

Minor Ailments

Service Specification No.	10R_2018_2020_8
Service	Minor Ailments Enhanced Service
Commissioner Lead	Pharmaceutical Adviser – Robert Brownsmith
Provider Lead	Community Pharmacy professionally supported by the Local Pharmaceutical Committee (Deborah Crockford Chief Officer)
Period	1 st April 2020- 31 st March 2022
Date of Review	March 2022

1. Population Needs

1.1. National/local context and evidence base

- 1.1.1. Minor ailments are defined as common or self-limiting or uncomplicated conditions which can be managed without medical intervention.
- 1.1.2. 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. The GP Forward View document suggests that around 20 million appointments in general practice alone do not require a GP
- 1.1.3. Each year 8% of A&E department visits involve consultations for minor ailments, costing the NHS £136 million annually.
- 1.1.4. Promoting self-care in several conditions is advised in the NHSE guidance for CCG *Conditions for which over the counter items should not routinely be prescribed in primary care*. This guidance does exempt those with “medical, mental health or significant social vulnerability”.
- 1.1.5. 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.’*
- 1.1.6. Patients may be signposted to seek self-care advice and treatment from their local community pharmacy via the Care Navigators (locally) or via the Community Pharmacy Consultation Service (CPCS) (nationally.) Patients presenting in the pharmacy via these routes will be expected to pay for any treatment recommended. With reference to 1.1.2 and 1.1.4 above it can be seen that some patients will be unable. The Pharmacy First scheme exists to preserve the resource releasing benefit of self-care while making sure the most vulnerable are not disadvantaged.

1.2. Local Evidence

1.2.1. A minor ailments scheme has been in place within Portsmouth, since 2005. In 2015 the scheme was expanded and made available to all pharmacies within Portsmouth City.

1.2.2. In the previous financial year 2018-19 more than 2800 consultations were made through the scheme at a cost of £24,000. At 43% of the consultations, the service user stated they would have contacted the GP if the service had not been available. It can be estimated if 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 approximate £44,000.

2. Outcomes

2.1. NHS Outcomes Framework Domains & Indicators

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

2.2. Local defined outcomes

2.2.1. To provide a convenient and accessible service for exempt patients, to access high quality health care advice and treatment where needed for the defined range of minor ailments.

2.2.2. To reduce demand of GP, OOH and hospital services to treat these conditions and so release capacity within these facilities.

2.2.3. To promote self-care, better antibiotic stewardship, and empower patients to manage minor ailments.

3. Scope

3.1. Aims and objectives of service

3.1.1. Aims and intended service outcomes

3.1.1.1. 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. Providing advice to the patient is the

- opportunity to deliver self-care messages, including the management of future minor ailments, and should aim to influence behaviour change.
- 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.

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

3.2. Service description/care pathway

- 3.2.1. The provider will provide verbal and printed advice and support to people on the management of minor ailments, who are eligible for the service.
- 3.2.2. Where appropriate the pharmacy may provide medicines to the person to help manage the minor ailment, as described within the service treatment protocols.
- 3.2.3. 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 provider's 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 provider 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 provider 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 provider 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. When the provider is unable to deliver the service the provider has a duty to signpost any potential clients to another pharmacy, convenient to the patient that is able to provide the service to the client. Any onward referral should be supported by a phone call to that provider to ensure service availability.
- 3.3.7. The provider 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.

- 3.3.8. A local minor ailments formulary will be used, which will be agreed with local stakeholders.
- 3.3.9. The commissioner will agree the groups of people who are eligible to receive treatment under the scheme and the access route. Currently this is:-
- Patients (and their dependent children) on low income:
- HC2 Charges Certificate – Possession of a valid HC2 Charges Certificate
 - Income Support (IS) – Possession of an IS award notice
 - Income-related Employment and Support Allowance (ESA) – Possession of an ESA award notice
 - Income-based Jobseeker's Allowance (JSA) – Possession of a JSA award notice
 - Universal Credit (UC) – Possession of a Universal Credit statement
 - NHS Tax Credit Exemption Certificate – Possession of a valid Tax Credit Exemption Certificate
 - Pension Credit Guarantee Credit (PCGC) – Possession of a PCGC award notice
- 3.3.9.1. who are:
- 3.3.9.2. Resident in Portsmouth PO1 to PO6 and/or
- 3.3.9.3. Registered with Portsmouth CCG GP practice and
- 3.3.9.4. Suffering from one of the included minor ailment conditions
- 3.3.10. The provider will:
- 3.3.10.1. provide advice on the management of the ailment, this should routinely be supported with a leaflet and where necessary supply of the appropriate medication.
- 3.3.10.2. 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
- 3.3.10.3. Discuss with the patient the key messages about antibiotics not being required for minor infections, such as coughs, colds, earache, sinusitis, flu, sore throat and diarrhoea, because these are usually caused by viruses.
- 3.3.10.4. Discuss possible side effects of antibiotics, and problems caused by resistance.
- 3.3.11. The provider will maintain a record of the consultation and any medicine that is supplied. (PharmOutcomes® will support this record keeping).
- 3.3.12. The provider has a system to check the person's eligibility for receipt of the service.
- 3.3.13. Patients may self-refer but it is not a service intention to divert patients presenting in the pharmacy with a minor ailment. People who usually manage their own minor ailments through self-care and the purchase of an OTC medication should continue to self-manage and treat their minor ailments.
- 3.3.14. The commissioner will be responsible for the promotion of the service locally, including the development of publicity materials, which providers

may use to promote the service to the public.

3.3.15. The commissioner will provide patient information sheets to support self-care messages related to specific ailments covered by the scheme and by making these available for providers to print via hyperlink from the Pharmoutcomes® platform during the consultation.

3.3.16. The commissioner will provide details of relevant referral points which provider staff can use to signpost service users who require further assistance.

3.4. Population covered

3.4.1. This service is offered to any Portsmouth resident who is registered with specific GP practices or resident in specific geographical area who meets the criteria in 3.3.9

3.5. Any acceptance and exclusion criteria and thresholds

3.5.1. Protocols for each condition are available through Pharmoutcomes®. 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. Providers will work closely with their local GP practices. Staff at local GP practices will refer patients to providers delivering the service. In turn providers will refer patients whose clinical condition requires GP consultation back to the surgery. Part 3 of the PharmOutcomes® service has been designed to send an electronic message detailing the reasons for referral direct to the surgery's email inbox. Providers should use it.

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:-

- 3.7.1.1. Athletes Foot
- 3.7.1.2. Paediatric Common Cold
- 3.7.1.3. Dermatitis
- 3.7.1.4. Diarrhoea
- 3.7.1.5. Hay fever
- 3.7.1.6. Head lice
- 3.7.1.7. Paediatric Headache
- 3.7.1.8. Paediatric Insect bites and Stings
- 3.7.1.9. Nappy Rash
- 3.7.1.10. Oral Thrush
- 3.7.1.11. Paediatric Sore Throat
- 3.7.1.12. Teething
- 3.7.1.13. Threadworm
- 3.7.1.14. Vaginal Thrush

3.7.2. The protocols are attached as an appendix to this document.

3.7.3. 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 (e.g. NICE)

National Pharmaceutical Contractual Framework (with particular reference to Essential Services specification for self-care and signposting)

5. Applicable quality requirements and CQUIN goals

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

5.2. Quality Indicators

- 5.2.1. The pharmacy has appropriate health promotion self-care material available for the user group and promotes The provider reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 5.2.2. The provider 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.
- 5.2.3. The provider makes every effort to have this service available during all the hours it provides its NHS Contractual Framework service.
- 5.2.4. The provider participates in a no-more-than-annual, commissioner-organised, audit of service provision, when requested. Audit content will be agreed in consultation with the Local Pharmaceutical Committee.
- 5.2.5. The provider co-operates with any locally agreed commissioner-led assessment of service user experience.
- 5.2.6. The provider co-operates with the commissioner when reporting and reviewing complaints, near misses or serious incidents.
- 5.2.7. 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 provider.
- 5.2.8. Recommended training resources include;-
 - 5.2.8.1. CPPE resources at <https://www.cppe.ac.uk/gateway/minor>
 - 5.2.8.2. The local training guide is available via a web link displayed in the associated PharmOutcomes® service.

6. The Provider's Premises are located at:

- 6.1.** Community Pharmacies across the city.

7. Local Placement

- 7.1.1. 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 £ per professional consultation plus reimbursement of the cost of medication (+VAT)
- 7.1.4. Should the referral originate from the CPCS, a reduced fee of £ plus the cost of medication (+VAT) in recognition of data entry. Providers will indicate as such via Pharmoutcomes®.

7.2. Confidentiality

- 7.2.1. The provider(s) and their staff must not disclose to any person other than

a person authorised by the commissioner, any information acquired by them in connection with the agreement or the provision of the service(s).

7.2.2. In particular this concerns;-

7.2.2.1. Any approaches by the media for comments or interviews may not be answered without permission of the CCG.

7.2.2.2. 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



Athletes foot for
Portsmouth MAS.doc



Dermatitis for
Portsmouth MAS.doc



Diarrhoea for
Portsmouth MAS.doc



Hay Fever for
Portsmouth MAS.doc



Head Lice for
Portsmouth MAS.doc



Nappy rash for
Portsmouth MAS.doc



Oral Thrush Adult
and Children over 2 yf
Portsmouth MAS.doc



Oral Thrush Babies
for Portsmouth MAS.doc



Paed Common cold
flu for Portsmouth MAS.doc



Paediatric Headache
for Portsmouth MAS.doc



Paediatric Insect
Bites and Stings for
Portsmouth MAS.doc



Paediatric Sore
Throat for Portsmouth
MAS.doc



Teething for
Portsmouth MAS.doc



Threadworm for
Portsmouth MAS.doc



Vaginal Thrush for
Portsmouth MAS.doc

