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| **Service Specification No.** | **001** |
| **Service** | **Pharmacy First – Minor Ailments Service** |
| **Commissioner Lead** | **Tracy Savage**Locality Director and Head of Primary Care and Medicines Optimisation |
| **Provider Lead** |  |
| **Period** | 1 April 2020 – 31 March 2022 |
| **Date of Review** | Annually (or as determined by the Commissioner) |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**

The Community Pharmacy First minor ailments service is designed to provide timely access to a pharmacist or pharmacy technician/dispenser working under the supervision of a pharmacist who can give advice on a range of minor ailments and, where necessary, supply medication from the agreed Pharmacy First formulary. It aims to support people in the community who are unable to afford to self-manage minor ailments themselves, and who would otherwise contact the GP for a prescription.The Community Pharmacy First minor ailments service is designed to complement the new NHS England commissioned Community Pharmacy Consultation Service (CPCS). To access this, people ring 111 who direct them to a community pharmacy and a Minor Ailments consultation. NHS England – Wessex pays £14 for the consultation and follow-up. In the first instance, the person is asked to purchase a medicine OTC themselves if appropriate.The IOW CCG commissioned Pharmacy First service will be available if the person genuinely cannot pay for the recommended medicine that is on the Pharmacy First formulary and who would otherwise attend a general practice for a prescription - See inclusion criteria.cid:image001.png@01D5ED78.C53FF860The pharmacy must be willing to accept patients from a variety of referral routes:For people who self-refer, or the GP refers, to the pharmacy - in the first instance the person is asked to purchase the OTC medicine themselves if appropriate. For people who genuinely are unable to pay for the recommended medicine, and who would otherwise attend a GP for a prescription, the IOW CCG will reimburse the cost of a medicine supplied from the Pharmacy First formulary. CPCS referral - If the referral has come via 111 and the CPCS service, the pharmacy will be able to claim an additional £2.00 consultation fee for Pharmacy First (or £10.00 for a PGD) from the IOW CCG. The service provider will provide healthcare advice and self-management support to people regarding minor ailments. This will also include the supply of printed information where appropriate and if necessary, the supply of medicines (free of charge to those exempt from prescription charges) for the treatment of the minor ailment. The Pharmacy First formulary is published on the PharmOutcomes® website. All consultations provided under the Pharmacy First service will be claimed via PharmOutcomes®.The service is available during the pharmacy opening hours. The service can be provided by both pharmacists and pharmacy technicians/dispensers working under the supervision of a pharmacist. People will either self-refer into the service or will be referred by their GP, 111 or the Urgent Treatment Centre (UTC) provider. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**

| **Domain 1** | **Preventing people from dying prematurely** |  |
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| **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*** An increase in people able to self-manage minor ailments by accessing timely advice and cost-effective medicines available from the community pharmacy.
* A reduction in demand for inappropriate appointments in other health care settings: General Practice (GP), 111, Accident and Emergency (A&E).
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| **3. Scope** |
| **3.1 Aims and objectives of service**The service aims to encourage and support people with minor ailments to access health care advice to self-manage minor ailments and medicines without needing a prescription in the community pharmacy. This will release capacity in general practice and reduce inappropriate demand for appointments in General Practice (GP), 111, Accident and Emergency (A&E). The intention is not to convert pharmacy medicine sales to Pharmacy First supplies where people are willing and able to purchase the medicines themselves. People who usually manage their own minor ailments through self-care and purchase of medication should continue to do so.**3.3 Population covered**The service is available for people registered with a UK GP, if purchasing a medicine would be an issue due to the genuine financial barrier of cost and non-supply would generate an inappropriate GP appointment.**3.4 Any acceptance and exclusion criteria and thresholds****3.4.1 Inclusion Criteria*** Registered with a UK GP
* Currently suffering from the minor ailment which is included in the service and agree to sharing details of the consultation with their registered GP. People must consent to sharing their details and the consultation with their registered GP.
* Present in the pharmacy - It is preferred that the person is present in the pharmacy to facilitate a comprehensive consultation. However, where the person is unable to attend the pharmacy, for example people living in residential care, the pharmacist can choose to supply a medicine under “Pharmacy First” as long as they are confident that they have all the necessary information and that supplying is in the person’s best interests. Please remind the care provider that they must document in the person’s daily record or care plan any items supplied under Pharmacy First.
* Provides evidence that of exemption from prescription charges - Only those people exempt from prescription charges due to age, or financial criteria (and this does include prepayment certificates) are eligible to use the “Pharmacy First” service.
* Genuinely unable to buy the recommended medicine themselves OTC.
* Agree to sharing details of the consultation with their registered GP. Patients must consent to sharing their details and the consultation with their registered GP. The consent can be verbal and will be recorded on PharmOutcomes® as part of the consultation process.

The following conditions are included within the Pharmacy First service and formulary products can be used for any of their licensed indications at licensed doses:

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| Allergies - Contact/Hayfever | Haemorrhoids  | Mouth ulcers |
| Cold sores | Headache | Musculoskeletal pain & Soft tissue injury  |
| Conjunctivitis  | Headlice/Scabies/Worms | Paediatric fever/teething/pain |
| Cramps associated with IBS | Impetigo [PGD] | Sore throat / Oral Thursh |
| Earwax  | Indigestion/Constipation/Diarrhoea | Uncomplicated UTI in women [PGD] |
| Fungal Skin Infections | Insect bites and stings | Vaginal thrush |
|  | Minor burns and scalds  | Warts/Verrucae |

**3.4.2 Exclusion Criteria*** Not registered with a UK GP
* People who do not currently have a minor ailment - The service does not allow supply of medicines for future use.
* CPCS referrals – unless genuinely unable to self-care and buy OTC.
* People who need a POM medicine.
* People that pay prescription charges and no pre-payment certificate - Provide self-care advice and sell OTC medicines to help manage the minor ailment.
* People not registered with a UK GP - Offer advice and option to purchase an appropriate medicine for self-management. If a GP appointment is required people can contact a GP/111 as a temporary resident
* People who are frequent users of the service for the same minor ailments

**Pharmacy Consultation** The Pharmacy First consultation may be provided by appropriately trained pharmacists or pharmacy technicians/dispensers working under the direct supervision of the pharmacist. A private consultation room should be available and offered as appropriate.The person’s condition will be assessed using a structured approach (e.g. WWHAM questions) to responding to symptoms. The pharmacy staff will use their professional judgement to determine the most appropriate course of action for the patient.Advice * Provide information on symptoms – when to seek medical advice
* Promote self-care messages

Supply of medication from the Pharmacy First formulary* Supply medication from the formulary (labelling of [P] and [GSL] classified medicine not required)
* Explain how the treatment works including possible side-effects/ cautions and warnings with use

3.5 Referral procedureThe pharmacist/pharmacy technician/dispenser should use their clinical judgement to decide the urgency, route and need for referral as ultimately the pharmacist is professionally accountable for their actions.Pharmacists should not give people the expectation of any specific treatment on referral i.e. provision antibiotics.Referral for a non-urgent GP appointment* The pharmacist determines if a GP appointment is clinically appropriate.
* The person is a frequent user of the service for the same minor ailments (PharmOutcomes® alert)
* The pharmacy advises the person to contact the GP surgery and make an appointment (as per usual care) - Use the “Pharmacy First – Referral by Pharmacy” card and tick the non-urgent box.
* If a person feels that they require a GP appointment, but the pharmacist does not agree, the patient should be directed to contact the GP surgery themselves.
* The pharmacy should not contact the GP surgery to arrange an appointment for the patient.

Referral for an urgent GP appointment* The pharmacist determines if an urgent GP appointment is clinically appropriate.
* The pharmacy staff make an active referral and advise/contact:
	+ the person’s registered general practice, or an island practice if a temporary resident
	+ the 111 service by telephone to triage the patient and arrange an appointment
	+ the UTC walk in centre is located at St Mary’s Hospital
	+ A&E - only if an emergency.

**3.6 Pharmacy First Medicines Formulary** * A range of evidence based medicines to manage the minor ailments specified (medicines without a strong evidence base for proven clinical benefits are excluded from the list)
* Only medicines on the Pharmacy First formulary can be claimed for - People may purchase other medicines themselves
* Medicines can only be supplied when necessary and appropriate to treat the person’s minor ailment.
* Pharmacy staff may supply any brand of a product as long as the active ingredients are the same Payment will be in line with DM&D tariff prices or calculated against the brand highlighted in the formulary.
* The products supplied must be [GSL] OR [P] packs and each product must be supplied with a corresponding Patient Information Leaflet.

| **Formulary\***  |
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| Aciclovir 5% cream (1x2g tube)  | Clotrimazole HC 1% cream 15g | Mebendazole 100mg/5ml (Ovex®) oral suspension (1x30ml) |
| Anusol Plus® HC ointment (1x15g)  | Clotrimazole 500mg pessary/gel caps | Miconazole 2% (Daktarin) cream (1x30g) |
| Anusol Plus® HC suppositories (1x12)  | Hedrin® Dimeticone 4% lotion (1x50ml, contains 1 application) | Miconazole oral gel 20mg/g (Daktarin® oral gel 15g) |
| Beclomethasone nasal spray 50mcg/spray (1x200 dose) | Hedrin® Once Spray Gel (Penetrol) 250ml up to 10 applications | Oral re-hydration therapy (1x12) (ORS®) sachets  |
| Benzydamine 0.15% (Difflam®) spray (1x30ml) | Fluconazole 150mg capsule (x1) | Paracetamol 120mg/5ml suspension (1x100ml)  |
| Buccastem 3mg Tablets (1x8) | Hydrocortisone 1% cream (1x15g) | Paracetamol 250mg/5ml suspension (1x100ml)  |
| Cetirizine 10mg tablets (1x30) | Hyoscine Butylbromide 10mg tablets (Buscopan IBS Relief®) (1x20) | Peptac® suspension (1x500ml) |
| Cetirizine 1mg/ml solution (1x200 ml) | Ibuprofen 100mg/5ml suspension (1x100 ml) | Permethrin Cream 5% 30g |
| Chloramphenicol 0.5% eye drops (1x10ml) (Optrex® [P]) | Ibuprofen 5% gel (1xop)Recommend Fenbid® 100g | Salactac® Gel 8g |
| Chloramphenicol 1% eye ointment (1x4g) (Optrex® [P]) | Lactulose solution (1x500ml) | Saline nasal drops (NaCl) (1x10ml )  |
| Chlorhexidine Gluconate 0.2% mouthwash (1x300ml) | Loperamide 2mg capsules (1x6) | Senna tablets 7.5mg (Sennokot®) tablets (1x20)  |
| Chlorphenamine 2mg/5ml liquid (sugar free) (1x150ml) | Loratadine 10mg tablets (1x30) | Sodium bicarbonate 5% ear drops 10ml  |
| Chlorphenamine 4mg tablets (1x28) | Loratadine 5mg/5ml syrup (1x100ml) | Sodium cromoglicate 2% (Opticrom®) eye drops (1x5ml)  |
| Choline salicylate 8.7% (Bonjela ®) (1x15g) | Mebendazole 100mg (Ovex®) tablet (x1) or x4 | Terbinafine 1% (Lamisil AT®) cream (1x15g) |
| Hydrogen peroxide cream 1% (Crystacide®) 25g | Mebendazole 100mg/5ml suspension (Ovex®) (x30ml = 6 doses) |  |

\*Formulary will be reviewed and updated annually.For the current Pharmacy First Formulary, please refer to the PharmOutcomes® website. The list of medicines is regularly reviewed and may vary over the duration of the contract. Patients are free to purchase any other items themselves.**3.7 Claiming Payment**Consultations need to be recorded on PharmOutcomes® at the time of the consultation for the details to be sent to the GP and for the pharmacy to claim payment. This may be completed by the pharmacist or a pharmacy technician/dispenser. The record on PharmOutcomes® will be the enduring record of the consultation.For people who self-refer, or the GP refers, to the pharmacy for the treatment of a minor ailment, then in the first instance, the person is asked to purchase a medicine themselves OTC if appropriate. For people who genuinely are unable to pay for the recommended medicine, and who would otherwise attend a GP for a prescription, the IOW CCG will reimburse the cost of a medicine supplied from the Pharmacy First formulary. A £4.50 consultation fee can be claimed from the IOW CCG for people who genuinely are unable to pay for the recommended medicine.If the referral has come via 111 and the CPCS service, the pharmacy will already have received a payment of £14.00 and will be able to claim and additional £2.00 consultation fee for Pharmacy First from the IOW CCG. There will be no payment for advice only, as this is business as usual for pharmacy staff, and part of the normal role. If the patient pays for their prescriptions, any medicines supplied will be sold to the patient.Payments will be made to pharmacies quarterly.**3.8 Interdependence with other services/providers**A record of the consultation should be made on PharmOutcomes®, which will automatically email the patient’s GP practice to notify them of the consultation. |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (e.g. NICE)**As applicable to the provision of community pharmacy services.**4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)****Mandatory Centre for Pharmacy Postgraduate Education (CPPE) distance learning:*** CPPE distance learning pack ‘Common clinical conditions and minor ailment: distance learning’ (8hrs)

<https://www.cppe.ac.uk/programmes/l?t=RespMin-P-03&evid=45133>* CPPE learning assessment ‘Minor Ailments; a clinical approach (2020) <https://www.cppe.ac.uk/programmes/l/minor2-a-10>

**CPPE Declaration of competence:*** Minor ailments – this includes Consultation skills, Common Clinical Conditions and Minor Ailments

<https://www.cppe.ac.uk/services/declaration-of-competence#navTop>**4.3 Applicable local standards**Pharmacists are required to make sure that they have read, understood and comply with the service specification. The Pharmacist must complete electronic declaration (enrolment) via PharmOutcomes, by clicking on the Pharmacy First tab.The pharmacy contract holder must satisfy themselves that any staff involved in the provision of the service has undertaken continuing professional development (CPD) relevant to the service.There will be a 3 months grace period after registration to complete this or access/claiming will be denied. |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-C)**

The pharmacists involved in the provision of the service complete the online declaration of competence via PharmOutcomes® that they have undertaken continuing professional development (CPD) relevant to the service.The pharmacist is responsible for keeping themselves aware of any changes to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of their own individual scope of practice.The pharmacist is required to complete the required training and competency declaration every time a new contract is signed as this may change slightly in line with current evidence. * 1. **Applicable CQUIN goals (See Schedule 4D)**

Reserved as not applicable under terms of the contract |
| **6. Location of Provider Premises** |
| **The Provider’s Premises to confirm inclusion:****(please list each site if a multiple pharmacy chain)**

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**Premises Requirements*** If a consultation room is available, consultations should take place in that room.
* If a consultation room is not available, or the patient does not wish to use the consultation room, then the pharmacist must give consideration to the part of the pharmacy used for provision of the service, which should provide a sufficient level of privacy and safety.
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| **7. Individual Service User Placement** |
| Not applicable |