

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	April 2022
Service	Pharmacy First Minor Ailments Service
Commissioner Lead	NHS Cheshire CCG
Provider Lead	Superintendent Pharmacist
Period	1 April 2022 to 31 March 2023
Date of Review	April 2023

1.1 National/local context and evidence base

This Service Specification defines the terms and standards required by the commissioners “NHS Cheshire Clinical Commissioning Group” for the provision of the Pharmacy First Minor Ailments Service under which the commissioned Service Provider (The community pharmacy contractor) and the accredited community pharmacist will provide a Minor Ailments Service in line with the requirements of this service specification and the locally agreed Patient Group Directions (PGDs), to patients in Cheshire.

National context

- The Community Pharmacy Clinical Services Review [Murray; 2016] highlighted the potential for the clinical expertise within community pharmacy to be used to the benefit of patients and the NHS.
- The Murray review supported the provision of Minor Ailments Services as an important means of reducing pressure on other urgent care services.
- Community pharmacy should be included in the vision for local service configurations being developed following the Five Year Forward View and the Sustainability and Transformation Plans
- NHS England has issued guidance to CCG on Conditions for which over the counter items should not routinely be prescribed in primary care and the Minor Ailments Service has been updated in line with this.

Local context

Local experience has demonstrated that patients are willing to receive consultations and medication from community pharmacy.

General practice has provided feedback that the Pharmacy First Minor Ailments Service needs to be consistently and reliably provided, to enable patients and other services to be accurately signposted into the service.

The CCG has adopted the NHS England guidance to CCGs on Conditions for which over the counter items should not routinely be prescribed in primary care. The guidance encourages patients to purchase Pharmacy and General Sales List medicines with support from community pharmacy when appropriate, so the Minor Ailments Service is focused on

the provision of Prescription Only Medicines.

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 or 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

- Helping people with specified minor ailments to recover from episodes of ill health by providing access to advice and a defined list of medicines from community pharmacy premises
- Reducing demand on General Practice, out of hours and A&E by enabling patients with selected conditions to access treatment in community pharmacy without a prescription
- Supporting the delivery of proactive care for long term conditions by freeing capacity in settings other than community pharmacy (e.g. General Practice).

3. Scope

3.1 Aims and objectives of service

The Pharmacy First Minor Ailments Service aims to:

- Support patients to recover quickly and successfully from episodes of ill health that are suitable for management in a community pharmacy setting
- Ensure that patients have a positive experience of care in a community pharmacy setting.
- Release capacity in other healthcare settings by providing convenient access to advice and treatment in community pharmacy.

The service aims to divert patients with specified minor ailments from general practice and other Urgent care settings (e.g. out of hours, urgent care centre, Accident & Emergency department) into community pharmacy where the patient can be seen and treated in a single episode of care.

The service is particularly aimed at common conditions that can be appropriately diagnosed in a community pharmacy setting (without needing an intimate examination, laboratory tests or access to full medical records) and the medication can be readily supplied.

The Pharmacy First Minor Ailments Service aims to enable more patients to access NHS treatment and advice without requiring a GP or A&E appointment to provide a prescription.

3.2 Service description/care pathway

- The service comprises patient assessment and advice, and provision of Prescription Only Medicines (POMs) according to the criteria specified in the relevant Patient Group Directions (PGDs), followed by a communication to the patient's registered GP to advise of the treatment provided [with patient consent].

The list of conditions and treatments included in the service is shown in the table below. From time to time, the Commissioner may add, delete or amend the conditions and/or treatments included in the service and will notify providers of this by means of an updated list of Conditions and Treatments.

Conditions	Treatment
Urinary Tract Infection in women	Nitrofurantoin 100mg modified release capsules Pivmecillinam 200mg tablets Trimethoprim 200mg tablets
Oral Thrush in babies (and associated Nipple Thrush in breast feeding women)	Nystatin 100 000units/ml oral suspension Miconazole 2% cream
Bacterial conjunctivitis	Chloramphenicol ophthalmic ointment 1% Chloramphenicol ophthalmic eye drops BP 0.5%
Impetigo	Hydrogen Peroxide 1% Cream Fusidic acid 2% cream

The Commissioner will provide clinical guidance and Patient Group Directions via the Data Management Software (PharmOutcomes). Pharmacists are expected to use their professional judgment in the application of this guidance to individual patients. The Summary Care Record (SCR) should be used, when available, to clarify / augment the patient history and to confirm exemptions are recorded appropriately.

It is acknowledged that pharmacists will not have access to the full medical record when conducting Minor Ailments Service consultations, and will need to assure themselves that the patient (or patient's representative) can provide a reliable history of the presenting condition and other relevant elements of the patient history (e.g. long term conditions, concomitant medication). Pharmacists can and should decline to provide medicines under the Minor Ailments Service where a reliable history cannot be obtained, in order to care for people in a safe environment and protect them from avoidable harm.

Minor Ailments Service consultations will be reimbursed at the rate of £10.00 per consultation from 1 April 2022 (this fee will be reviewed annually).

A consultation will comprise of:

- Patient assessment by an accredited pharmacist.
- Provision of advice on the management of the presenting condition.
- Provision of medication from the formulary if / where patients meet the inclusion and exclusion criteria specified within the relevant Patient Group Direction(s) and supported by advice on its use.
- Referral to another healthcare provider (e.g. GP) where patients do not meet criteria for inclusion in the service and are not willing or able to self-manage their condition.
- Completion of a record of the consultation, which should preferably be entered at the time of the consultation into the live Data management system or if consultation notes are written then within 2 working days of the consultation.

- Where medication is provided free of charge to patients exempt from prescription charges, and the pharmacist is using the paper version of the minor ailments consultation form the patient (or their representative) must sign the declaration form and the copy retained as per the Records Management Code of Practice for Health and Social Care 2016. Pharmacists are expected to see evidence of exemption (e.g. a valid Medical Exemption Certificate, proof of age via the SCR or pharmacy Patient Medication Record (PMR)). The pharmacy will then be reimbursed at the NHSBSA Drug Tariff price for the medicine(s) supplied.
- Where medication is provided to patients who pay prescription charges, the pharmacist will charge the patient an amount equivalent to the prescription charge and will be reimbursed for the NHSBSA Drug Tariff price of medicines issued less the prescription charge.
- In all cases where a medicine is issued the pharmacist will request permission from the patient to notify the patient's registered GP; if a patient does not give permission or does not have a registered GP they should be counselled that the treatment provided from the Pharmacy may be relevant to any future decisions for the same condition, or other conditions, and that they should retain sufficient information to enable them to discuss this with their health care provider(s) at a time of their choosing.
- Where consent is obtained, the pharmacy should notify the GP of the condition treated and treatment supplied within 2 working days to maintain the integrity of the patient's health records.
- Where possible, a patient who is excluded from the service should be given relevant information regarding the reasons for exclusion from the service and asked to pass this information to the GP (or other health professional) when seen using the Minor Conditions referral note.

Rapid Referral

If a patient presents with symptoms indicating the need for an immediate consultation with the GP, the pharmacist should contact the surgery and make an appointment for the patient within an appropriate time frame. If the surgery is closed and / or the symptoms are sufficiently severe the patient should be advised to contact the Out of Hours Service or in exceptional circumstances attend A&E immediately. *It is expected that this will be a rare occurrence.*

Accreditation

Contractors are responsible for ensuring that only appropriately accredited pharmacists will deliver the Service, and that accredited pharmacists are available whenever the branch is open.

Pharmacists need to register with the Data Management Software and provide their General Pharmaceutical Council registration number. Once registered with the Data Management Software, pharmacists must provide a Declaration of Competence (see CPPE website) to provide the Pharmacy First Minor Ailments Service. Pharmacists are expected to reflect on their knowledge, skills and competences before making the declarations, and to address any learning and development before starting to deliver the service. The Declaration of Competence should be shared with the Data Management Software provider via the CPPE website.

In addition to the Declaration of Competence, pharmacists providing the service need to read all of the PGDs and sign the Pharmacist Self Declaration Form in each premises from which they provide the service. A signature on the Self Declaration form is a legal requirement for provision of medicines under PGDs and provides assurance that the pharmacist has personally read PGDs and addressed any learning and development needs.

The PGDs can be downloaded from the Materials section of the Data Management Software or the Local Pharmaceutical Committee web site (www.cpcw.org.uk).

Contractors are expected to maintain their register of Responsible pharmacists (and any additional pharmacists) in such a way that the Commissioner can, if required, request the records and determine whether the premises had an accredited pharmacist available to deliver the service at particular times or during particular periods.

The responsible pharmacist on each given day has overall responsibility for ensuring the service is delivered in accordance with this service specification.

From time to time, the commissioner may contact pharmacies to determine the availability of an accredited pharmacist for monitoring purposes.

Antimicrobial Stewardship

As the conditions included in the Pharmacy First Minor Ailments Service are all infections, it is important that pharmacy teams delivering the service are aware of the principles of antimicrobial stewardship. Pharmacy teams need to:

- Counsel patients when minor conditions do not require an antibiotic and will resolve without treatment
- Be able to discuss the issue of antimicrobial resistance, and be aware that using antibiotics when they are not needed can increase the risk of antibiotics not working in the future for the individual and the population at large
- Discuss supportive measures that will relieve symptoms without antibiotics (e.g. painkillers) and make over the counter sales of these as required
- Counsel patients to take any antibiotics supplied according to the directions
- Counsel patients to complete the course of antibiotics supplied
- Inform patients that if a course of antibiotics is not completed (e.g. because of a side effect or because cultures suggest a change to a different medicine) then the remainder should be thrown away
- Advise patients that they should never use antibiotics prescribed for anyone else.

Each contractor is required to ensure that pharmacists and pharmacy staff are aware of antimicrobial stewardship. CPPE has several training packages to suit different learning needs. The learning pharmacy package (<http://www.thelearningpharmacy.com/hotspots/Antibacterials>) is particularly recommended because it deals with scenarios included in the Pharmacy First Minor Ailments Service including urinary tract infection and conjunctivitis, as well as more general stewardship issues such as managing coughs and colds without antibiotics.

Standard Operating Procedure

The service provider will have a Standard Operating Procedure (SOP) / protocol that specifically details the operational delivery of the Pharmacy First Minor Ailments Service in accordance with this specification.

The service provider must ensure that all staff working in the pharmacy have relevant knowledge, are appropriately trained and operate within protocols / SOPs; this includes understanding when to recommend the service to clients and using sensitive client-centered communication skills.

The SOP / protocol should be reviewed at least every two years, or before if circumstances dictate. Each review should be documented and the SOP / protocol subject to version control. Staff must read, date and sign the SOP/protocol after a review.

Changes to procedure must be highlighted within the SOP / protocol for special attention.

The SOP / protocol must be available to the commissioner if requested.

Signposting

If the pharmacy for whatever reason cannot provide the service, then the patient should be directed to the nearest pharmacy that can. The referring service provider must contact the pharmacy to ensure that an accredited pharmacist is on duty before signposting patients.

Patients who are excluded from treatment should be provided with a GP referral form to enable them to discuss the pharmacy consultation with the practice.

Promotion and Advertising

The service provider is required to designate space to prominently display any materials provided by the commissioner to support service delivery if requested and demonstrate that it makes good use of the materials provided.

The service provider is required to have appropriate health promotion material available to support the delivery of MAS, actively promote its uptake and be able to discuss the contents of the material with the client, where appropriate.

The service provider **must** advertise the service on www.nhs.uk and keep the Directory of Services up to date for NHS 111 etc.

The Pharmacy First Minor Ailments Service materials will make it clear that this is an NHS service.

Service Funding

The service provider will enter consultation details onto the data management module (PharmOutcomes).

For each consultation added to the data management module the service provider will be reimbursed:

- The formulary price of the medicine (+VAT) supplied to patients who pay a prescription charge and to patients exempt from prescription charges. (Medicines sold as OTC are not included).

MINUS

- Prescription charges collected under the service.

PLUS

- The professional service fee for the consultation provided by the pharmacist.

Consultations in which patients are excluded from supply under the terms of the PGD will be reimbursed for the professional fee only.

Payment Process

The data management company will facilitate the payment procedure.

Payments will be made quarterly; late submissions will only be paid in the quarter to which the consultations relate at the discretion of the commissioner.

The commissioner will only consider back dated submissions where they relate to the current financial year.

Consultation details must be entered onto the data management module in a timely manner (within 2 working days) of the consultation being performed). Activity for each quarter should be entered for submission by the 5th day of the beginning of the following quarter.

Activity data added to the data management module will be collated and an invoice generated on behalf of the service provider. The invoice will be directed to the appropriate organisation for payment on the service provider's behalf. Payments will be processed within 28 days of receiving invoices.

Post Payment Verification and Exemption Status Check

It is the service provider's responsibility to verify their quarterly payments by viewing invoices each quarter from the data management module.

Invoices should be verified as correct and filed in the pharmacy for reference/post payment verification check by the commissioner. If copy invoices are not printed an electronic file must be available.

The service provider must not send invoices for payment as this may result in duplicate payments.

The Commissioner requires that pharmacies must be able to complete post-payment verification of exemption status if required.

Record Management

The service provider must keep all completed consultation proformas for a period of 8 years (in adults) or until 25th birthday in a child (age 26 if entry made when the young person was 17) or eight years after death in line with NHS health records retention policies.

Electronic records must also be kept and available for this period.

The service provider will keep records in a secure and confidential manner. Records must be destroyed in a confidential manner.

A mandatory set of data from each consultation will be entered onto the data management module to support the audit trail and payment procedure.

Where possible the consultation should be recorded in the patient's PMR record.

The service provider will not use any form of documentation that has not been approved by the commissioner.

Records maintained in association with this service must be available to the commissioner on request.

Service Continuity

It is the responsibility of the service provider to have a process in place that ensures that all new staff and locums are aware of the Pharmacy First Minor Ailments Service and must maintain continuity of service during and after staff changes. The Commissioner requires assurance for each branch contracted to the service provision that they are able to deliver the appropriate continuity of service.

The service provider has a responsibility to ensure that all staff members provide the service strictly in accordance with the service specification and Standard Operating Procedures.

The service provider will ensure that all pharmacists including locums are accredited to ensure the required at least **95%** service availability. The service provider will also be responsible for engaging pharmacists to gain accreditation to ensure the service can be delivered for at least **95%** of the opening hours of each pharmacy branch and the expectation is that the service should be provided for all bank holiday opening hours.

It is the service provider's responsibility to ensure that all pharmacists (including locums) who have not made a Declaration of Competence are informed of their responsibility to gain accreditation before attempting to provide the service.

If concerns are raised regarding the continuity of service provision the commissioner reserves the right to instigate discussions with the contractor, which could lead to withdrawal of the contract or enhanced performance management to deliver the expected outcomes as follows:

- Pharmacy branches provide at least 10 Minor Ailments Service Consultations per month and/or
- The www.nhs.uk site entry for the pharmacy includes the Minor Ailment Service and/or
- The pharmacy is able to confirm that an accredited pharmacist is on the premises on at least 3 occasions in one month, when contacted on different days of the week and different times of day
- The pharmacy is providing rota services under the terms of their NHS England dispensing contract and is able to provide the Pharmacy First Minor Ailments Service on those days (e.g. Bank holidays such as Christmas Day, Boxing Day, New Year's Day, Good Friday, Easter Monday, May Bank Holidays and August Bank holidays).

Complaints

The service provider must have a complaints procedure that complies with Local Authority Social Services and National Health Service complaints (England) Regulations 2009.

Complaints directly linked to the quality of this service must be reported to the commissioner via the Minor Ailments Service Coordinator.

It is expected that each incident where a patient presents to receive a consultation for the Minor Ailments Service but is unable to be seen by an accredited pharmacist will be treated as a significant event. The provider should review each instance of unavailability of supply to ensure that the standards for continuity of service are met (at least 95% of opening hours).

3.3 Population covered

Any patient presenting to a community pharmacy within the geographical area covered by NHS Cheshire CCG may be treated for the specified conditions with the agreed formulary medicines. It is expected that this will predominantly be the population registered with member practices, estimated to be as follows:

- 767,494 in Cheshire

It is not essential that patients presenting in community pharmacy for treatment under the Pharmacy First Minor Ailments Service will be registered with a local general practice. Visitors to the area are eligible for treatment.

Patients may access the service following sign-posting from another provider (e.g. GP, out of hours service), by pharmacy staff or by self-referral.

Equality and Diversity

The service provider must comply with the requirements of the Equality Act 2010, and will not treat one group of people less favorably than others because of age, disability, gender reassignment, marriage or civil partnership, race, religion or belief, sex or sexual orientation.

It is the responsibility of the service provider to make reasonable adjustments to meet the individual needs of their patients. Where providers are able to identify a cohort of patients for whom reasonable adjustments may be required, they should discuss this with the Commissioner (for example, a cohort of patients who may need the Minor Ailments Service materials translated into languages other than English).

3.4 Any acceptance and exclusion criteria and thresholds

Any community pharmacy with an NHS contract for the provision of Pharmaceutical Services may be offered a contract to provide the Pharmacy First Minor Ailments Service, providing they have a suitable consultation room and can commit to the standard for continuity of service provision.

All Minor Ailments Service consultations must be conducted by a Pharmacist registered with the General Pharmaceutical Council who has made appropriate Declarations of Competence to provide the Service via the Data Management Software, and who has personally signed the Patient Group Directions held in the Pharmacy Premises from which the medicines are issued.

Pharmacy premises may only provide the Pharmacy First Minor Ailments Service if there is a consultation area that is separate from the rest of the Practice. The client and the pharmacist must be able to be seated, hold conversations in normal speaking volume and not be overheard.

The Pharmacist must be able to allocate dedicated time to clients. Each consultation should be conducted without interruption.

Data Management Software

Before providing MAS consultations the service provider will be required to have access to a web based data management software module commissioned by the CCGs.

The service provider will be responsible for contacting the commissioned software provider to obtain a password and user manual.

All documentation relating to the delivery of the service is available for reference or to download from the data management module.

Consultation Records

The Data Management Software will include an electronic data capture form to record consultation details, and a document containing the same fields that can be printed.

A Minor Ailments Service consultation record should be completed for each consultation (within 2 working days of the consultation).

Patients are required to provide verbal consent to: verify that they have received advice and/or treatment under the Service; declare exemption from prescription charges if appropriate; give permission to provide feedback on the Service; and to indicate whether or not they have consented to the pharmacist sharing consultation details with the registered GP.

Only consultations entered into the Data Management Software will be remunerated under the Pharmacy First Minor Ailments Service.

3.5 Interdependence with other services/providers

The Pharmacy First Minor Ailments Service is primarily designed as a “walk in” service so that patients can present without a referral or appointment. However, the Service Providers will work with the Commissioners and others to enable appropriate referrals from General Practice and other providers, particularly urgent care and out of hours services. ***The Service provider should inform regular referrers into the service if the pharmacy premises are not able to offer Minor Ailments Service Consultations for any reason, so that patients***

may be signposted appropriately to another pharmacy if required. Service providers should expect and be able to respond to phone calls enquiring about the availability of the Pharmacy First Minor Ailments Service.

It is recommended that pharmacies work with their local general practices to agree appropriate inter-referral arrangements, including using approaches available within the Community Pharmacy Consultation Service.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

NHS England has issued guidance to CCG on Conditions for which over the counter items should not routinely be prescribed in primary care and Minor Ailments Service has been developed in line with this.

Supply of ALL medicines must be in accordance with the Human Medicines Regulations 2012 and within the medication's product license/PGD.

All Medicines supplied under the service must be labelled to comply with the Human Medicines Regulations 2012.

Medicines supplied under the Pharmacy First Minor Ailments Service must be supplied with a patient information leaflet.

Records created during the delivery of the Pharmacy First Minor Ailments Service should be managed according to the NHS Code of Practice.

The commissioner and the commissioned service provider recognise that this service specification and/or associated recorded information may be subject to Freedom of Information Requests (FOI). Each party shall comply with any such Freedom of Information requests received, in accordance with the Freedom of Information Act 2000 legal obligations.

The service provider shall comply with the requirements of the Health and Safety at Work Act 1974, the management of Health and Safety at Work Regulations 1999 and any other acts, regulation, orders or rules of law pertaining to health and safety.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

The Pharmacy First Minor Ailments Service may only be provided by Pharmacists with a current registration with the General Pharmaceutical Council from premises that hold a current contract to supply NHS Pharmaceutical Services.

4.3 Applicable local standards

The local standard is that the Pharmacy First Minor Ailments Service will be offered throughout at least 95% of the opening hours and the expectation is that the service should be provided for all bank holiday opening hours.

It is expected that the service will be offered consistently throughout the opening hours of the branch including evenings, weekends and Bank Holidays. The target of $\geq 95\%$ availability of the service has been agreed to be supportive and not unduly penalise service providers when there are exceptional instances of sickness that cannot be covered by an accredited pharmacist. Annual leave should be covered by an accredited pharmacist/locum to ensure continuity of service.

The Commissioner reserves the right to request reports to enable the extent of service provision to be determined. Inadequate provision may result in the service being withdrawn.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

Not Applicable

5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

Not Applicable

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

Not applicable