

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

*This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.*

<b>Service Specification No.</b>	
<b>Service</b>	Think Pharmacy Service (Level 2)
<b>Commissioner Lead</b>	NHS Wirral CCG
<b>Provider Lead</b>	Superintendent Pharmacist
<b>Period</b>	1 April 2020 – 31 March 2022
<b>Date of Review</b>	Circa January 2021

#### 1. Population Needs

##### 1.1 National/local context and evidence base

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

##### National context

Community Pharmacy services are increasingly being highlighted nationally as part of the NHS response to managing increasing demand and complexity.

- The NHS England Evidence base from the Urgent and Emergency Care Review was published in August 2015 and highlighted a potential role for community pharmacy in providing accessible care. 18-20% of GP workload and 8% of A&E visits are accounted for by minor ailments. Diverting this amount of activity into community pharmacy could free up significant capacity for other CCG priorities such as Long-Term Conditions management.
- Community Pharmacy has been identified as having a potential role in managing winter pressures and establishing a network of community pharmacies could help manage surges in demand in both the summer (e.g. by provision of medicines for hay fever) and winter (e.g. by supporting self-care for winter ailments).
- The NHS England Call to Action programme has identified a role for community pharmacy in the transformational agenda by playing a significant role in urgent and emergency care and improving access to general practice.

##### Local context

Wirral CCG has 94 community pharmacy contractors which are easily accessible, located on high streets, within health centres and supermarkets throughout the Wirral area. These include:

- 40 hour opening contractors
- Extended hour opening
- 100 hour opening

Most pharmacies in Wirral are well placed to deliver additional services. Nationally over 94% of

pharmacies have a private area where they can deliver personal healthcare services to patients in privacy.

In 2011, as part of the Pharmacy Needs Assessment Audit, pharmacies were polled as to their willingness to provide a minor ailments service. The results are below:

	Wallasey	BWW	Birkenhead	Wirral
Think Pharmacy Scheme i.e. free of charge to the patient (where exempt)	76.5%	83.3%	87.2%	83.7%

Having a provision of pharmacy services outside of core General Medical Services (GMS) hours can help to retain demand in primary care and avoid potential attendances at A&E. Wirral is strongly placed to deliver this due to the extensive pharmacy provision outside of core GMS hours, which can be built upon to deliver Think Pharmacy successfully (Wirral PNA 2011).

## 2. Outcomes

### 2.1. NHS Outcomes Framework Domains & Indicators

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

### 2.2. Local defined outcomes

- Helping people with specified minor ailments to recover from episodes of ill health by providing access to a defined list of medicines and advice 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 Think Pharmacy 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 setting 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, self-limiting or uncomplicated conditions where:

- The condition can be appropriately diagnosed in a community pharmacy setting (without needing an intimate examination or access to full medical records) but the medication cannot be purchased because it is a Prescription Only Medicine (POM).

The Think Pharmacy Service aims to enable more patients to access medicines from the NHS without requiring a GP or A&E appointment to provide a prescription.

- The condition can be appropriately diagnosed in a community pharmacy setting (without needing an intimate examination or access to full medical records) but the medication cannot be purchased because it is a Prescription Only Medicine (POM) or is a P (Pharmacy) medicine with additional restrictions.

### **3.2. Service description/care pathway**

The service comprises patient assessment and advice, and provision of a Prescription Only Medicine according to the criteria specified in the relevant Patient Group Direction (PGD), 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 scheme is shown in Appendix 1. From time to time, the Commissioner may (with 30 days' notice) add, delete or amend the conditions and/or treatments included in the scheme and will notify providers of this by means of an updated list of Conditions and Treatments.

The Commissioner will provide clinical guidance and access to Patient Group Directions via the Data Management Software. Pharmacists are expected to use their professional judgment in the application of this guidance to individual patients.

It is acknowledged that pharmacists will not have access to the full medical record when conducting Think Pharmacy 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 Think Pharmacy Service where a reliable history cannot be obtained, in order to care for people in a safe environment and protect them from avoidable harm.

Patients should be informed of the need to register for the Think Pharmacy Service and that their information may be shared with other pharmacies and NHS Wirral CCG.

Consultations will be reimbursed at the rate of **£9.15** per consultation (this fee will change in line with current prescription charge). The consultation will comprise:

- 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 scheme and are not willing or able to self-manage their condition.
- Where possible a patient who is excluded from the service should be given relevant information regarding the reasons for non-inclusion into the service and asked to pass this information to the GP (or other health professional) when seen.
- Completion of a record of the consultation, which should be entered into the Data management

system within 2 working days of the consultation, ideally these consultations should be entered contemporaneously – this would be regarded as good practice.

- Where medication is provided free of charge to patients exempt from prescription charges, the patient (or their representative) must sign the declaration form. Evidence of entitlement to exemption should be requested. In this situation, the pharmacy will be reimbursed at the 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 formulary tariff price of medicines issued less the prescription charge.
- In all cases where a Prescription Only 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.

### **3.3 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.

### **3.4 Accreditation**

Contractors will be responsible for ensuring that only appropriately accredited pharmacists will deliver the Service.

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 Think Pharmacy 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.

Pharmacists will be expected to make a Declaration of Competence to deliver the Service.

A Declaration of Competence will be deemed to cover ALL of the conditions and treatments included, and to signify that the pharmacist has personally read the PGDs, addressed any learning and development needs and then signed each PGD individually in each site where they deliver the service. The PGDs can be downloaded from the Materials section of the Data Management Software. Pharmacists must deliver all of the service for all of the conditions covered and cannot make a selection from the list.

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.

### **3.5 Standard Operating Procedure**

The service provider will have a Standard Operating Procedure (SOP) / protocol which specifically detail the operational delivery of the Think Pharmacy 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-centred 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 Standard Operating Procedure / protocol must be available to the commissioner if requested.

### **3.6 Signposting**

If the pharmacy for whatever reason cannot provide the service, then the patient should be directed to the nearest pharmacy that can, a list of participating pharmacies can be found on the CCG website. However, providers should note, that signing up to this service requires you to offer the service 100% of the time, within reason. The service provider must contact the pharmacy to ensure that an accredited pharmacist is on duty before signposting patients.

This failure to provide the service should also be notified to the CCG.

### **3.7 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 should advertise the service on their website /NHS Choices page. The Think Pharmacy Service materials will make it clear that this is an NHS service.

### **3.8 Service Funding**

The service provider will enter consultation details onto the data management module. For each consultation added to the data management module the service provider will be reimbursed:

- The Dictionary of Medicines and Devices (dm+d) price of the medicine (plus VAT) supplied to patients who pay a prescription charge and to patients exempt from prescription charges.

MINUS

- Prescription charges collected under the service.

PLUS

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

Consultations not leading to a supply of medicines will be reimbursed for the professional fee. Where multiple medicines are supplied at one consultation, one consultation form should be completed and one consultation fee claimed.

### **3.9 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 (ideally at the time of consultation, but in no more than 2 days after the consultation) the consultation being performed). Activity for each quarter should be entered for submission by the 14th 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.

### **3.10 Post Payment Verification 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.

Payment will not be made to the service provider if the pharmacist listed as conducting the consultation is not included on the commissioners accredited provider list.

### **3.11 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. Providers should store any paper recorded in an organised manner so that an individual consultation record can easily be found and reviewed if necessary.

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.

### **3.12 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 Think Pharmacy Service and must maintain continuity of service during and after staff changes.

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 self-accredit to ensure the required 100% service availability. (within reason) It is the service provider's responsibility to ensure that all pharmacists (including locums) not registered on the Commissioner's provider list held on the Data Management Software and who have not made a Declaration of Competence are informed of their responsibility to gain accreditation before attempting to provide the service.

If this commissioned service cannot be provided under the terms of this agreement, for whatever reason the service provider must contact the commissioner via the Think Pharmacy Service Lead. Where notification is absent the commissioner reserves the right to instigate discussions with the contractor in relation to performance management concerns which could lead to termination of the contract.

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 termination of the contract

### **3.13 Termination of contract**

The commissioner reserves the right to terminate the contract with the provider with 1 months' notice, the provider may also wish to terminate the contract with the commissioner with 1 months written notice.

### **3.14 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 [complaints.nhswirralccg@nhs.net](mailto:complaints.nhswirralccg@nhs.net)

### **3.15 Population covered**

Any patient presenting to a community pharmacy within the geographical area covered by Wirral 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 320,295.

It is not essential that patients presenting in community pharmacy for treatment under the Think Pharmacy Service will be registered with a local general practice. Visitors to the area are eligible for treatment, and registration with the pharmacy is not required.

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.

### **3.16 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 favourably 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 Think Pharmacy Service materials translated into languages other than English).

### **3.17 Any acceptance and exclusion criteria and thresholds**

Any community pharmacy with an NHS contract for the provision of Pharmaceutical Services will be offered a contract to provide the Think Pharmacy Service. Distance selling pharmacies are excluded as these are not open to public access.

All Think Pharmacy 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 Think Pharmacy Service if they have an accredited consultation area. 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.

### **3.18 Data Management Software**

Before providing Think Pharmacy 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 download from the data management module.

### **3.19 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 Think Pharmacy Service consultation record should be completed for each consultation (in real time if possible, but within a maximum 2 working days of the consultation).

Patients are required to sign the form 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. The signed form should be retained in the pharmacy (a scanned version is acceptable) and managed in line with the NHS Code of Practice for Records Management.

Only consultations entered into the Data Management Software will be remunerated under the Think Pharmacy Service.

### **3.20 Interdependence with other services/providers**

The Think Pharmacy 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 Think Pharmacy 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 Think Pharmacy Service.



## **4. Applicable Service Standards**

### **4.1. Applicable national standards (eg NICE)**

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 Think Pharmacy Service should be in original packs and must contain a patient information leaflet.

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

The commissioner and the commissioned service provider recognize 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 (eg Royal Colleges)**

The Think Pharmacy 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 Think Pharmacy Service will be offered throughout 100% of the 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. Where there are exceptional instances of annual leave or sickness that cannot be covered by an accredited pharmacist the Commissioner should be notified and patients sign posted to another accredited Pharmacy. 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 4A-C)**

Not applicable.

### **5.2. Applicable CQUIN goals (See Schedule 4D)**

Not applicable.

**6. Location of Provider Premises**

The Provider's Premises are located at:

Any Wirral pharmacy signed up to the scheme.

**7. Individual Service User Placement**

Not applicable.

**Appendix 1****Conditions and Treatment**

Condition	Treatments
Acute Bacterial Conjunctivitis	Chloramphenicol 0.5% eye drops (10ml) Chloramphenicol 1% eye ointment (4g) Fusidic Acid Eye Drops 1%
Uncomplicated Urinary Tract Infection in Women	Nitrofurantoin 100mg MR capsules (6) or Nitrofurantoin 50mg capsules or tablets (12) Trimethoprim 200mg (6)
Impetigo	Fusidic acid cream 2% (15g)
Migraine	Sumatriptan 50mg tablets (6)
Oral candidiasis in infants 1- 4 months	Nystatin suspension 100,000iu
Thrush in Breastfeeding Mothers	Miconazole cream 2% (30g)