Service Specification	MAS5
No.	
Service	Locally Commissioned service for
	Community Pharmacy Minor Ailment Scheme
Commissioner Lead	Kirsty Lewis
	Acting Director of Primary Care
Provider Lead	XXX
Period	1 April 2024 to 31 March 2027
Date of Review	December 2026

1. Population Needs

1.1 National/local context and evidence base

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 utilising patient group directions (PGDs)

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

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 provision of a minor ailment scheme utilising patient group directions (PGDs) available on the <u>Cornwall Joint formulary</u> to enable accredited community pharmacists to supply prescription-only-medicines (POMs) for the treatment of a number of common conditions.

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

- 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

paid this should be recorded on the service entry page on PharmOutcomes. 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 exemption recorded on the service entry page on PharmOutcomes. 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.
- 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 Cornwall and Isles of Scilly Integrated Care Board' (CIOSICB).

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

CIOSICB 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.

Cost of Medicines:

The cost of the medicine supplied (guided by Drug Tariff prices and/or local agreements) will be reimbursed by the commissioner. HMRC have announced that from 9th October 2023 to 31st March 2027, the VAT rate for supplies of medicines made to patients using a Patient Group Direction (PGD) would be set at the zero rate.

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.
- 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 (eg NICE) Support the National Antimicrobial Resistance Standards Support the NICE CKS for minor ailments including inflammatory skin conditions, insect bites, impetigo and uncomplicated urinary tract infection 4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges) Standards of conduct, ethics and performance (General Pharmaceutical Council), CKS and also refer to PGD's 4.3 **Applicable local standard** • 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. Pharmacists involved in the provision should complete the declaration of competence on the CPPE website and PharmOutcomes for each minor ailment service. The pharmacy participates in any appropriate CIOSICB-led audit of service provision. The pharmacy co-operates with any appropriate CIOSICB-led assessment of service user experience. Applicable quality requirements and CQUIN goals 5. 5.1 **Applicable Quality Requirements)** Applicable CQUIN goals (See Schedule 3E) CCG1: Appropriate 5.2 antibiotic prescribing for UTI in adults aged 16+ Performance Indicator Threshold Method of Consequence of Indicator Measurement Breach Report via Declaration of Unable to record competence Provision claim on obtained via of service PharmOutcomes PharmOutcomes MET bv Non Payment of accredited Review of claim pharmacist supplies via reports **PharmOutcomes** 6. Location of Provider Premises

- 6.1 The Provider's Premises are located at:
- 7. Individual Service User Placement

Version: 1.0

Agreed by Commissioner and date: Marco Motta

Agreed by Provider and date: