

Leeds Pharmacy Access to Self-Care (ASC)

A Locally Commissioned Community Pharmacy Service Service Specification

This service is commissioned by the NHS ICB in Leeds to provide the local population with rapid access to a pharmacist who can give advice, and where necessary supply medication from an agreed formulary, for a range of minor ailments. The service is aimed at patients who use the GP or Out of Hours services for minor ailments thereby helping to release capacity in these services by providing an appropriate alternative to the use of general practice or other health care environments (i.e. A&E, Out of Hours Urgent Care) for these conditions. It is hoped that this service will change patient behaviours, educating and assisting patients in how to access self-care and the appropriate use of healthcare services.

Aims of the service:

- Release capacity in general practice.
- To provide the local population with rapid access to a pharmacist who can give advice on, and treat where necessary, a range of minor ailments.
- Be an appropriate alternative to the use of general practice or other health care environment (i.e. A&E, Out of Hours Urgent Care).
- Allow for improved promotion of self-care.

Objectives of the service:

- To provide a service to users who might have otherwise attended their GP or A&E for the treatment of minor ailments.
- To provide a service outside of normal GP opening hours to reduce the use of GP OOH services.
- To be a cost-effective provider to allow for the redeployment of resources more appropriately in other parts of the wider health economy.

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1. Service Description

- 1.1. The agreement is for the pharmacy to provide self-care advice and support, including printed information, to people on the management of specified minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment.
- 1.2. Patients exempt from prescription charges will be supplied treatments free of charge.
- 1.3. For patients that are not exempt from prescription charges, the pharmacy may provide advice and sell OTC medicines to the person to help manage the minor ailment, as described in Essential Service 6 (Self Care).
- 1.4. Only patients registered with a Leeds GP are eligible to receive advice and treatment under this service, however, the service may be provided if a patient presents who is not registered with a GP. Patients registered with a GP from outside the NHS Leeds ICB area should be provided with advice and purchase of OTC treatment or referred to their own GP.
- 1.5. The pharmacy will operate a triage system, including referral to other health and social care professionals, where appropriate.
- 1.6. The patient should usually be in attendance (for child under 16, the parent or guardian must also be present).

- 1.7. The patient must currently be suffering from one of the minor ailments included in the service – e.g. the service must not be used to supply medicines for “just in case” use.
- 1.8. It is not intended to divert 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 self-manage and treat their minor ailments as per essential service 6, self-care.
- 1.9. The Leeds ASC service is an opt-in service for patients and those who wish to consult their GP for a minor ailment are free to do so.

2. Duration

- 2.1. This agreement shall take effect for a period from 1st April 2024 to 31st March 2025
- 2.2. Thereafter this agreement will be reviewed annually.

3. Premises

- 3.1. 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.
- 3.2. If a consultation room is available, then the pharmacist can consider offering the patient the option of the consultation taking place within the consultation room.

4. The Service

- 4.1. Only patients registered with a GP practice in the NHS Leeds ICB area are eligible to receive advice and treatment under this service. (Note; the service may be provided for a patient who is not registered with a 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).
- 4.2. Patients will either self-refer into the service or will be referred by their GP or the OOH provider.
- 4.3. The consultation must be conducted by a pharmacist.

Consultation

- 4.4. The pharmacy will gain patient consent to share the details of the consultation with the patient’s GP. Patients who do not consent to sharing details cannot access the Pharmacy First service and will be transferred to usual care. (Note; the service may be provided for a patient who is not registered with a 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).
- 4.5. The consultation will usually be face-to-face but may be conducted remotely if this is clinically appropriate for the individual and their presenting condition, and the patient consents to this.
- 4.6. The pharmacist will assess the patient’s condition using a structured approach to responding to symptoms.
- 4.7. Where the pharmacist has undertaken a remote consultation, (for example via telephone or video), but is unable to collect all the information they require from the patient or they feel that it is clinically appropriate to see the patient in the pharmacy before making a decision on their condition, the pharmacist must conduct a face-to-face consultation.

- 4.8. If the management of the minor ailment falls outside of this service the patient can either be offered advice and purchase of OTC medicines to the person to help manage the minor ailment, as described in Essential Service 6 Self Care, or referred to their GP.
- 4.9. The pharmacist will identify any concurrent medication or medical conditions, which may affect the treatment of the patient.
- 4.10. The pharmacist will consider past medication supplied for the minor ailment to assess appropriateness of further supply.
- 4.11. The pharmacist will provide self-care advice on the management of the condition (see information to be provided on next page).
- 4.12. The pharmacy will provide a relevant information leaflet about the minor ailment.
- 4.13. The pharmacist will provide medication, only, if necessary, from the formulary appropriate to the patient's condition.
- 4.14. The pharmacist who carried out the consultation will complete the required sections of the ASC consultation form which will include a declaration of the advice and treatment provided.
- 4.15. Patients will complete the ASC consultation form which includes a record of the treatment supplied, reason for prescription charge exemption, and consent to sharing consultation details with their GP and Leeds ICB for fraud prevention and a prescription exemption declaration.
- 4.16. The pharmacy must check the person's eligibility for receipt of free treatment under the service in line with the usual checks for NHS Prescriptions.
- 4.17. When managing head lice, scabies or threadworms the treatment should be issued and recorded under one presenting patient on behalf of the family/ household. Only patients exempt from prescription charges can be supplied medication.
- 4.18. Where head lice are being managed each patient to be treated should provide a sample to confirm active head lice infection.
- 4.19. The pharmacy will record the consultation on PharmOutcomes

Information to be provided.

- 4.20. Every patient who accesses the service will be provided with oral advice and printed information sheet relevant to their minor ailment. This information will be supplied whether treatment is supplied or not.
- 4.21. Patients with limited literacy skills in English will be supplied with either an easy read version or a version of the leaflet in an alternative language. If an easy read version or printed information is not available in a language suitable for the patient the usual patient leaflet should be provided (to back up the verbal information given) and the patient advised to ask a family member / Carer to help them read the information. Only if the patient, carer and family members are unlikely to be able to read or understand the information, can printed information not be supplied.
- 4.22. The oral advice will include self-care messages, expected symptoms, the probable duration of symptoms, and when and where to go for further advice/ treatment if needed.

- 4.23. Patients should also be informed that the product supplied can be purchased over the counter from any pharmacy.
- 4.24. Where the minor ailment is linked with possible antibiotic supply, (e.g. Upper Respiratory Tract Infections including cough, cold, runny nose), antibiotic stewardship advice and leaflet will be provided.
- 4.25. The agreed information leaflets will be downloaded and printed by the pharmacy.

Supply of medication

- 4.26. Only medicines from the Leeds ASC formulary will be used, as specified in the formulary (p6). These products can be used for any of their licensed indications at licensed doses. The pharmacist is professionally accountable for the treatment decisions made.

Records

- 4.27. The pharmacy will maintain a record of the consultation and any medicine that is supplied. This will be recorded on PharmOutcomes and the ASC consultation form.
- 4.28. Pharmacists must record information onto PharmOutcomes within 48 hours of the consultation.
- 4.29. Details of the consultation will be sent to the patient's GP via the reporting function within PharmOutcomes.
- 4.30. The paper consultation records will be kept in the pharmacy for 6 months to allow for Post Payment Verification checks to be carried out by the NHS ICB in Leeds.
- 4.31. The record on PharmOutcomes will be the enduring record of the consultation.
- 4.32. There is no requirement to label the product although pharmacies may wish to record the supply on the PMR in line with good practice.

Referral procedures

Referral for urgent appointment

- 4.33. If the patient presents with symptoms indicating the need for an immediate consultation with the GP, the pharmacist should refer the patient back to their GP (within surgery hours) or advise the patient to contact the Out Of Hours Service, or advise the patient to attend A & E immediately (as appropriate).
- 4.34. The pharmacy should contact the patients GP / Out of Hours service and arrange an appointment for the patient.
- 4.35. This process should only be used when referral is deemed urgent, e.g. a red flag symptom.

Referral for non-urgent appointment

- 4.36. 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 surgery to arrange an appointment for the patient.

- 4.37. If a patient presents more than twice within any month with the same symptoms and there is no indication for urgent referral, the pharmacist should consider referring the patient to their GP.
- 4.38. If the patient presents with symptoms outside the ASC service, the patient should be treated in line with usual practice.
- 4.39. If the pharmacist suspects that the service is being misused/ abused, they should alert the service commissioner.
- 4.40. The pharmacist should use their clinical judgement to decide the urgency, route and need for referral as they are professionally accountable for their actions.
- 4.41. 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).

5. Formulary

- 5.1. The pharmacy will hold adequate stocks (taking into consideration the possibility of an unexpected increase in demand) of the products required for the ASC service to ensure that patients can immediately access the necessary treatment.
- 5.2. The formulary products can be used for any of their licensed indications at licensed doses. The pharmacist is professionally accountable for the treatment decisions made.

Formulary
Acetic acid 2% ear spray (5ml)
Beclometasone 50 mcg nasal spray (200 sprays)
Cetirizine solution 5mg/5ml (200ml) SF
Cetirizine 10mg tablets (30)
Chloramphenicol eye drops (10ml)
Chloramphenicol 1% eye ointment (4g)
Chlorphenamine Syrup (150 ml) SF
Chlorphenamine Tablets 4 mg (30)
Clotrimazole 500mg pessary (1)
Clotrimazole cream 1% (20g)
Fluconazole 150 mg Cap (1)
Hedrin® Dimeticone 4% Lotion (50ml)
Hedrin® Dimeticone 4% Lotion (150ml)
Head lice detection comb
Hydrocortisone 1% Cream (15g)
Ibuprofen suspension 100mg/5ml (100ml) SF
Ibuprofen tablets 200mg (24)
Ibuprofen tablets 400mg (24)
Lidocaine alone or with Cetalkonium /Cetylpyridinium teething gel (10g)
Mebendazole 100mg tablet (1)
Mebendazole 100mg tablet (4)
Mebendazole suspension (30ml)
Miconazole oral gel SF 2% (15g)
Olive oil ear drops (10ml)
Oral rehydration sachets (6)
Paracetamol 500 mg Tablets (32)
Paracetamol Susp SF 120 mg / 5 ml (100ml) SF
Paracetamol Susp SF 250 mg / 5 ml (100ml) SF

Formulary
Permethrin 5% cream (30g)
Pseudoephedrine hydrochloride 60 mg tablets (12) – NEW ITEM FOR 24/25
Sodium chloride 0.9% nasal drops (10ml)
Sodium Cromoglicate eye drops 2% (10mL)
Urea hydrogen peroxide 5% ear drops (8ml)

- 5.3. 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 (i.e. larger packs can be supplied).
- 5.4. Packs supplied by the pharmacy must NOT be a POM pack.
- 5.5. Each product must be supplied with a corresponding Patient Information Leaflet.
- 5.6. Reimbursement will only be made at the price listed in the formulary. This price will be based on Drug Tariff, Chemist and Druggist cost price or wholesaler's list price as appropriate. A list of drugs and current prices will be published at www.cpw.org. If pharmacies cannot get a specific medicine at stated reimbursement price, they should inform the point of contact for the service.
- 5.7. Reimbursement for products will be inclusive of VAT. As a professional service the consultation fee will be zero rated VAT.

6. Conditions

- 6.1. The following conditions will be promoted to patients as being within the Pharmacy First service.

Cough*	Cold*
Sore throat*	Threadworms
Athletes foot	Vaginal Thrush
Fever	Oral Thrush
Dehydration	Hay fever
Earache	Sprain or Strain
Headlice	Blocked nose
Teething	Conjunctivitis
Scabies	

**Self-care promotion*

- 6.2. The formulary products can be used for any of their licensed indications at licensed doses pharmacists and therefore pharmacists can also treat: self-limiting pain, fungal infections (Ringworm, Candida interigo), headache (list not exhaustive).

7. Accessibility

- 7.1. The service must be available throughout the pharmacy's opening hours (both core and supplementary) on all days that the pharmacy is open.
- 7.2. If the pharmacy is unable to meet this level of service delivery, then they must inform the service lead within NHS Leeds ICB.
- 7.3. If due to unforeseen circumstances the pharmacy is unable to provide the service, the pharmacy should signpost patients to another pharmacy (convenient to the patient) who are able to provide the service to the patient. The pharmacy should ensure that the pharmacy to which the patient is being signposted is able to provide the service by phoning the pharmacy to check before the patient leaves the pharmacy.

- 7.4. Instances where a patient is signposted to another pharmacy because the Pharmacy First service is not available should be reported as an incident to the NHS ICB in Leeds.

8. Payment

8.1 Remuneration will be made to the pharmacy at £4.50 per consultation to include;

- Set up costs (SOP development, staff training etc)
- 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

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

8.3 Payments will be made based on the information recorded on PharmOutcomes.

8.4 Payment will be made to pharmacies monthly.

8.5 Pharmacists must record information onto PharmOutcomes within 48 hours of the consultation. Consultations recorded onto PharmOutcomes over 48 hours may not be paid.

Claims submitted which relate to provisions over 1 month old will not be paid.

8.6 ASC consultation forms are not to be sent to Leeds ICB as part of the claim for payment as they contain patient identifiable information. The pharmacy must retain the consultation forms in line with the NHS guidance for record retention for at least 6 months following the consultation. Leeds ICB may periodically request copies of the forms for specific months as part of their Post Payment Verification process. Any information supplied to the ICB in Leeds must be anonymised and not contain any patient identifiable information.

9. Staff

9.1 The Leeds ASC Service can only be provided 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.

Core Competencies

- Able to communicate with, counsel and advise people appropriately and effectively on minor ailments.
- Able to assess the medication needs of patients.
- Able to act on referrals from, and make referrals to, other professions in healthcare and other sectors such as social care.
- Able to promote the service appropriately to the public.
- Able to explain the provision, range of conditions covered and features of the service to the public and other appropriate professionals.
- Understands the pharmacotherapy for the full range of available medication and appropriate clinical guidance.

10. Duty of pharmacy contractors

10.1. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are competent to deliver the service, have relevant knowledge and are appropriately trained in the operation of the service.

- 10.2. The pharmacy contractor must hold evidence of competency to provide the service for each pharmacist who conducts ASC consultations (i.e. retain copies of the Declaration of Competence statements for each pharmacist) and make these available to the commissioner on their request.
- 10.3. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 10.4. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 10.5. The pharmacy contractor must have a standard operating procedure (SOP) for the service. This should be reviewed regularly and following any significant incident or change to the service. The pharmacy contractor must ensure that all pharmacy staff involved in the provision of the service are familiar with and adhere to the SOP.

11. Commissioner responsibilities

- 11.1. The NHS ICB in Leeds will provide the funding for PharmOutcomes for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 11.2. The NHS ICB in Leeds will be responsible for the promotion of the service locally which pharmacies can use to promote the service to the public.
- 11.3. The NHS ICB in Leeds will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 11.4. When relevant, the NHS ICB in Leeds will obtain or produce health promotion material relevant to the service users and make 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.

12. Quality Indicators

- 12.1. The pharmacy contractor has appropriate health promotion and self-care material available for the user group and promotes its uptake.
- 12.2. The pharmacy contractor reviews its standard operating procedures and the referral pathways for the service on a regular basis and following any significant incident or change to the service.
- 12.3. The pharmacy contractor can demonstrate that pharmacists and staff involved in the provision of the service are competent to deliver the service.
- 12.4. The pharmacy contractor participates in an audit of service provision, where requested by the NHS ICB in Leeds and agreed with the LPC.
- 12.5. The pharmacy co-operates with any locally agreed ICB assessment, which has been agreed with the LPC, of service user experience.

13. Governance

- 13.1. The pharmacy will effectively manage any complaints using the pharmacy's internal complaints procedures which must be consistent with the NHS and Local Authority Social Services and National Health Service Complaints (England) Regulations.
- 13.2. The pharmacy will inform the NHS ICB in Leeds of any complaint relating to the ASC Service.

- 13.3. The pharmacy will manage any incidents in line with the requirements of the NHS Contractual Framework for community pharmacy.
- 13.4. The pharmacy will directly report any incidents relating to the service to the ICB in Leeds. In response to incidents or near-misses the pharmacy must reflect on current practice and, if appropriate, implement changes to reduce the risk of a similar event occurring. The pharmacy will consider and respond to the recommendations arising from any audit, Serious Untoward Incident report or Patient Safety Incident report produced by the NHS ICB in Leeds.
- 13.5. The pharmacy contractor consents to the sharing of patient anonymised service activity data with the NHS ICB in Leeds and Community Pharmacy West Yorkshire for the purpose of auditing the quality of the service, evaluating the service and making service payments.

14. Safeguarding

- 14.1. Pharmacies and their staff are reminded of their existing obligations to comply with local and national guidance relating to child protection procedures.
- 14.2. When dealing with all patients' pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.
- 14.3. The pharmacy contractor shall actively work to protect service users and their families from abuse and ensure that local multiagency safeguarding procedures are followed where there are any concerns of abuse in relation to any children or adults.

15. Confidential information

- 15.1. The pharmacy will ensure that the storage of patient records/ paperwork containing patient details is as outlined in the NHS code of practice for records management and associated guidance. Equipment used to store records should provide storage that is safe and secure from unauthorised access, and which meets health and safety, and fire regulations, but which also allow maximum accessibility of the information commensurate with its frequency of use.
- 15.2. The pharmacy will treat as confidential and restrict access to records and documents containing information relating to individual patients managed under the terms of the service to personnel authorised to participate in the service and, in the appropriate circumstances, other health care professionals and agencies, in line with local confidentiality arrangements, including where appropriate, the need for the permission of the client to share the information.
- 15.3. All parties will comply with the Data Protection Act, Caldicott and other legislation covering access to confidential client information. The requirement for confidentiality will be balanced with the needs of the service user.

16. Termination

- 16.1. Either party may terminate the agreement subject to providing three months' notice in writing.
- 16.2. The commissioner, NHS ICB in Leeds, shall be entitled, (without prejudice to our rights and remedies for any breach of this agreement and without prejudice to any continuing obligations you have under this agreement), to terminate this agreement immediately if the pharmacy seriously breaches the terms of this agreement including by any act or omission which prejudicially affects or is likely so to affect the interests of the commissioner.