



NHS England and NHS Improvement (North East & Yorkshire) **Minor Ailments Local Enhanced Service**

Registration

Patients are not required to formally register with the scheme.

Consultation and Treatment

The service can only be provided for patients presenting with symptoms of the minor ailments as listed on the consultation form.

For patients under the age of 16 the parent / guardian can accept transfer into the scheme on behalf of the patient.

Only the products listed in the formulary can be provided as part of the scheme. The medicines available within the scheme must not be supplied outside their licensed indications.

Eligible patients will only be provided with medicines to manage the minor ailment if, in the professional opinion of the pharmacist, there is a current clinical need for the medication, and the medicine required is not contraindicated.

- **Patients should only be supplied with medication if they present at the pharmacy, this includes children.**
- **Medication should not be supplied to a third party.**

Patients are at liberty to decline to participate in the scheme.

The Pharmacist should carry out a professional consultation which should involve:

- Patient assessment in relation to the presenting complaint
- Provision of advice
- Supply of appropriate medication (OTC pack only) from the agreed formulary
- Record of advice and treatment
- Completion of exemption / consultation form
- Any medication supplied under the scheme must be labelled with full dosage instructions and recorded on the PMR as a minor ailment scheme consultation

Exemption / Consultation Form

Any medication supplied to patients exempt from prescription charges under the current guidelines will be provided free of charge. Evidence of exemption must be seen in the same way as if the patient was presenting with a prescription.

The patient should be asked to read the exemption / consultation declaration form and then sign the exemption / consultation form.

Exemption / consultation forms should be retained at the pharmacy.

Details of any payments associated with the minor ailments scheme must be recorded and submitted to NHS England and NHS Improvement (North East & Yorkshire) at monthly intervals

Key Points for Participating Pharmacies

The pharmacist must comply with the Code of Ethics for Pharmacists and Pharmacy Technicians and the Professional Standards and Guidance Documents from the Royal Pharmaceutical Society of Great Britain, as well as local standards e.g. in the form of Standard Operating Procedures, as appropriate.

Participation in the Minor Ailment scheme does not abrogate pharmacists from their professional responsibilities.

The pharmacist must ensure, where there is a clinical need, that appropriate medication is supplied, that the patient is advised how to take/use the medication and is provided with a patient information leaflet as appropriate.

Patients who present with a minor ailment outside the scope of the scheme, or for whom the listed formulary product(s) is (are) not appropriate or contra-indicated, will be signposted and assisted in accessing the most appropriate treatment from an alternative healthcare professional.

Patients who, in the opinion of the pharmacist, need an urgent GP appointment will be directed to the GP either by phone or by using a pharmacy referral form.

Only the medicines listed in the formulary in the quantities stated can be issued to an eligible patient following a consultation.

Further supplies of this medication following a subsequent professional consultation should only be supplied if, in the opinion of the pharmacist, it is considered appropriate. Pharmacists must be aware of the abuse potential, and be alert to abnormally frequent requests, and refuse to make a supply where there are reasonable grounds for suspecting misuse and / or abuse.

The possibility of abuse of the scheme and / or medication must be borne in mind and reported to the GP and NHS England and NHS Improvement (North East & Yorkshire) as appropriate.

The pharmacist should endeavour to keep the consultation process as confidential as possible and as such a private consultation area would be desirable to achieve this aim.

Service Funding

The pharmacy payment structure consists of:

- Consultation fee of £3.75 per consultation
- Reimbursement of medication cost based on the Chemist and Druggist and Drug Tariff, plus VAT. Prices are subject to change to reflect price fluctuations.

Participating pharmacists will be eligible to claim a consultation fee for instances where a consultation has taken place with a patient, but a decision has been made not to supply medication under the scheme. However, details of the consultation must still be recorded on the PMR and on the forms to be submitted to NHS England and NHS Improvement – (North East and Yorkshire)

Payment Schedule

Claims for payment should be sent at the end of each month.

By e-mail to: wyicb.pharmacy@nhs.net

NHS England and NHS Improvement (North East & Yorkshire)
Minor Ailments Local Enhanced Service

This document constitutes an agreement between the NHS Commissioning Board (the commissioner) and the pharmacy (the contractor) in respect of delivering this locally enhanced service as indicated below.

Minor Ailments Local Enhanced Service (LES)

Duration of agreement: From 1 April 2019 to 31 March 2020

The contractor reserves the right to withdraw from the above enhanced service by giving three (3) months notice to the commissioner. The commissioner reserves the right to terminate this agreement by giving three (3) months notice to the contractor.

Pharmacy Details:

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| Pharmacy Name and Address Or Pharmacy Stamp | |
| Pharmacy ODS Code: <u>E</u> | |

Please print names of all Minor Ailments accredited pharmacists working at this pharmacy:

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On behalf of the pharmacy I am agreeing to participate in the Local Enhanced Service listed above. I understand that in signing this schedule I am agreeing to the pharmacy undertaking all elements of the enhanced service specifications listed.

Signature on behalf of the Pharmacy:

| Signature | Name | Date |
|-----------|------|------|
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Signature on behalf of NHS Commissioning Board:

| Signature | Name | Date |
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