Practices
Commissioning Support Unit
Chorley & South Ribble and Greater Preston Clinical Commissioning Groups

4. Applicable Service Standards

4.1 Applicable national standards (e.g., NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body

None

4.3 Applicable local standards

4.3.1 Clinical Governance Implications – For pharmacies providing a Minor Ailment Service

The pharmacist and the pharmacy staff should be clinically competent in the treatment of the minor ailments included in the scheme. It is through continuing education and CPD that this competency can be maintained.

As the pharmacy manager/owner may not be present at the pharmacy every day, they must ensure that all support staff, including part-time and locum pharmacists are fully briefed on the services being provided. Staff appraisals should be conducted regularly to ensure personal development for the staff and adequate training should be provided. An induction period for locum pharmacists would be advisable.

Pharmacist should have relevant sources of references in the pharmacy which should be available to all appropriate staff. The pharmacy should be equipped with up-to-date computerised PMR facilities. A facility to record interventions, conversations with prescribers, carers and patients should ideally be available on the PMR. All support staff should be familiar with the PMR and associated programmes.

Standard operating procedures related to the safe operation of the pharmacy should be written so that support staff, particularly part-time and locum pharmacists, are aware of the standards to which they are expected to perform. The procedures should include error and near miss reporting.

The staff and responsible pharmacist should be able to reflect on their practice, and continually endeavour to improve their practice. The pharmacist should regularly perform an audit cycle on procedures to ensure robustness and enable continuous improvement.

The practice in the pharmacy should reflect the safety, confidentiality, and views of patients.

Adapted from: Anon. Community pharmacy medicines management: a resource pack for community pharmacists. The community pharmacy medicines management project 2003. Available at www.medicinesmanagement.org.uk/