



Pharmacy First

Common Ailment's Scheme (winter pressure edition)

Treatment of Common Ailment's
by Community Pharmacists

Service Specification and Formulary

December 2014

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Common Ailment's Scheme – Service Specification

1.0 Introduction

The Pharmacy First Scheme aims to provide any patient who is registered with a GP practice contracted to NHS England Shropshire & Staffordshire Area Team (Area Team), with access to medication for the treatment of common ailments characterised by acute onset via Community Pharmacy. The service will be provided through Community Pharmacies contracted to NHS England Shropshire & Staffordshire Area Team who have signed up to provide this service.

1.1 Aims of the scheme

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of common ailments and, where appropriate, can be supplied with over the counter medicines, 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 a walk-in centre or accident and emergency.

- Improve patients' access to advice and appropriate treatment for common ailments
- Reduce GP workload for common ailments allowing greater focus on more complex and urgent medical condition
- Promote the role of the Pharmacist and self care
- Improve working relationships between Doctors and Pharmacists

The Pharmacy First Scheme is offered as a quicker alternative for patients to access healthcare. Patients may choose to refuse this service and continue to access treatments in the same way as they have done previously.

The service is only available for the ailments listed in the Common Ailment's List (see appendix 1) and in the Pharmacies who have signed up to the service. Only medicines specified in these protocols may be supplied for the ailments specified.

2.0 Eligibility for the Scheme

2.1 Patient eligibility

This scheme is available to all patients who are exempt from prescription charges and who are registered with a GP practice contracted to NHS England Shropshire & Staffordshire Area Team. Patients are at liberty to refuse this service. Patients will be asked by the pharmacy to confirm they are indeed registered with a GP practice contracted to NHS England Shropshire & Staffordshire Area Team before any supply is made, and where there is doubt, with the consent of the patient, the pharmacist may check the registration with the GP practice (see point 5.1 below 'Checking GP Registration').

Patients not registered with a GP practice contracted to NHS England Shropshire & Staffordshire Area Team may opt to purchase over the counter (OTC) medication and should therefore be managed in accordance with Essential Service 6 – Support for Self Care or if appropriate Essential Service 5 – Signposting.

It is anticipated that patients who will make use of the Pharmacy First Scheme will access the scheme through the pharmacy where they currently get their prescriptions dispensed. It is, therefore, expected that the number of telephone calls made to the practice to confirm registration will be minimal.

2.2 Prescription Exemptions

Patients accessing the scheme that are entitled to free prescriptions will receive the medicine free of charge. The patient will be asked to provide evidence of their exemption and this declaration will be recorded electronically on the consultation proforma.

3.0 Service Requirements

3.1 Who can provide the service?

This service may be provided by an authorised Community Pharmacy contracted to NHS England Shropshire & Staffordshire Area Team subject to the following:

3.1.1 All Pharmacists and appropriately trained pharmacy staff working at participating pharmacies can provide this enhanced service if they are clinically competent in the treatment of common ailments.

3.1.3 All Pharmacists and appropriately trained pharmacy staff working at participating pharmacies and providing the scheme should ensure that they continue, through continuing education and CPD, to keep up to date with guidance issued around of the treatment of common ailments, and OTC medicines.

3.1.4 The Pharmacy must meet, or be able to provide evidence they are working towards meeting the requirements for all essential services in the Community Pharmacy contractual framework.

3.1.5 The Pharmacy must have an accredited consultation area which has been approved for enhanced services for the consultations to take place. All consultations must take place in a confidential environment.

3.1.6 The Pharmacy must have an SOP or Sale of Medicines protocol in line with the requirements of Essential Service 6 of the Community Pharmacy Contractual Framework – Support for Self Care.

3.1.7 The Pharmacy contractor must participate in all parts of the service as detailed in this document along with any subsequent amendments as agreed jointly with NHS England Shropshire & Staffordshire Area Team and corresponding LPC(s). This agreement will be in writing signed by the Pharmacist in Charge or Pharmacy Manager and be considered an enhanced service.

3.2 Participating Pharmacies

Patients can access the scheme at any participating pharmacy. GP practices will be given a list of participating pharmacies in their area and appropriate advertising of the scheme will be undertaken by NHS England Shropshire & Staffordshire Area Team.

4.0 Access into the Scheme

4.1 Referral into the Scheme

Patients can be introduced to the scheme in three ways:

Referred by a GP surgery to a participating pharmacy

Patients presenting at a GP practice with one of the common ailments listed in appendix 1 may be advised of the scheme and how to access it through a local participating pharmacy.

Referred by a community health care professional or pharmacy staff

Patient referred to the scheme by health care professional or surgery staff or pharmacy staff where they feel it is appropriate

Self refer into the scheme at a participating pharmacy

Patients, who are aware of the scheme, whether through friends, relatives or a healthcare professional can self refer into the service.

Referred by OOH Service Provider or NHS 111

Patient referred to the scheme by an OOH Service Provider or NHS 111 where telephone triage identifies a common ailment which can be treated as part of this scheme.

5.0 Duties of Community Pharmacists

5.1 Checking GP Registration

Before proceeding to supply treatment under the scheme, the patient **MUST** be asked to confirm they are registered with a GP practice contracted to NHS England Shropshire & Staffordshire Area Team.

This may be done by:

- checking the patient's PMR if the patient is already collecting prescription from that pharmacy;
- asking the patient to show the repeat prescription slip;
- knowing the patient to be registered with the GP practice
- medical card

Confirmation of the patient's registration at an eligible GP practice is required if the above documentation is not available or if it is felt that a patient may be attempting to fraudulently use the scheme. Staff may telephone the patient's GP for confirmation of the patient's registration with the consent of the patient, and they should offer the patient's details i.e. name, date of birth and postcode or address and merely ask the GP surgery to confirm 'yes' or 'no' whether the patient is registered with the practice. The pharmacy should not

expect the GP surgery to offer any other patient information as they should already be in receipt of this from the patient.

5.2 Consultation

The Pharmacist/ trained pharmacy staff must ensure that the professional consultation is carried out with reference to the appropriate Pharmacy First Ailments Protocols (appendix 2) which should involve:

- Patient assessment
- Provision of advice
- Completion of the Pharmacy First Consultation Proforma on PharmOutcomes
- Supply of appropriate medication from the agreed formulary (if appropriate)

The patient should attend the Pharmacy in person in order to receive a consultation and if appropriate a supply of medication, in the same way they would be required to attend at the Doctor's surgery to see the GP and then to obtain a prescription. An exemption to this requirement is for the treatment of threadworm. In this case, a supply to a parent or carer is allowable.

For patients under the age of 16 the parent/guardian can accept transfer into the scheme on behalf of the patient. These patients must be accompanied by a parent/guardian when they visit a participating pharmacy. NB Parent/ guardian MUST always bring the child with them to the pharmacy in order for a full assessment to be carried out

The Ailments Protocols should be available for reference during the consultation. The Ailments Protocols detail what conditions can be treated under the scheme and the medicines that can be supplied for each condition. It is recognised that Pharmacists/trained pharmacy staff will use their clinical/professional judgement when deciding on the best treatment for individual patients. Reference to the most current BNF should be made during all consultations in regards to dosage instructions of medicines and age ranges covered by the scheme. Conditions outside the scheme must not be treated under the service and only the medicines detailed in the Ailment Protocols must be supplied, where appropriate.

During the consultation the Pharmacist / trained pharmacy staff will make an assessment of the patient and provide suitable advice as detailed in the ailment protocols. If it is deemed appropriate, the medication, supplied as an original pack with a product information leaflet, and patient instructed of its use, specified in the ailment protocol can be supplied. The Pharmacist\ trained pharmacy staff should make a professional decision to treat or refer based upon symptom and treatment history.

5.3 Consultation Record

It is a requirement of the service that all consultations are recorded on PharmOutcomes. This is a web-based system that is used for the invoicing and management of locally commissioned pharmacy services. This information should be recorded at the time of the consultation or as soon as is reasonably practicable for clinical and fraud prevention purposes.

Access to this service (username/password), and data entry instructions are provided separately.

Patients who are exempt from prescription charges will receive medication supplied as part of this service free of charge. This exemption must be recorded on the electronic proforma, and therefore the patient should be asked for evidence of exemption from prescription charges.

Please note that consultations are paid only when medicine(s) have been supplied. Pharmacist cannot claim the consultation fee as this is an Essential Service under the Pharmacy Contract.

5.4 Urgent referral to GP or other service

In a situation where a patient presents with symptom(s) that needs urgent referral to his/her GP, the Pharmacist must complete an 'Urgent Referral Form from Community Pharmacy' (appendix 6) with the patient's details, reasons for referral and details of the pharmacist referring the patient. If patient consents, the Pharmacist may also contact their GP practice alerting the practice that an emergency appointment is required for that patient and the Pharmacist may give the patient an indication how quickly he/she will be seen by the GP.

If the practice is closed and/or the symptoms are sufficiently severe to warrant a referral to a doctor, the patient should be advised to contact the Out-of-Hours service or attend A&E immediately. In these circumstances, the Pharmacist is not required to complete an 'Urgent Referral Form'.

5.5 When to sell a treatment and when to supply Pharmacy First treatment

Treatment can be supplied if appropriate providing the patient is eligible under the scheme requirements i.e. registered with a contracted GP practice within the Staffordshire and Shropshire Area Team, exempt from treatment charges and suffering from a common ailment listed in appendix 1.

In the following circumstances treatment should NOT be supplied through the Pharmacy First Scheme:

- Patients requesting to purchase medicine by name. This scheme must not be used to divert the sale of OTC medicines.
- GP cannot refer patients for named medicines. If a GP has made a decision about the medicine a patient needs, then a prescription must be issued. A GP cannot write a prescription for one item and refer the patient for another named item.
- To pharmacy staff and/or their immediate family members. In line with the Medicines Act 1968 and a Pharmacist's Professional Code of Conduct, this group of patients must be signposted to alternative pharmaceutical or healthcare services where appropriate. This scheme must not be used to divert the sale of OTC medicines.
- Patients should not use the scheme in lieu of regular repeat prescribed medication, such as paracetamol for chronic pain.
- Loss of medicine already supplied under the Pharmacy First Scheme.

5.6 Professional judgement

Pharmacists\trained pharmacy staff may only supply medications for the listed conditions to patients presenting in person at the pharmacy with the exception of threadworm infection.

In exceptional circumstances Pharmacists\ trained pharmacy staff may use their professional judgement and decide to supply medication(s) to a patient representative under the Pharmacy First Scheme: for example supplying rehydration product for a patient with acute diarrhoea unable to attend the pharmacy in person due to the obvious inconvenience. If these situations arise, the Pharmacist\ trained pharmacy staff must be satisfied that the supply of medicines to a third party does not put patient at risk and it is in the patient's best interest.

Pharmacists may also use their professional judgement and decide to exclude a patient from receiving treatment under the Pharmacy First Scheme when signs and symptoms suggest that a GP referral or urgent referral is needed even though these signs and symptoms are not listed in the ailment protocol.

5.7 Record Keeping

In addition to the consultation data recorded on PharmOutcomes, a separate record of any medication supplied through the minor ailment scheme should be documented in the Patients Medication Record (PMR) on the pharmacy IT system.

5.8 Scheme Evaluation

Pharmacies that participate in the scheme will also be expected to facilitate the evaluation of the scheme by participating in, patient satisfaction surveys or audit. This data, combined with analysis from PharmOutcomes will enable NHS England Shropshire & Staffordshire Area Team to evaluate the efficacy of the scheme.

Pharmacies will also be expected to follow complaints procedure (both internal to the Community Pharmacy and NHS) where issues arise so that improvements can be made following significant events or errors.

Pharmacies should also note that by signing up to participate in this scheme they are entering into an agreement to offer a service with NHS England Shropshire & Staffordshire Area Team. Pharmacies will therefore be subject to the right of inspection by NHS England Shropshire & Staffordshire Area Team and by patient forums in line with NHS guidance.

5.9 Incident Reporting

All incidents should be recorded as part of the pharmacy's clinical governance procedures (refer to Essential Service 8 – Clinical Governance, Community Pharmacy Contractual Framework)

6.0 Duties of GP Surgeries

6.1 Supporting and Referring Into the Scheme

The scheme should benefit the surgery by resulting in a decreased demand for appointments for acute common ailments during the winter period and thereby allowing patients with other needs to receive an appointment sooner.

GP practices will be asked to display, in a prominent position, a poster advertising the scheme. Other methods of advertising will be encouraged too, for example answer phone messages and in-house information videos.

GP practices will also refer patients verbally to the scheme where it is deemed appropriate. This can be done by reception staff who book appointments. Doctors or Nurses can also refer patients during consultation for future need, where it is felt that the patient would have been better served by the scheme rather than using an appointment. See appendix 5 - GP Reception Staff Protocol.

GP practices may also encounter patients who have been referred back to them by a Community Pharmacist following a consultation under the scheme using referral form (see appendix 6). The Pharmacists will be using their professional skills to make a judgement based upon the patient's symptoms; this information will be the basis of the urgency of the referral. Pharmacists will either refer patients to make an appointment the same or following day or to ask for the next routine appointment. Practices are asked to accommodate all reasonable appointment requests.

6.2 Minimising Inappropriate Use of the Scheme

Where necessary, GP practices should also co-operate with participating community pharmacies in confirming a patient's registration over the telephone upon provision of suitable information by the pharmacy. It should be noted that this method of registration confirmation is the last resort for the pharmacies and will only be used where they have concerns about fraudulent attempts to misuse the scheme. If GP surgery staff have concerns about the authenticity of the call then surgery staff should offer to call back the Pharmacist with the required confirmation of registration, sourcing the pharmacy contact number from an independent provider e.g. directory listing. If it is deemed necessary to call the pharmacy back, ideally this call should be made immediately as the patient is likely to be waiting in the pharmacy.

7.0 Duties of NHS England Shropshire & Staffordshire Area Team

NHS England Shropshire & Staffordshire Area Team will be responsible for appropriate advertising, promotion and ongoing support to pharmacies where required.

NHS England Shropshire & Staffordshire Area Team will be responsible for ensuring timely payments are made to Community Pharmacies who are participating in the scheme. The Area Team is also responsible for dealing with operational and payment based queries.

The Area Team will also be responsible for the evaluation of the scheme. This evaluation will include monthly monitoring of the number of consultations that are being conducted each month, audit of frequent users of the scheme, tracking of the costs of the scheme and collection of data about the origins of the referral.

8.0 Service Funding and Payment Procedures

8.1 Service Funding

Reimbursement for the service will consist of a consultation fee plus the cost of any product supplied.

Each consultation is paid at a rate of £5 per consultation only when a medicine has been supplied*. Pharmacists cannot claim a consultation fee when a product was not supplied as this is deemed as part of Essential Service 6.

When a patient is presenting for treatment of more than one ailment, this will be treated as separate consultations and reimbursed accordingly.

For example, a patient presents with a cold also requiring treatment for constipation. This would be considered as two separate consultations. However, a patient presenting with a number of symptoms, such as cough, congestion, headache related to a common cold, this would be counted as one consultation. However, more than one product can be supplied in this case in line with protocols. Each symptom in this case relates to one condition and should not be treated separately.

Please note that when threadworm treatment is supplied to other members of the family, their details will need to be recorded on the same consultation form and only one consultation fee can be claimed.

Pharmacies will be reimbursed for the drugs they supply at the Drug Tariff price, or where this is not available, the cost price of the product as listed in the Dictionary of Medicines and Devices (DM+D). No container fee will be paid and no discount 'clawback' will be applied.

Prices of drugs will be updated on a monthly basis from the Drug Tariff and the Dictionary of Medicines and Devices.

8.2 PharmOutcomes

It is a requirement of the service that all consultations are recorded on PharmOutcomes for invoicing and audit purposes. This information must be recorded at the time of the consultation or as soon as is reasonably practicable.

All pharmacies contracted to provide this service will require individual logins to access the Pharmacy First module, and these will be provided separately by PharmOutcomes.

Payments will be made at the end of the month following that to which the payment relates

*Please note that where a formulary item supplied is not done in accordance with the common ailments protocols, no reimbursement for the formulary item supplied will occur and no consultation fee will be paid.

9.0 Contractual Period

This agreement is for the period **1st December 2014** to **31st March 2015** subject to budgetary constraints.

10.0 Termination of the Service

The pharmacy or the Area Team may terminate participation in the scheme by giving written notice of their intention at least 28 days before the service end date. No reason needs to be given for the termination of the agreement.

It should be noted that weekly monitoring of expenditure will be undertaken by the Area Team, and if the scheme is likely to reach the budget limit, the scheme will be terminated with 28 days written notice given.

If for whatever reason, the pharmacy does not fulfil its obligation to provide all essential services under the pharmacy contractual framework then the pharmacy will become ineligible to provide this enhanced service.

11.0 Confidentiality

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000

12.0 Indemnity

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to NHS England.

ACKNOWLEDGEMENTS

NHS England Shropshire & Staffordshire Area Team would like to acknowledge North Staffordshire CCG and NHS Blackpool whose original work was used to develop this Pharmacy First Scheme.

Appendix 1

Common ailments list

Patients with symptoms of the following conditions may be referred in to this scheme and advice and treatment will follow the regime laid out in the following pages.

SYMPTOM / CONDITION	PAGE
Acute Pain/Earache/Headache/Temperature	14
Athlete's foot	16
Bites and Stings	17
Colds/Flu-like symptoms/Nasal Congestion	19
Cold Sores	20
Conjunctivitis (acute bacterial)	21
Constipation (acute)	23
Cough	25
Cystitis	27
Dermatitis/Dry Skin/Allergic Type Skin Rash	29
Diarrhoea	31
Hay Fever (Seasonal Allergic Rhinitis)	32
Haemorrhoids	35
Heartburn/Indigestion	36
Infant colic	38
Mouth Ulcers	40
Nappy rash	41
Oral Thrush	42
Scabies	43
Sore Throat	44
Sprains and Strains	45
Teething	47
Threadworms	48
Vaginal Thrush	49

Disclaimer

All product information described is correct at the time of writing. Pharmacists/trained pharmacy staff are advised to refer to the most updated product information available (i.e. latest BNF version, Summary of Product Characteristics or MIMS).

Acute Pain / Earache/ Headache /Temperature			
Definition	Pain is a subjective experience, its nature and location may vary considerably. Acute pain is often transient and with treatment directed at the cause and/or short-term pain relief, pain will usually disappear		
Criteria for Inclusion	• Patients requiring relief of acute pain for e.g. dental pain, earache, migraine, tension headache, soft tissue injuries • Patients requiring relief of pain/fever associated with upper respiratory tract infections for e.g. head cold		
Criteria for Exclusion / When to Refer to GP	• Children under the age of 3 months, except those from 2 months old post vaccination with a fever • Body temperature above 38°C • Patients who appear to be abusing analgesics or chronic daily headache caused by analgesic dependence • Newly suspected migraine • Pregnancy / Breast feeding • Discharge from ear • Evidence of foreign body • Symptoms persisting for longer than 48 hours		
Rapid Referral	• Suspected meningitis – vomiting, fever, stiff neck, light aversion, drowsiness, joint pain, fitting and rash • Rapid referral for any neurological symptoms and headache associated with any recent head trauma		
Recommended Treatments and Quantity to supply	Paracetamol 500mg tablets	32	Adults and Children over 12 years
	Paracetamol SF suspension 120mg/5ml	100ml	Babies and Children aged 3 months to under 6 years
	Paracetamol SF Suspension 250mg/5ml	100ml	Children aged 6 to 12 years
	Ibuprofen 200mg tablets	24	Adults and Children over 12 years
	Ibuprofen Suspension 100mg/5ml	100ml	Babies and Children aged 3 months (weighing over 5kg) to 12 years
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> * NB check cautions and contra-indications before supply		
Follow-up Advice	Conditional referral to GP: • Pain that does not respond to treatment • Patients experiencing pain more severe than that experienced		

	previously or pain which is increasing in severity over several days with no apparent reason
Counselling Points	If a supply is made, the following information should be provided where applicable: • A maximum of four doses of Paracetamol can be administered in any 24 hour period to any age group • Ibuprofen should be taken with or immediately after food. If food cannot be eaten, a glass of milk should be consumed before the medication Other patient advice: • Normal body temperature is 37°C or 98.6°F • Fever is a natural defence mechanism to an infection by a virus or bacteria • Fever should be treated with temperature reducing methods such as tepid bathing and patients should be advised to drink plenty of non-alcoholic fluids • Various non-pharmacological measures that can be used to aid pain relief, depending on the cause, for e.g. rest, heat, cold, massage • Consider rest, ice, compression and elevation (RICE) for soft tissue injuries • Avoidance of aggravating factors, for e.g. tyramine containing foods in cases of migraine
References	National Institute for Health and Clinical Excellence. Feverish illness in children (CG47) May 2007 http://guidance.nice.org.uk/CG47 <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Athlete's foot			
Definition	Tinea Pedis – fungal infection of the foot		
Criteria for Inclusion	Patients requiring relief of red itchy broken skin at first, later turning white with maceration and soreness between toes. Always involves the interdigital space of the foot but may spread to sole and upper foot.		
Criteria for Exclusion / When to Refer to GP	- Patients <1 year of age - Appears in the 1st and 2nd web spaces, or no involvement of interdigital space - Toenails becoming black or discoloured. Fungal infection starts to spread under the nails or to other areas of the body - Evidence of bacterial infection/history of eczema - Diabetic patients - Persistent infection not responsive to treatment - Pregnancy and breastfeeding		
Rapid Referral	Any patients presenting with symptoms of cellulitis (i.e. spreading redness, pain and tenderness)		
Recommended Treatments and Quantity to supply	Clotrimazole cream 1%	20g	For adult and children >1
	Miconazole cream 2%	15g	For adult and children >1
	Terbinafine cream 1%	7.5g	> 16year of age
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> * NB check cautions and contra-indications before supply		
Follow-up Advice	Advise if symptoms do not begin to resolve within 2 weeks to make an appointment to see a GP		
Counselling Points	- Feet should be washed and dried thoroughly, especially between toes, before applying the cream. - Advise patient to use dusting powders in shoes and socks as a preventative measure, since boiling socks will not kill fungal spores. - Wear footwear that keeps the feet cool and dry. - Wear cotton socks. - Change to a different pair of shoes every 2–3 days. - After washing, dry the feet thoroughly, especially between the toes. - Do not share towels, and wash them frequently. - Avoid scratching affected skin as this may spread the infection to other sites. - Avoid going barefoot in public places (for example use protective footwear such as flip-flops in communal changing areas).		
References	Refer to SPC for individual product information http://emc.medicines.org.uk Clinical Knowledge Summaries. Fungal skin infection – foot - management. May 2009. Available at: http://cks.library.nhs.uk/ <accessed 10.12.12>		

Bites and Stings			
Definition	Itching, inflammation or irritation around the site of an insect bite or sting requiring symptomatic treatment.		
Criteria for Inclusion	Evidence of local itching, erythema and swelling at the site of the insect bite/sting		
Criteria for Exclusion / When to Refer to GP	- Children under 1 year old - Suspected secondary bacterial infection as a result of scratching or may be introduced at the time of the bite. It can present as impetigo, folliculitis, cellulitis or lymphangitis. - Pregnancy / Breastfeeding - Insect bite with fever - Affected area is face or anogenital region		
Rapid Referral	- If the patient experiences shortness of breath or fever or symptoms of shock - If sting or bite is in the mouth, suck an ice cube or sip cold water and seek medical attention - If the patient is having symptoms of a severe allergic reaction i.e. swollen lips and eyelids / difficulty breathing / becoming pale and faint / increased generalised itchiness / aches and pains / feeling unwell, an ambulance should be called.		
Recommended Treatments and Quantity to supply	Crotamiton 10% cream	30g	Adults and Children over 3 years
	Hydrocortisone 1% cream	15g	Adults and Children over 10 years
	Chlorphenamine 4mg tablets	30	Adults and Children over 6 years
	Chlorphenamine 2mg/5ml oral solution	150ml	Adults and Children over 1 year
	Cetirizine 10mg tablets	30	Adults and Children over 12 years
	Cetirizine 5mg/5ml oral solution	150ml	Adults and Children over 6 years
	Paracetamol tablets 500mg	32	Adult and children over 12
	Paracetamol susp SF 250mg/5ml	100ml	Children over 6 years
	Paracetamol suspension SF 120mg/5ml	100ml	Children over 1 year
	Ibuprofen tab 200mg	24	Adult and children over 12
	Ibuprofen suspension 100mg/5ml	100ml	Children 1-12 years
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> * NB check cautions and contra-indications before supply		
Follow-up Advice	Conditional referral to GP: Refer to the GP if bite becomes larger in size and redness spreads		

	Consider supply but advise patient to make an appointment with GP • Known allergy to bites or stings
Counselling Points	- Advise patient on side-effects caused by the drug(s). - Wash the area with soap and water - If there has been a wasp or bee sting the sting should be carefully removed from the skin, trying to scrape it out rather than grabbing it (to avoid squeezing venom into the skin) - Do not scratch the area, as this will make itch worse and increase risk of infection - Apply a cold compress to reduce swelling if present - - Use of insect repellent products for future potential exposure - Bites from fleas, mites and bedbugs may be due to an infestation – source should be confirmed and eliminated
References	Clinical Knowledge Summaries. Insect bites and stings - Management. November 2011. Available at: http://cks.library.nhs.uk/insect_bites_and_stings <accessed 23.11.12> Refer to SPC for individual product information at http://emc.medicines.org.uk

Colds/Flu-like symptoms/Nasal Congestion				
Definition	Runny/blocked nose associated with colds and upper respiratory tract infections			
Criteria for Inclusion	Congestion where seasonal allergy has been excluded			
Criteria for Exclusion / When to Refer to GP	• Children under 3 months old • Recurrent nose bleeds • Pregnancy / Breastfeeding • Patients with heart or lung disease e.g. chronic bronchitis • Patients with persistent fever and productive cough			
Recommended Treatments and Quantity to supply	Paracetamol tablets 500mg	32	Adult and children over 12	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • NB check cautions and contra-indications before supply
	Paracetamol susp SF 250mg/5ml	100ml	Children over 6 years	
	Paracetamol suspension SF 120mg/5ml	100ml	Babies and Children aged 3 months to under 6 years	
	Ibuprofen 200mg tablets	24	Adults and Children over 12 years	
	Ibuprofen Suspension 100mg/5ml	100ml	Babies and Children aged 3 months (weighing over 5kg) to 12 years	
	Menthol and Eucalyptus inhalation	100ml	Adults and Children over 3 months	
	Sodium Chloride 0.9% Nasal Drops	10ml	Adults and Children from 3 months	
	Xylometazoline 0.1% Nasal Spray	10ml	Adults and Children over 12 years	
Follow-up Advice	Conditional referral: • If symptoms worsen or sinus pain develops, consult GP			
Counselling Points	• Topical decongestants must only be used for a maximum of 7 days due to the risk of causing rebound congestion upon withdrawal • Saline nasal drops may help thin and clear nasal secretions in infants who are having difficulty with feeding and should be administered immediately before feeding			
References	Clinical Knowledge Summaries. Common cold - Management. November 2011. Available at: http://www.cks.nhs.uk/common_cold/management/scenario_management#-257414 <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk			

Cold Sores			
Definition	Infection with Herpes Simplex Virus (HSV) causing pain and blistering (fluid filled blisters) on or around the lips After primary infection, the virus lies dormant until triggered by a stimulus such as sunlight, impaired immunity, stress, upper respiratory infections.		
Criteria for Inclusion	Patients who present with painful fluid filled blisters or tingling on or around the lips with a previous history of HSV (first suspected cold sore included).		
Criteria for Exclusion / When to Refer to GP	• Children under age of 12 • Immunocompromised individuals • Sores not present on or around the lips • Severe frequent recurrence • Evidence of secondary bacterial infection for e.g. weeping pustules • Pregnancy / Breast feeding		
Recommended Treatments and Quantity to supply	Aciclovir 5% cream	2g	Adults and Children over 2 years
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> *NB check cautions and contra-indications before supply		
Follow-up Advice	Consult GP if lesion is spreading or complicated with a secondary bacterial infection		
Counselling Points	• Hands should be washed before and after each application of the cream to reduce the chance of spreading the infection • Cold sores are caused by a virus. It remains in the nerve between cold sores and cannot be cured • It is advisable not to share face cloths and towels • Cold sores should not be touched as this can spread infection • Cold sores often recur in the same place and can sometimes be linked to a trigger, such as UV light (advise sunscreen with SPF of 15 or more). • Treatment should begin as soon as possible, recovery can take 10-14 days • Cold sores are infectious for about four days after symptoms start and can be transmitted by close personal contact		
References	Clinical Knowledge Summaries. Herpes Simplex Oral – management. December 2007. Available at: http://cks.library.nhs.uk/herpes_simplex_oral <accessed 23.11.12. Pinewood Healthcare. Summary of Product Characteristics. Aciclovir cream 2%. April 2011. Available at: http://www.medicines.org.uk/EMC/medicine/24479/SPC/Aciclovir+5++w+w+Cream/		

Conjunctivitis (Acute Bacterial)			
Definition	Acute inflammation of the conjunctiva (membrane covering the white of the eye and the inside of the eyelid) of the eye. It is characterised by irritation, itching, a sensation of grittiness in the eye, watering or sticky discharge, blurred vision due to the discharge that clears with blinking		
Criteria for Inclusion	Adults and children over 2 years old where a bacterial infection is suspected. No history of recent episode of conjunctivitis.		
Criteria for Exclusion / When to Refer to GP	• Children under 2 years • Contact lens wearers (without approval of an optometrist) • Users of other prescribed eye drops or ointment • Dry eye syndrome • Glaucoma • Atypical symptoms of conjunctivitis • Suspected foreign body in the eye • Eye injury • Photophobia • Where vision has been affected • Severe pain within the eye / swelling around the eye / restricted eye movement • Unusual looking pupils or cloudy cornea • Eye surgery / laser treatment in the previous 6 months • Pregnancy / Breastfeeding • Recent trip abroad • Patient feels generally unwell • Previous conjunctivitis in the recent past • Hypersensitivity to chloramphenicol or to any other ingredients to the eye drops • Pupil fixed and mid-dilated or distorted from previous attacks • Headache • Family history of blood dyscrasias • Patients who have experienced myelosuppression during previous exposure to chloramphenicol • Copious discharge that re-accumulates after being wiped away • Patient taking bone marrow suppressant drugs • Enlarged lymph nodes in front of the ears (associated with Chlamydia / adenoviral type) • Eye inflammation associated with a rash on the scalp or face.		
Recommended Treatments and Quantity to supply	Chloramphenicol 0.5% eye drops	10ml	Adults and Children over 2 years
	Chloramphenicol 1.0% eye ointment	4g	Adults and Children over 2 years
<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • NB check cautions and contra-indications before supply			

Follow-up Advice	• Consult GP if no signs of improvement after 48 hrs or symptoms worsen
Counselling Points	• Side-effects • Correct administration of eye drops • Wash hands thoroughly and avoid sharing towels / facecloths as eye infection is highly contagious • Course of eye drops or ointment is for 5 days even if symptoms improve • The ointment is a viscous option possibly preferable when treating the young or elderly • Patients may experience a transient burning or stinging sensation with treatment • Hypersensitive reactions possible though rare • A cold compress may soothe the eye • Store the eye drops in a refrigerator and discard the drops/ointment after 5 days use • Blurred vision can occur, do not drive or operate machinery unless vision is clear.
References	Clinical Knowledge Summaries. Conjunctivitis – Infective – Management. December 2007. Available at: http://cks.library.nhs.uk/conjunctivitis_infective <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Constipation (Acute)			
Definition	Increased difficulty and reduced frequency of defaecation compared to what is normal for that person often accompanied by straining and the passage of hard, small stools. Abdominal discomfort, cramps or a feeling of incomplete emptying may be experienced.		
Criteria for Inclusion	Patients experiencing significant variation from normal bowel evacuation, which has not improved following adjustments to diet and other lifestyle activities.		
Recommended Treatments and Quantity to supply	Ispaghula 3.5g sachets	10	Adults and Children over 6 years
	Senna 7.5mg tablets	20	Adults and Children over 6 years
	Lactulose solution	300ml	Adults and Children over 1 year
	Glycerol suppositories 4g	12	Adults
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> NB check cautions and contra-indications before supply		
Criteria for Exclusion / When to Refer to GP	- Children under 1 year old at first presentation - Patients currently receiving laxatives as regular medication - Possibility of intestinal obstruction - History of cycling constipation and diarrhoea - Recent changes in bowel habit in patients aged 55+ - Pregnancy unless constipation is related to pregnancy - Breastfeeding - Past history of allergy to medication listed below		
Rapid Referral	- New or worsening constipation without explanation - Symptoms of blood in the stools, unexplained weight loss and nausea and vomiting, severe abdominal pain		
Follow-up Advice	Conditional Referral: - Consult GP if constipation persists beyond one week - Consult GP if patient is regularly requesting laxatives Consider supply but advise patient to make appointment with GP: - Patient taking medication with recognised constipating effects		
Counselling Points	- Normal bowel frequency in the UK ranges from three times a day to once every three days; anything within this range is considered normal - Lifestyle measures such as increasing fluid and fibre and increasing exercise levels are preferred and to prevent occurrence of further events. Drink six to eight glasses of water. Avoid drinks that are caffeine containing as this may worsen constipation. - Regular doses of laxatives are rarely required and can cause a 'lazy' bowel		

	• Senna is a stimulant laxative, effects within 8 -12 hours so dose is usually taken at night - it may colour the urine red or yellow • Ispaghula is a bulk forming laxative, requires adequate intake of fluid to avoid obstruction, effects may take several days. It should be taken immediately before going to bed. Contraindicated if there is difficulty in swallowing. • Lactulose is an osmotic laxative, can take 2 - 4 days to work
References	Clinical Knowledge Summaries. Constipation - Management. January 2008. Available at: http://www.cks.nhs.uk/constipation#-306105 <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Cough			
Definition	Coughing arises as a defensive reflex mechanism		
Criteria for Inclusion	Adults and children over 1 year experiencing a troublesome cough requiring soothing. The cough may be productive (chesty) where phlegm is produced or non-productive (dry), with no phlegm.		
Recommended Treatments and Quantity to supply	Chesty cough:		
	Simple Linctus S.F	200ml	Adults and Children over 12 years
	Simple Linctus Paediatric S.F	200ml	Children over 1 year
	Dry Cough (adult and children over 12 years):		
	Pholcodine 5mg/5ml SF	200ml	Adult and children over 12 years
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> NB check cautions and contra-indications before supply Give sugar free preparations wherever possible		
Criteria for Exclusion / When to Refer to GP	- Children under 1 year - Cough productive with green or yellow sputum - Asthmatics presenting with wheeze or reduced peak flow - Chest pain or shortness of breath - COPD - Chronic bronchitis - Recurrent nocturnal cough - Failed medication		
Rapid Referral	- Difficulty breathing - Shortness of breath - Chest pain - Pain related to exertion - Rusty or blood-stained sputum - Very high temperature or shortness of breath along with a cough should be referred to rule out a diagnosis of pneumonia - Whooping cough or croup		
Follow-up Advice	Conditional referral: - Refer to GP if cough persists beyond two weeks Consider supply but advise patient to make a GP appointment: - A dry cough in patients prescribed an ACE Inhibitor		
Counselling Points	- A cough is commonly associated with an upper respiratory infection and is usually mild and self-limiting, often resolving in around two weeks - There is no good evidence for or against the effectiveness of cough preparations - Avoid smoking or smoky atmospheres. If a smoker - counsel or		

	signpost to smoking cessation service • Maintain adequate fluid intake with a chesty cough
References	Clinical Knowledge Summaries. Cough management. September 2010. Available at: http://www.cks.nhs.uk/cough/management/scenario_management_cough_less_than_3_weeks#-477498 <accessed.23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Cystitis			
Indication	Uncomplicated lower urinary tract infection (UTI) in non- pregnant women.		
Criteria for Inclusion	Non pregnant women aged 16 and over and under 65 with typical symptoms of uncomplicated urinary tract infection which include: burning sensation or pain in passing urine, and passing urine frequently		
Recommended Treatments and Quantity to supply	Paracetamol 500mg tabs	32	Adults and Children over 16
	Ibuprofen 200mg tabs	24	Adults and Children over 16
	Potassium Citrate sachets	6	Adults and Children over 16
	Sodium Citrate sachets	6	Adults and Children over 16
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • NB check cautions and contra-indications before supply • Sodium agents are best avoided with cardiac disease or hypertension • Potassium agents may cause hyperkalaemia with potassium-sparing diuretics, aldosterone antagonists, ACE inhibitors		
Criteria for Exclusion / When to Refer to GP	• Young girls under the age of 16 • Women aged 65 and over • Male patients • Pregnant or Breast feeding women • Elderly patients with confusion suggestive of UTI • Patients with indwelling catheters • Suspected diabetes • Presence of blood in the urine • Cramp like pain in lower abdomen • Vaginal discharge • Fever or vomiting • Recurrent cystitis		
Follow-up Advice	• Patients can be referred to their GP or nurse if symptoms do not improve after course of treatment.		
Counselling Points	• Increase fluid intake • Wipe front to back after going to the toilet to avoid transferring germs		

	• Try to empty the bladder when urinating • Attacks may be precipitated by use of fragranced products • Passing water following intercourse may also prevent recurrent attacks • Paracetamol or ibuprofen may help to alleviate the pain or discomfort
References	Clinical Knowledge Summaries. Urinary tract infection (lower) - women - Management. October 2009. Available at: http://cks.nice.org.uk/urinary-tract-infection-lower-women#azTab <accessed 19.8.2013> Refer to SPC for individual product information http://emc.medicines.org.uk

Dermatitis/Dry Skin/Allergic Type Skin Rash			
Definition	Three main types: • Atopic – an inherited condition. This may occur in conjunction with asthma, hay fever or rhinitis • Irritant – occurs due to lack of natural oil in the skin caused by soaps, disinfectants, detergents or chemicals at work or at home • Allergic – mediated by an immune reaction to a substance which has made contact with the skin. The reaction occurs on subsequent exposures after the initial exposure. Examples of allergens include cosmetics, hair dyes, nickel, chromium and some plant.		
Criteria for Inclusion	Superficial inflammation of the skin, causing itching, with a red rash.		
Criteria for Exclusion / When to Refer to GP	• Signs of weeping, crusty skin or thickening of the skin • Seborrhoeic eczema or other types of eczema • If psoriasis is suspected or confirmed • Affected areas on the face, genitalia and armpits • Untreated bacterial, fungal or viral skin lesions • In cases of severe eczema in children under 12 years of age or pregnant women • Where there is associated scabies		
Rapid Referral	• Evidence of infection or angio-oedema • Severe condition of the area: badly fissured / cracked skin and/or bleeding • Weight loss – history of liver/kidney disease		
Recommended Treatments and Quantity to supply	Emulsifying ointment	500g	Adults and children
	Hydrocortisone cream 1%	15g	Adult and children >10 years
	Crotamiton 10% cream	30g	Adults and Children over 3 years
	Chlorphenamine 4mg tablets	30	Adults and Children over 6 years
	Chlorphenamine 2mg/5ml oral solution Or Chlorphenamine 2mg/5ml oral solution SF	150ml	Adults and Children over 1 year
	Cetirizine 10mg tablets	30	Adults and Children over 12 years
	Cetirizine 5mg/5ml oral solution	200ml	Adults and Children over 6 years
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • NB check cautions and contra-indications before supply		
Follow-up Advice	Advise if symptoms do not start to resolve within 7 days to make an appointment to see a GP		

Counselling Points	• Avoid scratching (if possible), keep nails short (use anti-scratch mittens in babies) and rub with fingers to alleviate itch • Avoid trigger factors known to exacerbate eczema such as clothing (do not wear synthetic fibres), soaps or detergents (use emollient substitutes), animals, and heat (keep rooms cool) • Provide education on the correct use of emollients and steroids: advise to apply the emollient first, wait 30 minutes before applying the topical corticosteroid. Also advise on the use of fingertip units. • Do not use hydrocortisone for more than 7 days • Advise to use the emollient even if the condition improves
References	Clinical Knowledge Summaries. Eczema – atopic – management. July 2008. Available at: http://www.cks.nhs.uk/eczema_atopic <accessed 10.12.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Diarrhoea			
Definition	The frequent passing of watery stools Symptoms may include abdominal cramps and flatulence		
Criteria for Inclusion	Symptoms of sudden onset (acute diarrhoea)		
Criteria for Exclusion / When to Refer to GP	• Patients with chronic diarrhoea • Children under the age of 2 • Diarrhoea accompanied with fever, severe vomiting, signs of dehydration • Patients recently returned from abroad • Patients with symptoms of passing blood or mucus • Patients with history of cycling constipation and diarrhoea • History of change in bowel habit • Patient taking/recently completed a course of antibiotics • Pregnancy / Breastfeeding		
Rapid Referral	• Adults with symptoms lasting more than 5 days • Children who appear ill or dehydrated or where symptoms have lasted more than 48 hrs • Signs of shock such as decreased level of consciousness, pale or mottled skin and cold extremities.		
Recommended Treatments and Quantity to supply	Dioralyte sachets	6	Adults and Children over 2 yrs
	Electrolade sachets	6	Adults and Children over 2 yrs
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • NB check cautions and contra-indications before supply		
Follow-up Advice	Conditional referral: • Young children and elderly are more susceptible to dehydration. Advise to consult the doctor if symptoms persist beyond 48 hrs. • Advise all other patients to consult their doctor if symptoms have not improved within 7 days. Consider supply but patient advised to make appointment to see GP: • Patients taking medication with recognised diarrhoeal effect • Patients with insulin dependent diabetes mellitus		
Counselling Points	• Condition is usually self limiting; replacement of lost fluids is normally the only treatment required • Eat as normally as possible. Ideally include fruit juices and soups to provide salt and sugar and foods high in carbohydrates • Drink plenty of fluids to prevent dehydration • Take care with hygiene in particular hand washing after going to the toilet and before preparing food • Oral rehydration therapy is useful to prevent dehydration		
References	Clinical Knowledge Summaries. Gastroenteritis management. September 2009. Available at: http://cks.library.nhs.uk/gastroenteritis <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk		

Hay Fever (Seasonal Allergic Rhinitis)			
Definition	Hypersensitivity reaction to pollen or fungal spores. Symptoms occur at the same time each year and can typically consist of seasonal sneezing, nasal itching, nasal blockage, watery nasal discharge and red, itchy, watery eyes		
Criteria for Inclusion	Adults and children with symptoms of hay fever requiring symptomatic treatment		
Criteria for Exclusion / When to Refer to GP	- Children under the age of 6 at first presentation - Pregnancy / Breast feeding		
Rapid Referral	Patients experiencing symptoms of wheezing and / or shortness of breath		
Recommended Treatments and Quantity to supply	Chlorphenamine 4mg tabs	30	Adults and Children over 6 yrs
	Chlorphenamine 2mg/5ml SF Oral Solution	150ml	Adults and Children over 6 yrs
	Cetirizine 10mg tabs	30	Adults and Children over 12 yrs
	Cetirizine 5mg/5ml oral solution	150ml	Adults and Children over 6 yrs
	Beclometasone nasal spray	180 doses	Adults over age of 18 yrs
	Sodium cromoglycate 2% eye drops	10ml	Adults and Children over 6yrs
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> NB check cautions and contra-indications before supply		
Follow-up Advice	Conditional referral: Patient should consult the GP if treatment is ineffective or symptoms persist after the end of September		
Counselling Points	- Pollen avoidance measures - Pollen count can be found at www.bbc.co.uk/weather - Patient choice will play a role in treatment selection - Chlorphenamine should only be supplied if sedation will not be cause for concern; patients should be counselled about driving/operating machinery if sedation occurs - Intranasal corticosteroids are effective where rhinitis is the main symptom; they have a relative slow onset of action with maximum efficacy achieved over a few days		
References	Clinical Knowledge Summaries. Allergic rhinitis – management. January 2008. Available at: http://cks.library.nhs.uk/allergic_rhinitis <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk		

Haemorrhoids			
Definition	Swollen veins which protrude into the canal) may swell and hang down outside the anus).		
Criteria for Inclusion	• Presence of haemorrhoids requiring soothing relief of itching, burning, pain, swelling and/or discomfort in the perianal area and anal canal. • Consider supply, but the patient should be advised to make an appointment to see the GP: - Haemorrhoids of more than 3 weeks duration - Suspected drug-induced constipation - Small amount of fresh blood in stool		
Criteria for Exclusion / When to Refer to GP	• Children under the age of 18 • Pregnant women • Change in bowel habit (persisting alteration from normal bowel habit)		
Rapid Referral	• Associated abdominal pain/vomiting • Profuse bleeding		
Recommended Treatments and Quantity to supply	Anusol ointment	25g	Adults over 18 years
	Anusol suppositories	12	Adults over 18 years
	Anusol Plus HC ointment	15g	Adults over 18 years
	Anusol Plus HC suppositories	12	Adults over 18 year
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • <i>NB check cautions and contra-indications before supply</i>		
Follow-up Advice	• Patients should consult their GP if symptoms have not started to improve within 7 days.		
Counselling Points	• Relieve constipation and ensure soft stools: - Recommend an increase in dietary fibre and fluid intake (wholemeal foods, bran, vegetables and so on, with 8 glasses/12 cups or more of caffeine-free fluid a day) - Consider fibre supplements (bulk-forming agents) to enhance the dietary fibre (see protocol for constipation) • Correct insertion /application of the product • Cleansing of anal area with soap and warm water will give relief from pruritus ani		
References	Clinical Knowledge Summaries. Haemorrhoids – management. May 2008. Available at: http://cks.library.nhs.uk/ <accessed 13.12.12> Refer to SPC for individual product information http://emc.medicines.org.uk		

Heartburn / Indigestion			
Definition	Dyspepsia – upper abdominal discomfort, pain associated with food/hunger relieved by antacids, nausea and bloating Gastro-oesophageal reflux – heartburn, acid regurgitation, epigastric pain, belching		
Criteria for Inclusion	• Patients who require relief from some of the above symptoms • Previous diagnosis of minor GI problem • A new GI problem that has lasted less than 10 days		
Criteria for Exclusion / When to Refer to GP	• Children under age of 12 • First time presentation of all ages • Patients whose symptoms of indigestion/heartburn have recently changed or • Pregnancy unless heartburn and indigestion are related to pregnancy • Breastfeeding		
Rapid Referral	• Bleeding PR (excluding haemorrhoids) or blood in the stools • Unexplained weight loss • Vomiting with amounts of blood • Difficulty in swallowing • Pain in the chest indicative of another aetiology • Severe acute epigastric pain		
Recommended Treatments and Quantity to supply	Gaviscon Advance tabs	12	Adults and Children over 12 yrs
	Gaviscon Advance liquid	150ml	Adults and Children over 12 yrs
	Ranitidine 75mg	24	Adults and children over 16 yrs
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • NB check cautions and contra-indications before supply		
Follow-up Advice	Conditional referral: • Consult GP if symptoms persist beyond 1 week • Consult GP if symptoms are not relieved by medication • Patients taking NSAIDs • Second request within one month • Recent peptic ulcer disease		
Counselling Points	• Symptoms can be aggravated by stress and anxiety • Advise patients to stop smoking, moderate alcohol intake and lose weight where appropriate • Eat small meals slowly and regularly and avoid foods which aggravate the problem • The sodium content of some antacids may be important when a salt restricted diet is required in patients with renal or cardiovascular disease • Advise patients not to take ranitidine tablets for more than 2 weeks continuously. They must consult their doctor if symptoms deteriorate or persist after 2 weeks treatment.		
References	Clinical Knowledge Summaries. Dyspepsia unidentified cause –		

	management. June 2008. Available at: http://cks.library.nhs.uk/dyspepsia_symptoms <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk
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Infant colic	
Definition	Repeated episodes of excessive and inconsolable crying in an infant that otherwise appears to be healthy and thriving. Infant's face may be red and flushed, the crying is intense and furious, infant may clench their fists, draw up their knees or arch their back.
Criteria for Inclusion	Symptoms and signs suggestive of infant colic
Criteria for Exclusion / When to Refer to GP	• The parents are not coping despite advice and reassurance. • There is diagnostic doubt (e.g. the baby is not thriving; crying is not starting to get better or is getting worse after 4 months of age; significant gastro-oesophageal reflux is suspected). • Baby is being treated for a thyroid disorder
Rapid Referral	Crying is not starting to get better or is getting worse after 4 months of age.
Recommended Treatments and Quantity to supply	Two weeks of simeticone drops (breastfed or bottle-fed) – Infacol 50ml <i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • NB check cautions and contra-indications before supply
Follow up	Only continue treatment with Infacol® if there is a response (i.e. the duration of crying shortens). If there is a response to treatment, wean off over a period of one week. If unable to wean the baby off by the age of 6 months, refer to the GP. If there is no response to treatment after two weeks, stop treatment and advise the child's parent/guardian to contact their Health Visitor
Counselling Points	• Prevent the baby from swallowing air by sitting him/her upright during feeding • If breastfeeding, avoid drinking too much tea, coffee and other drinks that contain caffeine. Some women find that spicy food and alcohol can aggravate the colic. • Holes in bottle teats that are too small may cause babies to swallow air along with their feed. 'Fast flow' teats with larger or several holes are available and may be a useful alternative. • Always burp the baby after a feed: gently rub the back and tummy until he/she burps. • Reassure the parents that their baby is well, they are not doing something wrong, the baby is not rejecting them, and that colic is common and is a phase that will pass within a few months. • Holding the baby through the crying episode may be helpful. However, if there are times when the crying feels intolerable, it is best to put the baby down somewhere safe (e.g. their cot) and take a few minutes' 'time out'. • Other strategies that may help to soothe a crying infant include:

	- Gentle motion (e.g. pushing the pram, rocking the crib). - 'White noise' (e.g. vacuum cleaner, hairdryer, running water). - Bathing in a warm bath. • Encourage parents to look after their own well-being: - Ask family and friends for support — parents need to be able to take a break. - Rest when the baby is asleep. - Meet other parents with babies of the same age. • Health visitors are also a useful source of advice and support for parents of excessively crying babies.
References	Clinical Knowledge Summaries. Colic - infantile – management. September 2007. Available at: http://cks.library.nhs.uk/ <accessed 13.12.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Mouth Ulcers			
Definition	A mouth ulcer (aphthous ulcer) is an ulcerative lesion affecting the oral mucosa		
Criteria for Inclusion	Mouth ulcers requiring symptomatic treatment to alleviate pain and discomfort and aid healing		
Criteria for Exclusion / When to Refer to GP/Dentist	- Children under 5 years old - Consider referral to GP for babies/children with oral problems - Evidence of systemic symptoms - Patients taking immunosuppressant drugs or who are known to be immunocompromised/ immunosuppressed - Ulcer present for more than 3 weeks - History of frequent previous episodes - Recurrent or multiple ulcers - Any sore that bleeds easily - Non painful lesions including any lump, thickening or red / white patches - Pregnancy / Breast feeding - Ulcers affecting extra-oral sites (i.e. genitalia) - Ulcers affecting atypical sites in the mouth (i.e. palate) - Suspected adverse drug reaction		
Rapid Referral	Difficulty with swallowing		
Recommended Treatments and Quantity to supply	Bonjela gel	15g	Adults and Children over 16 years
	Chlorhexidine 0.2% mouthwash	300ml	Adults and Children over 12 years
	Anbesol Liquid	6.5ml/13ml	Adults and Children over 5 years
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> NB check cautions and contra-indications before supply		
Follow-up Advice	Conditional referral: - If symptoms persist or ulcer(s) returns, consult GP - Consider referral to GP for babies/children with oral problems		
Counselling Points	- Good oral hygiene to avoid risk of secondary infection - Where possible manage precipitating factors: oral trauma, stress and anxiety, certain foods (crisps, spicy food, hot fluids, carbonated drinks), smoking - Use a softer toothbrush. - Advise patient to visit the dentist regularly - If recommending Chlorhexidine mouthwash, counsel and advise the patient about teeth staining and advise not use it for more than 1 month.		
References	http://cks.library.nhs.uk/aphthous_ulcer Refer to SPC for individual product information http://emc.medicines.org.uk		

Nappy rash			
Definition	Nappy rash is an irritant contact dermatitis confined to the nappy area. A painful and raw area of skin around the anus and buttocks due to contact with frequent irritant stools, or reddening over the genitals and napkin area due to urine soaked napkins.		
Criteria for Inclusion	Mild to moderate red rash or sore skin confined to the nappy area		
Criteria for Exclusion / When to Refer to GP	- Broken skin - Severe, prolonged or recurrent fungal infection - Nappy rash accompanied by oral thrush - Ulceration of affected area - Nappy rash that is causing discomfort		
Rapid Referral	- Signs of infection - Infant with rash and satellite lesions - Nappy rash that is a bright shade of red, very warm or swollen - Baby has a high temperature or seems distressed, in addition to the nappy rash.		
Recommended Treatments and Quantity to supply	Sudocrem	60g	Babies and children
	Metanium ointment	30g	Babies and children
<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> NB check cautions and contra-indications before supply			
Follow-up Advice	If the rash persists for longer than 10 days refer to the health visitor; but if the rash does not improve in 48 hours or it worsens, refer to the GP.		
Counselling Points	- To reduce exposure to irritants (urine, faeces, and friction), advise parents and carers: - To consider using nappies with the greatest absorbency (for example, disposable gel matrix nappies) — however, parental choice of the nappy used will depend not only on its absorbency but on convenience, cost, and environmental considerations.- To leave nappies off for as long as is practically possible. To clean and change the child as soon as possible after wetting or soiling: - Use water, or fragrance-free and alcohol-free baby wipes. - Dry gently after cleaning — avoid vigorous rubbing. - Bath the child daily — but avoid excessive bathing (such as more than twice a day) which may dry the skin. - Do not use soap, bubble bath, or lotions.		
References	Clinical Knowledge Summaries. Nappy rash – management. June 2009. Available at: http://cks.library.nhs.uk/dyspepsia_symptoms <accessed 13.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk		

Oral Thrush				
Definition	An infection of yeast fungus, <i>Candida Albicans</i> , in the mucous membrane of the mouth			
Criteria for Inclusion	Symptoms vary, ranging from asymptomatic infection to a sore and painful mouth with a burning tongue and altered taste White patches on an erythematous background are usually seen on the buccal mucosa, tongue or gums.			
Criteria for Exclusion / When to Refer to GP	• Children under 4 mths • Children under 6 months that were born pre-term • Patients undergoing chemotherapy or immunocompromised individuals • Patients taking DMARDs • Patients looking ill • History of recurrent infection • Pregnancy and Breast feeding			
Recommended Treatments and Quantity to supply	Miconazole Oral gel 2%	15g	Adults and Children over 4 mths	
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • NB check , cautions and contra-indications before supply			
Follow-up Advice	Oral thrush can be a sign of a serious underlying systemic disease Conditional referral: • If symptoms persist beyond 1 week Consider supply, but advise patient to make appointment with GP • Diabetes			
Counselling Points	• Hold gel in the mouth for as long as possible before swallowing • Daktarin oral gel is sticky. If giving the gel to a child or infant aged four months and over, make sure that the gel does not close off the child's or infant's throat as they could choke on it. The gel should be placed at the front of the mouth – never at the back of the throat. • Treatment with Miconazole gel should continue for 48hrs after clearance • If possible address the cause: - Dentures - Diabetes control - Rinse mouth after using steroid inhalers			
References	Clinical Knowledge Summaries. Candida - oral - Management. September 2009. Available at: http://cks.library.nhs.uk/candida_oral <accessed 23.11.12> Refer to SPC for individual product information http://www.medicines.org.uk/EMC/medicine/7301/SPC/Daktarin+Oral+Gel/			

Scabies			
Definition	Scabies is an intensely itchy skin infestation caused by the human parasite <i>Sarcoptes scabiei</i>		
Criteria for Inclusion	- Intense itching and/or rash, generally symmetrical on the body. - A definite diagnosis can be made on finding burrows in the skin, usually on the hands. However, these are not often seen. Burrows are very small (0.5 cm or less) curving white lines, sometimes with a vesicles at one end. - The skin develops thick crusts which are highly contagious		
Criteria for Exclusion / When to Refer to GP	Children under 2		
Rapid Referral	Signs of bacterial infection		
Recommended Treatments and Quantity to supply	Recommended treatment:		
	Permethrin 5% dermal cream	2 x 30g (for 2 applications 7 days apart)	Adult and children >2
	For treatment of associated itching		
	Chlorphenamine 4mg tab	30	Adult and children over 6
	Chlorphenamine oral solution 2mg/5ml Or Chlorphenamine oral solution 2mg/5ml SF	150ml	Adult and children over 2
	Crotamiton 10% cream	30g	Adult and children over 3
<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i>			
NB check cautions and contra-indications before supply			
Follow-up Advice	- Apply the insecticide twice, with applications one week apart - Itching may persist for 2-3 weeks after successful treatment. During this time no new lesions should develop. - If treatment fails, patients should be advised to refer to their GP.		
Counselling Points	- Simultaneously (within 24h) treat all members of the household, close contacts, and sexual contact with a topical insecticide (even in the absence of symptoms) - Consider symptomatic treatment for itching - Machine wash (at 50°C or above) clothes, towels, and bed linen, on the day of application of the first treatment - Advise to avoid close body contact with others until their partners and close contact have been treated - Infection only spreads through direct skin-to-skin contact with another human being - Incubation is usually 4-6 weeks in patients without previous exposure		
References	Clinical Knowledge Summaries. Scabies – management. December 2011. Available at: http://cks.library.nhs.uk/ <accessed 13.12.12> Refer to SPC for individual product information http://emc.medicines.org.uk		

Sore Throat			
Definition	A painful throat often accompanied by viral symptoms		
Criteria for Inclusion	A sore throat requiring soothing		
Criteria for Exclusion / When to Refer to GP	- Children under 1 yr - Patients on disease modifying drugs or other immunosuppressant drugs - Pregnancy/ Breastfeeding - Sore throat lasting more than a week - Recurrent bouts of infection - Hoarseness of more than 3 weeks' duration - Difficulty in swallowing - Failed medications		
Rapid Referral	- Patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders) - Patients presenting with severe symptoms (inability to swallow, acute onset, high temperature, difficulty in breathing)		
Recommended Treatments and Quantity to supply	Paracetamol tablets 500mg	32	Adult and children over 12
	Paracetamol susp SF 250mg/5ml	100ml	Children over 6 years
	Paracetamol oral suspension SF 120mg/5ml	100ml	Babies and Children aged 3 months to under 6 years
	Ibuprofen 200mg tablets	24	Adults and Children over 12 years
	Ibuprofen Suspension 100mg/5ml	100ml	Babies and Children aged 3 months (weighing over 5kg) to 12 years
	Diffiam Throat spray	1	Adult and children depending on body weight
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • NB check cautions and contra-indications before supply		
Follow-up Advice	Conditional referral: - If symptoms persist for more than one week, consult GP Consider supply, but advise patient to make an appointment with GP: - Symptoms suggesting oral candidiasis/tonsillitis		
Counselling Points	- Sore throats are usually a self-limiting illness (whether caused by viral or bacterial infection) and will resolve in 7-10 days - Patients should avoid smoky or dusty atmospheres and reduce or stop smoking		
References	Clinical Knowledge Summaries. Sore throat - acute - Management. April 2008. Available at: http://www.cks.nhs.uk/sore_throat_acute#-326918 <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk		

Sprains and Strains			
Definition	A sprain is an injury to a ligament as a result of abnormal or excessive forces applied to a joint, but without dislocation or fracture. A muscle strain (or 'pull') is stretching or tearing of muscle fibres. Most muscle strains happen for one of two reasons: either the muscle has been stretched beyond its limits or it has been forced to contract too strongly.		
Criteria for Inclusion	Signs and symptoms of mild sprain (mild stretching of the ligament complex without joint instability or strain) or mild strain (when only a few muscle fibres are stretched or torn; although the injured muscle is tender and painful, it has normal strength).		
Criteria for Exclusion / When to Refer to GP	Children under 12 years of age Moderate to severe sprain or strain Bruising and/or swelling Arthritis		
Rapid Referral	Possible fracture or dislocation		
Recommended Treatments and Quantity to supply	Paracetamol 500mg tab	32	Adults and children over 12
	Ibuprofen 400mg tab	24	Adults and children over 12
	Ibuprofen gel 10%	30g	Adults and children over 12
	PLUS Refer to local Minor Injury Unit/ AE for assessment <i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> NB check cautions and contra-indications before supply		
Counselling Points	Advise the person to manage their injury using PRICE: Protection — protect from further injury (for example by using a support or high-top, lace-up shoes). Rest — avoid activity for the first 48–72 hours following injury and consider the use of crutches. Ice — apply ice wrapped in a damp towel for 15–20 minutes every 2–3 hours during the day for the first 48–72 hours following the injury. Do not leave ice on while asleep. Compression — with a simple elastic bandage or elasticated tubular bandage, which should be snug, but not tight. Remove before going to sleep. Elevation — advise the person to rest with their leg elevated and supported on a pillow until the swelling is controlled, and to avoid prolonged periods with the leg not elevated.		

	▪ Advise the person to avoid HARM in the first 72 hours after the injury: - Heat (for example hot baths, saunas, heat packs). - Alcohol (increases bleeding and swelling and decreases healing). - Running (or any other form of exercise which may cause further damage). - Massage (may increase bleeding and swelling). ▪ For sprains: - Do not immobilize the joint. Begin flexibility (range of motion) exercises as soon as they can be tolerated without excessive pain. ▪ For strains: - Immobilize the injured muscle for the first few days after the injury. Consider the use of crutches in severe injuries. - Start active mobilization after a few days if the person has pain-free use of the muscle in basic movements and the injured muscle can stretch as much as the healthy contralateral muscle.
References	Clinical Knowledge Summaries. Sprains and strains – management. June 2008. Available at: http://cks.library.nhs.uk/ <accessed 17.12.12> Refer to SPC for individual product information http://emc.medicines.org.uk

Teething			
Definition	Teething can start from as early as three months and can continue up to the age of three		
Criteria for Inclusion	Symptoms can include discomfort and pain, disturbed sleep and restlessness, red and swollen gums, hot cheeks, excess salivation and dribbling, nappy rash and increased tendency to chew objects		
Criteria for Exclusion / When to Refer to GP	- Children aged over 3 yrs - Babies aged under 2 months - White spots in mouth (see oral thrush) - Children with temperature >38°C		
Rapid Referral	Consult GP if the child has a temperature over 38°C (100°F), concurrent diarrhoea, presence of a rash		
Recommended Treatments and Quantity to supply	Paracetamol 120mg/5ml SF suspension	100ml	Babies and Children aged 3 months +
	Bonjela Teething Gel	15g	Babies aged over 2 months
	Ibuprofen suspension 100mg/5ml	100ml	Babies and children aged 3 months or older weighing more than 5kg
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> NB check cautions and contra-indications before supply Bonjela Gel or Bonjela Mint Gel or any other product containing salicylates must not be supplied		
Follow-up Advice	Conditional referral: Consult GP if symptoms and pain (if child crying inconsolably) are excessive		
Counselling Points	- Use of cooled teething rings can help reduce the sensation of pain and give babies something to chew on - Extra comforting can often be the only intervention required		
References	Clinical Knowledge Summaries. Teething management. November 2009. Available at: CKS: http://www.cks.nhs.uk/teething#-400141 <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk		

Threadworms			
Definition	Intestinal helminth infection (pin-shaped, white/cream coloured approx 100mm long and less than 0.5mm wide)		
Criteria for Inclusion	Threadworms may cause itching around the perianal region, particularly at night. Threadworms appear in faeces but can sometimes be difficult to see.		
Criteria for Exclusion / When to Refer to GP	- Children under age of 2 - Pregnant women / Breast feeding - Consult GP if there are signs of bacterial infection (mucus discharge/ red and inflamed skin around the anus) - Loss of appetite, weight loss, insomnia		
Recommended Treatments and Quantity to supply	Mebendazole 100mg chewable tab	Single dose (1) or Family pack (4)	Adults and Children over 2 yrs NB SINGLE DOSE- supply enough to treat whole family
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> NB check cautions and contra-indications before supply		
Follow-up Advice	Conditional referral: If re-infection suspected, repeat treatment after 14 days – a new consultation will be needed		
Counselling Points	- All members of the family should be treated at the same time to obtain maximum benefit even if they are asymptomatic - Treatment needs to include hygiene measures to prevent ova being transferred from anus to mouth and re-infection - Wash hands and scrub nails before meals and after going the toilet - Bathing immediately after rising will remove the eggs laid during the night - Wash bed-linen and towels frequently and change night and under wear daily		
References	Clinical Knowledge Summaries. Threadworm management. December 2011. Available at: http://cks.library.nhs.uk/threadworm <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk		

Vaginal Thrush			
Definition	Vaginal candidiasis caused by yeast infection		
Criteria for Inclusion	Adult females with a previous diagnosis of thrush who are confident it is a recurrence of the same symptoms Presenting symptoms include itching / irritation to vaginal area with or without a creamy white, non-odorous discharge, pain or burning on urination Symptomatic male partners of an infected female (a separate consultation form must be completed)		
Criteria for Exclusion / When to Refer to GP	• Patients under 16 and over 60 yrs • First time symptoms • More than 2 episodes in 6 months • Personal history of or recent STD		
Rapid Referral	• Irregular or abnormal vaginal bleeding • Foul smelling discharge • Fever • Associated lower abdominal pain or dysuria		
Recommended Treatments and Quantity to supply	Clotrimazole 2% cream	20g	Male adults aged 16-60
	Clotrimazole 500mg pessary	1	Female adults aged 16-60
	Clotrimazole combi 500mg/2% pack	1	Female adults aged 16-60
	Fluconazole 150mg oral cap	1	Male or Female adults aged 16-60
	<i>Patients should be given clear instructions on appropriate dosage and frequency of administration of the preparation supplied based on the manufacturers' recommendations and/or the BNF/Mims.</i> • NB check cautions and contra-indications before supply		
Follow-up Advice	Refer patients to GP, FP Clinic or GUM Conditional referral: • If symptoms are unresolved 7 days after treatment Consider supply but advise patient to make appointment with GP: • Diabetic • Post menopausal women		
Counselling Points	• Advise patient to wear cotton underwear and loose-fitting clothes • Avoid perfumed products • Remind GP that they are prone to thrush if they are prescribed oral antibiotics or other medication • Clotrimazole may affect condom durability		
References	Clinical Knowledge Summaries. Candida - female genital - Management. September 2007. Available at: http://cks.library.nhs.uk/candida_female_genital <accessed 23.11.12> Refer to SPC for individual product information http://emc.medicines.org.uk		

Appendix 3

Formulary

Aciclovir 5% cream (2g)
Anbesol Liquid (6.5/15ml)
Anusol ointment (25g)
Anusol Plus HC ointment (15g)
Anusol suppositories (12)
Anusol Plus HC suppositories (12)
Beclometasone nasal spray (180 doses)
Bonjela gel (15g)
Bonjela Teething Gel (15g)
Cetirizine 10mg tablets (30)
Cetirizine 5mg/5ml oral solution (150ml)
Chloramphenicol 0.5% eye drops
Chloramphenicol 1% eye ointment
Chlorhexidine 0.2% mouthwash (300ml)
Chlorphenamine 2mg/5ml oral solution (150ml)
Chlorphenamine 2mg/5ml SF oral solution (150ml)
Chlorphenamine 4mg tablets (30)
Clotrimazole 1% cream (20g)
Clotrimazole 2% cream (20g)
Clotrimazole 500mg pessary (1)
Clotrimazole combi 500mg/2% pack)
Crotamiton 10% cream (30g)
Diffiam Throat Spray (1)
Dioralyte sachets (6);
Electrolade sachets (6)
Emulsifying Ointment (500g)
Fluconazole 150mg oral cap (1)
Gaviscon Advance tablets (12)
Gaviscon Advance liquid (150ml)
Hydrocortisone 1% cream (15g)
Ibuprofen gel 10% (30g)
Ibuprofen 200mg tablets (24)
Ibuprofen 400mg tablets (24)
Ibuprofen Suspension 100mg/5ml (100ml)
Ispaghula 3.5g sachets (10)
Lactulose solution (300ml)
Mebendazole 100mg chewable tab (1/4)
Menthol and Eucalyptus inhalation (100ml)
Metanium ointment (30g)
Miconazole 2% cream (15g)
Miconazole Oral gel 2% (15g)
Paracetamol 500mg tablets (32)

Paracetamol SF Suspension 120mg/5ml (100ml)
Paracetamol SF Suspension 250mg/5ml (100ml)
Permethrin 5% dermal cream (2 x 30g)
Potassium Citrate sachets (6)
Senna 7.5mg tablets (20)
Simeticone drops (Infacol) (50ml)
Simple Linctus Paediatric S.F (200ml)
Simple Linctus S.F (200ml)
Sodium Chloride 0.9% Nasal Drops (10ml)
Sodium Citrate sachets (6)
Sudocrem (60g)
Sodium Cromoglycate 2% eye drops (10ml)
Terbinafine 1% cream (7.5g)
Xylometazoline 0.1% Nasal Spray (10ml)

Appendix 4

Formulary by Common Ailment group

Acute Pain / Headache /Temperature Paracetamol 500mg tablets (32); Paracetamol SF Suspension 120mg/5ml (100ml); Paracetamol SF Suspension 250mg/5ml (100ml); Ibuprofen 200mg tablets (24); Ibuprofen Suspension 100mg/5ml (100ml)
Athlete's foot Clotrimazole 1% cream (20g); Miconazole 2% cream (15g); Terbinafine 1% cream (7.5g)
Bites and Stings Crotamiton 10% cream (30g); Hydrocortisone 1% cream (15g); Chlorphenamine 4mg tablets (30); Chlorphenamine 2mg/5ml oral solution (150ml); Cetirizine 10mg tablets (30); Cetirizine 5mg/5ml oral solution (150ml); Paracetamol 500mg tabs (32); Paracetamol 120mg/5ml S/F suspension (100ml); Paracetamol 250mg/5ml S/F suspension (100ml); Ibuprofen 200mg tablets (24); Ibuprofen 100mg/5ml suspension (100ml)
Cold Sores Aciclovir 5% cream (2g)
Colds/Flu/Nasal Congestion Paracetamol 500mg tablets (32); Paracetamol 120mg/5ml S/f suspension (100ml); Paracetamol 250mg/5ml SF suspension (100ml); Ibuprofen 200mg tablets (24); Menthol and Eucalyptus inhalation (100ml); Sodium Chloride 0.9% Nasal Drops (10ml); Xylometazoline 0.1% Nasal Spray (10ml)
Conjunctivitis (Acute Bacterial) Chloramphenicol 0.5% eye drops; Chloramphenicol 1% eye ointment
Constipation (Acute) Ispaghula 3.5g sachets (10); Senna 7.5mg tablets (20); Lactulose solution (300ml); Glycerol suppositories (12)
Cough Simple Linctus S.F (200ml); Simple Linctus Paediatric S.F (200ml); Pholcodine 5mg/5ml S/F (200ml)
Cystitis Potassium Citrate sachets (6); Sodium Citrate sachets (6)
Diarrhoea Dioralyte sachets (6); Electrolade sachets (6)
Dermatitis/dry skin/Allergic type rashes Emulsifying ointment (500g); Hydrocortisone 1% cream (15g); Crotamiton 10% cream (30g); Chlorphenamine 4mg tablets (30); Chlorphenamine 2mg/5ml oral solution (150ml); Chlorphenamine 2mg/5ml S/F oral solution (150ml); Cetirizine 10mg tabs (30); Cetirizine 5mg/5ml oral solution (200ml)
Hay fever (Seasonal Allergic Rhinitis) Chlorphenamine 4mg tabs (30); Chlorphenamine 2mg/5ml syrup (150ml); Cetirizine 10mg tabs (30); Cetirizine 5mg/5ml oral solution (150ml); Beclometasone nasal spray (180 doses); Sodium cromoglycate 2% eye drops (10ml)

Heartburn / Indigestion Gaviscon Advance tablets (12); Gaviscon Advance liquid (150ml); Ranitidine 75mg tablets (24)
Haemorrhoids Anusol Ointment (25g); Anusol suppositories (12); Anusol Plus HC ointment (15g); Anusol Plus HC suppositories (12)
Infant colic Simeticone drops (Infacol) (50ml)
Mouth Ulcers Bonjela gel (15g); Chlorhexidine 0.2% mouthwash (300ml); Anbesol Liquid (6.5/13ml)
Nappy rash Sudocrem (60g); Metanium ointment (30g)
Oral Thrush Miconazole Oral gel 2% (15g)
Scabies Permethrin 5% dermal cream (2x30g); Chlorphenamine 4mg tablets (30); Chlorphenamine 2mg/5ml oral solution (150ml); Chlorphenamine 2mg/5ml S/F oral solution (150ml); Crotamiton 10% cream (30g)
Sore Throat Paracetamol 500mg tabs (32); Paracetamol 120mg/5ml S/F suspension (100ml); Paracetamol 250mg/5ml S/F suspension (100ml); Ibuprofen 200mg tablets (24); Ibuprofen 100mg/5ml suspension (100ml); Difflam throat spray (1)
Sprains and strains Paracetamol 500mg tablets (32); Ibuprofen 400mg tablets (24); Ibuprofen 10% gel (30g)
Teething Bonjela Teething Gel (15g); Paracetamol 120mg/5ml SF suspension (100ml); Ibuprofen 100mg/5ml suspension (100ml)
Threadworms Mebendazole 100mg chewable tab (1/4)
Vaginal Thrush Clotrimazole 2% cream (20g); Clotrimazole 500mg pessary (1); Clotrimazole combi 500mg/2% pack); Fluconazole 150mg oral cap (1)
Updated November 2014

Appendix 5

GP RECEPTION STAFF PROTOCOL

This protocol is for use by all persons dealing with requests for appointments either by the patient presenting in person or by telephone.

For patients making an appointment at GP Practice:

A If the patient **is** suffering from one of the ailments included in the scheme, the patient should be informed of the scheme and asked if they would like to receive treatment from the pharmacy where no appointment is required. If the patient accepts they should be directed to a pharmacy for consultation and treatment.

B If a patient prefers not to visit the pharmacy an appointment should be made for them with the Doctor or Nurse in the usual manner.

C If the patient **is not** suffering from one of the ailments included in the scheme an appointment should be made for them with the Doctor in the usual manner.

For Patients Self Referring at the Pharmacy

Some patients will go straight to the pharmacy to join the scheme. Consultation and supply under the scheme will only be made if:

- Pharmacy staff are satisfied that the patient is registered at the surgery by providing such evidence as NHS card, dispensing records and repeat prescription slip. The Pharmacist may also telephone the surgery to confirm registration.
- If registration cannot be confirmed the Pharmacist will refuse to supply treatment under the scheme and will therefore sell a product or refer the patient to the surgery
- If a patient presents at the pharmacy with an ailment not covered by the scheme the patient will be sold a product or be referred to the surgery to see the Doctor.

Referral from the Pharmacy

On some occasions the Pharmacist may consider that the patient needs to be seen by a Doctor. The urgency will depend on the symptoms. In the event of a patient needing to be seen by a GP urgently the Pharmacist will refer the patient back to the surgery using the Community Pharmacy Referral Form (appendix 6) which will be given to the patient to take to their GP practice, together with the advice to seek an appointment at the surgery. If the surgery is closed the Pharmacist may advise the patient to call the emergency number or go straight to A&E.

Please Note:

Patients should be informed that use of this scheme is for acute common ailments and not a substitution for the treatment of chronic conditions.

Appendix 6

Urgent Referral from Community Pharmacy

Patient Name

Patient's D.O.B

Patient Address

.....
.....

Please make an appointment ASAP for this patient.

Pharmacist's comments:

.....
.....
.....
.....
.....

Pharmacist's Name (print)

Pharmacy Telephone Number:

Pharmacy Address

Date and Time:

Pharmacist Signature

Please give this form to the Patient to take to their GP

SIGNED AGREEMENT

On behalf of (Pharmacy Name and Address)

Tel

Fax No

E-mail (if available).....

I have read and understood the terms in the service specification and agree to provide the standard of service specified.

Signature

Print Name

Registration Number

Position

Date

Pharmacy stamp

On behalf of NHS England Shropshire & Staffordshire Area Team, I commission the above pharmacy to provide the service detailed in the service specification for the Pharmacy First Scheme.

NHS England Shropshire & Staffordshire Area Team agrees to provide 28 days' written notice if we wish to withdraw from this contract.

Signature (on behalf of NHS England Shropshire & Staffordshire Area Team)

Print Name:**Position:**

Date

