**Commissioning toolkit programme: Minor Ailment Service – Service specification (DRAFT)**

This template service specification has been produced by PSNC and has also been reviewed by members of the Commissioning Toolkit Programme working group.

The service specification is a free resource that commissioners can choose to use and personalise to meet their local needs if they wish, and is intended to assist in setting up a newly commissioned minor ailment service.

Throughout the document, there is text in square brackets [ ], intended to highlight points that commissioners will need to make a decision on, as to the option most suitable for their locally commissioned service.

Throughout the document, there are also xxx in square brackets [xxx], intended to highlight points that commissioners will need to complete, for example, filling in the dates from when the service will commence and finish.

Commissioners can also pick and choose the elements of the service specification that suit the needs of their local area or the whole service specification can be used.

**Other resources available as part of the Commissioning Toolkit Programme for a Minor Ailment Service**

This draft document, the following draft resources and links to the published documents/webpages are available at: [psnc.org.uk/ctp](http://psnc.org.uk/services-commissioning/commissioning-toolkit-programme/)

* PSNC Briefing – Building a business case for a Minor Ailment Service;
* Commissioning a community pharmacy Minor Ailment Service (business case);
* Implementation guide;
* PGD: Links to useful resources;
* Briefing document for GP practices;
* GP practice briefing document;
* Template letter for GP practices (without PGDs);
* Template letter for GP practices (with PGDs).

Links to the following published documents/webpages are also available:

* PSNC Briefing 043/17: Analysis of Minor Ailment Services in England;
* PSNC Briefing 044/17: Analysis of Minor Ailment Services Data;
* PSNC Assessment of the likely costs of providing a Minor Ailment Service;
* PSNC Essential stats, facts and quotes relating to Minor Ailment Services page; and
* Minor Ailment Service prospectus.

**Minor Ailment Service – Service Specification**

1. **Service description and background**
	1. Many common and minor ailments and injuries frequently presenting in general practice (and more occasionally at A&E, minor injuries units and walk-in centres) can be treated in community pharmacies by providing brief advice and/or medicines classified as general sales list (GSL) or pharmacy-only (P). [Occasionally a patient may require a specific prescription only medicine (POM). Where appropriate, this can be offered by the pharmacist working under a patient group direction (PGD). – Delete this text if PGDs are not part of the service.] Some patients may also benefit from a referral to another healthcare provider or a source of information to support self-care of their condition.
	2. Patients who are eligible for free prescriptions may choose to visit their GP to obtain a prescription for a GSL or P medicine, which they are unable or unwilling to buy.
	3. A locally commissioned Minor Ailment Service (MAS) would allow patients with a defined, non-serious condition or injury to visit the community pharmacy of their choice for advice and/or treatment. [Patients could access the service directly at the pharmacy or be referred or directed by NHS 111, general practice staff or another healthcare professional. In some circumstances, someone may present at the pharmacy on behalf of the patient, e.g. a parent for their child or a carer. – May need to delete elements if not an open referral service].
	4. Patients would be able to obtain specified GSL and P medicines at NHS expense. [They may also be able to access certain POM medicines under an appropriate PGD. - Delete this text if PGDs are not part of the service.] [Patients who are not eligible for free prescriptions would be charged the current NHS prescription charge for each item supplied to them. Alternatively, these patients may choose to purchase the recommended treatment; such a transaction would fall outside the scope of the service. – Delete this text if the service is restricted to patients who are eligible for free prescriptions.]
	5. The service will start on [xx xxx 20xx] and will run until [xx xxx 20xx].
	6. Provision of this service will allow all [patients / patients who live within xxx CCG / the xxx local NHS England team area – delete as appropriate] increased access and choice for the treatment of minor ailments.
	7. This service will operate as a [locally commissioned service / Enhanced Service (if NHS England is the commissioner, the service will operate as an Enhanced Service) – delete as appropriate].
2. **Service aims and Key Performance Indicators**
	1. The aims of this service are to:
* improve timely access and choice to provision of consultations, advice and medicines for the management of minor ailments;
* influence patient behaviour, helping them make more appropriate use of community pharmacy care and other healthcare resources;
* promote self-care through community pharmacy;
* positively impact on GP practice workload and costs;
* achieve excellent patient outcomes;
* complement, rather than compete with, existing services;
* provide value for money for the public purse;
* encourage better use of pharmacists' skills and the skills of pharmacy staff and provide fair rewards for high quality services;
* be professionally rewarding for pharmacists and pharmacy staff; and
* achieve the above aims with minimal bureaucracy.

2.2 The key performance indicators (KPIs) are: [add commissioner specific KPIs]

1. **Service outline**
	1. The pharmacy contractor will offer eligible patients the opportunity of a MAS consultation. The consultation will be carried out by an [appropriately trained member of the pharmacy team / pharmacist – delete if appropriate]. [If the patient requires a POM that can be supplied via a PGD then the consultation must be provided by a pharmacist. – Delete this text if PGDs are not part of the service.]
	2. This will be a [locally commissioned service / Enhanced Service – if NHS England is the commissioner, the service will operate as an Enhanced Service – delete as appropriate] with a requirement that participating pharmacies will need to have a consultation room (that meets the requirements expected for the provision of Medicines Use Reviews).
	3. The pharmacy contractor must have a standard operating procedure (SOP) in place for this service.
	4. The service can be accessed by the following means: [delete as appropriate if access is restricted
* local access - any patient registered with a GP practice within the xxx CCG;
* referral - referral from another health care professional;
* self-referral - eligible patients presenting at a participating community pharmacy.]
	1. Each patient must complete a consent form (see Annex 1). The consent covers the sharing of information with the patient’s GP and [CCG / NHS England – delete as appropriate] for post-payment verification and evaluation of the care provided.
	2. The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and post payment verification. Section 8 details the required records that must be kept as part of provision of the service.
	3. All relevant paperwork must be managed in line with ‘Records Management Code of Practice for Health and Social Care’[[1]](#footnote-1).
1. **Consultation**
	1. Patients will be offered a consultation with [an appropriately trained member of the pharmacy team or the pharmacist (if a patient is requesting a POM under PGD then the consultation must be with the pharmacist) – delete as appropriate if restrictions apply]. This should be in the consultation room unless the patient requests otherwise. Another person, such as a carer, may be present if the patient consents to this.
	2. The [pharmacist or appropriately trained member of the pharmacy team – delete as appropriate if restrictions apply] will assess the patient to see if their minor ailment is treatable under the service (see Annex 2) and consider the most appropriate course(s) of action. This may simply be the provision of advice, including referring the patient to sources of information to support self-care of a minor illness. Advice provided may also cover relevant healthy lifestyle advice.
	3. Where necessary, patients should be referred to their GP practice or other healthcare professional. Pharmacy contractors and GP practices may wish to agree locally the circumstances when and the procedure by which a patient considered by the pharmacist to urgently require a GP consultation can be referred.
2. **Formulary**
	1. When the [pharmacist or appropriately trained member of the pharmacy team – delete as appropriate if restrictions apply] decides that the most appropriate action is to treat the patient’s condition, they will decide on the course of treatment they wish to recommend for the patient. Most of the conditions covered by the service can be managed with a GSL or P medicine.
	2. The formulary available to the [pharmacist or appropriately trained member of the pharmacy team – delete as appropriate if restrictions apply] [includes all P and GSL medicines that are not Blacklisted/can be found in Annex 3 – delete as appropriate].
	3. [In a small number of cases, the patient may require a specific POM. In such cases, the pharmacist may be able to supply the medicine under a PGD (if the medicine cannot be supplied under a PGD the patient will need to be referred to their GP). Where a POM is indicated, the service must be provided by a pharmacist. A list of POMs which are included in the service formulary can be found in Annex 3 and may be supplied via PGDs for the service – delete if PGDs are not included in the formulary].
	4. The selection of medicines to be recommended should be undertaken in line with good prescribing practice. Items listed in the BNF as being of limited clinical value should not be routinely offered. The pharmacist can use their professional judgement as to when such an item may be supplied under this service but should note their reason for doing so. [Delete text if there is a limited formulary for the service rather than all P and GSL medicines that are not Blacklisted].
	5. The pharmacy must have a system to check the person’s eligibility for exemption from prescription charges as they must collect charges equivalent to the NHS prescription charge where appropriate.
	6. [The scheme is available for treatment of the agreed list of minor ailments/ all P and GSL medicines that are not Blacklisted – delete as appropriate]. All products are to be used strictly within their GSL or P medicine product licence.
3. **Training and premises requirements**
	1. To provide the service, pharmacies must have a consultation room.
	2. The consultation room must comply with the minimum requirements set out below:
* the consultation room must be clearly designated as an area for confidential consultations; it must be distinct from the general public areas of the pharmacy premises; and
* it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).
	1. Patients mustbe offered the option of the consultation taking place in the consultation room.
	2. Prior to provision of the service, the pharmacy contractor must have signed up to service delivery via [PharmOutcomes/other web-based platform/the notification form found in Annex 4 – delete as appropriate]. This must be done prior to provision of the service.
	3. The pharmacy contractor has a duty to ensure that [pharmacists and appropriately trained members of staff – delete as appropriate if restrictions apply] involved in the provision of the service are competent to do so. [Pharmacists and appropriately trained members of staff – delete as appropriate if restrictions apply] should demonstrate to the pharmacy contractor that they have the necessary knowledge and skills to provide the service. [Pharmacists who are supplying POMs under PGD as part of the service should complete the Minor Ailments Declaration of Competence (DoC)[[2]](#footnote-2). Signing the DoC whilst not meeting the competencies may constitute or be treated as a fitness to practise issue. The pharmacy contractor must keep on the pharmacy premises, copies of each DoC completed by pharmacists that they employ/engage to deliver the service. A pharmacist’s DoC should be renewed every three years. – delete text if a PGD service is not included in the MAS].
	4. If the pharmacy contractor ceases to provide this [locally commissioned service/Enhanced Service – delete as appropriate], they must notify xxx CCG/NHS England local team] that they are no longer providing the service via [PharmOutcomes/other web-based platform/the Withdrawal from Service Form (see Annex 6) as soon as possible and within [xxx] weeks of ceasing service provision.
1. **Service availability**
	1. The pharmacy contractor should seek to ensure that the service is available throughout the pharmacy’s contracted opening hours. The pharmacy contractor should ensure that locums or relief pharmacists are adequately trained, to ensure continuity of service provision across the opening hours of the pharmacy.
	2. The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.
2. **Data collection and reporting requirements**
	1. Consultations with patients and, where treatment is deemed necessary, the supply of medicines will be recorded on [PharmOutcomes/other web-based platform/a minor ailments record form (see Annex 1) – delete as appropriate]. This will be used to claim payment for the consultation and the supply of medicines [delete if not appropriate to the method being used].
	2. The following details must be recorded:
* Date of consultation;
* Patient name, address, sex, DOB and NHS number (if known);
* Condition being treated;
* Medicine supplied (if any);
* Exemption status of patient / NHS charge paid;
* Onward referral (if any);
* Patient referral to service from: self-referral; pharmacy staff; NHS 111/GP OOH; GP practice; Urgent care centre; and
* Patient’s alternative pathway choice (If you hadn’t received advice on your condition and a medicine to treat it from the pharmacy, what would you have done?): Nothing; Contact GP practice; Contact NHS 111/out of hours GP service; Visit urgent care centre (such as hospital Emergency department or walk-in centre).
	1. Where appropriate, relevant details of the consultation and any medicine supplied will also be made in the Patient Medication Record.
	2. [Where a POM has been supplied, a notification will be sent to the patient’s GP practice detailing the consultation and any medicine supplied. The patient’s consent for this sharing of information must be obtained. A template GP notification form can be found in Annex 5. – delete text if a PGD service is not included in the MAS].
1. **Monitoring**
	1. Pharmacy contractors should use [the Record and Consent Form (see Annex 1)/PharmOutcomes/other web-based platform – delete as appropriate] to collect the information required for the service].
	2. Consent forms should be retained for [xxxx].
	3. Where consent forms are scanned into either a patient’s notes or into a third-party data transfer software solution, care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original.
	4. The information contained in the Record and Consent Form (see Annex 1) may be shared on request with the [CCG / NHS England – delete as appropriate] for post payment verification and evaluation of the service.
2. **Payment arrangements**
	1. The pharmacy contractor must complete the Minor Ailment Service – Claim Form (see Annex 7) and submit this to [xxx] every month to claim payment for this service/payment section on PharmOutcomes].
	2. The pharmacy contractor will be remunerated for each consultation, even if a medicine is not supplied.
	3. When multiple medicines are supplied at one consultation, one Record and Consent Form (Annex 1) should be completed and one consultation fee should be claimed.
	4. Payment will be £[xxx] per consultation.
	5. The pharmacy contractor will also be reimbursed for the cost of the medicine supplied plus VAT.
	6. Prescription charges collected as part of the service will be deducted from the total reimbursement paid to the pharmacy contractor.
	7. The pharmacy contractor will not be reimbursed or remunerated, under this service, for [medicines supplied to patients outside of the formulary set out in Annex 3/ P or GSL medicines that are Blacklisted – delete as appropriate].

**Annex 1: Minor Ailment Service – Record and Consent Form**

\* indicates sections that must be completed

|  |
| --- |
| **Patient’s details** |
| First name\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode |   |  |  |  |  |  |  |  |  |
| Gender  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth\* |  |  |  |  |  |  | NHS Number |  |  |  |  |  |  |  |  |  |  |  |  |
| GP practice\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |
| --- |
| **Consultation** |
| Date of consultation |  |  |  |  |  |  |  |
| Presenting condition: [This section could be pre-populated with the indications that are included in the service or it could be left blank for the pharmacist/appropriately trained member of staff to complete] |
|  |
| Medicine supplied? | [ ]  Yes | [ ]  No |
|  If yes, name of medicine supplied [from the formulary – delete if a formulary is not being used] | Quantity |
|  |  |
|  |  |
|  |  |
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**CONFIDENTIAL**

|  |
| --- |
| **Patient consent** |
| 1. I agree to have a consultation with [a member of the pharmacy team / the pharmacist] so they can make an assessment under the Minor Ailments Service.
2. I declare that the information I have given on this form is correct and complete.
3. I consent to the disclosure of relevant information, where appropriate, from this form to:
* my GP practice to help them provide care to me; and
* [CCG / NHS England] the purposes of checking payments to the pharmacy, to allow them to make sure the service is being provided properly and to assess how effective the service is.

  |
| **Patient declaration** |
| Patients who do not pay for their prescriptions must fill in parts 1 and 3.Patients who pay for their prescriptions must fill in parts 2 and 3. |
| **Part 1: The patient does not have to pay because he/she:** |
| [ ]  Is under 16 years of age | [ ]  Has a valid war pension exemption certificate  |
| [ ]  Is 16, 17 or 18 and in full time education  | [ ]  Gets income support  |
| [ ]  Is 60 years of age or over  | [ ]  Is named on a current HC2 charges certificate  |
| [ ]  Has a valid maternity exemption certificate  | [ ]  Gets income based job seekers allowance  |
| [ ]  Has a valid medical exemption certificate  | [ ]  Is entitled to, or named on a valid NHS tax credit exemption certificate  |
| [ ]  Has a valid prescription prepayment certificate  |  |
| **Part 2: The patient pays for prescription items** |
| I have paid £ ……………… in prescription charges for ……………. medicines (number of medicines supplied) |
| **Part 3: Patient signature** |
| Signature |  | Date |  |

**CONFIDENTIAL**

**Annex 2: Minor Ailment Service – Indications Treatable Under the Service**

[Commissioners will need to decide which indications can be treated under the Minor Ailment Service and add them to this annex.]

When looking at which minor ailments should be included in the service, it is worth considering that ten ailments have been found to account for three quarters of all minor ailment consultations and three quarters of all minor ailment costs to NHS budgets.[[3]](#footnote-3)

The top ten minor ailments by number of GP consultations identified by IMS Health in 2006/7 were:

|  |  |
| --- | --- |
| **Indication** | **Annual Consultations (millions)** |
| Back pain | 8.4 |
| Dermatitis | 6.8 |
| Heartburn and indigestion | 6.8 |
| Nasal congestion | 5.3 |
| Constipation | 4.3 |
| Migraine | 2.7 |
| Cough | 2.6 |
| Acne | 2.4 |
| Sprains and strains | 2.2 |
| Headache | 1.8 |

An analysis of Minor Ailment Services across England has also recently been carried out and below is a list of indications included in services, which commissioners can choose to use when deciding which indications to include in the service.[[4]](#footnote-4)

|  |  |
| --- | --- |
| **Indication** | **Number of services that include this indication** |
| Hay fever & allergic rhinitis | 69 |
| Vaginal thrush  | 68 |
| Threadworms | 64 |
| Sore throat | 63 |
| Temperature/fever | 61 |
| Constipation | 59 |
| Eye conditions (dry eyes, conjunctivitis, stye) | 58 |
| Headlice | 57 |
| Athlete's foot | 56 |
| Dyspepsia (indigestion, reflux, stomach ache) | 56 |
| Diarrhoea | 52 |
| Earache | 51 |
| Insect bites & stings | 49 |
| Teething | 49 |
| Cold sores | 47 |
| Cough | 47 |
| Skin (dermatitis/eczema/pruritus/skin allergy) | 47 |
| Nappy rash | 46 |
| Mouth ulcers | 42 |
| Cystitis | 41 |
| Headache | 41 |
| Nasal congestion  | 40 |
| Haemorrhoids | 38 |
| Warts & verrucae | 37 |
| Cold/flu symptoms | 36 |
| Sprain, strain & muscle pain | 30 |
| Oral thrush (babies and adults) | 29 |
| Pain | 28 |
| Ear wax | 23 |
| Scabies | 21 |
| Toothache | 16 |
| Acne | 14 |
| Chickenpox | 12 |
| Colic | 12 |
| Penile thrush | 12 |
| Period pain | 11 |
| Soft tissue injury | 11 |
| Impetigo | 10 |
| Vomiting | 10 |
| Fungal & yeast infections | 9 |
| UTI | 9 |
| Migraine | 8 |
| URT viral infection | 8 |
| Ear infection | 7 |
| Ringworm | 7 |
| Burns, scalds or cuts (minor) | 6 |
| Dandruff | 5 |
| Fever after childhood immunisation | 5 |
| Sunburn | 3 |
| Travel sickness | 3 |
| Allergic rhinitis | 2 |
| Mouth care | 2 |
| Scalp disorders | 2 |
| Thrush in breastfeeding women | 2 |
| Crab lice | 1 |
| Dry skin | 1 |
| Gingivastomatitis | 1 |
| Gout | 1 |
| Gum swelling | 1 |
| Minor injuries | 1 |
| Minor skin lacerations  | 1 |
| Pregnancy vitamins (folic acid) | 1 |
| Psoriasis | 1 |
| Sinusitis | 1 |

**Annex 3: Minor Ailment Service – Formulary**

[Commissioners will need to decide which GSL or P medicines can be supplied under the Minor Ailment Service or whether they will allow pharmacists or appropriately trained members of the pharmacy team to supply all P and GSL medicines that are not Blacklisted.]

If the decision is made to create a formulary, this can be added here.

**Medicines that can be supplied under PGD**

[If commissioners wish to include PGDs in the Minor Ailment Service a decision will need to be made on which medicines to include. Below is a list of PGDs which is taken from *PSNC Briefing 043/17: Analysis of Minor Ailments Services in England*6. The list shows the most popular PGDs included in Services across England].

The following medicines can be supplied by a pharmacist under PGD:

|  |  |
| --- | --- |
| **Medicine included in PGD** | **Number of times included in a PGD** |
| Nystatin 100,000u/ml oral suspension | 9 |
| Trimethoprim 200mg tablets | 9 |
| Chloramphenicol 0.5% eye drops | 8 |
| Fusidic acid 1% eye drops  | 6 |
| Chloramphenicol 1% eye ointment | 5 |
| Beclometasone 50mcg nasal spray | 3 |
| Fusidic acid 2% cream | 3 |
| Fusidic acid 2% ointment | 3 |
| Timodine cream | 3 |
| Sumatriptan 50mg tablets | 2 |
| Adapalene 0.1% benzoyl peroxide 2.5% gel | 1 |
| Adapalene acne 0.1% cream | 1 |
| Adapalene acne 0.1% gel | 1 |
| Azelaic acid 15% gel | 1 |
| Azelaic acid 20% cream | 1 |
| Canesten HC cream | 1 |
| Clarithromycin 125mg/5ml | 1 |
| Clarithromycin 250mg tablets | 1 |
| Clarithromycin 250mg/5ml | 1 |
| Clarithromycin 500mg tablets | 1 |
| Colchicine 500mcg tablets | 1 |
| Flucloxacillin 125mg/5ml  | 1 |
| Flucloxacillin 250mg capsules | 1 |
| Flucloxacillin 250mg/5ml  | 1 |
| Flucloxacillin 500mg capsules | 1 |
| Lansoprazole 30mg capsules | 1 |
| Miconazole 2% cream | 1 |
| Naproxen 250mg tablets | 1 |
| Nitrofurantoin 100mg S/R capsules | 1 |
| Nitrofurantoin 25mg/5ml suspension | 1 |
| Nitrofurantoin 50mg | 1 |
| Omeprazole 10mg capsules | 1 |
| Omeprazole 20mg capsules | 1 |
| Retapamulin 1% ointment | 1 |
| Trimethoprim 100mg tablets | 1 |
| Trimethoprim 50mg/5ml suspension | 1 |

NHS England has also created a [Consolidated Channel Shift Model](https://www.england.nhs.uk/euc-channel-shift/) to help commissioners and providers to understand shift activity and what happens when interventions are put in place. The model includes the use of a Minor Ailment Service via PGD which is based on a scheme in Devon, where PGDs were in place to treat bacterial conjunctivitis, impetigo, nappy rash, uncomplicated urinary tract infections and oral candidiasis. This may be useful for commissioners to view to demonstrate how the use of a PGD service in community pharmacy can free up GP appointments and provides examples of conditions which could be treatable in a community pharmacy under PGD.

**Annex 4 – Minor Ailment Service – Service Sign Up Form**

A completed copy of this form should be submitted by the pharmacy contractor to [xxx CCG / xxx NHS England local team – delete as appropriate] prior to provision of the minor ailment service. [xxx CCG / xxx / NHS England local team] do not need to acknowledge receipt of the form prior to the pharmacy commencing provision of the service.

|  |
| --- |
| **Pharmacy details** |
| Name of pharmacy contractor: |  |
| ODS code (F code): |  |
| Pharmacy address: |  |
| Address for correspondence (if different from above): |  |
| **Eligibility to provide the service** |
| **1.** | I / we confirm that the pharmacy is complying with the Terms of Service relating to the provision of Essential Services, and has an acceptable system of clinical governance. |
| **2.** | I / we confirm that the pharmacy premises contain a consultation area which meets the following requirements:1. The consultation area is clearly designated as an area for confidential consultations;
2. The consultation area is distinct from the general public areas of the pharmacy; and
3. The consultation area is an area where both the patient and pharmacist can sit down together and are able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties.
 |
| **3.** | I/ we confirm that all [pharmacists intending to provide the service have completed the Minor Ailment Declaration of Competence and that members of the pharmacy team are appropriately trained to offer the service/pharmacists/members of staff (delete as appropriate if restrictions apply) are appropriately trained to offer the service. |
| **Pharmacy contractor’s declaration** |
| **4.** | I / we undertake to provide the Minor Ailment Service from the above premises from:………………………………………………………… (date of service commencement) |
| Signed: |  | Date:  |  |
| Contact name for queries relating to this form: |  | Telephone number:  |  |

The form should be [sent/emailed] to: [xxxx]

**Annex 5: Minor Ailment Service – GP Notification Form**

|  |  |
| --- | --- |
| To (GP practice name): |  |

|  |  |
| --- | --- |
| **Patient name:** |  |
| **Address:** |  |
| **Patient DOB:** |  | **NHS number:**(where known): |  |
| This patient was supplied with the following medicine(s) under the Minor Ailment Service:  |
| **Prescription only medicine supplied**  | **Minor ailment which medicine is being taken/used to treat** | **Quantity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| at this pharmacy on / /  |
| Additional comments: |

|  |  |
| --- | --- |
| PharmacyName:  |    |
| Address: |  |
|  Telephone: |  |

**Annex 6: Minor Ailment Service – Withdrawal from Service Form**

A completed copy of this form should be submitted by the pharmacy contractor to [xxx CCG / NHS England local team] as soon as possible and within [xxx] weeks of withdrawing from the Minor Ailment Service. [xxx CCG / NHS England local team] do not need to acknowledge receipt of the form.

|  |
| --- |
| **Pharmacy details** |
| Name of pharmacy contractor: |  |
| ODS code (F code): |  |
| Pharmacy address: |  |
| Address for correspondence (if different from above): |  |
| **Withdrawal from provision of the service** |
| **1.** | I / we confirm that the pharmacy will no longer be providing the Minor Ailment Service. |
| **Pharmacy contractor’s declaration** |
| **2.** | I / we undertake to stop providing the Minor Ailment Service from the above premises from:………………………………………………………… (date) |
| Signed: |  | Date:  |  |
| Contact name for queries relating to this form: |  | Telephone Number:  |  |

The form should be [sent/emailed] to: [xxxx]

**Annex 7: Minor Ailment Service – Claim Form**

You must register with [xxx CCG / NHS England local team] before you start to provide this service.

|  |
| --- |
| **Pharmacy details** |
| Name of pharmacy contractor: |  |
| ODS code (F code): |  |
| Pharmacy address: |  |
| Address for correspondence (if different from above): |  |
| Contact telephone number: |  |

Declaration: I am claiming payment in accordance with the terms of the Minor Ailment Service, as set out in the service specification.

I confirm that the pharmacy named above has registered with [xxx CCG / NHS England local team as a provider of the service and understand that this payment claim may not be approved if the pharmacy has not been registered. I declare that the information on the form is correct and complete and I understand that if it is not, further action may be taken.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Signature: |  | On behalf of: |  |

|  |  |
| --- | --- |
| Service provided (month/year): |  |
| Total number of consultations provided during above month which the pharmacy is claiming payment for ([including those/this does not include those: – delete as appropriate) where a supply was not made. |  |
| Number of prescription charges collected from patients using the service: |  |

**Products supplied**

[If a formulary is being used the product name section could be pre-populated with the medicines included in the formulary so these are displayed in alphabetical order, which may assist processing. If there is not a formulary, the table can be left blank for the pharmacy contractor to complete].

|  |  |  |
| --- | --- | --- |
| Product name | Pack size | Total number of packs provided during above month |
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The form should be [sent/emailed] to: xxxx

1. https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care [↑](#footnote-ref-1)
2. The Declaration of Competence is available on the CPPE website: [www.cppe.ac.uk/doc](http://www.cppe.ac.uk/doc) [↑](#footnote-ref-2)
3. [PAGB/PSNC: Joint submission to the Pharmacy White Paper (December 2007)](http://psnc.org.uk/wp-content/uploads/2013/07/PAGB_and_PSNC_paper_on_minor_ailments.pdf) [↑](#footnote-ref-3)
4. [PSNC Briefing 043/17: Analysis of Minor Ailments Services in England (July 2017)](http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-04317-analysis-of-minor-ailments-services-in-england-july-2017/) [↑](#footnote-ref-4)