

Leeds Pharmacy Access to Self-Care Service (ASC)

Renamed from Pharmacy First

Service Guide

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Disclaimer: this Service Guide has been developed to assist pharmacies in delivering the ASC Service and is a practical manual on how to deliver the service. It does not replace the formal contractual arrangement between the pharmacy and the Commissioner to provide the service. Pharmacy staff must make sure that they work within the service specification provided by the commissioner. Community Pharmacy West Yorkshire does not accept any responsibility for any errors or omissions.

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Service Summary

The Leeds Access to Self-Care Service (ASC) is commissioned to provide local populations with rapid access to a pharmacist who can give self-care advice on a range of minor ailments thereby releasing capacity in general practice by providing an appropriate alternative to the use of general practice or other health care environment (i.e. A&E, Out of Hours Urgent Care) for the treatment of minor ailments. The service also aims to encourage patients to self-care for future minor ailments.

The service is intended for those patients who do not currently self-care / purchase medicines OTC but who use GP or Out of Hours services when they have a minor ailment. It is hoped that ASC helps change patient behaviours, by supporting and assisting patients with self-care and education on the appropriate use of healthcare services.

Patients registered with a Leeds GP¹ who are exempt from prescription charges can access the service for the management of a limited range of minor ailments. Patients will be provided with advice from a pharmacist, given printed information and, where necessary, supplied medication from a defined formulary. Medication supplied will be free of charge.

Leeds ASC is primarily a service to support and improve self-care.

Pharmacies and their staff are the gatekeepers of this service and must ensure that it is used as intended and commissioned. This service is commissioned within a limited budget, with a specific target group and aims.

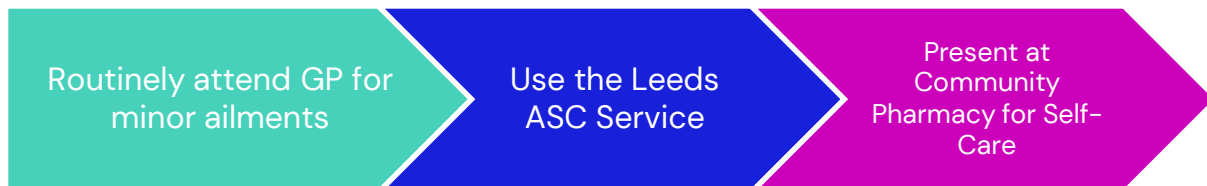
All pharmacy staff must be clear that it is not intended to divert all patients presenting in the pharmacy with a minor ailment onto the service. **ASC should only be offered to those who would usually consult the GP, out of hours or A+E services for minor ailments.** It is expected that most patients accessing ASC will have been referred by the GP practice/ NHS111.

People who usually manage their own minor ailments through self-care and purchase of over-the-counter (OTC) medication should continue to do so (as per essential service 6, self-care) and should not be informed about the service.

The Importance of Self-Care and the Role of Pharmacy

Self-care means keeping fit and healthy, as well as knowing how to take medicines, treat minor ailments and seek help when needed. For patients with a long-term condition, self-care is also about understanding that condition and how to live with it.

Self-care is why this service has been commissioned. It is hoped that the service will help to change patient behaviour, moving patients from accessing the GP for common ailments to independently accessing self-care. ASC should be seen as a stepping stone in achieving this.



This change can only happen with explanation to patients about self-care, how they can look after themselves, when they should and shouldn't seek advice from the GP. Pharmacies should explain that many of the products can be easily purchased over-the-counter, without an appointment, and that advice from a community pharmacy is always free.

¹ Only patients registered with a GP practice in the NHS Leeds ICB area are eligible to receive advice and treatment under this service. However, the service may be provided for a patient who is **not registered** with any GP. It should be recommended to the patient that they register with a GP as soon as possible. (When entering the patient's details on PharmOutcomes, use the "not registered" option for their GP).

Flowchart of Service

Patient Eligibility

- Registered with a Leeds GP¹
- Exempt from prescription charges
- **Currently** suffering from the minor ailment which is included in the service
- Agree to share details of the consultation with their registered GP

Consultation

- **The consultation room should be used whenever possible**
- Nature and duration of symptoms
- Concurrent medication and medical conditions
- Exclusion of serious disease / alarm / red flag symptoms
- Identify if patient is pregnant/ breastfeeding
- Identify any medication already supplied / taken for the minor ailment

Pharmacist Treatment Decision

- Advice Only
- Advice and supply of medication
- Referral; non-urgent appointment with or without supply of medication where appropriate
- Urgent referral

Advice and Printed Information

- Key element of the service
- Expected duration of symptoms, what's normal and probable duration of ailment
- Self-care messages
 - What patients can do for themselves
 - Dispel any misconceptions about visiting GP/ OOH for minor ailment being different from visiting the pharmacy
 - When and where to go for further advice and the management of future minor ailments
- Antibiotic stewardship messages and information sheet
- **Provide printed information to back up verbal advice**

Medication

- Supply only when necessary
- Select the medication from the ASC formulary
- Advise on how medication works, side-effects / cautions with use etc

Records

- Complete all sections of the ASC consultation form
- Record consultation promptly and within 48 hours on PharmOutcomes

The Service

The service should be available during all the pharmacy opening hours, (both core and supplementary), and must be delivered by a pharmacist who has demonstrated they are competent to provide a minor ailment service by completing the CPPE Declaration of Competence self-assessment and declaration statement for Minor Ailments. See here: <https://www.cppe.ac.uk/services/declaration-of-competence#navTop>.

It is not intended to divert all patients presenting in the pharmacy with a minor ailment onto the ASC service. People who usually manage their own minor ailments through self-care and purchase of OTC medication should continue to do so as per essential service 6, self-care.

ICB Minor Ailment Service

West Yorkshire Integrated Care Board (ICB) commissions a Minor Ailment Service (MAS) from a number of pharmacies within Leeds. The ASC service has a different focus to the ICB MAS scheme as it encourages patients to self-care and purchase medicines over-the-counter for future ailments.

For pharmacies who may be commissioned for both services it is intended that the Leeds ASC will run alongside the ICB Minor Ailment Scheme. This adds a layer of complexity for these pharmacies. The general rule of thumb is that it should always be assumed for all patients presenting in the pharmacy that they have come for self-care advice and **purchase** of over-the-counter medicines.

If through discussion with the patient, it becomes clear that they have been referred from the GP practice then ASC should be provided (as long as patient meets eligibility criteria). It may be helpful to ask patients 'have you been referred by the GP practice' in order to identify these patients.

If a patient presents with the expectation that they can get medicines for free you need to explain that advice is always free but that there is a charge (usually small) for medicines. If you feel that a free supply of medicines is appropriate to prevent the patient presenting at the GP surgery, then the ICB minor ailment service should be provided.

Consultation

The consultation must be carried out by a pharmacist.

It is expected that the consultation takes on average 5 minutes to complete.

The pharmacist will assess the patient's condition using a structured approach to responding to symptoms. As a minimum the assessment will cover:

- Nature and duration of symptoms
- Concurrent medication and medical conditions
- Exclusion of serious disease / alarm or red flag symptoms
- Identify if patient is pregnant/ breastfeeding
- Identify any medication already supplied / taken for the minor ailment

The pharmacist will use their professional judgement to determine the most appropriate course of action for the patient. Pharmacists are accountable for the patient management decisions they make while providing the ASC service.

Pharmacist Treatment Decision

Possible patient management decisions: –

Self-Care advice only

- Provide information on symptoms, promote self-care messages and where appropriate include antibiotic stewardship message
- Provide printed information to reinforce verbal messages
- Encourage patient to directly access self-care at the pharmacy next time they have a minor ailment

Self-Care advice and supply of medication from the formulary

- Provide information on symptoms, promote self-care messages and where appropriate include antibiotic stewardship message
- Provide printed information to reinforce verbal messages
- Supply medication from the formulary
- Explain how the treatment works including possible side-effects/ cautions and warnings with use
- Encourage patient to directly access self-care at the pharmacy next time they have a minor ailment

Self-Care advice with referral for non-urgent appointment

- Provide information on symptoms, promote self-care messages and where appropriate include antibiotic stewardship message
- Provide printed information to reinforce verbal messages
- If necessary, supply medication from the formulary
- Advise patient to contact the GP surgery and make an appointment (as per usual care)
- The pharmacy should not contact the GP surgery to arrange an appointment for the patient.

Urgent referral to the GP

- Used when the patient presents with symptoms indicating the need for an immediate consultation with the GP
- Pharmacy to contact the patients GP / Out of Hours service by phone and arrange an appointment for the patient

Referral procedure

The pharmacist should use their clinical judgement to decide the urgency, route and need for referral as ultimately the pharmacist is 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 as part of the urgent referral process).

Referral for urgent appointment

If the patient presents with symptoms indicating the need for an immediate consultation with a GP, the pharmacist should advise the patient and refer the patient back to their GP (within surgery hours) or contact the NHS 111 or advise the patient to attend A & E immediately (as appropriate).

Where an urgent referral is necessary the pharmacy must make an active referral. The pharmacy should contact the patient's GP by phone and arrange an appointment for the patient. This will be audited as part of the service delivery.

Where an urgent referral is necessary the pharmacy must arrange the appointment; contacting the GP practice must not be delegated to the patient. In the out-of-hour period patients should be assisted in contacting NHS 111 or be given clear directions as to how to access A&E where this is deemed necessary. Pharmacists must ensure that the patient gets an appointment and medical attention at the right time.

The appointment must be deemed necessary by the pharmacist, not the patient. If a patient feels that they require an appointment, but the pharmacist does not agree, the patient should be directed to contact the GP surgery themselves.

The PharmOutcomes notification email to the GP practice **must not** be used as a mechanism for referral. Where an urgent referral is required, the pharmacy should contact the patients GP / Out of Hours service by phone 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 and refer the patient back to their GP.

The pharmacy should not contact the GP practice to arrange an appointment for the patient.

If a patient presents more than twice within any month with the same symptoms but there are no indications for urgent referral, the pharmacist should consider referring the patient to their GP.

If the pharmacist suspects that the service is being misused / abused, they should alert info@cpwy.org. Please do not send any patient details.

Advice & Printed Information

The pharmacist will provide self-care advice on the management of the condition which should include the expected duration of the minor ailment and relevant self-care advice. This advice will be provided orally and backed up with an information sheet relevant to the minor ailment being managed and should be given whether treatment is supplied or not. As a minimum the following information must be provided:

Symptoms

- Expected symptoms
- What's normal
- Probable duration of symptoms

Self-care messages

- What patients can do for themselves to help manage the minor ailment
- Dispel any misconceptions the patient may have about visiting GP/OOH e.g. the medication a GP can supply is likely to be the same as under the ASC service.
- Where (and when) to go for further advice / treatment, if necessary, e.g. if the cough lasts for more than 3 weeks visit your GP.

- Management of future minor ailments including that products can easily, and often at a reasonable cost, be purchased over the counter in a pharmacy and that advice is always free. If medication is supplied, consider telling the patient how much it would have cost over the counter.
- Signpost to self-care advice available elsewhere:
 - for those with cold and flu symptoms can be informed about the Treat Yourself Better website.
 - NHS Choices has self-care advice on all the conditions managed.
- Printed information on the condition must be provided.

Antibiotic stewardship message

- Where the minor ailment is one where there may be an expectation of the need for an antibiotic (any Upper Respiratory Tract Infection including cough, sore throat, earache, runny nose) antibiotic stewardship advice and leaflet must be provided.
- Discuss with the patient the key messages about antibiotics not being required for viral infections the usual cause of coughs, colds, earache, sinusitis, flu and sore throat.
- Highlight the potential harms of taking antibiotics such as:
 - Side-effects are common and include diarrhoea, rashes and nausea.
 - Potential allergic reactions are possible.
 - Antibiotics can kill off normal 'defence' bacteria which live in the bowel and vagina. This may then allow other infections – for example, thrush – to develop.
 - Some antibiotics can cause you to be sick if you also drink alcohol and some cause reactions to sunlight.
- Antibiotics should be discussed at every opportunity as this will influence behaviour change.

Printed Information

The pharmacy will provide a relevant information leaflet about the minor ailment which will be given whether treatment is supplied or not.

Printed information must be provided to all patients
The information leaflets need to be downloaded and printed by the pharmacy.
Providing printed information is useful in backing up the self-care messages provided orally and also allows the patient to remind themselves of the advice provided at a later time/ date

Pharmacists are responsible for ensuring the leaflet provided is appropriate for the patient and condition being managed. To assist with finding an appropriate leaflet for each condition that is promoted through ASC, a recommended leaflet is listed below. It may be that for specific patients that a different leaflet is supplied to better inform them about their condition.

Condition	First choice leaflet	Link	Additional leaflet
Athlete's foot	NHS Choices Information athlete's foot information prescription	http://www.nhs.uk/conditions/athletes-foot/pages/introduction.aspx	
Cold Blocked / runny nose Viral infection without cough	TARGET – Treating Your Infection Patient Leaflet for Community Pharmacy Use. Patient also informed to visit the treat yourself better website for further information	TARGET – Treating Your Infection (Respiratory Tract Infections)	<ul style="list-style-type: none"> • NHS Choices Common Cold information prescription • Pharmacy First easy read antibiotic leaflet • NHS Choices fever in children information prescription • Treating your infection GP leaflet is available in other languages and can be used if relevant

Condition	First choice leaflet	Link	Additional leaflet
Cough Viral infection with cough	TARGET – Treating Your Infection Patient Leaflet for Community Pharmacy Use. Patient also informed to visit the treat yourself better website for further information	TARGET – Treating Your Infection (Respiratory Tract Infections)	•Caring for Children with Coughs leaflet http://www.bristol.ac.uk/media-library/sites/primaryhealthcare/documents/target/caring-for-children-with-cough-leaflet-print-ready.pdf
Earache	TARGET – Treating Your Infection Patient Leaflet for Community Pharmacy Use.	TARGET – Treating Your Infection (Respiratory Tract Infections)	• NHS Choices Earache information prescription http://www.nhs.uk/conditions/earache/pages/introduction.aspx
Fever	NHS Choices Fever in Children information prescription	http://www.nhs.uk/conditions/feverchildren/pages/introduction.aspx For adults need to give a leaflet relevant to underlying cause (often viral infection such as cold/ flu)	
Hay fever	NHS Choices Information hay fever information prescription	http://www.nhs.uk/conditions/hay-fever/pages/introduction.aspx	
Sore throat	TARGET – Treating Your Infection Patient Leaflet for Community Pharmacy Use.	TARGET – Treating Your Infection (Respiratory Tract Infections)	• NHS Choices sore throat information prescription
Sprain or Strain	NHS Choices sprain and strains information prescription	http://www.nhs.uk/conditions/sprains/pages/introduction.aspx	
Teething	NHS Choices leaflet on teething tips	http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/teething-tips.aspx	
Threadworms	NHS Choices threadworm information AND treatment information prescription	http://www.nhs.uk/Conditions/Threadworms/Pages/Treatment.aspx	
Thrush	Relevant NHS Choices information prescription -vaginal thrush -oral thrush -oral thrush in babies -thrush in men	Oral Thrush Thrush in Men & Women	
Chicken Pox	NHS Choices chicken pox information prescription	http://www.nhs.uk/conditions/chickenpox/Pages/Introduction.aspx	
Diarrhoea	NHS Choices diarrhoea information prescription	http://www.nhs.uk/conditions/diarrhoea/pages/introduction.aspx	
Head Lice	Leeds Head Lice Leaflet	Headlice leaflet – ENGLISH Headlice Leaflet ROMANIAN Headlice Leaflet SLOVAK	• NHS Choices head lice introduction, detection and treatment pages for information prescription http://www.nhs.uk/conditions/head-lice/pages/introduction.aspx
Indigestion	NHS Choices indigestion information prescription	http://www.nhs.uk/conditions/indigestion/pages/introduction.aspx	• NHS Choices pregnancy and indigestion information leaflet
Insect bites and stings	NHS Choices insect bite and stings information prescription	http://www.nhs.uk/conditions/bites-insect/pages/introduction.aspx	

Printed information should be provided for every patient. Only where printed information is not available in a language suitable for the patient can printed information not be supplied. The numbers of patients who do not receive printed information must be very low. Provision of printed information will be audited as part of the service delivery.

Pharmacies have the option for using the patient information leaflets on www.patient.co.uk if these leaflets are deemed to be more appropriate for a specific patient / condition.

Any printed information must be from a reputable source, be non-promotional and evidence based. Product specific, or leaflets supplied by the pharmaceutical industry must not be used unless these have been explicitly agreed by the commissioner.

Medication

Medication must only be supplied when necessary and appropriate to the patient's condition.

Only medicines from the formulary can be supplied. These products can be used for any of their licensed indications at licensed doses and therefore pharmacists can also treat: self-limiting pain, fungal infections (Ringworm, Candida intertrigo), headache (list not exhaustive).

The supplying pharmacist is professionally accountable for the treatment decisions made.

Explain how the treatment works including possible side-effects/ cautions and warnings with use. Show and supply the client the patient information leaflet.

There is no requirement to label the product although pharmacies may wish to record the supply on the PMR in line with good practice. Some schools have a policy that they will only administer medicines within school if the product is labelled. Pharmacists are asked to bear this in mind should a parent/ carer request that a product is labelled.

Formulary

The most up-to-date formulary is available on the Community Pharmacy West Yorkshire website at <https://www.cpwyo.org/pharmacy-contracts-services/local-services-enhanced/pharmacy-first/>

Pharmacists can supply any brand of product as long as the active ingredients are the same and pack size is at least the size specified above (e.g. larger packs can be supplied). The products supplied must not be POM packs and each product must be supplied with a corresponding patient information leaflet.

Ensure the pharmacy keeps enough stock of the formulary to ensure that patients can immediately be supplied with the necessary treatment.

Reimbursement will only be made at the price listed in the formulary. If pharmacies cannot get a specific medicine at stated reimbursement price, they should inform Community Pharmacy West Yorkshire info@cpwy.org.

Notes on formulary:

Feedback has included that sometimes patients challenge why they can't have a specific preparation. This tends to occur with cold preparations.

Patients can see a multitude of preparations on the pharmacy shelves for coughs and colds which claim varying benefits and include all-in-one preparations. When patients are provided with the medication from the ASC formulary, often in basic packaging, it can cause them to ask why they can't have one of the other preparations available in the pharmacy.

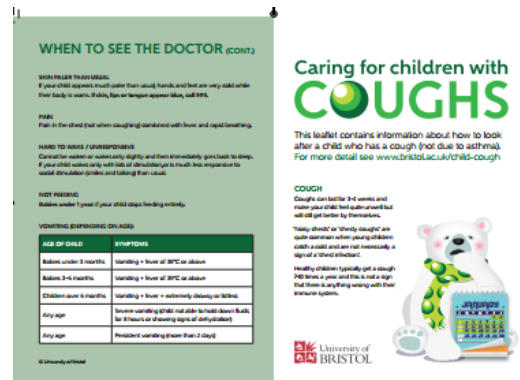
If this occurs pharmacists can explain:

- In line with GP prescribing, the ASC service has a limited formulary.
- Many of the cough and cold preparations for sale do not have proven clinical benefits and are therefore not included in the ASC service.
- The cough preparations for sale in the pharmacy have not been shown to shorten the duration of a cough.
- The preparations available on the ASC service are in-line with the current evidence-base as to what is most effective.
- Patients are free to purchase the medications over the counter should they wish to have a choice of treatment.

Coughs

There is no good evidence from trials that cough medicines are effective or reduce the severity / length of a cough and are therefore not included in the ASC formulary. Cough medicines are considered to be drugs of limited clinical value and GPs are encouraged not to prescribe them. Additionally the MHRA has stated that cough medicines containing antihistamines, cough suppressants, expectorants, or decongestants should be avoided in children under 6.

There is an excellent leaflet available aimed at parents of children with cough. The Caring for Children with Coughs leaflet is available to download from the Target Antibiotics Toolkit on the Royal College of General Practitioners website [here](#).



Threadworms

If issuing mebendazole for a family or household, this should be recorded under one presenting patient. Treatment should only be supplied for members of the household who are exempt from prescription charges. If multiple packs or differing presentations are required these should be recorded under medicine supply using the medicine supply 1, 2, 3 options.

E.g. Supply for a household of 4 with 3 children aged between 2-8 – Medicine 1= Mebendazole tablet x1, medicine 2= Mebendazole tablet x1, medicine 3= Mebendazole liquid 30ml

Hayfever

Patients who currently have hay fever medicines on repeat prescription should be directed to continue to order their medicines from the GP surgery; they should not use ASC. A patient who is not managed with a single supply of medication from ASC (one months' worth of antihistamine/a steroid nasal spray) should be informed that further supplies should be purchased over the counter or requested from the GP surgery.

Head Lice

- If issuing Hedrin for a family or household this should be recorded under one presenting patient.
- Treatment can only be supplied for members of the household who are exempt from prescription charges. Patients not exempt from prescription charges need to buy the product over the counter.
- Treatment should only be supplied for members of the household who have provided evidence of active head lice infection (sample of a louse). Ideally this is by sticking as many head lice as can be found onto a piece of paper with clear sticky tape (sellotape) and writing the name of the person from whose head the louse came from underneath the head lice.
- Sufficient product should be supplied for each person treated and to cover 2 treatments 7 days apart (usually 100ml per head although for long or thicker hair a greater volume may be required).
- The total volume required to treat all eligible (ie exempt patients with evidenced head lice infection) within the household should be supplied to the client in the most cost effective manner i.e. using large pack sizes when appropriate.

If multiple packs are required these should be recorded under medicine supply using the medicine supply 1, 2, 3 options.

E.g. Supply for 4 eligible patients – 400ml of Hedrin required, Medicine 1= Hedrin 150ml, medicine 2= Hedrin 150ml, medicine 3= Hedrin 50ml, medicine 4= Hedrin 50ml

Records

Pharmacies have 2 options to record the ASC consultation. It should be noted that there must always be a complete and countersigned paper copy of the ASC consultation form, whether this be PharmOutcomes generated or manually completed.

Option 1

This option will need to be used where pharmacies do not have access to a computer terminal in the consultation room.

1. Record the consultation on the ASC consultation form.
2. The patient must complete the Patient Declaration section of the form, reason for prescription charge exemption, consent to sharing consultation details and a set of questions to capture feedback regarding the service.
3. Pharmacist to sign the pharmacist declaration
4. Record promptly onto PharmOutcomes

ASC consultations must be promptly recorded (within 48 hours) on PharmOutcomes as this triggers the consultation details being sent to the GP

Option 2

In order to use this option, pharmacies will require a computer terminal in the consultation room which is linked to a printer.

1. Gain verbal consent to share details of consultation with the GP and commissioner (this should be done part of the eligibility check).
2. Add the details of the consultation onto PharmOutcomes whilst the patient is in the consultation room, ensuring that you capture the responses to the feedback questions and exemption details.
3. Once the consultation is saved on PharmOutcomes you will be offered the option to print off a provision record.
4. Print off the provision record.
5. The patient (or representative) MUST sign the provision record confirming supply made, reason for prescription charge exemption, consent to sharing consultation details and responses to feedback questions.
6. Pharmacist to sign the pharmacist declaration.

With either option the pharmacy must check the patient's eligibility for receipt of free treatment under the service in line with the usual checks for NHS prescriptions.

Indication for treatment

Pharmacists must accurately record the indication for which they have provided advice and supplied medication. This list differs to the list of conditions promoted for the ASC service. This grouping of symptoms allows an analysis of the rationale for any medication supplied.

Indication for treatment (Recorded by pharmacist)	Examples of what this covers
Viral Symptoms with Cough	Cough & any other combination of cold symptom (s) including: <ul style="list-style-type: none">• Blocked nose / nasal congestion• Cold• Sore throat• Fever
Viral Symptoms without Cough	Any cold symptom, or combination of cold symptoms <u>without cough present</u> including: <ul style="list-style-type: none">• Blocked nose / nasal congestion• Cold• Sore throat• Fever
Cough Only	Cough without any other symptoms of a cold
Fever without viral symptoms	Fever only
Sore Throat Only	Sore throat
Earache	Earache
Hay fever	Hay fever
Allergy symptoms- skin	Allergic skin rash
Bites and Stings	Insect bites and stings- without secondary infection
Fungal skin infections	Athletes Foot, candida intertrigo
Rash/dermatitis (not allergic/ fungal)	Nappy rash
Chicken pox	Chicken pox

Indication for treatment (Recorded by pharmacist)	Examples of what this covers
Vaginal Thrush	Vaginal Thrush
Oral Thrush	Oral Thrush
Teething	Teething
Headache/Migraine	Headache/Migraine
Pain- Musculoskeletal	Sprain or strain
Pain- Dental	Toothache
Pain- Back pain	Backache
Pain- Other	Pain not included in one of the pain indications above
Threadworms	Threadworms
Indigestion	Indigestion
Head Lice	Head Lice
Other	This option allows free text so additional indications can be listed which are not included above.

The 'other' option allows a free text answer to be submitted on the occasions where the indication for treatment falls outside the list above. The use of other must only be used where a condition does not fall within the parameters of the standard list. It is not expected that the 'other' option will be frequently used.

Information and advice provided

PharmOutcomes records the advice and printed information that have been provided to the patient. This serves 2 purposes; to record the breadth of the consultation for audit; and, to record the consultation for quality purposes. Pharmacies should ensure that the questions on PharmOutcomes are correctly selected to reflect the advice and information given.

Record retention

The paper consultation records (either PharmOutcomes generated or paper version) should be kept in the pharmacy for 6 months to allow for Post Payment Verification checks to be carried out by the commissioner. After 6 months the paper consultation record can be shredded / destroyed as confidential waste. The record on PharmOutcomes will be the enduring record of the consultation.

Promotion of ASC

Due to the target group for this service, (patients who currently use GP or out of hours services for minor ailments), and the fact that ASC is not intended to convert patients who currently self-care and buy products OTC into the service, community pharmacy has a limited role in the direct promotion of the service to patients.

- The ASC service could be discussed with patients / parent / guardians when they present with a prescription for a medication likely to be for a minor ailment.
 - Ask why the patient went to the GP (to exclude those taking medication other than for a minor ailment).
 - Explain that next time they have a minor ailment that they can come to the pharmacy for a consultation with the pharmacist under a service called ASC.
- The pharmacy may already know which customers / patients, including children, who frequently visit the GP for a minor ailment. This is also an ideal group with which to discuss the ASC service.

How to provide a successful service

Although this service can only be delivered by a pharmacist, a team approach is essential in delivering a successful service. All the pharmacy team, including part-time staff and locum pharmacists, need to be aware of the service and how it operates to ensure the pharmacy offers an effective service which is part of the day-to-day work of the team. The team need to give a positive message about the ASC service.

The messages the pharmacy team are giving during over-the-counter sales should be consistent with the ASC messages. This should include self-care messages, messages about the use of antibiotics and when to seek medical attention. These messages need regularly reinforcing.

Actions

- Discuss the ASC service with the team.
- Explain the target patients for the service and the service aims.
- Agree how pharmacy staff will signpost suitable customers into the service.
- Ensure that all staff understand that the service is not intended to divert patients from OTC sale.
- Decide how the staff will inform the pharmacist that a patient has presented for an ASC consultation
- Decide how the pharmacist will leave the dispensary to deal with a patient who presents for an ASC consultation.
- Check all the pharmacy team know about the self-care messages that can be given for minor ailments.
- Discuss the advice that is given to customers about when to visit a GP and when this is not necessary.
- Discuss the use of antibiotics and the key antibiotic stewardship messages with staff.
- Consider making available extra copies of the self-care resources to act as a resource for counter staff.

Pharmacies may want to approach their local GP practices to let them know that they provide the service.

ASC works well in areas where there is good, ongoing communication between local pharmacies and practices. Dialogue about patients referred back to the GP, the suitability of patients signposted to the pharmacy by the GP practice and the conditions included in the service, result in clear pathways for patients.

Any issues relating to use by GP practices should be, if possible, resolved locally. However, please email Community Pharmacy West Yorkshire, info@cpwy.org for any continuing problems with the service.

Payment- Claims

The pharmacy will be paid £4.50 per consultation.

Treatments supplied will be reimbursed as per the formulary on www.cpwy.org plus VAT.

Payments will be made based on the information recorded on PharmOutcomes and will be made on a monthly basis.

ASC consultations must be promptly recorded on PharmOutcomes, ideally on the same day and within 48 hours of the consultation. This is because entry of the data onto PharmOutcomes triggers a notification email to the GP of the ASC consultation.

Entering data onto PharmOutcomes MUST NOT be left until the month end as this will delay the information being sent to the GP

Pharmacists must submit claims within 48 hours of the service activity.

ASC consultation forms are not to be sent to the ICB as part of the claim for payment as they contain patient identifiable information. The pharmacy must retain the consultation forms in a safe and secure manner and protected from unauthorised access (in line with the NHS guidance for record retention) for at least 6 months following the consultation.

Person Requirements to Deliver the Service

The service must be delivered by a pharmacist who can meet the required competencies and has completed a Declaration of Competence (DoC) for Minor Ailments (<https://www.cppe.ac.uk/services/declaration-of-competence#navTop>).

Pharmacists should ensure that they are up-to-date with the evidence-based self-care messages that can be given regarding the minor ailments included in the ASC service.

Accessibility

ASC should be available throughout the pharmacies opening hours (both core and supplementary hours) including when the regular pharmacist is on holiday.

This service is intended to assist in the management of demand for out of hours services. Where the pharmacy has opening hours which extend into the out of hours period, (6.30pm to 8.00am on weekdays and all day at weekends), every effort should be made to ensure that the pharmacist on duty is able to provide the service during these times.

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

Standard Operating Procedure (SOP)

The pharmacy must have a SOP in place for all the services the pharmacy provides, including this service. SOPs are necessary to demonstrate to commissioners that the pharmacy is meeting the requirements of the service and to ensure that the service is provided in a safe and consistent way.

This Service Guide should contain the information with which you can produce a SOP. A SOP should:

- Define staff roles and responsibilities
- Include any relevant signposting information
- Include the process for error and near miss reporting
- Be regularly reviewed and kept up to date
- Be signed and dated by all staff (including locums) operating under the SOP
- State the date of production and review date.

Check with the Superintendent before you write any SOP because they must be involved in writing SOPs for the pharmacy. A template SOP for the service is available at the end of this guide.

Template Standard Operating Procedure for Leeds ASC Service

Pharmacy Name		SOP version	
Date of SOP preparation:		Date SOP effective from:	
SOP prepared by:		Review date for SOP:	
Objective			
To define the procedures of 'ASC' (the Service) in order to ensure that the Service is conducted as commissioned and is provided to a high quality in a consistent, professional and accurate manner.			
Scope			
This procedure applies to all staff participating in the provision of the Service.			
Responsibilities			
The responsible pharmacist in charge of the community pharmacy is responsible for ensuring that the Service is carried out as within this SOP and in line with the service specification (i.e. as commissioned).			
Each person delivering the service is responsible for ensuring that they work under this SOP.			
All employees are responsible for treating all users of the Service with respect and courtesy.			
Person Requirements			
The ASC service is to be provided by a pharmacist who has completed the CPPE Minor Ailments Declaration of Competence.			
Facilities			
The part of the pharmacy used to deliver the service should provide a sufficient level of privacy for those accessing the service; this may be the consultation room.			
The process stages			
1	Confirm patient eligibility. Eligible patients must be: <ul style="list-style-type: none"> • Registered with a Leeds GP. • Exempt from prescription charges • Currently suffering from the minor ailment which is included in the service • Agree to sharing details of the consultation with their registered GP 		
2	Consultation room If a consultation room is available then offer the patient the option of the consultation taking place within the consultation room. If a consultation room is not available, or the patients 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.		
3	Consultation The pharmacist will assess the patient's condition using a structured approach to responding to symptoms. As a minimum the assessment will cover: <ul style="list-style-type: none"> • Nature and duration of symptoms • Concurrent medication and medical conditions • Exclusion of serious disease / alarm / red flag symptoms • Identify if patient is pregnant/ breastfeeding • Identify any medication already supplied / taken for the minor ailment 		
4	Determine appropriate course of action for the patient The pharmacist will use their professional judgement to determine the most appropriate course of action for the patient. Pharmacists are accountable for the patient management decisions they make in the course of providing the ASC service.		

	Advice Only	Advice and supply of medication from the formulary	Referral for non-urgent appointment	Urgent referral to the GP
	Provide information on symptoms, promote self-care messages and where appropriate include antibiotic stewardship message Provide printed information to reinforce verbal messages	Provide information on symptoms, promote self-care messages and where appropriate include antibiotic stewardship message Provide printed information to reinforce verbal messages Supply medication from the formulary Explain how the treatment works including possible side-effects/ cautions and warnings with use	Provide information on symptoms, promote self-care messages and where appropriate include antibiotic stewardship message Provide printed information to reinforce verbal messages If necessary, supply medication from the formulary Advise patient to contact the GP surgery and make an appointment (as per usual care)	Used when the patient presents with symptoms indicating the need for an immediate consultation with the GP Pharmacy to contact the patients GP / Out of Hours service by phone and arrange an appointment for the patient

5 Records
The ASC consultation must be recorded on both the consultation form and PharmOutcomes.

Clinical Governance
Confidentiality is a matter of both law and ethics. All staff must respect the confidentiality of information relating to the patient and their family acquired in the course of the Service. Such information should not be disclosed to anyone without the consent of the patient.

All forms and paperwork containing personal information of a patient should not be left unattended and must be kept securely when not in use, to prevent any unauthorised access to the data.

Incident and Near Miss
Any near miss or incident occurring while undertaking this service should be reported to the Responsible Pharmacist immediately. The Responsible Pharmacist must carry out any necessary action and report the incident / near miss as per the pharmacies own Incident Reporting policy and procedure.

Audit (Review procedure)
Competency checks and audits will be carried out at random intervals to ensure that every member of pharmacy staff delivering the Service is familiar and up to date with the procedure at all times. This SOP will be reviewed at least every 2 years or following any critical incident.

Staff signature (To be signed by all those working within the SOP (including locums))

I have read and understood the implications of the SOP

Name	Job role	Signature	Date

Disclaimer: This document is an example SOP for the ASC Service. Pharmacies may adapt to suit local needs or alternatively develop their own. Each pharmacy is responsible for producing their own SOP which conforms to both the service specification and the usual processes within the pharmacy. Community Pharmacy West Yorkshire does not accept any responsibility for any errors or omissions within this document.