

<b>Service Specification No.</b>	<b>No. MAS3</b>
<b>Service</b>	<b>Locally Commissioned service for Community Pharmacy Minor Ailment Scheme</b>
<b>Commissioner Lead</b>	<b>Andrew Abbot Director of Primary Care</b>
<b>Provider Lead</b>	
<b>Period</b>	<b>1<sup>st</sup> July 2016 to 30<sup>th</sup> June 2019</b>
<b>Date of Review</b>	<b>31<sup>st</sup> March 2019</b>

<b>1. Population Needs</b>		
<b>1.1 National/local context and evidence base</b>		
<p>This minor ailment scheme will enable locally accredited community pharmacists to supply prescription-only-medicines (POMs) for the treatment of a number of common conditions; bacterial conjunctivitis, impetigo, uncomplicated urinary tract infections in women, oral thrush and nappy rash, utilising patient group directions (PGDs).</p>		
<b>2. Outcomes</b>		
<b>2.1 <u>NHS Outcomes Framework Domains and Indicators.</u></b>		
<b>Domain 1</b>	Preventing People from dying prematurely <input type="checkbox"/> Potential Years of Life Lost from causes amenable to healthcare <input type="checkbox"/> Reducing premature mortality from the major causes of death <input type="checkbox"/> Reducing premature death in people with serious mental illness <input type="checkbox"/> Reducing deaths in babies and young children <input type="checkbox"/> Reducing premature death in people with a learning disability	
<b>Domain 2</b>	Enhancing quality of life for people with long-term conditions <input type="checkbox"/> Health related quality of life for people with long term conditions <input type="checkbox"/> Ensuring people feel supported to manage their condition <input type="checkbox"/> Improving functional ability in people with long-term conditions <input type="checkbox"/> Reducing time spent in hospital by people with long term conditions <input type="checkbox"/> Enhancing quality of life for people with mental illness <input type="checkbox"/> Enhancing quality of life for people with dementia	✓
<b>Domain 3</b>	Helping people to recover from episodes of ill health or following injury <input type="checkbox"/> Emergency admissions for acute conditions that should not usually require hospital admission <input type="checkbox"/> Emergency readmissions within 30 days of discharge from hospital <input type="checkbox"/> Improving outcomes from planned treatments <input type="checkbox"/> Preventing lower respiratory tract infections in children from becoming serious <input type="checkbox"/> Improving recovery from injuries and trauma <input type="checkbox"/> Improving recovery from stroke <input type="checkbox"/> Improving recovery from fragility fractures <input type="checkbox"/> Helping older people recover their independence after illness or injury	✓

<p><b>Domain 4</b></p>	<p>Ensuring people have a positive experience of care <input type="checkbox"/> Patient Experience of Primary Care (GP services/GP Out of Hours/NHS Dental Services <input type="checkbox"/> Patient Experience of Hospital Care <input type="checkbox"/> Friends and Family Test <input type="checkbox"/> Improving people's experience of out-patient care <input type="checkbox"/> Improving hospitals' responsiveness to personal needs <input type="checkbox"/> Improving access to primary care services <input type="checkbox"/> Improving women and families experience of maternity services <input type="checkbox"/> Improving the experience of care of people at the end of their lives <input type="checkbox"/> Improving experience of healthcare for people with mental illness <input type="checkbox"/> Improving children and young people's experience of healthcare <input type="checkbox"/> Improving people's experience of integrated care</p>	
<p><b>Domain 5</b></p>	<p>Treating and caring for people in safe environment and protecting them from avoidable harm <input type="checkbox"/> Patient Safety Incidents Reported (safety incidents involving severe harm or death/hospital deaths attributable to problems in care) <input type="checkbox"/> Reducing the incidence of avoidable harm <input type="checkbox"/> Improving the safety of maternity services <input type="checkbox"/> Delivering safe care to children in acute settings</p>	

## 2.2 Local defined outcomes

The pharmacy will provide treatment for minor ailments to patients without the need for an FP10 when in the framework of a PGD

## 3. Scope

### 3.1 Aims and objectives of service

- To improve access and choice for people with minor ailments by promoting self-care through the community pharmacy, including provision of advice and where appropriate the supply of medicines under PGD without the need to visit the GP practice.
- To operate a referral system from local medical practices or other primary care providers.
- To improve primary care capacity by reducing GP practice workload related to minor ailments

### 3.2 Service description/care pathway



***The PGDs are updated regularly please ensure the latest version is adhered to.***

- The provision of a minor ailment scheme utilising patient group directions (PGDs) to enable accredited community pharmacists to supply prescription-only-medicines (POMs) for the treatment of a number of common conditions:
- PGD 01 Chloramphenicol 0.5% eye drops for bacterial conjunctivitis (1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2019)
- PGD 02 Fusidic acid 2% cream for impetigo (1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2019)
- PGD 03 Timodine cream for nappy rash (1<sup>st</sup> April 2017– 31<sup>st</sup> March 2019)

- PGD 04 Nitrofurantoin modified release capsules for uncomplicated urinary tract infections in women (1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2019)
- PGD 06 Nystatin suspension for oral thrush ( 1<sup>st</sup> April 2017-31<sup>st</sup> March 2019)
- The pharmacist will:
  - (a) Interview the patient (or, in the case of children, the patient's representative/parent) to identify the condition and appropriate treatment. The patient must be present in the pharmacy.
  - (b) Determine whether the patient can be treated under the PGD and whether a supply of medicine can be made
  - (c) Where appropriate, offer the patient (or representative) any specific advice relating to the supply of the POM, and any specific self-care messages.
- The pharmacist will at his/her discretion, make the supply in accordance with the requirements of the specific PGD.
- The pharmacy will maintain a record:
  - (a) of the supply in accordance with the requirements of the PGD
  - (b) of the consultation and any medicine that is supplied in the patient medication record;
  - (c) of the consultation and any medicine that is supplied using the appropriate PGD checklist
- One copy of the record in (c) above will be sent to the patient's general practitioner for information. Patient consent will need to be given for this data sharing.
- A fee equivalent in value to the current NHS prescription charge should be collected unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulations. Where a fee is paid a patient must sign a declaration on the consent form. A prescription refund and receipt form as approved by the Secretary of State must be provided if the patient requests it. Any fees collected from patients will be deducted from the sum payable to the pharmacy.
- If a patient is exempt from paying a fee in accordance with the NHS Charges for Drugs and Appliances Regulations, evidence of entitlement to exemption should be provided by the patient for the pharmacy to check and the patient must make a declaration of entitlement. Where a claim to exemption has been made but is not substantiated, the charge should be recovered from the patient by the commissioner.
- The pharmacy contractor must have a standard operating procedure in place for this service.
- Locally agreed referral pathways should be followed where the pharmacy is not able to make a supply under the PGD. The referral form may be used if necessary.
- As a pharmacy accredited service, the pharmacy contractor has a duty to ensure that pharmacists involved in the provision of the service have provided the relevant paperwork to NHS Kernow.

### **3.3 Population covered**

Any individual determined appropriate by the accredited community pharmacist according to the inclusion criteria set out within each PGD.

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

Refer to PGD

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

Refer to PGD

### 3.6 Days/hours of operation

This service, as with other locally accredited services, should be available at least five days per week at the accredited community pharmacy. Where the pharmacy is open over the weekend or for rota duties the service must be provided during these out of hours' periods. (This includes as per pharmacy regulations extended hour pharmacies.)

<http://www.pharmacyregulation.org/>

### 3.7 Referral criteria and sources and outline of referral processes

Refer to PGD

### 3.8 Discharge processes

Not Applicable

### 3.9 Response time and prioritisation

Refer to PGD

### 3.10 Other items to be added

#### **NHS Kernow will pay the following:**

Professional Fees:

- A professional fee of £9.50 will be paid for each supply of medication made under a PGD.
- Where the pharmacist has reviewed the patient's presenting symptoms, but had to refer them to their GP or other healthcare provider, then the £9.50 fee can be claimed even if a medicine has not been provided.

Admin Fees:

- A £9.50 monthly administration fee is also claimable to cover printing costs etc. if drug dispensing activity has taken place that month.
- This monthly Admin fee is not applicable if only Multistix GP test strips have been claimed for.

Cost of Medicines:

- The cost of the medicine supplied (guided by Drug Tariff prices and/or local agreements) plus VAT will be reimbursed by the commissioner.
- The cost of a box of disposable gloves (box of 100) and Multistix GP (25 strips per box), needed for the nitrofurantoin PGD will also be reimbursed.

NB: This service allows a maximum of 1 provision every 2 months for Multistix GP test strips and 1 provision every 4 months for a box of 100 disposable gloves.

Patient Levy:

A fee equivalent in value to the current NHS prescription charge should be collected unless the patient is exempt in accordance with the NHS charges for Drugs and Appliances Regulations. Any fees collected from patients will be deducted from the sum payable to the pharmacy.

Claim and Payment Process:

- It is expected that entries should be made onto PharmOutcomes system whilst with the patient as the system guides the dispensing and claim.
- Claims for Multistix GP test strips and disposable gloves need to be made via PharmOutcomes system.
- All details of dispenses and other claims on the system by the end of the month will be included in the next export of invoices from PharmOutcomes. Where this is not possible the claim should be made within 7 days as information about supplies made will then reach GPs in the appropriate timescales and help prevent duplicate supplies made by another pharmacy – see Schedule 3.

**4. Applicable Service Standards**

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

Support the National Antimicrobial Resistance Standards

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

Standards of conduct, ethics and performance (General Pharmaceutical Council), CKS, also refer to PGD's

**4.3 Applicable local standards**

- The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- Where required, the pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken relevant continuing professional development (CPD) and are competent to provide the service.
- The pharmacy participates in any appropriate NHS Kernow-led audit of service provision.
- The pharmacy co-operates with any appropriate NHS Kernow-led assessment of service user experience.

**5. Applicable quality requirements and CQUIN goals**

**5.1 Applicable quality requirements (See Schedule 4 Parts A-D) or Schedule 6 of APMS**

<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>
<b>Provision of service by accredited pharmacist</b>		<b>MET</b>	<b>Receipt of signing sheet- Review of claims</b>	<b>Non Payment – see Schedule 3</b>

**5.2 Applicable CQUIN goals (See Schedule 4 Part E) if appropriate**

**6. Location of Provider Premises**

**The Provider's Premises are located at:**

All Community Pharmacies in Cornwall and IOS.

**7. Individual Service User Placement**

Version: 1.0

Agreed by Commissioner and date: Georgina Praed 08/05/2017

Agreed by Provider and date: