

Wigan Minor Ailments Scheme (MAS): Guidance for community pharmacies



This guidance aims to help community pharmacies in Wigan deliver the local Minor Ailments Scheme (MAS). It includes examples of good practice and explains why it is important to follow the correct processes when delivering the service and recording activity. The guidance is based on the results of clinical audit visits to pharmacies delivering the service.

Related documents: [NHS Contract Minor Ailment Scheme Service Specification March 2019.pdf](#)

Activity	What's required & examples of good practice	Why this matters: potential risks
Pharmacist Declarations of Competence (DoC)	<ul style="list-style-type: none"> • Make sure that all pharmacists and locums delivering MAS have provided a DoC which should be reassessed and updated at least every 3 years. (Enable CPPE Viewer or the CPPE DoC website to support this) • Keep these DoCs on file in the pharmacy 	<ul style="list-style-type: none"> • Confusion about whether a pharmacist can provide MAS may mean patients miss out on the service
Staff awareness of service & products in the MAS formulary	<ul style="list-style-type: none"> • Make sure that all staff have read the service specification and know MAS inclusion/exclusion criteria • Make sure that staff know what products can be provided under MAS & check they are in stock in the pharmacy • Staff also need to be trained in how to supply these items (including circumstances under which they can be provided) in line with the MAS service specification 	<ul style="list-style-type: none"> • Patients could be at risk of harm if staff don't follow the correct protocols for supplying items (e.g. inappropriate repeat supply) • Pharmacies could find themselves unable to evidence that staff have received appropriate training and had been made aware of protocols

	<ul style="list-style-type: none"> • Pharmacies should keep a record of all staff training on MAS and/or OTC products • It's good practice to make sure that staff sign and date any pharmacy protocols covering the supply of these items 	
Checks before supply	<ul style="list-style-type: none"> • Pharmacy staff must complete the required checks before supply, including making sure the product is appropriate and has not already been recently supplied under MAS • Staff also need to check patients' previous supplies and re-check for any 'red flag' symptoms • Submit MAS claims promptly so it's easier for pharmacists to check recent supplies on the system and minimise the risk of inappropriate repeats • Make sure that staff are trained in conversations about why supply would not be appropriate. It's important that staff feel comfortable explaining this to patients and offering more appropriate advice (e.g. see GP if symptoms persist) 	<ul style="list-style-type: none"> • Patients could be put at harm by inappropriate supplies, including inappropriate repeat supplies. The audit found cases of repeat supplies of analgesics, antihistamines, indigestion remedies and pseudoephedrine to people re-presenting within a few days to the same pharmacists • Potentially serious underlying conditions could be missed if pharmacies make duplicate/repeat supplies (knowingly or unknowingly) that are not in line with the MAS service specification and clinical guidance
Being well prepared & organised	<ul style="list-style-type: none"> • Keep a MAS file with everything that staff need to deliver the service, including all relevant documents. Make sure it's somewhere that staff can refer to quickly & easily 	<ul style="list-style-type: none"> • It could also cause delays in the pharmacy while staff try to access information • Staff may make mistakes (e.g. inappropriate advice/supply or inappropriate refusal of MAS) if they can't find information or feel too busy to look
SOPs & working systems	<ul style="list-style-type: none"> • The pharmacy is responsible for the safe, secure and effective supply of medicine. That means having a robust SOP on site, ensuring staff training is up to date and documented, and 	<ul style="list-style-type: none"> • Inappropriate advice or supply could potentially cause patient harm, including failure to identify serious underlying health conditions

	<p>having systems in place to avoid potentially inappropriate repeat supplies or patient misuse of the service</p> <ul style="list-style-type: none"> • The SOP needs to include your record-keeping & data security processes (see below) 	
Documentation, record-keeping & data security	<ul style="list-style-type: none"> • Consultation forms contain Person Identifiable Data (PID) and must be stored appropriately in a locked cabinet away from the public & filed in an orderly manner so staff can easily find a patient’s form if required • Consultation forms must be kept for four years. They need to be available for inspection, if required • All details must be completed, including patient details & demographics (including date of birth), consultation date, condition(s) treated, any product(s) supplied, and exemption/charge status. Make sure you record information that demonstrates why supply was appropriate and in line with the MAS service specification • Keep a log when forms are destroyed • Make sure your pharmacy’s SOP includes your processes for the storage, retention and destruction of Person Identifiable Data such as MAS consultation forms 	<ul style="list-style-type: none"> • Pharmacies risk a serious data breach if consultation forms are not stored securely. Forms must never be kept in unsecure places e.g. cardboard boxes • The pharmacy may not be able to evidence why supply was appropriate, if full details are not recorded. This could result in claims for payment being denied. • If an incorrect date of birth is recorded it may suggest inappropriate treatment outside of the age range within a treatment protocol • Missing details could make it very difficult to match forms to the correct patient at a later date. Forms could be matched to the wrong patient leading to inappropriate care/advice
Claiming payment	<ul style="list-style-type: none"> • Submit claims as soon as possible (or even at the time of the consultation) so that pharmacists can check on the system to see if the patient has recently presented for treatment of the same condition. This guards against inappropriate repeat 	<ul style="list-style-type: none"> • There may be issues around payment if pharmacies don’t submit claims in a timely manner and can’t evidence treatment was appropriate and in line with MAS

	<p>supplies. (That's much harder if MAS claims aren't submitted promptly)</p> <ul style="list-style-type: none">• Segregate claimed-for forms to avoid submitting them again• Consider producing 'drugs reports' that you can cross-reference against MAS claims. This will help you avoid duplicate claims and match your monthly invoices against MAS consultation forms	<ul style="list-style-type: none">• Duplicate claims cost pharmacies and commissioners valuable time & unnecessary bureaucracy. (Over-payments will be recouped)
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