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| **Rationale of Checklist** |
| This checklist will be completed by the CPSC sub-committee for every new or recommissioned service specification sent to CPSC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.The Checklist contains the CPSC sub-committee’s comments/recommendations for any requested changes to the proposed/draft service specification in order to achieve / improve further the green rating. It will be sent to the service commissioner for consideration of amendments ideally prior to go-live of the service.CPSC’s purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation. |
| **Response summary feedback from CPSC** |
| **Minor Ailments, Southampton CCG** |
| CPSC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:1. Adoption NHS Standard template (Particulars short form\*) contract to be used: <https://www.england.nhs.uk/publication/nhs-standard-contract-2017-18-and-2018-19-particulars-shorter-form-may-2018/> would be beneficial to contractors
2. Understanding / decision process to remove specific minor ailments conditions from being eligible
3. Understanding / rationale behind removal of certain key treatments from formulary (e.g. Loperamide, Terbinafine)
4. Introduction of CCG rationale information leaflet/literature to ensure consistency of GP practice & Community Pharmacy messages regarding refusal to prescribe / provide OTC self-care type medications. Important to proactively manage patient expectations
5. Remuneration is currently lower than typically seen for similar schemes. Suggest increase per consultation
6. Review of the SOP and referral pathways annually. In community pharmacy it is more usual to review SOPs every 2 years
7. Consultation on any proposed CCG audit or assessment of service would be good to ensure proportionate in time taken to complete/volume/complexity to service
8. Are all pharmacies being given the opportunity to provide this service? The list of active pharmacies has changed since last contract
9. It has proved effective elsewhere for the CCG to actively train GP receptions to proactively refer to community pharmacies to build knowledge of the service with eligible people. A referral card is recommended for use in practices to help direct to pharmacies. This has been successfully adopted on the Isle of Wight. I would be happy to discuss this opportunity further.

<https://www.thepharmacist.co.uk/isle-of-wight-pharmacy-minor-ailments-scheme-sees-500-patients-a-month-get-quicker-treatment/>  |
| **Time-line & Next Steps for CPSC** |
| CPSC will publish this service participation rating to contractors on 1st April 2019**.** Publication of this recommendation will be via individual email and posting on our website.Commissioners are asked to please respond promptly with feedback / proposed changes so that they can be included within CPSC’s recommendation to its contractors. |
| **Commissioners response to CPSC feedback** |
| Please enter response here, returning promptly to richard.buxton@cpsc.org.uk 1. Adoption NHS Standard template – Yes, we do use this format
2. The Minor Ailments Service has been updated following the National OTC Guidance issued by NHS England, with the aim of ensuring that patients on low income and their dependents can still access the medication they require.
3. as above…
4. The attached leaflet will be available at the currently active pharmacies offering the service (*CPSC have added this to our website*)
5. We have increased remuneration per consultation
6. We have updated information on SOP review to every 2 years
7. We would ensure that any request to participate in an audit would not be onerous and currently the information collated by PharmOutcomes is meeting our needs
8. All pharmacies are given the opportunity to offer this service. Any changes to the list of pharmacies is based on there being no accredited pharmacist at the pharmacy at the current time.
9. Thank you for the information on the Isle of Wight scheme, we will look into this for the areas where we have pharmacies offering the service.
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| **Point Covered** | **Action or Notes** |
|  | **CPSC Consultation** |
| CPSC Consulted?  | Yes |
| CPSC Consulted with sufficient time to comment? | Yes |
|  | **Remuneration** |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | No, none required.  |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | Yes, PharmOutcomesAutomated claims, payment period is monthly |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | No equipment required.  |
| Is remuneration fair? | Individual fee per consultation (zero VAT):No, the fee is in-line with the usual fee for this service typeCost of medication (+ 20% VAT):Yes |
|  | **Is/does the Service.....** |
| Sustainable? | Yes |
| Clinically sound and in line with appropriate National or local guidance? | Yes, it is available to Southampton residents or dependents registered at a registered Southampton CCG GP practice, however they must be on low income and suffering one of the minor ailments listed.Service standards (general): NHS Contractual Framework for Essential Services Now reduced eligibility for some of the previously entitled free prescription patient group and cut in the number of minor ailments provided by the service.Inclusion and exclusion criteria are individual to the condition being treated. |
| Enhance patient care? | Yes, for those still eligible. This does not however address adults with minor ailments outside the scope of this service, who will be expected to pay for their own self-care |
| Have suitable monitoring arrangements and termination clauses? | Standard NHS contract has been confirmed to cover this service, using the new Short Form could be adopted (see above\*) |
| Enhance relationships with other HCPs? | Yes, reduces burden of unnecessary onward referral and encourages people to use pharmacy as first point of access. Provision of useful standardised guidance / leaflets by SCCCG to ensure consistency of message at all locations of provision (i.e. those that cannot afford medicines) - this is useful for the sector of the population that are now ineligible for this service. They will either need to pay for their own selfcare. |
| Deliverable? | Yes, the service can be provided by the pharmacist or by a suitably trained member of the pharmacy team acting under the supervision of the pharmacist |
| Attractive enough for contractors to consider it worthwhile? | Yes  |
| Have performance criteria that supports a quality service? | Pharmacy team make full use of promotional & CCG provided health & self-care material made available.Contractor must have SOP procedures & referral pathways in place for this service and review every 2 years.Pharmacy team awareness and training on service and CPD.Pharmacy must participate in any CCG led audit or assessment of the service – we are assured this is minimal and currently all requirements are met from PharmOutcomes dataPharmacy cooperates with the CCG when reporting & reviewing complaints, near misses or serious incidents.Pharmacy will maintain appropriate records using PharmOutcomes. |
|  | **Service Delivery** |
| Are the performance measures reasonable and achievable? | Records should be updated within 24 hours of consultation |
| Is the administration proportional to size or service and remuneration? | Borderline – remuneration is as expected for the level and extent of actions expected to be provided |
| Are any reporting systems suitable to all contractors? | PharmOutcomes requires internet access.Use essential to enter information. |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | Completion of CPPE learning packs ‘Common clinical conditions & minor ailments’, ‘Consultation skills’ and ‘Safeguarding children & vulnerable adults’ is required.Further ongoing suggested CPD is recommended |
| Does record keeping or sharing of information requirements meet current IG regulations. | Yes. Record made on PharmOutcomes. |
|  | **Miscellaneous Information** |
| Any other information specific to this service. | List of minor ailments no longer included are referenced in tracking notes of Draft Service Spec 2019 - 2021List of minor ailments formulary no longer available also referenced as above. |
| Suggested RAG Rating |   |