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Executive Summary

The research from the Proprietary Association of Great Britain shows that up to 40% of GP time is taken up dealing with patients suffering from minor ailments\(^1\). The management of self-limiting minor ailments can be successfully transferred from general practice to community pharmacy, and that this transfer does reduce GP workload\(^2,3\). Community pharmacy could also manage an estimated 8% of adult attendances to Accident and Emergency departments\(^4\).

**Aims and intended service outcomes of the service**
- To improve access and choice for people with minor ailments by:
  - Promoting self care through the pharmacy, including provision of advice, printed information relevant to the minor ailment and where appropriate medicines without the need to visit the GP practice;
  - Operating a referral system from local medical practices; and
  - Supplying appropriate medicines at NHS expense to patients who are exempt from prescription charges
- To improve primary care capacity by reducing medical practice workload related to minor ailments.

**Brief service description**
The pharmacy will provide advice (including printed information) and support to people on the management of minor ailments, including where necessary, the supply of medicines (free of charge to those exempt from prescription charges) for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription.
Where appropriate the pharmacy may sell OTC medicines to the person to help manage the minor ailment, as described in Essential Service 6 Self Care.
The pharmacy will operate a triage system, including referral to other health and social care professionals, where appropriate.

**Resource implications**
Pharmacists will be paid a one off set up fee of £50 and service delivery costs paid at £3.75 per consultation.
Medication supplied is funded by the PCT. Pharmacists will be reimbursed for medication at cost price (wholesalers list price or Chemist and Druggist price). For patients not exempt from NHS prescription charges, either a charge equivalent to the NHS prescription charge will be levied or the patient can purchase the product over the counter as specified in essential service 6.

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4. Bednall. Identification of patients attending A&E who may be suitable for treatment by a pharmacist. Fam Prac 2003
Service Specification

This service specification is underpinned by the Agreement for the provision of Community Pharmacy Enhanced Services (LES Agreement). The LES agreement specifies the terms of service, including duration of agreement, performance management, and should be read in conjunction with this Service Specification.

Purpose of the Agreement

This agreement relates to the Minor Ailment Service (MAS) Service by participating community pharmacies within Calderdale PCT.

The agreement is for the pharmacy to provide advice (including printed information) and support to people on the management of minor ailments, including where necessary, the supply of medicines (free of charge to those exempt from prescription charges) for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription.

Selection of provider

No selection criteria are applicable for this service therefore the service is available to any willing pharmacy provider. Ideally, the PCT wish to commission this service from all Calderdale community pharmacies to ensure a Calderdale-wide minor ailment service that is easily accessible to all patients registered with a Calderdale GP.

The Services

Any patient registered with a GP practice in the PCT area is eligible to receive advice and treatment under this service.

Target patients

It is not intended to divert all patients in Calderdale onto the Minor Ailment Service. People who usually manage their own minor ailments through self-care and purchase of OTC medication should continue to self-manage and treat their minor ailments as per essential service 6, self-care. Pharmacies and GP surgeries should aim to register people who would not normally purchase medicines over the counter, for example those on a low income, and those who would normally access a GP for their minor ailments.

The minor ailment service is an opt in for patients and those who wish to consult their GP for a minor ailment are free to do so.

Direction of all or inappropriate OTC purchases onto the enhanced minor ailment service will;

1. Possibly affect the ongoing availability of the Calderdale minor ailment service and will lead to;
2. The withdrawal of the pharmacy registration element of the service; and, the exclusion of the pharmacy providing the service.
**MAS Access Cards (registration)**

The diagram below outlines the process to register patients and issue minor ailment service access cards. In summary patients can be issued an access card either from their GP practice or community pharmacy. For a card to be valid the back page must be fully completed by the issuing site. When a patient is registered from a community pharmacy, the pharmacy must contact the GP surgery to confirm the patient is not already registered, the GP surgery will provide the pharmacy with the patients PIN or NHS number and will add the registration of the patient onto the computerised patient record. Known current, major medical conditions e.g. hypertension, COPD should be added from details given by the patient or from the pharmacy PMR.

**Procedure for Pharmacy MAS card access / registration**

<table>
<thead>
<tr>
<th>Patient enquires about the service</th>
<th>See MAS consultation section OR Patient presents with a full MAS card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient registered for the service i.e. Has patient been issued an MAS card?</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
| Briefly outline MAS to the patient i.e. using an access card they can access advice and if necessary medicine to treat certain minor ailments. If they are exempt from prescription charges the medication would be free of charge. Give patient a MAS leaflet. | Transfer the patient details onto a new access card.  
- The card issue number should remain the same and the previous card full box ticked  
- Add the pharmacy as the issuing site  
- Add details to pharmacy PMR- MAS issue number, PIN/NHS number and GP surgery  
Send full access card to GP surgery with note to store with patients paper records |

<table>
<thead>
<tr>
<th>Contact the patients GP surgery</th>
<th>Unable to contact GP surgery Pharmacy unable to register patient at this time. Refer patient to usual care (GP or OTC sale).</th>
</tr>
</thead>
</table>

| Confirm with practice staff that the patient has not already had a MAS card issued. | Card previously issued  
Confirm previous issue number. Patients can be issued up to 3 cards.  
**GP practice to amend text relating to MAS access card issue on GP clinical system**  
If was issue 1 of 3 update patient record to Issue 2 of 3  
If was issue 2 of 3 update patient record to Issue 3 of 3  
If the patient has already been issued card 3 of 3 they must be informed that they are no longer entitled to use the MAS and must access medicines care either OTC advice / sale or through GP.  
Ask GP practice staff to add READ code and alert / message to patient records on GP clinical system as per GP practice procedure for MAS pharmacy registration. |
Once Read code added ask GP practice staff for patients NHS number or practice patient / Pin number.

Fully complete back of MAS access card to validate.
Add details of access card issue number, PIN / NHS number and GP surgery to pharmacy patients medical records.

In the event of a pharmacy being unable to contact the GP surgery for the details required as above an access card cannot be issued.

If a patient presents with a full minor ailment access card the pharmacy can issue a replacement as outlined above.

Pharmacists must not keep patients MAS Access Cards at the pharmacy. This would prohibit a patient from accessing the MAS at another pharmacy reducing access and choice. For example it could prevent a patient from using the MAS at a time when their usual pharmacy was closed during the extended evening or weekend opening hours.

Consultation
Only patients who are registered on the minor ailment service, who present with (or can be registered for) a MAS Access card can access the service. Patients who do not meet these criteria are not entitled to use the Scheme and will be referred to their GP practice.

The patient must be in attendance. In the case of a child under 12 the parent or guardian must be in attendance, but the child being treated need not be present. In all other cases a consultation under the minor ailment service cannot be carried out.

During the consultation for the minor ailment the pharmacist will;

- Assess the patient’s condition using a structured approach to responding to symptoms
- Identify any concurrent medication or medical conditions, which may affect the treatment of the patient
- Consider past medication supplied as stated in the access card to assess appropriateness of further supply
- Provide advice on the management of the condition.
- Provide a relevant information leaflet
- Provide medication, only if necessary, from the formulary appropriate to the patient's condition.
- Update the patients access card
- If a product is supplied, the pharmacist will make an entry onto the pharmacy PMR system.
- Complete the Minor ailment consultation form.
The diagram below outlines the Minor Ailment Service (MAS): Pharmacy consultation

<table>
<thead>
<tr>
<th>Patient enquires about the service</th>
<th>See MAS access card issue/MAS registration flow chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the <strong>patient registered</strong> for the service i.e. been issued an MAS card?</td>
<td>No</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td></td>
</tr>
<tr>
<td>Does the patient have their <strong>MAS access card</strong> with them?</td>
<td>Ask the patient to come back with a MAS access card. Re-registering the patient should not occur unless the patient has lost the card. Patients who are re-issued an access card should be reminded that if they lose more than 2 cards, they will be excluded from using the service.</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td></td>
</tr>
<tr>
<td>Is the MAS access card valid i.e. the back of the MAS access card is fully completed</td>
<td>Incomplete MAS access cards are not valid and patients are unable to use the minor ailment service. Patients should be referred back to the issuing site OR Contact the GP surgery to confirm/complete details and ensure registration valid.</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td></td>
</tr>
<tr>
<td>Confirm the patient’s identity. Is the <strong>patient present</strong> or for a child under 12, is the parent/guardian present?</td>
<td>The patient/parent or guardian for child under 12 must be in attendance, so without the access card unable to use MAS. Consider OTC sale/advice or ask patient to return with access card.</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td></td>
</tr>
<tr>
<td>Does the patient currently have one of the minor ailments included in the service?</td>
<td>Patients who do not currently have a minor ailment are unable to use MAS as the service does not allow supply of medicines for future use. The MAS only covers the minor ailments listed on the access card. Consider OTC advice/sale or suggest patient consults GP.</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td></td>
</tr>
<tr>
<td>Minor Ailment <strong>Pharmacist Consultation</strong> to be carried out as per service specification.</td>
<td></td>
</tr>
<tr>
<td>- Assess the patient’s condition</td>
<td></td>
</tr>
<tr>
<td>- Identify any concurrent medication or medical conditions</td>
<td></td>
</tr>
<tr>
<td>- Consider past medication supplied to assess appropriateness of further supply</td>
<td></td>
</tr>
<tr>
<td>- Provide advice on the management of the condition.</td>
<td></td>
</tr>
<tr>
<td>- Provide a relevant information leaflet</td>
<td></td>
</tr>
<tr>
<td>- Provide medication, only if necessary, from the formulary appropriate to the patient’s condition.</td>
<td>OR Refer as necessary</td>
</tr>
<tr>
<td><strong>Pharmacist to update the patients access card</strong></td>
<td></td>
</tr>
<tr>
<td>If a product is supplied, the pharmacist will make an entry onto the pharmacy <strong>PMR system.</strong></td>
<td></td>
</tr>
</tbody>
</table>
Check the person’s eligibility for receipt of free treatment under the service or collect NHS charges as appropriate.

Pharmacist to complete the Minor ailment consultation form

The pharmacy must check the person’s eligibility for receipt of free treatment under the service and will collect NHS charges where appropriate. If a product is supplied and the patient usually pays a prescription charge, the patient should pay either the usual OTC price for the product(s) or a prescription charge per item, whichever is the cheapest. The pharmacist prescription should be filled in to indicate either OTC purchase or the number of prescription charges paid.

The pharmacy will ensure that exempt patients have completed and signed the declaration of exemption of Prescription charges (on reverse of consultation form). The pharmacy must ensure that patients exempt from prescription charges present evidence of their prescription exemption status before any product is supplied. If the pharmacy has previously seen and recorded evidence of exemption that is still current and not likely to change i.e. non-income based exemptions (e.g. medical exemption) then this will count that evidence has been seen.

The pharmacy will be mindful of and will when appropriate inform patients that the supply of the medicines free of charge falls within the scope of the penalty charge introduced from November 1999. The penalty charge is a civil fine, and is payable in addition to the recovery of the item. Payment can be pursued by civil recovery action if necessary. Where clients have claimed free medicines incorrectly or fraudulently, the cost of the item should be recovered and the penalty charge will apply. Guidance on the penalty charge administration will be issued to Directors of Finance from the Department of Health.

Information to be provided

Every patient who accesses the service will be provided with oral advice and a patient information sheet relevant to their minor ailment whether treatment is supplied or not.

This will include explaining what the patient can do for themselves, what symptoms they can expect, the expected duration of symptoms and when and where to go for further advice/ treatment if needed. When applicable, the pharmacist will discuss with the patient the key messages about antibiotics not being required for viral infections the usual cause of cough, cold, earache, sinusitis, flu and sore throat.

It is hoped that providing information will increase understanding of the ailment, promote self-care and support key messages about antibiotics not being required for viral infections the usual cause of cough, cold, earache, sinusitis, flu and sore throat.

The relevant information leaflet will be downloaded and printed by the pharmacy from www.patient.co.uk. When antibiotic leaflets are made available to the pharmacist by the PCT, the pharmacist will provide the patient with this leaflet on antibiotic use for every consultation for cough, nasal congestion, earache and sore throat.
Supply of medication
Only medicines from the minor ailments formulary will be used, as specified in the formulary (p9). These products can be used for any of their licensed indications at licensed doses. The pharmacist is professionally accountable for the treatment decisions made.

The minor ailment service patient support information includes head lice as a condition that can be treated. If a patient presents for head lice the Head Lice Management enhanced service should be used.

Records
The pharmacy will maintain a record of the consultation and any medicine that is supplied. Under the pharmacy contract, pharmacists are required to keep records of some consultations with patients requesting OTC treatment or advice. The requirement to keep records of the minor ailment service consultation is not substantially different from the contractual obligation and pharmacists should now have the systems in place to make appropriate records. The pharmacist will ensure that these records are kept for the required time in an appropriate manner.

Referral procedures
Referral for urgent appointment - If the patient presents with symptoms indicating the need for an immediate consultation with the GP, the pharmacist should advise the patient, fill in a Pharmacist to GP referral form and refer the patient back to their GP (within surgery hours) or to contact the on-call doctor, or advise the patient to attend A & E immediately (as appropriate, outside surgery hours). The pharmacy should make every effort to contact the patients GP and arrange an appointment for the patient.

Referral for non-urgent appointment - If the patient presents with symptoms indicating the need for a non-urgent consultation with the GP, the pharmacist should advise the patient, fill in a Pharmacist to GP referral form and refer the patient back to their GP. The pharmacy may wish to consider contacting the GP surgery to arrange an appointment for the patient.

If a patient presents more than twice within any month with the same symptoms and there is no indication for urgent referral, the patient should consider referring the patient to their GP.

If, in the opinion of the pharmacist, the patient presents with symptoms outside the Minor ailment service they should be referred back to their GP.

If the pharmacist suspects that the patient and/or parent are abusing the Service they should alert the Minor ailment Scheme Co-ordinator.

The pharmacist should use their clinical judgement to decide the urgency, route and need for referral as ultimately they are professionally accountable for their actions.
When referring patients to their GP practice, pharmacists should not give patients the expectation of any specific treatment i.e. antibiotics or length of time until patients can expect GP appointment (unless booked directly by pharmacy).

**GP registration/ referral**

GP practice staff are encouraged to promote the service and to register patients onto the scheme by issuing them with a minor ailment access card. This can be done as a patient registers with the GP practice. Also, the service can be explained to patients during a consultation for a minor ailment, as the GP/ non-medical prescriber may wish to inform patients that next time they have a minor ailment they can use the Minor Ailment Service.

It would, however, be *inappropriate and against the terms of the GP NHS contract* if patients were diverted from a consultation directly to the minor ailment service, rather than issue them with a prescription during a consultation, or diverted to the minor ailment service for the supply of repeat medication.

**Formulary**

The pharmacy will hold adequate stocks (taking into consideration the possibility of an unexpected increase in demand) of the products required for the MAS to ensure that clients can immediately access the necessary treatment.

The formulary includes only medicines with a clear evidence-base. Drugs of limited clinical value are not included (such as simple linctus and decongestants).

<table>
<thead>
<tr>
<th>Product</th>
<th>Cost Price exc VAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aciclovir cream (2g)</td>
<td>£2.56</td>
</tr>
<tr>
<td>Aspirin 300 mg – Soluble Tablets (16)</td>
<td>£0.31</td>
</tr>
<tr>
<td>Beclometasone 50 mcg nasal spray</td>
<td>£3.22</td>
</tr>
<tr>
<td>Cetirizine solution 5mg/5ml</td>
<td>£2.42</td>
</tr>
<tr>
<td>Cetirizine 10mg tablets (30)</td>
<td>£1.01</td>
</tr>
<tr>
<td>Chlorhexidine gluconate 0.2% mouthwash</td>
<td>£2.24</td>
</tr>
<tr>
<td>Chlorpheniramine Tablets 4 mg (30)</td>
<td>£1.09</td>
</tr>
<tr>
<td>Chlorpheniramine Syrup (150 ml)</td>
<td>£2.38</td>
</tr>
<tr>
<td>Choline salicyte 8.7% dental gel</td>
<td>£1.89</td>
</tr>
<tr>
<td>Clotrimazole cream 1% (20g)</td>
<td>£1.84</td>
</tr>
<tr>
<td>Clotrimazole 500mg pessary</td>
<td>£3.04</td>
</tr>
<tr>
<td>Co-magaldox suspension</td>
<td>£1.71</td>
</tr>
<tr>
<td>Compound alginate liquid</td>
<td>£1.71</td>
</tr>
<tr>
<td>Crotamition 10% cream</td>
<td>£2.26</td>
</tr>
<tr>
<td>Fluconazole 150 mg Cap (1)</td>
<td>£0.53</td>
</tr>
<tr>
<td>Hydrocortisone 1% cream</td>
<td>£1.16</td>
</tr>
<tr>
<td>Hydrocortisone 2.5mg pellets</td>
<td>£3.68</td>
</tr>
<tr>
<td>Ibuprofen suspension 100mg/5ml (100ml)</td>
<td>£1.70</td>
</tr>
<tr>
<td>Ibuprofen tablets 200mg (24)</td>
<td>£0.73</td>
</tr>
<tr>
<td>Product</td>
<td>Cost Price exc VAT</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Ispagula husk 3.5 sachet</td>
<td>£1.78</td>
</tr>
<tr>
<td>Loperamide 2mg Capsules</td>
<td>£1.88</td>
</tr>
<tr>
<td>Loratadine syrup 5mg/5ml</td>
<td>£2.85</td>
</tr>
<tr>
<td>Loratidine 10mg tablets (7)</td>
<td>£0.85</td>
</tr>
<tr>
<td>Loratidine 10mg tablets (30)</td>
<td>£1.29</td>
</tr>
<tr>
<td>Magnesium Trisilicate Mixture (200 ml)</td>
<td>£0.91</td>
</tr>
<tr>
<td>Mebendazole 100mg tablet (1)</td>
<td>£1.71</td>
</tr>
<tr>
<td>Mebendazole 100mg tablet (4)</td>
<td>£3.98</td>
</tr>
<tr>
<td>Miconazole 2% cream</td>
<td>£1.85</td>
</tr>
<tr>
<td>Olive oil ear drops</td>
<td>£1.42</td>
</tr>
<tr>
<td>Oral rehydration salts</td>
<td>£2.25</td>
</tr>
<tr>
<td>Paracetamol 500 mg Tablets (32)</td>
<td>£1.02</td>
</tr>
<tr>
<td>Paracetamol soluble tabs 500mg ((32)Sterwin)</td>
<td>£1.89</td>
</tr>
<tr>
<td>Paracetamol Sosp SF 120 mg / 5 ml (100ml)</td>
<td>£0.76</td>
</tr>
<tr>
<td>Paracetamol Sosp SF 250 mg / 5 ml (100 ml)</td>
<td>£1.34</td>
</tr>
<tr>
<td>Piperazine with sennosides</td>
<td>£1.72</td>
</tr>
<tr>
<td>Senna Tablets (20)</td>
<td>£0.96</td>
</tr>
<tr>
<td>Sodium bicarbonate 5% ear drops</td>
<td>£1.30</td>
</tr>
<tr>
<td>Sodium bicarbonate 2% eye drops</td>
<td>£1.46</td>
</tr>
<tr>
<td>Trimcinolone 0.1% in adhesive base - discontinued removed from formulary</td>
<td></td>
</tr>
<tr>
<td>Zinc and castor oil ointment/cream</td>
<td>£0.80</td>
</tr>
</tbody>
</table>

- Please note reimbursement will only be made at the price listed above.
- Packs supplied by the pharmacy must be a P/ GSL pack with the corresponding Patient Information Leaflet and product license

The drug costs are based on the Drug Tariff, Chemist and Druggist cost price or wholesalers list price. If pharmacies cannot get a specific medicine at the cost outlined above they should inform the point of contact for the service p15.

Prices last amended January 2012. The PCT will notify contractors of change in prices by email or letter.

**Premises**

The pharmacist will give consideration to the part of the pharmacy used for provision of the service, which should provide a sufficient level of privacy and safety for patients accessing the service.

If a consultation room is available then the pharmacist can consider offering the client the option of the consultation taking place within the consultation room.
**Accessibility**

The expectation is that the service is available throughout the pharmacies opening hours (both core and supplementary). The service is to be delivered by the pharmacy for at least 45 weeks of the year with no continuous break of more than two weeks.

If the pharmacy is unable to meet this level of service delivery then they must inform the service commissioner.

When the pharmacy is unable to provide the service the pharmacy should signpost any potential clients to another pharmacy, convenient to the client, who are able to provide the service to the client. The pharmacy should ensure that the pharmacy to which the client is being signposted is able to provide the service by phoning the pharmacy to check before the client leaves the pharmacy.

**Payment**

Remuneration will be made to the pharmacy according to the following:

A one off set up fee of £50 to cover;
- SOP development
- Developing and implementing an action plan to ensure that service specifications are delivered
- Attending the PCT training session
- Informing and training pharmacy staff.

Service delivery costs will be paid at £3.75 per consultation to include;
- Pharmacist time to provide the service
- Associated staff time to support the pharmacist in providing the service
- Printing and providing information sheets
- Completing claim forms and audit.

Treatments supplied will be reimbursed as per the formulary p9 plus VAT.

At the end of the month the minor ailment consultation forms should be divided into the GP practice and a monthly claim form competed for each GP practice.

MAS consultation forms are not to be sent to the PCT as part of the claim for payment as they contain patient identifiable information. The pharmacy must retain the MAS consultation forms as stated in the underpinning LES agreement (in line with the NHS guidance for record retention). The PCT will periodically request copies of the MAS consultation forms for specific months as part of our Post Payment Verification process.

**Staff**

The Minor Ailment Service is to be provided by a pharmacist accredited by the PCT to provide the service (see accreditation p12).
It may be possible to delegate elements of the service (e.g. paperwork), to a member of staff, leaving the pharmacist free to focus on the patient interaction. Where the service specifies pharmacy the pharmacist may choose to delegate these tasks. Where the service specifies pharmacist then this element must be carried out by a pharmacist.

**Core Competencies**

All pharmacists involved in the Minor Ailment Service have a professional responsibility to develop, reinforce and update their knowledge and skills in the following areas:

These core competencies have been linked to the pharmacist competences of the Royal Pharmaceutical Society of Great Britain which are shown in [ ].

- Carry out the scheme in accordance with the law, with the RPSGB Code of Ethics and with other relevant codes of conduct or practice, including systems for clinical governance [G1]
- To uphold quality by ensuring knowledge of the diagnosis and treatment of minor ailments, including differential diagnosis of minor illness vs. major disease is up-to-date and evidence based [G5]
- Able to communicate with, counsel and advise people appropriately and effectively on minor ailments [G2, C1f].
- Respect and observe client confidentiality and communicate with clients appropriately and sensitively [G1, G2]
- Able to assess the medication needs of patients [C1a].
- Able to act on referrals from, and make referrals to, other professions in healthcare and other sectors such as social care [C4].
- Able to promote the service appropriately to the public [C7].
- Able to explain the provision, range of conditions covered and features of the service to the public and other appropriate professionals [G1, C1, C4].
- Record learning activities relevant to the management of minor ailments, evaluate if learning objectives were met and identify further learning needs the above learning activities, and apply learning to practice and apply learning to practice for minor ailments [G3, G5].

These competencies may be achieved through a formal programme of study or self-directed learning.

**Accreditation**

Pharmacists must be accredited to provide this service. To gain accreditation the pharmacist must self certify (see p17) that they have read and understood the enhanced service pack issued to pharmacists by the PCT. The self-certificate must be sent to the PCT before the service is provided by a pharmacist. This may be sent by fax (F 01422 281301) for the attention of the Ruth Buchan, Primary Care. This fax must be followed up by sending a copy of the self-certificate in the post.
Accreditation is proven by possession of a current, expiry dated certificate provided by Calderdale PCT. Pharmacists are expected to re-validate this self-certification every two years (re-validation may be in the form of a self declaration of competency). Where there are concerns regarding poor performance, this will be addressed separately as a clinical governance matter.

**Resources to support delivery of the service**

The PCT will provide the service delivery paperwork. The items below can be ordered from Primary Care using the stationary order form. At least 4 weeks for delivery of items should be allowed. The order will be delivered by the internal mail van.

List of resources:
- Underpinning LES agreement
- Service Specification
- MAS consultation form
- Referral form
- MAS monthly claim form

An electronic claim calculator is available which will work out the value of the claim. Once completed for each GP practice the claim calculator can be printed out and used as a MAS claim form. If you would like a copy of this calculator (excel worksheet) please email vicki.blakey@calderdale-pct.nhs.uk

The patient information leaflets for the service are to be downloaded and printed by the pharmacy from www.patient.co.uk.

When relevant the PCT will obtain or produce health promotion material relevant to the service users and making this available to pharmacies. This will be provided to pharmacies to be used in addition to the information sheet printed and provided to by the pharmacy. Topics are likely to include use of antibiotics.

**Quality Indicators**

<table>
<thead>
<tr>
<th>Quality Performance Indicator</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Report Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance monitoring</td>
<td>The pharmacy is making full use of the promotional material made available for the service and promotes its uptake</td>
<td>100% compliance</td>
<td>PCT Contract Assurance process (including self-assessment)</td>
</tr>
<tr>
<td>Performance monitoring</td>
<td>The pharmacy has the agreed information leaflets and ensures that relevant written information is provided at each consultation</td>
<td>100% compliance</td>
<td>PCT Contract Assurance process (including self-assessment)</td>
</tr>
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<td>Quality Performance Indicator</td>
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<td>Performance monitoring</td>
<td>The pharmacy has the agreed information leaflets and ensures that relevant written information is provided at each consultation.</td>
<td>100% compliance</td>
<td>PCT Contract Assurance process (including self-assessment)</td>
</tr>
<tr>
<td>Clinical Governance-Patient Safety</td>
<td>The pharmacy ensures that the SOP is in line with the service specification and reviews this SOP and the referral pathways for the service on an annual basis.</td>
<td>100% compliance</td>
<td>PCT Contract Assurance process (including self-assessment)</td>
</tr>
<tr>
<td>Suitably Qualified Workforce</td>
<td>The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD and/or training relevant to this service</td>
<td>100% compliance</td>
<td>See accreditation section</td>
</tr>
<tr>
<td>Improving Service Users &amp; Carers Experience</td>
<td>The pharmacy participates in an annual PCT organised audit of service provision</td>
<td>100% compliance</td>
<td>Return of all audit forms within timescales specified by PCT.</td>
</tr>
<tr>
<td>Improving Service Users &amp; Carers Experience</td>
<td>The pharmacy co-operates with any locally agreed PCT-led assessment of service user experience</td>
<td>100% compliance</td>
<td>Evidence of all patient suggestions to enhance service and the investigation of these together with summary of outcome, e.g. taken forward/not taken forward as impractical</td>
</tr>
</tbody>
</table>

**Service Evaluation**

The service will be annually reviewed to ensure it is working correctly, meets the needs of patients, healthcare professionals and the NHS and to check whether any improvements could be made. Feedback will be to the LPC/PCT and any other stakeholder PCT groups (e.g. Medicines Management Committee) using the following criteria:

- Number of consultations, total and by each GP practice and pharmacy
- Number of consultations for each minor ailment
- Number of symptoms consulted for
- Number of each treatment supplied
- Frequency of access by patients
- Exemption status of patients
- Trends in numbers accessing the service from each GP surgery and through each pharmacy
- Costs of service
- Evaluation of patient questionnaire

**Point of contact for the service**

Senior Pharmacist (Community Pharmacy)
Name: Ruth Buchan
Address: NHS Calderdale, 4th Floor, F Mill, Dean Clough, Halifax HX3 6AX
Direct Line: 01422 281474
Email: ruth.buchan@calderdale-pct.nhs.uk

**Documentation used in the preparation of this service**

PSNC Minor Ailment Service Specification

NHS North West Community Pharmacy Enhanced Services Harmonisation of Accreditation- Minor Ailment competency and training framework

Acknowledgements to Hartlepool, Preston and Blackburn and Darwen PCTs
For permission to work from their advice leaflet.

**Background information regarding the service**

Along with 30% of other PCTs\(^5\) Calderdale PCT has commissioned a minor ailment scheme, known as the Feel Better Fast Scheme (FBFS). The scheme was based on several other minor ailment schemes that are operating in other PCT’s (Sheffield PCT, North Manchester PCT, East Yorkshire PCT and Easington PCT). A key feature of minor ailment schemes is that the community pharmacist supplies the medication from a limited formulary and patients exempt from prescription charges receive these medicines free of charge. In Calderdale 84% of patients would be interested in using a minor ailment service (Patient questionnaire, February 2005) and 86% of healthcare professionals would like to see a minor ailment scheme introduced or extended (Healthcare professional questionnaire, Feb 2005).

The first pilot involved two sites within Calderdale and the positive outcomes led to a larger pilot. This expansion of the scheme included GP surgeries in Halifax Centre and North Halifax and has led to a higher than expected uptake and use of the

\(^5\) Professor Alison Blenkinsopp, Keele University Research, July 2003
scheme by patients. Early evaluation of the second pilot has shown that patients have been seen for a wide range of minor ailments. 98% of the patients accessing the scheme were exempt from prescription charges. These are patients who traditionally rely on GP practices for medications for minor ailments, as the cost of over the counter medications is prohibitive to them using the community pharmacy network\(^6\).

The PCT is now funding a Calderdale-wide minor ailment service. The Feel Better Fast service will be re-launched as the Minor Ailment Service. Much of the service remains the same but a few key changes have been made.

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\(^6\) Evans. Do increasing levels of income deprivation have an effect on the prescribing of OTC medication? IJPP 2001 9(suppl) R69. Available at [www.pharmj.com](http://www.pharmj.com) cited in Implementing a community pharmacy minor ailment scheme: A practical toolkit for primary care organisations and health professionals. Available at [www.npa.co.uk](http://www.npa.co.uk)
Self-certificate  Appendix 1

Competency to provide Calderdale Minor Ailment Service

I ____________________ (insert name) self certify that I have read and understood the locally enhanced service booklet issued by the PCT.

I understand that I must follow the service specification as stated in the agreement for services, the services, the appendices and additional information associated with the service provided by the PCT.

I understand that I must re-validate my competency to provide the minor ailment service every two years by completing a further self declaration of competency or other method of assessment as considered appropriate by Calderdale PCT. Where there are concerns regarding poor performance, this will be addressed separately as a clinical governance matter by Calderdale PCT.

| Signed | |
| Print name | |
| RPSGB number | |
| Date | |
| Job title (locum, pharmacy manager etc) | |
| Contact Address (pharmacy address or in the case of locum home address) | |

This self-declaration does not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own code of professional conduct.