Minor Ailments

<table>
<thead>
<tr>
<th>Service Specification No.</th>
<th>10R_2018_2020_8</th>
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<tr>
<td>Service</td>
<td>Minor Ailments  Enhanced Service</td>
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<tr>
<td>Commissioner Lead</td>
<td>Pharmaceutical Adviser – Janet Bowhill</td>
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<tr>
<td>Provider Lead</td>
<td>Community Pharmacy professionally supported by the Local Pharmaceutical Committee (Deborah Crockford Chief Officer)</td>
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<tr>
<td>Period</td>
<td>1st April 2018- 30th March 2020</td>
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<td>Date of Review</td>
<td>March 2020</td>
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1. Population Needs

1.1 National/local context and evidence base

Minor ailments are defined as common or self-limiting or uncomplicated conditions which can be managed without medical intervention.

The management of patients with minor self-limiting conditions, impacts significantly upon GP workload. The situation is most acute where patients do not pay prescription charges and may not have the resources to seek alternatives to a prescription from their GP. It is estimated that one in five GP consultations are for minor ailments and by reducing the time spent managing these conditions would enable them to focus on more complex cases.

Each year 8% of A&E department visits involve consultations for minor ailments, costing the NHS £136 million annually.

With the change in NHS systems architecture, and the prevailing economic climate, services such as Community Pharmacy based Minor Ailments scheme, which reduce costs, create GP time for the management of more complex long-term conditions and have a positive impact on urgent and emergency services are increasingly being adopted as part of system redesign.

The NHS England evidence base report on the urgent care review, published in June 2013, highlighted the role that pharmacies could play in providing accessible care and helping many patients who would otherwise visit their GP for minor ailments. It concluded that; ‘Community Pharmacy services can play an important role in enabling self-care, particularly amongst patients with minor ailments and long term conditions.’

1.2 Local Evidence

A minor ailments scheme has been in place within Portsmouth, since 2005. In 2015 the scheme was expanded to cover more conditions and made available to all pharmacies within Portsmouth City.
Last year more than 3500 consultations were made through the scheme at a cost of £30,000. It can be estimated if only 50% of these cases presented at an alternative NHS provider such as GP practice or minor ailments centre e.g. St Mary’s Treatment centre then costs would exceed £55,000.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Preventing people from dying prematurely</th>
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<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
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<tr>
<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
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<tr>
<td>Domain 4</td>
<td>Ensuring people have a positive experience of care</td>
</tr>
<tr>
<td>Domain 5</td>
<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
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2.2 Local defined outcomes
- To provide a convenient and accessible service for patients, exempt from prescription charges, to access high quality health care advice and treatment where needed for the defined range of minor ailments
- To reduce demand of GP, OOH and hospital services to treat these conditions and so release capacity within these facilities
- To promote self-care and empower patients to manage minor ailments

3. Scope

3.1 Aims and objectives of service

Aims and intended service outcomes

3.1.1 To improve access and choice for people with minor ailments by:
- Promoting self-care through the pharmacy, including provision of advice and where appropriate medicines and/or appliances without the need to visit the GP practice;
- Operating a referral system from local medical practices or other primary care providers; and Supplying appropriate medicines and devices (dressings etc.) at NHS expense for those who are exempt from prescription charges

3.1.2 To improve primary care capacity by reducing medical practice workload related to minor ailments.

3.2 Service description/care pathway

3.2.1 The pharmacy will provide verbal and printed advice and support to people on the management of minor ailments, who are eligible for the service.

3.2.3 Where appropriate the pharmacy may provide medicines to the person to help manage the minor ailment, as described within the service treatment protocols.

3.2.4 When a patient is eligible for free provision of treatment then medicines and
or appliances from the designated formulary may be provided free of charge. The cost of the medicine plus 20% VAT will be reimbursed to the contractor.

3.3 Service Outline

3.3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.

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

3.3.3 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.

3.3.4 The pharmacy contractor must maintain suitable staffing levels for accessible and convenient access to patients throughout normal NHS opening hours.

3.3.5 If the provider is unable to offer the service due to staff changes then the commissioner is to be notified to ensure that publically available signposting information is updated.

3.3.6 The pharmacy must maintain appropriate and timely records to ensure effective ongoing service delivery and audit. This will be done through the PharmOutcomes web based service which will also record service information for the purpose of audit and the claiming of payment.

3.3.7 A local minor ailments formulary will be used, which will be agreed with local stakeholders.

3.3.8 The CCG will agree the groups of people who are eligible to receive treatment under the scheme and the access route. Currently this is:-

Patients eligible for free prescriptions and people in full time education up to age of 24 years who are:
- Resident in Portsmouth PO1 to PO6 and/or
- Registered with Portsmouth CCG GP practice and
- Suffering from one of the included minor ailment conditions

3.3.9 The pharmacy will:

- provide advice on the management of the ailment, this should routinely be supported with a leaflet and where necessary supply the appropriate medication.

- or provide advice on the management of the ailment and when professionally necessary a referral to an appropriate health care professional, indicating the relative urgency of making contact with the professional

3.3.10 The pharmacy will maintain a record of the consultation and any medicine that is supplied. (PharmOutcomes will support this record keeping).

3.3.11 The pharmacy has a system to check the person’s eligibility for receipt of the service.

3.3.12 The CCG will be responsible for the promotion of the service locally,
including the development of publicity materials, which pharmacies can use to promote the service to the public.

3.3.13 The CCG will provide patient information sheets to support self-care messages related to specific ailments covered by the scheme and making these available to pharmacies to print.

3.3.14 The CCG will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.

3.4 **Population covered**
This service is offered to any Portsmouth resident who is registered with specific GP practices or resident in specific geographical area who is entitled to free prescriptions or is a full time student up to the age of 24 years.

3.5 **Any acceptance and exclusion criteria and thresholds**
Protocols for each condition have been made available. Within these protocols there will be inclusion and exclusion criteria relating to the clinical nature of the presenting symptoms.

3.6 **Interdependence with other services/providers**

3.6.1 Pharmacies will work closely with their local GP practices. Staff at local GP practices will refer patients to pharmacies delivering the service. In turn pharmacies will refer patients whose clinical conditions requires GP consultation back to the surgery.

3.6.2 The commissioners will work with NHS 111 to improve access and signposting of patients to appropriate NHS professionals

3.7 **Service Clinical Conditions**

3.7.1 The current list of clinical conditions are:-

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<thead>
<tr>
<th>Acne</th>
<th>Athletes Foot</th>
<th>Cold</th>
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<tr>
<td>Conjunctivitis</td>
<td>Constipation</td>
<td>Cough</td>
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<tr>
<td>Dermatitis</td>
<td>Diarrhoea</td>
<td>Earache</td>
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<tr>
<td>Earwax</td>
<td>Hay fever</td>
<td>Headlice</td>
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<tr>
<td>Headache</td>
<td>Indigestion</td>
<td>Insect bites and Stings</td>
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<tr>
<td>Nappy Rash</td>
<td>Nasal Congestion</td>
<td>Oral Thrush</td>
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<tr>
<td>Period Pain</td>
<td>Soft Tissue Injuries</td>
<td>Sore Throat</td>
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<tr>
<td>Tooth Pain</td>
<td>Teething</td>
<td>Threadworm</td>
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<tr>
<td>Vaginal Thrush</td>
<td>Warts and Verrucae</td>
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The protocols are attached as an appendix to this document.

3.7.2 Conditions will be reviewed. The list of conditions may be changed, added to or removed but this will be done by variation to this contract.

4. **Applicable Service Standards**

4.1 **Applicable national standards (eg NICE)**

National Pharmaceutical Contractual Framework (with particular reference to Essential Services specification for self-care and signposting)
5. Applicable quality requirements and CQUIN goals

Applicable quality requirements (See Schedule 4 Parts A-D)

Quality Indicators
5.1 The pharmacy is making full use of the promotional material made available for the service including provision of local patient advice leaflets
5.2 The pharmacy has appropriate CCG provided health promotion and self-care material available for the user group and promotes its uptake. Any publicity materials developed by individual pharmacies to promote the service must have CCG approval.
5.3 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
5.4 The pharmacy can demonstrate that pharmacists, (including locums) and support staff involved in the provision of the service have undertaken Continuing Professional Development relevant to this service.
5.5 The pharmacy makes every effort to have this service available during all hours it provides it NHS Contractual Framework service.
5.6 The pharmacy participates in an annual CCG organised audit of service provision, when requested
5.7 The pharmacy co-operates with any locally agreed CCG-led assessment of service user experience.
5.8 The pharmacy co-operates with the CCG when reporting and reviewing complaints, near misses or serious incidents.
5.9 The commissioner may terminate or suspend this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the Pharmacy
5.10 Recommended training resources include:-
The Royal College of General Practitioners (RCGP) e-learning course for self-care for minor ailments which was originally designed for GPs.

The Centre for Pharmacy Postgraduate Education (CPPE), distance learning course i) Common clinical conditions and minor ailments and ii) Urgent Care

NPA’s ‘Implementing a community minor ailment scheme’ is available to download from their website.

Local training guide available on PharmOutcomes website

6.1 The Provider’s Premises are located at:
Community Pharmacies across the city.
7. Local Placements

7.1 Payments will be made quarterly in July, October, January and April following each complete financial quarter.
7.1.2 Payments will be based on invoices generated by PharmOutcomes based on the data entered by each provider.
7.1.3 The current fee is £5 per professional consultation plus reimbursement of the cost of medication (+VAT).

7.2 Confidentiality
7.2.1. The Pharmacist(s) and their staff must not disclose to any person other than a person authorised by the CCG, any information acquired by them in connection with the agreement or the provision of the service(s).
In particular this concerns:
7.2.2. Any approaches by the media for comments or interviews may not be answered without permission of the CCG.
7.2.3 Any approaches by media outlets to discuss the service must be directed to the CCG communications team.

Appendix A – Treatment templates for individual conditions have been attached separately.