NHS Standard Contract 2017 and 2018/19
Particulars (Shorter Form)
May 2018 edition

Contract Reference: MM-13
Service: Isle of Wight Community Pharmacy
Service Category: Community Services (CS)
NHS Standard Contract
2017/18 and 2018/19
Particulars (Shorter Form) (updated November 2018)
May 2018 edition

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Prepared by: NHS Standard Contract Team
nhscb.contractshelp@nhs.net

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Document Classification: Official
<table>
<thead>
<tr>
<th><strong>Contract Reference</strong></th>
<th><strong>MM-13</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE OF CONTRACT</strong></td>
<td>1 April 2018</td>
</tr>
<tr>
<td><strong>SERVICE COMMENCEMENT DATE</strong></td>
<td>1 April 2018</td>
</tr>
<tr>
<td><strong>CONTRACT TERM</strong></td>
<td>2 years commencing 1 April 2018</td>
</tr>
<tr>
<td><strong>COMMISSIONERS</strong></td>
<td>NHS Isle of Wight Clinical Commissioning Group (ODS 10L)</td>
</tr>
</tbody>
</table>
| **CO-ORDINATING Commissioner** | NHS Isle of Wight Clinical Commissioning Group (ODS 10L)  
Tracy Savage Network Director and Head of Primary Care and Medicines Optimisation |
| **PROVIDER**           |           |
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Definitions and Interpretation
CONTRACT

This Contract records the agreement between the Commissioners and the Provider and comprises

1. the Particulars;
2. the Service Conditions (Shorter Form);
3. the General Conditions (Shorter Form),

as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (Variations).

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SIGNED by

Signature

Jane Cole
Interim Managing Director
Title

NHS ISLE OF WIGHT
CLINICAL COMMISSIONING GROUP

Date

[INSERT AS ABOVE FOR EACH COMMISSIONER]

SIGNED by

Signature

For and on behalf of

Title

Date
<table>
<thead>
<tr>
<th>SERVICE COMMENCEMENT AND CONTRACT TERM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date</td>
<td>1 April 2018</td>
</tr>
<tr>
<td>Expected Service Commencement Date</td>
<td>1 April 2018</td>
</tr>
<tr>
<td>Longstop Date</td>
<td>30 June 2019</td>
</tr>
<tr>
<td>Service Commencement Date</td>
<td>1 April 2018</td>
</tr>
<tr>
<td>Contract Term</td>
<td>2 years</td>
</tr>
<tr>
<td>Option to extend Contract Term</td>
<td>Yes</td>
</tr>
<tr>
<td>Notice Period (for termination under GC17.2)</td>
<td>12 months or shorter notice period by mutual agreement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SERVICES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Categories</td>
<td>Indicate all that apply</td>
</tr>
<tr>
<td>Continuing Healthcare Services (CHC)</td>
<td></td>
</tr>
<tr>
<td>Community Services (CS)</td>
<td>✓</td>
</tr>
<tr>
<td>Diagnostic, Screening and/or Pathology Services (D)</td>
<td></td>
</tr>
<tr>
<td>End of Life Care Services (ELC)</td>
<td></td>
</tr>
<tr>
<td>Mental Health and Learning Disability Services (MH)</td>
<td></td>
</tr>
<tr>
<td>Patient Transport Services (PT)</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Service Requirements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Services (NHS Trusts only)</td>
<td>NO</td>
</tr>
<tr>
<td>Is the Provider acting as a Data Processor in order to deliver the Services?</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAYMENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>National Prices Apply to some or all Services (including where subject to Local Modification or Local Variation)</td>
<td>NO</td>
</tr>
<tr>
<td>Local Prices Apply to some or all Services</td>
<td>YES</td>
</tr>
<tr>
<td>Expected Annual Contract Value Agreed</td>
<td>NO</td>
</tr>
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### GOVERNANCE AND REGULATORY

<table>
<thead>
<tr>
<th>Role</th>
<th>Email</th>
<th>Tel</th>
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</thead>
<tbody>
<tr>
<td>Provider’s Nominated Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Information Governance Lead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Data Protection Officer (if required by Data Protection Legislation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Caldicott Guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Information Governance Lead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Accountable Emergency Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Senior Information Risk Owner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Safeguarding Lead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Child Sexual Abuse and Exploitation Lead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Mental Capacity and Deprivation of Liberty Lead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider’s Freedom To Speak Up Guardian(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CONTRACT MANAGEMENT

**Commissioner:**

Jane Cole  
Interim Managing Director

**Address:**

NHS Isle of Wight  
Clinical Commissioning Group  
Building A, The Apex  
St Cross Business Park  
Newport  
Isle of Wight  
PO30 5XW

**Email:** [Jane.Cole8@nhs.net](mailto:Jane.Cole8@nhs.net)  
**Tel:** 01983 822099 ext. 3088
| Commissioner Representative(s) | Tracy Savage  
Network Director and Head of Primary Care and Medicines Optimisation  
Address:  
NHS Isle of Wight Clinical Commissioning Group  
Building A, The Apex  
St Cross Business Park  
Newport  
Isle of Wight  
PO30 5XW  
Email: Tracy.Savage@nhs.net  
Tel: 01983 822099 ext 3337 |
| Provider Representative |
SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Co-ordinating Commissioner with the following documents and complete the following actions by the Longstop Date of 30 June 2019:

1. Evidence of appropriate Indemnity Arrangements
2. Evidence of a current Pharmaceutical NHS Contract

C. Extension of Contract Term

Yes – 1 Year
SCHEDULE 2 – THE SERVICES

A. Service Specifications

<table>
<thead>
<tr>
<th>Service Specification No.</th>
<th>Service</th>
<th>Commissioner Lead</th>
<th>Provider Lead</th>
<th>Period</th>
<th>Date of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Pharmacy First</td>
<td>Tracy Savage, Network Director and Head of Primary Care and Medicines Optimisation</td>
<td></td>
<td>1 April 2018 – 31 March 2020</td>
<td>Annually (or as determined by the Commissioner)</td>
</tr>
</tbody>
</table>

1. Population Needs

1.1 National/local context and evidence base
Pharmacy First is designed to provide rapid access to a pharmacist who can give advice on a range of minor ailments and, where necessary, supply medication from an agreed formulary. The purpose of this service is to release capacity in General Practice and provide an appropriate alternative to the use of General Practice or other health care environments (i.e. Accident and Emergency (A&E), Out of Hours (OOH)/Urgent Care).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preventing people from dying prematurely</td>
</tr>
<tr>
<td>2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
</tr>
<tr>
<td>3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
</tr>
<tr>
<td>4</td>
<td>Ensuring people have a positive experience of care</td>
</tr>
<tr>
<td>5</td>
<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
</tr>
</tbody>
</table>

2.2 Local defined outcomes
- Helping people with specified minor ailments to recover from episodes of ill health by providing access to a defined list of medicines and advice from community pharmacy premises.
- Reducing demand on General Practice, OOH/Urgent Care and A&E by enabling patients with selected conditions to access treatment in community pharmacy without a prescription.
- Supporting the delivery of proactive care for long term conditions by freeing capacity in settings other than community pharmacy (e.g. General Practice).

3. Scope

3.1 Aims and objectives of service
The service aims to divert patients with specified minor ailments from general practice and other Urgent care settings (e.g. out of hours, urgent care centre, Accident & Emergency department) into community pharmacy where the patient can be seen and treated in a single episode of care.

The Pharmacy First Minor Ailments Service aims to enable more patients to access
medicines from the NHS without requiring a GP or A&E appointment to provide a prescription.

3.3 Population covered
The service is available to Isle of Wight residents and visitors to the island where purchasing an OTC medicine would be an issue and non-supply would generate an unnecessary GP appointment. The intention is not to convert pharmacy OTC sales to Pharmacy First supplies.

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.

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.

Further information on Pharmacy First can be found in the Service Guide on PharmOutcomes

If a pharmacy provides advice and/or treatment under the service for a non-eligible patient they will not be paid for the advice/treatment provided.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Inclusion Criteria

• **Only UK GP can be selected** - Patients not registered with a UK GP should be offered advice and the opportunity to purchase an OTC treatment, or advised to contact a GP as a temporary resident, if appropriate.

• **Present in the pharmacy** - The patient should be in attendance for a supply to be made. This criteria is preferred as it enables the pharmacist to talk directly to the patient about their condition, as would occur in a GP practice minor ailment consultation. In exceptional circumstances, where the patient is unable to attend the pharmacy (or other appropriate service), the pharmacist can choose to supply to patient representatives (e.g. child/older housebound adults) under “Pharmacy First” as long as they are confident that they have all the necessary information and that supplying is in the patient’s best interests. Please record if the patient is present.

• **Exempt from prescription charges** - Currently only those patients exempt from prescription charges are eligible to use the “Pharmacy First” service. For patients that are not exempt from prescription charges, the pharmacy may provide advice and sell OTC medicines to help manage the minor ailment.

• **Currently suffering from the minor ailment which is included in the service** - Patients who do not currently have a minor ailment are unable to use Pharmacy First service as the service does not allow supply of medicines for future use.

• The following conditions are included within the Pharmacy First service:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
<td>Cramps associated with IBS</td>
<td>Minor burns and scalds</td>
</tr>
<tr>
<td>Allergic rhinitis/ Hayfever</td>
<td>Dyspepsia/ Haemorrhoids</td>
<td>Mouth ulcers</td>
</tr>
<tr>
<td>Coughs/ Colds/ Sore throats</td>
<td>Earwax</td>
<td>Musculoskeletal pain &amp; Soft tissue injury (aches and sprains)</td>
</tr>
<tr>
<td>Contact Dermatitis / Insect bites and stings</td>
<td>Fungal Skin Infections</td>
<td>Paediatric fever/ Teething/ Nappy rash</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Hyperhydrosis</td>
<td>Threadworm</td>
</tr>
<tr>
<td>Constipation/ Diarrhoea</td>
<td>Headlice / Scabies</td>
<td>Vaginal Thrush/ Cystitis</td>
</tr>
<tr>
<td>Cold sores/ Impetigo</td>
<td>Headache/ Migraine</td>
<td>Warts/ Verrucae</td>
</tr>
</tbody>
</table>

• The formulary products can be used for any of their licensed indications at licensed doses.

• Agree to sharing details of the consultation with their registered GP. Patients must consent to sharing their details and the consultation with their registered GP. The
consent can be verbal and will be recorded on PharmOutcomes as part of the consultation process.

3.4.2 Exclusion Criteria
• It is not intended to divert patients presenting in the pharmacy with a minor ailment onto the Pharmacy First Service. People who usually manage their own minor ailments through self-care and purchase of OTC medication should continue to do so as set out in essential service 6 - self-care.

3.5 Interdependence with other services/providers
• General Practices
• OOH Service
• Urgent Care Service
• A&E
• Community pharmacy teams are ideally placed to work in partnership with GP practices to educate patients around appropriate medicines management and ordering.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)
As applicable to the provision of community pharmacy services.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.2.1 PharmOutcomes
• Pharmacy First consultations should be promptly recorded on PharmOutcomes as this triggers the Pharmacy First consultation details being sent to the GP. The record on PharmOutcomes will be the enduring record of the consultation.
• NB: The 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 patient’s GP / Out of Hours service by phone and arrange an appointment for the patient.

4.2.2 Pharmacy First Medicines Formulary
Only medicines from the Pharmacy First formulary can be used:

• The Pharmacy First service has a limited formulary and evidence-based medicines are included (many of the cough and cold preparations for sale do not have proven clinical benefits and are therefore excluded from the list)
• Medication must only be supplied when necessary and appropriate to the patient’s condition.
• Patients may purchase the medications over-the-counter should they wish to have a choice of treatment
• 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) but payment will be in line with DM&D tariff prices or calculated against the brand highlighted in the formulary.
• The products supplied must not be POM packs and each product must be supplied with a corresponding Patient Information Leaflet

<table>
<thead>
<tr>
<th>Formulary*</th>
<th>Formulary*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aciclovir 5% cream (1x2g tube)</td>
<td>Dentinox® Teething Gel (1x15g)</td>
</tr>
<tr>
<td>Dimeticone 4% (Hedrin®) lotion (1x50ml, contains 1 application)</td>
<td>Oral re-hydration therapy (Electrolade) sachets (1x6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Formulary*</th>
<th>Formulary*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthisan cream (1x25g)</td>
<td>Olive oil ear drops (1x10ml)</td>
</tr>
</tbody>
</table>

NHS STANDARD CONTRACT
2017/18 and 2018/19 PARTICULARS (Shorter Form) (May 2018 edition)
<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Quantity/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anusol cream or ointment</td>
<td>(1x25g)</td>
<td></td>
</tr>
<tr>
<td>Paracetamol</td>
<td>120mg/5ml paediatric suspension</td>
<td>(1x100ml)</td>
</tr>
<tr>
<td>Anusol Plus HC ointment</td>
<td>(1x15g)</td>
<td></td>
</tr>
<tr>
<td>Diclor 20mlls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anusol Plus HC suppositories</td>
<td>(1x12)</td>
<td></td>
</tr>
<tr>
<td>Fluconazole 150mg capsule (x1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paracetamol</td>
<td>250mg/5ml suspension</td>
<td>(1x100ml)</td>
</tr>
<tr>
<td>Aquaderm Cream 50g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gaviscon suspension (1x150ml)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permethrin Cream 5% 30g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beclomethasone nasal spray</td>
<td>50mcg/spray (1x200 dose)</td>
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</tr>
<tr>
<td>Hydrocortisone 1% cream (1x15g)</td>
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</tr>
<tr>
<td>Paracetamol</td>
<td>500mg tablets (1x32)</td>
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</tr>
<tr>
<td>Benzoyl Peroxide (Acnecide) 5% Gel 30g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocortisone 2.5mg mucoadhesive buccal tabs</td>
<td>formerly Corlan Pellets (1x20)</td>
<td></td>
</tr>
<tr>
<td>Ranitidine 75mg tablets (1x12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzydamine 0.15% (Difflam) mouthwash</td>
<td>(1x200ml)</td>
<td></td>
</tr>
<tr>
<td>Hyoscine Butylbromide 10mg tablets (Buscopan)</td>
<td>(1x20)</td>
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</tr>
<tr>
<td>Salactac Gel 8g</td>
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</tr>
<tr>
<td>Benzydamine 0.15% (Difflam) spray</td>
<td>(1x30ml)</td>
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</tr>
<tr>
<td>Ibuprofen 100mg/5ml suspension (1x100 ml)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzydamine 0.15% (Difflam®) mouthwash</td>
<td>(1x200ml)</td>
<td></td>
</tr>
<tr>
<td>Ibuprofen 200mg tablets (1x24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saline nasal drops (1x10ml )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buscopan IBS Relief tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ibuprofen 400mg tablets (1x24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple linctus SF paed (1 x 200ml)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buccastem 3mg Tablets (1x8)</td>
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</tr>
<tr>
<td>Ibuprofen 5% gel (1x30g)</td>
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</tr>
<tr>
<td>Sodium bicarbonate 5% ear drops 10ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cetirizine 10mg tablets (1x30)</td>
<td></td>
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</tr>
<tr>
<td>Ispaghula husk 3.5g sachets (1x30)</td>
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</tr>
<tr>
<td>Sodium cromoglicate 2% eye drops (1x5ml)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cetirizine 1mg/ml solution (1x200ml)</td>
<td>Lactulose solution (1x300ml)</td>
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</tr>
<tr>
<td>Soluble Aspirin 300mg tablets (1x32)</td>
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<td></td>
</tr>
<tr>
<td>Chloramphenicol 0.5% eye drops (1x10ml)</td>
<td>Linicin lotion with comb pack</td>
<td></td>
</tr>
<tr>
<td>(P-line)</td>
<td>(1x100ml, contains 2 applications, suitable for family treatment)</td>
<td></td>
</tr>
<tr>
<td>Chloramphenicol 1% eye ointment (1x4g)</td>
<td>Loperamide 2mg capsules (1x12)</td>
<td></td>
</tr>
<tr>
<td>Metamizole nappy rash oint (30g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlorhexidine 0.2% mouthwash</td>
<td>Loratadine 10mg tablets (1x30)</td>
<td></td>
</tr>
<tr>
<td>Sumatriptan 50mg (Imigran 1x2)</td>
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</tr>
<tr>
<td>Chlorphenamine 2mg/5ml liquid (sugar free)</td>
<td>Loratadine 5mg/5ml syrup (1x100ml)</td>
<td></td>
</tr>
<tr>
<td>(1x150ml)</td>
<td>Terbinafine 1% (Lamisil AF) cream</td>
<td></td>
</tr>
<tr>
<td>Chlorphenamine 4mg tablets (1x28)</td>
<td>Macrogol (Movicol) sachets (1x20)</td>
<td></td>
</tr>
<tr>
<td>Tyrozets lozenges (1x24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choline salicylate (Bonjela Adult®) (1x15g)</td>
<td>Mebendazole 100mg (Ovex® single dose) tablet (x1)</td>
<td></td>
</tr>
<tr>
<td>Zeroderm Cream 50g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clotrimazole 1% cream (1x20g)</td>
<td>Mebendazole 100mg/5ml (Ovex®) oral suspension (1x30ml)</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Clotrimazole 10% vaginal cream (x1)</td>
<td>Melolin® dressing 5cmx5cm (up to 3) plus Micropore® tape 1.25cm</td>
<td></td>
</tr>
<tr>
<td>Clotrimazole 2% (Canestan Thrush®) cream (1x20g)</td>
<td>Miconazole 2% (Daktarin) cream (1x30g)</td>
<td></td>
</tr>
<tr>
<td>Clotrimazole HC 1% cream 15g</td>
<td>Miconazole oral gel 20mg/g (Daktarin oral gel 15g)</td>
<td></td>
</tr>
<tr>
<td>Clotrimazole 500mg pessary</td>
<td>Migraleve Duo Tablets (1x24)</td>
<td></td>
</tr>
<tr>
<td>Cystemme x 6 sachets</td>
<td>Nit detection comb (x1)</td>
<td></td>
</tr>
<tr>
<td>Cystopurin x 6 sachets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Formulary will be reviewed and updated annually.

4.3 Applicable local standards

4.3.1 Pharmacy Consultation

The Pharmacy First service may be provided by appropriately trained pharmacy technicians or counter assistants working under the direct supervision of the pharmacist. A private consultation room should be available and offered as appropriate.

The patient’s condition will be assessed 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 / 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 made in the course of providing the Pharmacy First service.

4.3.2 Advice

- Provide information on symptoms
  - what symptoms are normal
  - probable duration of condition
- Promote self-care messages
  - self-management
  - when and where to go for further advice or treatment if necessary
  - management of future minor ailments
  - keeping fit and healthy
  - knowing how to take medicines, treat minor ailments and seek help when needed
  - understanding a long-term condition and how to live with it.

4.3.3 Supply of medication from the formulary

- Supply medication from the formulary (labelling of OTC medicine not required)
- Explain how the treatment works including possible side-effects/ cautions and warnings with use

4.3.4 Referral procedure
The provider should use their clinical judgement to decide the urgency, route and need for referral as ultimately the pharmacist is professionally accountable for their actions.

### 4.3.5 Referral for non-urgent appointment
- Provide information and advice and 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.
- 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.

### 4.3.6 Urgent referral to the GP
- 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.
- Where an urgent referral is necessary the pharmacy must make an active referral.
- Use when a patient presents with symptoms indicating the need for an immediate consultation with the GP.
- Pharmacy to advise/contact
  - the patients GP if within normal working hours.
  - the OOH service by telephone (111 - 24/7 service) and arrange an appointment for the patient.
  - the Urgent Care Service is located at St Mary’s Hospital 365 days of the year and is available to non-registered patients.

## 5. Applicable quality requirements and CQUIN goals

### 5.1 Applicable Quality Requirements (See Schedule 4A-C)

### 5.2 Applicable CQUIN goals (See Schedule 4D)
Reserved as not applicable under terms of the contract

## 6. Location of Provider Premises

**The Provider’s Premises are located at (please confirm inclusion):**

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
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</table>

### Premises Requirements
- If a consultation room is available, consultations should take place in that room.
- If a consultation room is not available, or the patient 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.

## 7. Individual Service User Placement

Not applicable
<table>
<thead>
<tr>
<th>Service Specification No.</th>
<th>004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Uncomplicated Urinary Tract Infection (UTI)</td>
</tr>
</tbody>
</table>
| Commissioner Lead        | Tracy Savage  
Network Director and Head of Primary Care and Medicines Optimisation |
| Provider Lead            | N/A |
| Period                   | 1 April 2018 – 31 March 2020 |
| Date of Review           | Annually (or as determined by the Commissioner) |

### 1. Population Needs

#### 1.1 National/local context and evidence base
The Medicines Act (2000) allows the supply of prescription only medicines without a prescription under a Patient Group Directive (PGD) by a specific health care professional, including a community pharmacist.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Preventing people from dying prematurely</td>
</tr>
<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
</tr>
<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>
</tr>
</tbody>
</table>

#### 2.2 Local defined outcomes
- To ensure timely access to clinical treatment for uncomplicated Urinary Tract Infection.

### 3. Scope

#### 3.1 Aims and objectives of service
This service is designed to improve patient choice and access to clinical treatment for uncomplicated Urinary Tract Infection. This service is designed to help reduce demand on other health care professionals for example General Practice and the OOH/Urgent Care service.

#### 3.2 Service description/care pathway
The pharmacist will be accredited to supply Nitrofurantoin or Trimethoprim, when indicated to patients in line with the requirements of the locally agreed PGD.

#### 3.3 Population covered
This service is available to all women aged 16 years or over, presenting with symptoms associated with an uncomplicated urinary tract infection.

#### 3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Inclusion Criteria
Symptoms include at least one of the following:
- Dysuria
- Increased urinary frequency and urgency of recent onset
- Suprapubic pain
- Nocturia of recent onset

3.4.2 Exclusion Criteria
Exclusions are covered within the PGDs which should be referred to for further details.
- Patients less than 16 years of age
- Men
- Pregnancy or breastfeeding mothers
- Patients already taking a prescribed antibiotic or any other medications with any potential interactions with nitrofurantoin/trimethoprim
- Patients with a history that excludes uncomplicated UTI.

3.5 Interdependence with other services/providers
- General Practices
- OOH Service
- Urgent Care Service

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)
As applicable to the provision of community pharmacy services.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)
As applicable to the provision of community pharmacy services.

4.3 Applicable local standards
As applicable to the provision of community pharmacy services.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)
Reserved as not applicable under terms of the contract.

6. Location of Provider Premises

The Provider's Premises are located at (please confirm inclusion):

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<th></th>
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</table>

Premises Requirements
Consultation Rooms:
- If a consultation room is available, consultations should take place in that room.
- If a consultation room is not available, or the patient 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.
<table>
<thead>
<tr>
<th>7. Individual Service User Placement</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

Service Specification No. 005

Service Impetigo (PGD)

Commissioner Lead Tracy Savage
Network Director and Head of Primary Care and Medicines Optimisation

Provider Lead

Period 1 April 2018 – 31 March 2020

Date of Review Annually (or as determined by the Commissioner)

1. Population Needs

1.1 National/local context and evidence base
The purpose of the Community Pharmacy Minor Ailments Service via Patient Group Direction (PGD) is to ensure that patients can access self-care advice for the treatment of specific ailments and, where appropriate, can be supplied with a prescription only medicine under a PGD without the need to visit the GP practice, at NHS expense, to treat their ailment. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out of hours (OOH) provider, or via an Urgent Care Service or Accident and Emergency.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain 1</th>
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<tr>
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<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
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</tbody>
</table>

2.2 Local defined outcomes
- To ensure access to self-care advice for the treatment of specific ailments and, where appropriate, can be supplied with a prescription only medicine under a PGD without the need to visit the GP practice, OOH/Urgent Care.

3. Scope

3.1 Aims and objectives of service
- Improve access and choice for people with minor ailments who are seeking advice and treatment by:
- Promoting self-care through community pharmacy, including the provision advice and where appropriate supply of medicines under PGD without the need to visit the GP practice
- Operating a referral system from local medical practices or other healthcare providers to community pharmacy
- Supplying appropriate specific POM medicines at NHS expense
To improve primary, urgent and emergency care capacity by reducing the workload of those providers related to systems resilience

3.2 Service description/care pathway

The pharmacist will be accredited to supply Fusidic Acid Cream 30g, when indicated to patients in line with the requirements of the locally agreed PGD.

Treatment available under this service will be in line with normal NHS prescription levy and exemption rules for patients over 16 years of age.

3.3 Population covered

Patients registered with Isle of Wight General Practices.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Inclusion Criteria

- Patient must be present at consultation
- Patient presenting with minor impetigo limited to a few lesions in one area of the body. Rash consists of vesicles that weep and then dry to form yellow-brown crusts
- Parental consent must be obtained for treating a child under the age of 16

3.4.2 Exclusion Criteria

Exclusions are covered within the Patient Group Direction which should be referred to for further details.

- Multiple site skin infections
- Previous impetigo infection in last 3 months
- Allergy to any component of the cream
- Pregnancy and/or breastfeeding
- Patient refuses treatment
- Patient presents with any other skin condition on the same area of the body as the impetigo

3.5 Interdependence with other services/providers

- General Practices
- OOH Service
- Urgent Care Service
- Accident & Emergency

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

As applicable to the provision of community pharmacy services.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

As applicable to the provision of community pharmacy services.

4.3 Applicable local standards

Patients will need to give verbal consent which will be recorded by the pharmacist onto PharmOutcomes, agreeing to treatment and their information to be shared with their GP. If the patient is less than 16 years old then a supply can be made if that person is deemed to be competent to consent to their own treatment, otherwise parental/guardian consent must be obtained.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)
Reserved as not applicable under terms of contract

<table>
<thead>
<tr>
<th>6. Location of Provider Premises</th>
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<tr>
<td>The Provider’s Premises are located at (please confirm inclusion):</td>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th>7. Individual Service User Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
B. Indicative Activity Plan

This contract does not guarantee to the Provider any minimum or maximum levels of activity. Prices Payable will be a cost-per-unit-of-activity basis.

D. Essential Services (NHS Trusts only)

Not Applicable

G. Other Local Agreements, Policies and Procedures

Pharmacy First Formulary
PharmOutcomes® reporting and invoicing procedure

J. Transfer of and Discharge from Care Policies

As per service condition 11

K. Safeguarding Policies and Mental Capacity Act Policies

Providers are required to work with the appended framework and adhere to any changes to statutory guidance during this reporting period

Providers will be required to work to the most recent legislative framework and adhere to any changes to statutory guidance during this reporting period

Safeguarding Children

The organisation will have a safeguarding children policy in place and will work within the legislative framework for Safeguarding children:

- Children Act 1989, 2004
- Statutory guidance 'Working Together to Safeguard Children', 2018
- Modern Slavery Act 2015
- NICE guidance: When to suspect child maltreatment 2009 updated 2014
- NICE (PH50) Domestic violence and abuse: Multiagency working, 2014
- NICE (QS 116) Quality standards for domestic violence and abuse, 2016
- Care Quality Commission Regulation 13: Safeguarding service users from abuse and improper treatment

The organisation must adhere to the 4LSCB Child Protection Procedures, which are devised
by and for Hampshire, Southampton, Portsmouth and the Isle of Wight
http://4lscb.proceduresonline.com/

The organisation must be able to demonstrate awareness of and compliance with the UN Convention of the Rights of the Child by ensuring that all vulnerable groups are safeguarded. This will include a requirement for staff awareness and/or training regarding:

- Safeguarding children (level appropriate to role)
- Domestic Abuse/Violence
- Neglect
- Children Sexual Exploitation & Child Exploitation
- Female Genital Mutilation/Honour Based Violence
- Prevent
- Modern Slavery

Online training is available via the Local Safeguarding Children’s Board at
http://www.iowscb.org.uk/training

The local procedure for advice and/or referral of any safeguarding children concerns is to refer online via: https://forms.hants.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-7e6115a7-b0ba-484d-991f-084c1248ac72/AF-Stage-52cf8e73-0daf-47d4-bb55-0f8d856d6e6e-definition.json&redirectLink=/en&cancelRedirectLink= en

- Telephone the local Multi-agency Safeguarding Hub (MASH) 0300 300 0901 (MASH professionals) or 0300 555 1373

More Information is available at www.iowscb.org.uk/worried-about-a-child

Staff should access training and be competent in line with their roles and responsibilities and in line with:

- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Intercollegiate Document 2019

- Looked After Children: Knowledge, skills and competencies of healthcare staff, Intercollegiate Framework, 2015
  https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge__skills_and_competence_of_healthcare_staff.pdf

Safeguarding Adults

The organisation will have a safeguarding adults policy in place and will work within the legislative framework for safeguarding adults:

- The Care Act, 2014
- The Mental Health Act, 1983
- The Mental Capacity Act, 2005 (currently under review)
- Deprivation of Liberty Safeguards, 2009 (currently under review)
- Modern Slavery Act 2015
- Care Quality Commission Care Quality Commission Regulation 13: Safeguarding service users from abuse and improper treatment
- NICE (PH50) Domestic violence and abuse: Multiagency working, 2014
- NICE (QS 116) Quality standards for domestic violence and abuse, 2016
- Safeguarding children and young people whose parents/carers have problems with:
  - Mental health, substance misuse, learning disability and emotional or psychological distress. 2017

The organisation must adhere to local Hampshire, Isle of Wight, Portsmouth and Southampton Multi-agency Policy, Guidance and toolkit:
http://www.hampshiresab.org.uk/professionals-
The organisation must be able to demonstrate awareness of and compliance with the relevant national legislation and guidance, which will include a requirement for staff awareness and/or training regarding:

- Safeguarding adults (level appropriate to role)
- Domestic Abuse/Violence
- Self-Neglect
- Sexual Exploitation
- Female Genital Mutilation/Honour Based violence
- Prevent
- Modern Slavery
- Homelessness Act 2017

Online training is available via the Local Safeguarding Adults Board at:
http://www.iowscb.org.uk/training

The local procedure for advice and/or referral of any safeguarding adult concerns:

- Telephone 01983 814980
- Email: abusereporting@iow.gov.uk

https://www.iwight.com/Residents/Care-Support-and-Housing/Adults-Services/Keeping-Adults-Safe/SendMessage

Staff should access training and be competent in line with their roles and responsibilities and in line with:

- Adult Safeguarding: Roles and Competencies for Healthcare Staff, 2018
  https://www.rcn.org.uk/professional-development/publications/pub-007069

**Recruitment**

The organisation can demonstrate that safe recruitment procedures are followed. This includes: Every employee’s job description since April 2012 contains a statement specific to each individual post which reflects the role and responsibility of the individual in relation to safeguarding adults/children (This is recommended good practice from the Department of Health)

**Consent**

Organisations can demonstrate compliance with the Care Quality Commission (CQC) regulation 11, the need for consent.

**Effective interagency and multi-agency collaboration**

Multi Agency working is actively promoted including, to include contribution and participation in multi-agency audits (as appropriate) and in line with The Children Act (1989,2004) and The Care Act (2014).

**Allegations made against staff**

All staff should be aware of and compliant with requirements of them in relation to managing allegations of a safeguarding nature made against staff, whether that be against children http://4lscb.proceduresonline.com/isle_of_wight/p_alleg_against_staff.html or adults https://www.iow.gov.uk/documentlibrary/view/4lsab-allegations-management-guidance
**Whistleblowing**
Organisations must have procedures under which staff can raise concerns about possible abuse without themselves feeling victimised.

**Female Genital Mutilation**
Female Genital Mutilation (FGM) is illegal in England and Wales under the Female Genital Mutilation Act 2003. It is a form of child abuse and violence against women. From 31 October 2015, a mandatory reporting duty has been introduced which requires all health professionals in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- Are informed by a girl under 18 that an act of FGM has been carried out on her.
- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl’s physical or mental health or for purposes connected with labour or birth (see section 2.1a for further information).

**Prevent**
Prevent is the preventative strand of the Government Counter Terrorism Strategy and recognises that some vulnerable groups may be susceptible to exploitation. Prevent aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence. The Counter-Terrorism and Security Act 2015 has created a general duty on a range of organisations to prevent people being drawn into terrorism. Healthcare workers may have contact with vulnerable adults or children who could become victims of radicalisation. Vulnerable individuals who may be susceptible to radicalisation can be patients or staff. Prevent ensures that those who are at risk will receive help and support from partners best placed to meet the identified need.
SCHEDULE 3 – PAYMENT

A. Local Prices

Reimbursement: All reimbursements are based on DM+D with payment made in line with tariff rates. The reimbursement via PharmOutcomes is automatically updated as price changes occur. Patients who do not pay for prescriptions can be supplied medicines free of charge under these services. Patient who are not exempt may be charged a prescription fee in line with the service specifications.

<table>
<thead>
<tr>
<th>Specification Number</th>
<th>Title</th>
<th>Payment*</th>
<th>Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Pharmacy First</td>
<td>£4.50 per Consultation (VAT exempt).</td>
<td>All claims should be made at the time of the service provision. The fees will be payable Quarterly. Pharm Outcomes will generate invoices for each provider that will be emailed along with a payment summary detailing total cost of service.</td>
</tr>
<tr>
<td>004</td>
<td>Uncomplicated Urinary Tract Infection (UTI) Nitrofurantoin /Trimethoprim</td>
<td>£15 per consultation (VAT exempt).</td>
<td>All claims should be made at the time of the service provision. Pharm Outcomes will generate invoices for each provider that will be emailed along with a payment summary detailing total cost of service. The fees will be payable Quarterly.</td>
</tr>
<tr>
<td>005</td>
<td>Impetigo</td>
<td>£15 per consultation (VAT Exempt).</td>
<td>All claims should be made at the time of the service provision. Pharm Outcomes will generate invoices for each provider that will be emailed along with a payment summary detailing total cost of service.</td>
</tr>
</tbody>
</table>
### Specification Number

<table>
<thead>
<tr>
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<td></td>
<td></td>
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<td>service</td>
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<td></td>
<td></td>
<td></td>
<td>The fees will be payable Quarterly.</td>
</tr>
</tbody>
</table>

*Payment will be reviewed and updated annually.

### B. Local Variations

Not Applicable

### C. Local Modifications

Not Applicable

### F. Expected Annual Contract Values

No guaranteed Annual Contract value as contract is based on activity paid for against Schedule 3. A. Local Prices.
## SCHEDULE 4 – QUALITY REQUIREMENTS

### A. Operational Standards and National Quality Requirements

<table>
<thead>
<tr>
<th>Ref</th>
<th>Operational Standards/National Quality Requirements</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Consequence of breach</th>
<th>Timing of application of consequence</th>
<th>Applicable Service Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Duty of candour</td>
<td>Each failure to notify the Relevant Person of a suspected or actual Notifiable Safety Incident in accordance with Regulation 20 of the 2014 Regulations</td>
<td>Review of Service Quality Performance Reports</td>
<td>Recovery of the cost of the episode of care, or £10,000 if the cost of the episode of care is unknown or indeterminate</td>
<td>Monthly</td>
<td>All</td>
</tr>
</tbody>
</table>
### SCHEDULE 4 – QUALITY REQUIREMENTS

#### C. Local Quality Requirements

<table>
<thead>
<tr>
<th>Quality Requirement</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Consequence of breach</th>
<th>Timing of application of consequence</th>
<th>Applicable Service Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Training Requirements</strong></td>
<td>Annual compliance</td>
<td>Pharmacists involved in the provision of the services:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Must have relevant knowledge and registration.</td>
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<td>• Must be appropriately trained in the operation of the services. A record of training</td>
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<td>completed must be kept by the pharmacy.</td>
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<td>• PGDs accreditation must be met before provision of the service (unless a grace</td>
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<td>period specified).</td>
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<td>• Undertake continuing professional development (CPD) relevant to the service.</td>
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<td></td>
<td>• CPPE training must be validated by PharmOutcomes.</td>
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<tr>
<td><strong>Standard Operating Procedures</strong></td>
<td>Annual compliance</td>
<td>• Accessible copy of the Service Level Agreement.</td>
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<td></td>
<td></td>
<td>• Copy of the PGD(s) signed by the pharmacists and locums providing the services.</td>
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<td></td>
<td></td>
<td>• SOP must; define staff roles and responsibilities, reviewed annually and kept up</td>
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<tr>
<td></td>
<td></td>
<td>date, signed and dated by all staff (including locums) operating under the SOP,</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>state the date of production and review date, include any relevant signposting</td>
<td></td>
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<td></td>
<td></td>
<td>information, the process for error and near miss reporting, labelling requirements</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>- medicines (except medicines supplied under Pharmacy First) must be labelled in</td>
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<td></td>
<td></td>
<td>accordance with legal requirements and specific directions stated within the PGD,</td>
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<td></td>
<td></td>
<td>the label must state “Supplied under a Patient Group Directive” or similar and the</td>
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<td></td>
<td></td>
<td>patient information leaflet to be supplied and appropriate counselling to be given</td>
<td></td>
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<td></td>
<td></td>
<td>at the time of the supply.</td>
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</tr>
<tr>
<td>Quality Requirement</td>
<td>Threshold</td>
<td>Method of Measurement</td>
<td>Consequence of breach</td>
<td>Timing of application of consequence</td>
<td>Applicable Service Specification</td>
</tr>
<tr>
<td>---------------------------------</td>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<td>--------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Quality and Audit</td>
<td>Annual compliance</td>
<td>• Review standard operating procedures and the referral pathways for the service on an annual basis. &lt;br&gt;• Comply with the commissioner request to undertake a random sample of claims for review as part of service audit.</td>
<td>Annual</td>
<td>General Condition 9</td>
<td>All</td>
</tr>
<tr>
<td>Safeguarding for children (inc LAC) and adults</td>
<td>Annual compliance</td>
<td>Pharmacists involved in the provision of the services: &lt;br&gt;• Must have own SOPs /policies for Safeguarding. &lt;br&gt;• Must have relevant knowledge in Safeguarding. &lt;br&gt;• Must be appropriately trained in Safeguarding and a record of training completed must be kept by the pharmacy.</td>
<td>Quarterly</td>
<td>General Condition 9</td>
<td>All</td>
</tr>
<tr>
<td>Complaints, Concerns and Compliments</td>
<td>Annual Compliance</td>
<td>Pharmacists involved in the provision of the services: &lt;br&gt;• Must have own SOPs /policies for managing complaints and concerns &lt;br&gt;• Must have relevant knowledge in the NHS Complaints Procedure (2009)</td>
<td>Quarterly</td>
<td>General Condition 9</td>
<td>All</td>
</tr>
<tr>
<td>Incidents</td>
<td>Annual Compliance</td>
<td>Pharmacists involved in the provision of the services: &lt;br&gt;• Must have own SOPs /policies for incident reporting &lt;br&gt;• Must have relevant knowledge in NHSE Serious Incident framework (2015) &lt;br&gt;Must be appropriately trained in incident investigation and a record of training completed must be kept by the pharmacy.</td>
<td>Quarterly</td>
<td>General Condition 9</td>
<td>All</td>
</tr>
</tbody>
</table>
## SCHEDULE 4 – QUALITY REQUIREMENTS

### D. Commissioning for Quality and Innovation (CQUIN)

<table>
<thead>
<tr>
<th>Not Applicable</th>
</tr>
</thead>
</table>
## SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

### A. Reporting Requirements

<table>
<thead>
<tr>
<th>National Requirements Reported Centrally</th>
<th>Reporting Period</th>
<th>Format of Report</th>
<th>Timing and Method for delivery of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. As specified in the list of omnibus, secure electronic file transfer data collections and BAAS schedule of approved collections published on the NHS Digital website to be found at <a href="https://digital.nhs.uk/services/the-challenging-burden-service/central-register-of-collections">https://digital.nhs.uk/services/the-challenging-burden-service/central-register-of-collections</a> where mandated for and as applicable to the Provider and the Services</td>
<td>As set out in relevant Guidance</td>
<td>As set out in relevant Guidance</td>
<td>As set out in relevant Guidance</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Activity and Finance Report (note that, if appropriately designed, this report may also serve as the reconciliation account to be sent by the Provider under SC36.22)</td>
<td>Quarterly</td>
<td>PharmOutcomes data entry</td>
<td>Quarterly via PharmOutcomes</td>
</tr>
<tr>
<td>2. Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour</td>
<td>Annually</td>
<td>No report required</td>
<td>Pharmacy responsible for own process</td>
</tr>
<tr>
<td>3. CQUIN Performance Report and details of progress towards satisfying any Quality Incentive Scheme Indicators, including details of all Quality Incentive Scheme Indicators satisfied or not satisfied NOT USED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints</td>
<td>Quarterly via e-mail to CCG</td>
<td></td>
<td>Pharmacy responsible for own process</td>
</tr>
<tr>
<td>5. Summary report of all incidents requiring reporting</td>
<td>Quarterly via e-mail to CCG</td>
<td></td>
<td>Pharmacy responsible for own process</td>
</tr>
</tbody>
</table>
### Reporting Period

**PharmOutcomes - service audit, GP notification and claim for service delivery** is automated through the use of PharmOutcomes. This means that once data is entered service audit and claim is complete. This allows the pharmacist to focus on service delivery.

**Timely completion of PharmOutcomes to aid decision making, GP notification and prompt payment**

**The provider must:**
- Complete the templates on PharmOutcomes
- Notify the patients’ GP via “Pharm Outcomes” of the diagnosis and treatment provided and outcome of the consultation.

**At the time of service provision**

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* In completing this section, the Parties should, where applicable, consider the change requirements for local commissioning patient-level data flows which will need to be implemented when the new national Data Services for Commissioners technical solution becomes operational. These change requirements will be published within the Data Services for Commissioners Resources webpage: [https://www.england.nhs.uk/ourwork/tsd/data-services/](https://www.england.nhs.uk/ourwork/tsd/data-services/)
SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

C. Incidents Requiring Reporting Procedure

<table>
<thead>
<tr>
<th>Procedure(s) for reporting, investigating, and implementing and sharing Lessons Learned from: (1) Serious Incidents (2) Notifiable Safety Incidents (3) Other Patient Safety Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Pharmacy service providers will continue to report incidents and Serious Incidents Requiring Investigation to NHSE as required by their overarching pharmacy contract with NHSE; the same reporting format will be shared with IW CCG as detailed in Schedule 6 A</td>
</tr>
</tbody>
</table>

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

F. Provider Data Processing Agreement

Not Applicable

SCHEDULE 7 – PENSIONS

Not Applicable

SCHEDULE 8 – TUPE*

Not Applicable

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