

**SERVICE LEVEL AGREEMENT
BETWEEN
NHS England (Lancashire)
AND**

«Pharmacy_Name», «Address_1», «Address_2», «Address_3», «Postcode»

1. General Information

The Fleetwood Neighbourhood of GP's has chosen to commission a pilot pharmacy minor ailment scheme from community pharmacies across the Fleetwood Neighbourhood (part or Fylde & Wyre CCG) for the 30,000 patients registered to the 4 GP practices included in the Prime Ministers Challenge Fund (PMCF) pilot.

Practice Name	Address	Practice Locality	Practice Postcode	Practice Phone
Mount View	Fleetwood Health & Wellbeing Centre Dock Street	Fleetwood	FY7 6HP	01253 951999
Broadway Medical Centre	West View Health Village Broadway	Fleetwood	FY7 8GU	01253 657513
The Fleetwood Practice	West View Health Village Broadway	Fleetwood	FY7 8GU	01253 657555
Belle Vue	West View Health Village Broadway	Fleetwood	FY7 8GU	01253 657575

The pharmacy pilot has been commissioned to support the PMCF pilot by deflecting patients with self-limiting conditions from general practice into community pharmacy and thereby increase access to primary care services.

The minor ailment scheme pilot will run from May 2015 until 1st April 2016, by which time it is envisaged sufficient data will be captured to enable future commissioners to make an informed commissioning decision to continue with the pharmacy minor ailment service or not.

This Agreement is made between NHS England Lancashire (acting as the Commissioner on behalf of the Fleetwood Neighbourhood of GP's) and the above organisation (the pharmacy contractor).

2. Definitions

The Organisation: This is the contractor as listed on the pharmaceutical list held by NHS England

The Service: Services provided by the Organisation, as specified in this Agreement.

The Commissioner: NHS England on behalf of Fleetwood Neighbourhood of GP's

3. Purpose and Period of the Agreement

- 1.1. The purpose of the Agreement is to set out the responsibilities of both the Commissioner and the Service provider.
- 1.2. The Agreement is effective from **May 2015 until 1st April 2016** unless terminated earlier in accordance with the provision below, or varied in accordance with provision below.

4. Service Specification

- 1.1. The Service will be known as the Community Pharmacy Minor Ailment Scheme Pilot.
- 1.2. The Service to be provided is as set out in the Service Specification in Schedule 1.

5. Responsibilities of NHS England

- 1.1. To transact funds on behalf of the PMCF pilot, as set out in the Service Specification.
- 1.2. To provide agreed information within mutually agreed time scales to PMCF project manager and PMCF project group.
- 1.3. The PMCF Project Manager and NHS England Contract Manager Pharmacy/Dental will work with the designated lead officer of the Organisation for the purpose of monitoring the level and quality of service provided under the terms of this Agreement.

6. Responsibilities of the Organisation

- 1.1. To run and manage the Service effectively and efficiently.
- 1.2. To ensure that suitable staff/volunteers are recruited and trained.
- 1.3. To satisfy quality and performance standards as set out in the service specification.
- 1.4. To provide monitoring and financial information to both the PMCF Project Manager and Contract Manager Pharmacy/Dental or delegate officer.

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- 1.5. To advise NHS England, Contract Manager Pharmacy / Dental, of any difficulty in relation to this Agreement e.g. Major staffing problems occur such as prolonged sickness absence, or potential Serious Untoward Incidents.
- 1.6. To consult with NHS England before any significant changes to the structure, function, staffing or duration of the Service.
- 1.7. To provide agreed information within mutually agreed time scales.
- 1.8. To comply with all statutory and other provisions to be observed and performed in connection with the Services and indemnify NHS England against all actions, claims, demands, costs, charges and expenses whatsoever in respect of any breach by the Organisation of this Agreement.
- 1.9.** Any litigation, resulting from an accident or negligence on behalf of the organisation, is the responsibility of the organisation who will meet the costs and any claims for compensation, at no cost to NHS England.

7. Funding

- 1.1. Funding is as set out in Schedule 2.
- 1.2. NHS England acting on behalf of the PMCF pilot has the right to suspend funding in the event of:
 - 1.1.1. A cessation of the Service
 - 1.1.2. A failure on the Organisation's part to fulfil the terms of this Agreement.
 - 1.1.3. Commissioned services support or assist activities which are political or of an exclusively religious nature or which may bring NHS England or any funders into disrepute.
- 1.3. It is a requirement of the Agreement, that the Organisation immediately informs NHS England via designated lead officer, of any significant change in its financial or managerial circumstances, which may materially affect the ability of the Organisation to supply the Service covered by this Agreement.

8. Employees

- 1.1. The Organisation will employ appropriately qualified and experienced staff/volunteers to maintain the Service to the agreed specification.
- 1.2. The organisation will have in place agreed employment policies such as: - Terms and Conditions of Employment, Grievance and Disciplinary, Health and Safety, Equal Opportunities, Recruitment and Retention and any other appropriate policies necessary. Copies of policies will be provided to NHS England on request
- 1.3. The Organisation will maintain and operate good employment practice ensuring that full Job Descriptions and Contracts of Employment are issued to all members of staff.
- 1.4. Staff should be offered suitable training and support to enable them to carry out their role effectively.

- 1.5. It is the responsibility of the Organisation to take appropriate measures to protect the public when recruiting staff/volunteers. All employees will have been appropriately vetted by the Organisation and hold accredited qualifications where appropriate. References and police checks where appropriate, will have been taken up in all cases. It is the responsibility of the Organisation to judge the suitability of applicants on the basis of such procedures. The PMCF Project Manager and Contract Manager Pharmacy/Dental will have the right to make random spot checks on behalf of NHS England to ensure that the procedure of vetting is being carried out.

9. Contract Monitoring by NHS England

- 1.1. NHS England will conduct contract monitoring visits in accordance with the Community Pharmacy Contractual Framework. Pharmacies failing to achieve standards required for essential services may not continue to provide enhanced services.
- 1.2. Following a monitoring visit, the designated officer will write to the Organisation detailing any areas of concern arising out of the visit, and any further action required by the Organisation.
- 1.3. NHS England reserves the right to carry out any additional monitoring of the Organisation and the Service, as is deemed necessary to ensure that the standard of the Service complies with the specification in Schedule 1 of this Agreement.

10. Insurance

- 1.1. The Organisation is required to arrange adequate insurance cover consistent with the Service provided. This must include Public Liability and Employers Liability Insurance, evidence of which will be required.

11. Complaints Procedure

- 1.1. The Organisation will have a written procedure for dealing with complaints in line with the current NHS England Complaints Procedure. These procedures must include a record of all complaints and the action taken on them. The record will be available at any time for inspection by the appropriate NHS England Officer. The complaints procedure must be prominently displayed for patients/clients and easily accessible.

12. Equal Opportunities

- 1.1. The Organisation is required to have an Equal Opportunities Policy outlining principles of Equal Opportunities and is expected to demonstrate its effectiveness in this area, particularly in relation to the provision of the Service covered by this Agreement.
- 1.2. The Organisation will ensure that their recruitment procedure for any new staff/volunteers involved in the project adhere to equal opportunities policy.

13. HEALTH AND SAFETY

- 1.1. The Organisation is required to have a written policy on Health and Safety, covering the Service and this should be made available on request. The policy should include:
- 1.1.1. Reporting, recording, investigating of accidents
 - 1.1.2. Fire precautions and evacuations procedures
 - 1.1.3. First aid arrangements
 - 1.1.4. Training of staff in Health and Safety matters.
 - 1.1.5. Premises

14. Confidentiality

- 1.1. The Organisation and its staff/volunteers may be receiving personal and confidential information from service users. The Organisation's staff/volunteers must not disclose any information which comes into their possession in the course of providing the Service except as may be required by law, or where the express consent of the individual concerned, has been obtained. This includes information acquired through complaints procedures.
- 1.2. The Organisation will ensure policies/procedures are in place to prevent unauthorised disclosures. Disclosure of information which has not been authorised will be considered as a serious breach of the terms of this Memorandum of Agreement and could result in the termination of the Agreement as outlined in paragraph 20.
- 1.3. The organisation must be compliant with the most recent NHS Information Governance Toolkit.
- 1.4. All communications with General Practice must be secure via NHS.net email, or via safe haven fax for audit purposes.

15. Statutory Requirements

- 1.1. The Organisation shall conform to all existing and new legislation, which may be applicable to this Agreement.

16. Major Incidents and Business Continuity Planning

- 1.1. The Organisation is required to have an effective Business Continuity Plan.

17. Variations in the Terms of the Agreement

- 1.1. Variations in the terms of this Agreement will be agreed by both parties and confirmed in writing by NHS England. Variations will normally require at least one months' notice.

18. Breach of the Agreement

- 1.1. If the Organisation believes that NHS England has broken the terms of this Agreement it will submit written details of the alleged breach and, unless the matter

is otherwise resolved, a meeting will be arranged between the appropriate representative of NHS England and the Organisation to discuss the alleged breach.

- 1.2. If there is Agreement that a breach has taken place, action to be taken to remedy the breach and the time scale for such action will be agreed and confirmed in writing by NHS England
- 1.3. If there is no agreement, the alleged breach will be referred to the Director of Commissioning at North Region of NHS England. This will be agreed with the Organisation and confirmed in writing by NHS England.
- 1.4. Breaches by the Organisation will be dealt with as set out in either Section 19 or Section 20 depending on the nature and severity of the breach.

19. Shortfalls or Deficiencies in Service Provision

- 1.1. Where shortfalls or deficiencies in service provision have been identified or where other conditions of this Agreement are not being met, the Organisation will be notified and a meeting will be arranged between the Organisation and the appropriate lead officer. If a breach has occurred, a course of action to rectify the breach will be agreed; this will be confirmed in writing by NHS England.
- 1.2. Where there is a failure to rectify the shortfall or meet the conditions within the agreed time-scale, the matter will be referred to Director of Commissioning within NHS England Lancashire to decide what further action should be taken.
- 1.3. If there is persistent and serious failure to fulfil the terms of the Agreement then the designated lead officer will refer the matter to a Director with a view to terminating the Agreement.

20. Termination of the Agreement

- 1.1. The Agreement may be terminated immediately in the event of any of the following:
 - 1.1.1. A permanent cessation of the Service
 - 1.1.2. A persistent failure to fulfil the terms of the Agreement
 - 1.1.3. A serious breach of the terms of the Agreement
 - 1.1.4. The performance of the services is unsatisfactory and documented to be so.
 - 1.1.5. There is a substantial change to the service, which NHS England has not approved.
- 1.2. The Agreement can otherwise only be terminated by either party on written notice of six months. However, in fairness to both parties to this Agreement, and at the first indication of any such possibility, the implications of not being able to fulfil their obligations should be discussed without prejudice at the very earliest opportunity.
- 1.3. Where the Agreement is terminated following notice under paragraph 20.1 the rights accrued by either party at the date of termination are not affected and there shall be a full accounting between the parties at that date or within three months of the date.

21. Additional Notes

- 1.1. NHS England must protect the public funds it handles and so may use the information the Organisation have provided under this Agreement to prevent and

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detect fraud. NHS England may also share this information for the same purposes, with other organisations that handle public funds.

- 1.2. Publicity: The Organisation is expected to consult with NHS England officers about any publicity, whether adverse or positive, for any work funded through NHS England SLAs. The Organisation is expected to take full advice on the handling of such matters from NHS England's communication team.

**COMMUNITY PHARMACY MINOR AILMENTS SCHEME
PILOT**

1. Introduction

- 1.1. In October 2013, the Prime Minister announced that there would be a new £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services. The first wave of twenty pilots was announced in April 2014. Further funding of £100 million for 2015/16 was announced by the Prime Minister on 30 September 2014 for a second wave.
- 1.2. The Four GP practices in Fleetwood (Schedule 9) were successful in bidding for the challenge fund and in April 2015 went live delivering innovative services and extended access. As part of this pilot, the project group overseeing the implementation of the Prime Minister's Challenge Fund (PMCF) has decided to pilot a pharmacy minor ailment scheme to support the access agenda. The pharmacy pilot will run from May 2015 until 1st April 2016 when future commissioners will make a determination to continue to commission the pharmacy minor ailment scheme or not. It is imperative therefore that pharmacy contractors participating in this pilot inform patients using the service that it is a pilot and there are no guarantees that the service will continue beyond 1st April 2016.

2. Background/Evidence

- 1.1. GPs spend a significant proportion of their working day dealing with minor ailments. For some patients this is entirely appropriate but, for many others, it is an inconvenient and inefficient way of getting help to look after themselves. Many emergency appointments are taken up by people with minor ailments.
- 1.2. The aim of this pharmacy pilot is to allow appropriate patients to be referred or to self-refer to their local community pharmacy. The community pharmacist will be able to treat a number of specified minor conditions and supply medicines from an agreed local formulary at NHS expense. No payment need be made if the patient is exempt from prescription charges. Those patients who pay prescription charges will be able to choose either to pay the prescription charge due, or purchase the medication at the normal 'over the counter' price.
- 1.3. The minor ailments have been selected because of their prevalence, the availability of pharmacy medicines for their treatment and the willingness of GPs to see their management transferred to pharmacies.

3. Aims/Objectives

- 1.1. The service is designed to meet the following aims for:

Patients

- " Reduce waiting times
- " Improve access to advice
- " Offer an alternative to a GP consultation
- " Remove anxiety about 'bothering the doctor'

GPs

- “ Reduce inappropriate consultations
- “ Increase time for tasks that really need medical input
- “ Help achieve access targets

Pharmacists

- “ Provide an opportunity to work more closely with the primary healthcare team and raise the profile of community pharmacy
- “ Make better use of professional skills

4. Service Outline

1.1. Referral into the Service

Patients can be referred into the scheme through any of the following 3 routes:

Referral by participating GP practice or other healthcare professional

Patients presenting at a participating GP surgery (Schedule 9), Out of Hours, or same day service with one of the minor ailments listed in Schedule 5 may be advised of the scheme and how to access it through their local pharmacy. Surgeries etc should note that patients who are not exempt from prescription charges will be required to pay for any medication supplied.

Patient Self-referral

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

Pharmacy Referral

Pharmacists and pharmacy staff may refer patients into the scheme where they feel it is appropriate.

1.2. Patient Registration

Pharmacists will only accept a patient into the scheme providing they can establish that the patient is registered with a participating GP practice. This can be achieved by:

- “ Evidence produced by the patient of registration with a participating GP practice e.g repeat prescription tear-off slip or NHS card.
- “ Pharmacy PMR record showing evidence of a prescription dispensed in the last 6 months.

If a patient or pharmacist cannot confirm registration with a participating GP practice the patient cannot access the scheme at that time. The patient should be advised of alternative methods of accessing care and the desire for the patient to use the scheme recorded on PharmOutcomes

The patient should be encouraged to use the pharmacy that normally dispenses their prescriptions; however presentation in association with a minor ailment consultation at another participating pharmacy in Fleetwood is acceptable.

1.3. Consultation Process

The pharmacist or suitably trained member of the pharmacy staff should carry out a professional consultation which should involve:

- “ Patient assessment
- “ Provision of advice
- “ Completion of PharmOutcomes online consultation form
- “ Supply of appropriate medication from the agreed formulary

The pharmacist should endeavour to keep the consultation process as confidential as possible and as such a private consultation area would be desirable to achieve this, but is not a necessity.

The pharmacist should ensure the patient has completed and signed the declaration of exemption of prescription charges which can be printed off following the completion of the online consultation form. This should occur each time the patient accesses the scheme.

A copy of the consultation form may also be sent to the GP for information if so requested by the GP; this can be done electronically through PharmOutcomes.

The pharmacy consultation decision pathway is outlined in Schedule 8 which can be used by locums as a quick summary of the scheme.

Patients not registered with a participating practice need to be respectfully informed that this is a pilot and whilst they are not eligible to use the scheme at this point in time, should the pilot prove beneficial the scheme may be opened to other practices and their patients in 2016, but this is not guaranteed.

1.4. Rapid Referral and Routine Referral of patient from the pharmacy to the GP

Rapid Referral from the Pharmacy to the GP

If the patient presents with symptoms causing serious concern to the pharmacist, the pharmacist must use the rapid referral form, to be photocopied from Schedule 6, which allows patients to see their GP as soon as possible or if appropriate referral to A&E.

Repeated Requests (frequent presentation of the same ailment)

At the pharmacist's discretion, if a patient presents on 3 or more occasions in 12 months for the treatment of the same ailment, treatment should normally be withheld and the patient should be referred to their GP for a routine appointment using photocopies of the form in Schedule 7. An entry, "Referred to GP; Repeated Requests" should also be made in the patient's record indicating that the patient has been referred to their GP. The GP will notify the pharmacy of the outcome of the referral, which should also be documented in the patient's PMR to complete the audit trail.

1.5. Supplying treatment through the Scheme

The pharmacist should ensure that the patient is eligible for treatment within the scope of the scheme.

Eligible patients will only be provided with medicines to manage the minor ailment if, in the professional opinion of the pharmacist, the medicine required is not contra-indicated and that the treatment provided is in accordance with the minor ailment protocol.

Only the products listed, in the quantities stated, against the specific minor ailment as indicated in Schedule 5 can be provided as part of the scheme. The OTC licensed medicines available within the scheme must not be supplied out of their licensed indication for the medicine and no POM medicines should ever be supplied. Pharmacists can use their professional discretion to supply sugar free preparations of the same formulary items where appropriate e.g. diabetics etc.

The pharmacist must ensure that the patient is advised how to take/use the medication and is provided with a Patient Information Leaflet at all times.

When supplying the medication an entry onto the patient's PMR must be made as an OTC supply.

1.6. When not to supply treatment through the Scheme

NHS England fully supports any pharmacist who refuses to supply a medicine through the Minor Ailment Scheme, if the medicine requested is deemed to be clinically inappropriate. Other circumstances in which a medicine should not be supplied through the scheme include:

- The patient has already received a recent supply of the same medicine
- “ At the pharmacist's discretion, if a patient presents on 3 or more occasions in 12 months for the treatment of the same ailment, treatment should normally be withheld and the patient should be referred to their GP for a routine appointment using the form in Schedule 6. An entry should also be made in the patients' record detailing that the patient has been referred to their GP.
- “ If the pharmacist suspects the patient is abusing the scheme this should be reported immediately to the Contract Manager at NHS England by contacting Max Harrison on 01138 254 841.
- “ The patient presents with more than 2 ailments (refer to GP if warranted)
- Patients presents with symptoms not indicative of any of the minor ailments included in the scheme.
- “ Patient or parent cannot demonstrate that the patient is registered with a participating GP practice.
- The patient normally pays a prescription charge (these patients are not excluded from the scheme, but may choose to purchase OTC medicines rather than pay a prescription charge for a medicine supplied under the scheme)
- Patient or parent unwilling to complete/use the scheme documentation
- Medicine requested due to lost medicine
- Medicine requested 'just in case'

- Medicine requested to take abroad
- Medicine requested to stock up medicine cabinet
- Medicine requested is in lieu of repeat prescription e.g. paracetamol for chronic pain (chronic illness must continue to be managed by GPs)

Patients who present with a minor ailment outside the scope of the scheme or for whom the listed formulary product/s is/are not appropriate or contra-indicated, should be advised of alternative methods of accessing care (e.g. OTC sale, routine GP appointment)

1.7. When to sell a treatment and when to supply treatment through the scheme

If a patient/customer requests to buy a product or a medicine to treat an ailment listed in the Minor Ailment Scheme, then these patients/customers should be sold the appropriate product, e.g. if a patient requests a packet of paracetamol to treat a headache they should be sold a packet of paracetamol.

In the following circumstances treatment should be supplied through the scheme:

If a patient has been referred from another healthcare professional or if they have previously received treatment through the scheme.

If a patient asks (NOT DEMANDS) for a medicine through the scheme because they have received a supply previously.

If a patient presents for advice on the treatment of an ailment, which is covered under the scheme and could be satisfied by the provision of a medicine available under the scheme, then a medicine should be supplied under the scheme.

1.8. Display

All participating authorised pharmacies may be required to display posters and leaflets indicating:

- “ The availability of treatment through the minor ailment scheme from the pharmacy.
- “ The range of ailments covered by the Minor Ailment Scheme

1.9. Record Keeping

A record of any medication supplied through the minor ailment scheme should be documented in the Patient's Medication Record on the pharmacy IT system and the consultation processes through PharmOutcomes.

5. Accreditation

1.1. Pharmacy Contractor and Pharmacist Eligibility / Criteria and Competence / Accreditation

This service may be provided by any authorised community pharmacy within the Fleetwood Neighbourhood boundary, subject to the following:

The pharmacy contractor must agree with the NHS Commissioner to participate in all parts of the service as detailed in this document along with any subsequent amendments as agreed with the LPC. This agreement will be in writing signed by both parties using the NHS Service Level Agreement.

A standard operating procedure (SOP) must be produced for the provision of this service, which clearly defines roles and responsibilities of relevant staff within the authorised pharmacy.

Medicines Counter Assistant qualified staff may be delegated to undertake the minor ailment consultation provided they adhere to a minor ailment scheme SOP and Sales of Medicines protocol. However, overall responsibility and accountability will remain with the responsible pharmacist.

If pharmacies withdraw from the scheme, then the pharmacist may continue to provide the service from other authorised pharmacy premises located within the Fleetwood Neighbourhood boundary.

1.2. Pharmacist and Pharmacy Staff Accreditation

NHS England Lancashire requires pharmacists to conform with CPPE's Declaration of Competence (DOC) framework to demonstrate that pharmacists and staff are competent to deliver the minor ailment service see <http://www.cppe.ac.uk/sp/sp4pop.asp?pid=189&ID=203>

6. Any acceptance and exclusion criteria

The service will be offered to any patient who presents with symptoms of a minor ailment listed in Schedule 5 and is registered with a GP practice involved in the Prime Minister's Challenge Fund pilot:

(See Schedule 9 for a list of GP practices included in the scheme).

Patients, who are not registered with a GP in the pilot, may opt to purchase Over the Counter medication and should therefore be managed in accordance with Essential Service 6 –Support for Self Care or if appropriate Essential Service 5 –Signposting.

Patients are at liberty to refuse this service.

7. Interdependencies with other services

GP Practices

Commissioning Support Unit

Fylde &Wyre Clinical Commissioning Group

8. Applicable National Standards (e.g. NICE)

Service providers will comply with all relevant documents and policies including those listed below:

- " General Pharmaceutical Council (GPhC) Standards
- " Health and Social Care Act 2008

- " The Equality Act 2010
- " The NHS Outcomes Framework 2013/2014
- " NICE Guidelines Quality Standards
- " Guidance and Requirements on health and safety including: moving and handling, fire and safety, resuscitation and infection control

1.1. Infection Prevention

The service provider is required to adhere to all current infection prevention guidance including the Health and Social Care Act 2008 and NICE Guidance CG139 or relevant guidance which supersedes these detailed.

1.2. Safeguarding

The service provider shall devise, implement and maintain a procedure for its staff which ensures compliance with pan-Lancashire procedure for Safeguarding Children and Safeguarding Vulnerable Adults, and shall supply a copy of its procedure to the Commissioner before commencement of the service.

Pan-Lancashire safeguarding children policies and procedures can be accessed at:

<http://panlancashirescb.proceduresonline.com/index.htm>

Pan-Lancashire safeguarding adult policies and procedures can be accessed at:

<http://plcsab.proceduresonline.com/>

The service provider will comply with the lead commissioners' standards for safeguarding and will provide evidence of their safeguarding arrangements on request; at a minimum this will be annually.

All staff must be subject to Disclosure and Barring Service (DBS) Checks and Independent Safeguarding Authority (ISA) Checks as applicable to their role and undertake Safeguarding training.

9. Applicable local standards

Clinical Governance Implications –For pharmacies providing a Minor Ailment Service

The pharmacist and the pharmacy staff should be clinically competent in the treatment of the minor ailments included in the scheme. It is through continuing education and CPD that this competency can be maintained.

As the pharmacy manager/owner may not be present at the pharmacy every day, they must ensure that all support staff, including part-time and locum pharmacists are fully briefed on the services being provided. Staff appraisals should be conducted regularly to ensure personal development for the staff and adequate training should be provided. An induction period for locum pharmacists would be advisable.

Pharmacists should have relevant sources of references in the pharmacy which should be available to all appropriate staff. The pharmacy should be equipped with up to date computerised PMR facilities. A facility to record interventions, conversations with prescribers, carers and patients should ideally be available on the PMR. All support staff should be familiar with the PMR and associated programmes.

Standard operating procedures related to the safe operation of the pharmacy should be written so that support staff, particularly part-time and locum pharmacists, are aware of the standards to which they are expected to perform. The procedures should include error and near miss reporting.

The staff and responsible pharmacist should be able to reflect on their practice, and continually endeavour to improve their practice. The pharmacist should regularly perform an audit cycle on procedures to ensure robustness and enable continuous improvement.

The practice in the pharmacy should reflect the safety, confidentiality and views of patients.

10. Equipment / Premises

Pharmacy premises must fulfil the requirements specified in (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 paragraph 26, Schedule 1.

11. Minimum Required Activity

There is no minimum activity level to provide this service.

12. Activity Reporting

The provider is required to complete a consultation on line using the PharmOutcomes system. Claims submitted by the 5th of the following month will be paid in that calendar month.

The commissioning organisation reserves the right to share activity and performance data with the Local Pharmaceutical Committee (LPC) and other commissioning organisations, including Clinical Commissioning Groups and Local Authority.

13. Audit

PharmOutcomes produces reports including day of attendance, presenting symptoms, medicines issued and which other services would have been accessed if the Minor Ailments Scheme was not in place. This information will be used to monitor the effectiveness of the service and to improve if required.

14. Performance Monitoring

Where pharmacies appear that they are not meeting the requirements of this service, the Area Team will work with the pharmacy to agree appropriate action. Pharmacies found in breach of this service risk recovery of payments and possible decommissioning of this service.

Finance

1. In order to generate payments, pharmacies will be required to report activity through PharmOutcomes
2. The Area Team will make payments on behalf of the PMCF pilot as follows:
 - “ *A consultation fee of £3.50 per ailment treated; there is no payment for Stage 1 of the service.
 - The list price of the medication supplied is based on the Dictionary of Medicines and Devices
3. All consultations must be recorded on the PharmOutcomes system to ensure payment. Payment will be collated from the PharmOutcomes system on the 5th of the month and submitted for payment.
4. Payments will be made at the end of the month following that to which the payment relates.
5. In the event that the activity reported is shown to be incorrect the Area Team will make any appropriate payment adjustments.

**Please note where a formulary item supplied is not done so in accordance with the minor ailments protocols, no reimbursement for the formulary item supplied will occur and no consultation fee will be paid. Likewise no consultation fee will be paid for minor ailment consultations that results in no medication being supplied, this is an Essential Service under the pharmacy contract (Essential Service 5 Signposting and Essential Service 6 Support for Self-care), for which pharmacy contractors already receive payment.*

Key Points for Participating Surgeries

1. All patients requesting GP consultation for symptoms in keeping with one of the minor ailments listed in Schedule 5 should be considered for inclusion and, if appropriate, directed as to how to access the scheme and be provided with an information leaflet.
2. Patients presenting in person to the GP surgery should be provided with the patient information leaflet by the practice and advised to use the pharmacy where they normally obtain their prescriptions.
3. Surgeries should liaise with pharmacists to allow the rapid referral procedure and repeated requests for treatment of the same ailment procedure from the pharmacy to the GP to operate effectively (Schedules 6 and 7).
4. GP surgeries should endeavour to advertise the scheme using posters and leaflets provided by the PMCF.
5. If GP surgeries request a copy of the pharmacy consultation form they should record the medication supplied by the pharmacist on the GP electronic patient record or in the patient notes stating the name of the pharmacy providing the service.
6. Practices may find the model Receptionist Protocol helpful in supporting the scheme (Schedule 4).

Model 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, see overleaf. 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:
- " Be directed to a pharmacy for consultation and treatment
 - " If they are exempt from prescription charges they will receive medicines at the pharmacy for free under the scheme
 - " If the patient normally pays an NHS prescription charge they can choose to buy the medication or pay a prescription charge for medicines they receive under the scheme
- B If a patient prefers not to visit the pharmacy an appointment should be made for them with the Doctor 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:

- " The pharmacist is 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.

Rapid 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, for example suspected meningitis, the pharmacist will refer the patient back to the surgery using the Rapid Referral Form (Schedule 6) which will be given to the patient and a copy faxed to the GP practice, together with the advice to seek an appointment at the surgery. Sometimes if the surgery is closed the pharmacist may advise the patient to call the emergency number or go straight to A & E.

Occasionally the pharmacist might refer the patient to the GP for a routine appointment because the patient has attempted to receive treatment through the scheme for the same ailment on 3 or more occasions in the last 6 months. In this scenario the form in Schedule 7 Repeated Request will be used to notify the practice.

Please Note:

1. NO PRESCRIPTION ONLY MEDICATION IS INCLUDED IN THE SCHEME
2. PATIENTS SHOULD NOT USE THE SCHEME IN LIEU OF REGULAR REPEAT PRESCRIBED MEDICATION, SUCH AS PARACETAMOL FOR CHRONIC PAIN
3. THE MEDICATION LISTED CAN ONLY BE USED TO TREAT THE AILMENTS LISTED IN SCHEDULE 5

Formulary and Ailments List

MINOR AILMENT	MEDICINE
ALLERGIC RHINITIS (INCLUDING HAYFEVER)	Loratadine 10mg Tablets (30), loratadine syrup 5mg/ 5ml (100ml), Cetirizine 10mg Tablets (30), Cetirizine 5mg/5ml Oral Solution (150ml), Chlorphenamine 4mg Tablets (30), Chlorphenamine 2mg/5ml SF Oral Solution, Sodium Cromoglycate 2% Eye Drops (10mL) (Opticrom allergy P) Beclomethasone 50mcg nasal spray (100 doses) (Beconase Hayfever 100 dose)
ATHLETES FOOT	Clotrimazole cream 1% (20g) Terbinafine 1% cream (7.5g) (Lamasil AT)
BACTERIAL CONJUNCTIVITIS	Chloramphenicol eye drops (p pack (10ml)) –(Optrex infected eyes) Chloramphenicol eye ointment (p pack (4g)) (Optrex infected eyes)
COLD SORES	Aciclovir 5% Cream (2g) Zovirax Cold Sore Cream
CONSTIPATION	Glycerin Suppositories 4g (12), Ispaghula Sachets (10), Lactulose solution (300mL) Senna Tabs (20). Senokot
CYSTITIS	Paracetamol 500mg Tabs (32), Potassium Citrate powders (6) Cystopurin, Sodium Citrate powders (6) Cystemme
DERMATITIS	Epimax cream (500g), Ultrabase Cream (500g), Emulsifying Ointment (500g), Hydrocortisone Cream 1% (15g) Hc45 cream
DIARRHOEA	Electrolade sachets (6), Dioralyte (6), Loperamide 2mg Capsules (8)
EARACHE AND MINOR OUTER EAR INFECTIONS	Ibuprofen 200mg Tabs (24), Ibuprofen 100mg/5ml suspension (100ml) Paracetamol 120mg/5ml (100ml) Paracetamol suspension 250mg/5mL (100mL), Paracetamol 500mg Tabs (32), Acetic acid 2% spray (5mL) –Earcalm
FLU-LIKE SYMPTOMS (COUGHS, COLDS, FEVER)	Ibuprofen Suspension 100mg/5mL (100mL), Ibuprofen 200mg Tabs (24), Normal Saline Nose Drops (10mL) Paracetamol Suspension 120mg/5mL (100mL) Paracetamol Suspension 250mg/5mL (100mL), Paracetamol 500mg Tabs (32), Menthol & Eucalyptus Inhalation (100ml)
HEADACHE	Ibuprofen 200mg Tabs (24), Ibuprofen suspension 100mg/5ml (100ml) Paracetamol Suspension 250mg/5mL (100mL), Paracetamol 500mg Tabs (32)
HEAD LICE	Bug Buster Kit, Dimeticone 4% lotion (50ml x2) - Hedrin, Malathion 0.5% Aqueous Liquid (50mLx2) –Derbac M
INDIGESTION / REFLUX	Gaviscon Liquid (150mL), Gaviscon Advance liquid (150ml), Gaviscon 250 Tablets (24), Magnesium Trisilicate Mixture (200ml), Ranitidine 75mg Tablets
INSECT BITES & STINGS	Loratadine 10mg Tablets (30), loratadine syrup 5mg/ 5ml (100ml), Cetirizine 10mg Tablets (30), Cetirizine 5mg/5ml Oral Solution (150ml), Chlorphenamine 4mg Tablets (30), Chlorphenamine 2mg/5ml SF Oral Solution, Hydrocortisone Cream 1% (15g) Hc45 cream, Crodamiton 10% cream (30g)

MOUTH ULCERS	Anbesol liq.(6.5ml),Chlorhexidine Mouthwash (300ml) - Corsodyl
NAPPY RASH	Sudocrem (125g), Metanium Ointment (30g)
SCABIES	Malathion 0.5% Aqueous Liquid (50mLx2)- Derbac M, Permethrin Dermal Cream (30g) - Lyclear, Crotamiton 10% (30g) –Eurax
SORE THROAT	Ibuprofen Suspension 100mg/5mL (100mL), Ibuprofen 200mg Tabs (24), Paracetamol Suspension 120mg/5mL (100mL), Paracetamol Suspension 250mg/5mL (100mL), Paracetamol 500mg Tabs (32), Difflam Throat Spray (30ml)
TEETHING	Ibuprofen Suspension 100mg/5mL (100mL), Paracetamol Suspension 120mg/5mL (100mL)
THREADWORM	Mebendazole 100mg Tabs (1) Ovex
THRUSH (not oral)	Clotrimazole 2% cream (20g) Canesten Thrush cream, Clotrimazole 500mg pessary (1), Clotrimazole Combi Pack (1), Fluconazole 150mg cap (1)
THRUSH (oral)	Miconazole Oral Gel (15g) - Daktarin
VERRUCAS / WARTS	Cuplex Gel (5g), Verrugon (6g),

Minor Ailments Scheme

Pharmacist Rapid Referral Form

Patient Name Patient D.O.B Patient Address	GP Name GP Address s
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Please make an appointment ASAP for this patient.

Pharmacist's comments:

.....
 ...

 ...

 ...

 ...

 ...

 ...

Pharmacist Name (please print)

Pharmacy Telephone Number:

Pharmacy Address

.....

.....

Date and Time:

Pharmacist Signature

**Please Fax this form to the Patient's GP practice and give to the
Patient to take to their GP**

Schedule 7

<p>Minor Ailments Scheme Repeated Requests Form</p>

**F.A.O. Pharmacist: Please Fax this form to the Patient's GP practice and give to
the
Patient to take to their GP at their next routine appointment**
To be completed by the pharmacist

Patient Name **GP Name**

Patients D.O.B **GP Address**

Patient Address
.....
.....

Pharmacists Name **Date**

Pharmacy Tel Number **Pharmacy Fax**

Pharmacy Address Pharmacists
Signature

.....

.....

Dear Doctor,

This patient has presented at the pharmacy on..... occasions in the past months for the treatment ofand received the following treatment:

1.
2.
3.

As a requirement of the Pharmacy First Minor Ailment scheme, if a patient presents more than on 3 occasions in a 12 month period for the treatment of the same ailment, treatment should normally be withheld and the patient should be referred to their GP for a routine appointment.

Please advise how you wish this patient's specific ailment to be managed.

To be completed by the GP

Please
Tick

1. I, the patient's GP, will manage this specific ailment. Therefore please refrain from treating this ailment for this patient formonths through the Minor Ailment Scheme ☐

2. Please continue to manage this patient's ailment through the Minor Ailment Scheme for anothermonths. ☐

3. Other
.....

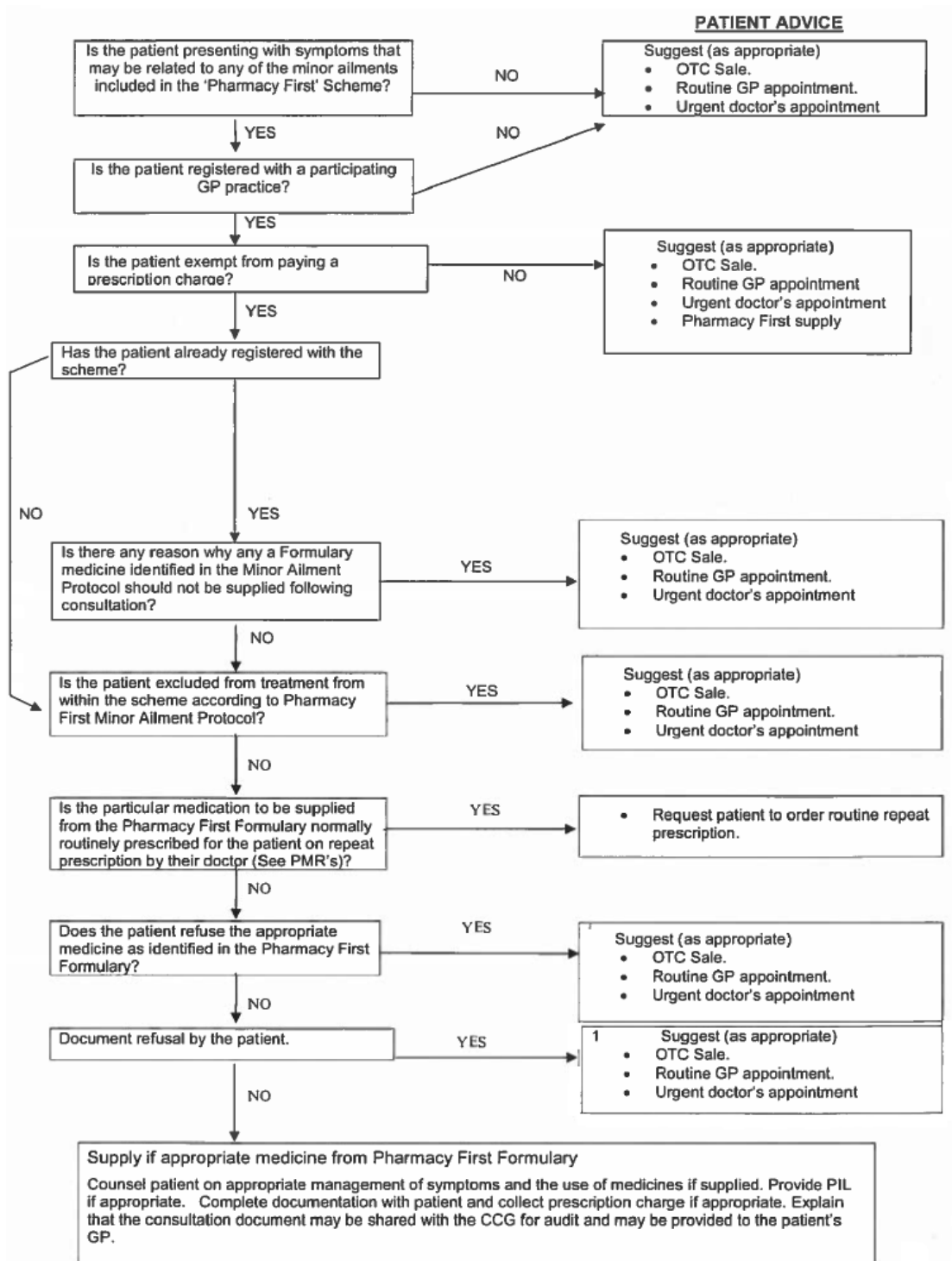
GP Practice Stamp

GP Signature Date.....

F.A.O. GP: Please fax this form back to the pharmacy and give a copy to the patient for future reference when accessing the scheme

Schedule 8

**Minor Ailment Scheme Consultation
Decision Pathway Locum Guide**



Schedule 9**GP Practices Involved in the
Prime Minister's Challenge Fund Pilot**

Practice Name	Address	Practice Locality	Practice Postcode	Practice Phone
Mount View	Fleetwood Health & Wellbeing Centre Dock Street	Fleetwood	FY7 6HP	01253 951999
Broadway Medical Centre	West View Health Village Broadway	Fleetwood	FY7 8GU	01253 657513
The Fleetwood Practice	West View Health Village Broadway	Fleetwood	FY7 8GU	01253 657555
Belle Vue	West View Health Village Broadway	Fleetwood	FY7 8GU	01253 657575

Schedule 10

Lead Officers for Agreement PMCF Pilot Minor Ailments Scheme

The Contract Manager Pharmacy/Dental for NHS England and the address for flagging concerns or matters pertaining to this Service Level Agreement are as follows:

Name: Max Harrison
Position: Contract Manager
Email: max.harrison@nhs.net

The lead officer for the Organisation (Pharmacy) is:

Name:
Position:
Address:
.....
.....
Telephone:
Email:

Signing of the Agreement

This document and the attached notes comprise the Agreement concluded between NHS England and the pharmacy named above.

Signed: _____ Date: _____

(«Pharmacy_Name», «Address_1», «Address_2», «Address_3», «Postcode»)

Signed: _____ Date: _____
(NHS England)

Please sign this SLA and return this page for the attention of Mark Lindsay as a hard copy to NHS England Lancashire, Preston Business Centre, Watling Street Road, Preston PR2 8DY or scanned and sent via email to england.lancsat-pharmacy@nhs.net

A copy of this page will be returned to the pharmacy once it is signed by an Area Team representative.