**Commissioning a Minor Ailment Service: Implementation Plan**

This implementation plan can be used as a “how to guide” by commissioners who want to rapidly commission a community pharmacy Minor Ailments Service.

The implementation plan outlines steps to be taken once a decision is made to commission the service. Should the service include electronic referral, for example from the NHS 111 provider, additional steps will need to be included into section 1: Starting points, to ensure a robust pathway and system interoperability have been developed and tested.

**Local NHS England teams**

When commissioning pharmaceutical Enhanced Services, local NHS England teams are reminded that they must consult with the Local Pharmaceutical Committee (LPC) for any area in which the service is to be provided. Local NHS England teams also have an obligation to publish any remuneration determinations.

**Clinical Commissioning Groups**

Clinical Commissioning Groups (CCGs) can commission a service under “any qualified provider” commissioning arrangements. NHS England has produced an NHS Standard Contract, the use of which is mandatory when CCGs commission NHS services. CCGs should be encouraged, wherever possible, to use the Shorter-form NHS Standard Contract which NHS England advocates for use when NHS commissioners wish to commission clinical healthcare services of relatively low complexity and financial value, including those services provided by community pharmacies. CCGs are encouraged to consult with the LPC for any area in which the service is to be provided.

**Working with the LPC**

CCGs and local NHS England teams are advised to plan the implementation in conjunction with the LPC to facilitate rapid implementation of the service by pharmacy contractors. The example template service specification and standard proformas referred to in the below implementation plan can be found at: [psnc.og.uk/ctp](http://psnc.org.uk/services-commissioning/commissioning-toolkit-programme/)

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| **Starting point** |
| **1.** | Inform key stakeholders, for example, the Local Pharmaceutical Committees (LPC), Local Professional Network (LPN), Local Medical Committee (LMC), Local Dental Committee (LDC), Local Optical Committee (LOC), patient groups, GPs, urgent and emergency care providers and seek support for implementation of the service. Also, inform the local NHS England team or Clinical Commissioning Groups (CCGs) (will depend on which organisation is the commissioner). |
| **Service initiation** |
| **2.** | Decide legal mechanism for commissioning:1. Local NHS England team – As an Enhanced Service using the provisions within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
2. CCG – locally commissioned service using the standard NHS contract

Additionally, will the service use a Patient Group Direction (PGD)? |
| **3.** | Define the Key Performance Indicators (KPIs) for the service so these can be monitored by the commissioner and pharmacy contractors and include these in the service specification. | **Template documents available:*** Service specification
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| **4.** | Define the service, including the group of patients to be covered by the service and the range of conditions.  | **Template documents available:*** Service specification
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| **5.** | Decide whether the service can be provided by all pharmacy contractors or whether the service will just be available from a limited number of contractors. |
| **6.** | Choose the method by which you will collect the service activity data and pay pharmacy contractors:1. Web-based system, for example, PharmOutcomes, Sonar, Webstar
2. Paper-based system
 | **Template documents available:*** Template from PharmOutcomes
* Claim form
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| **7.** | Consider setting up a referral scheme to allow GP practices to refer patients into the Minor Ailment Service. |  |
| **8.** | Prepare the documents and supporting information, for example, service specification, service level agreement / contract, record form, etc. (Should you select a web-based system, all forms and information can be included in the service template.) | **Template documents available:**Service specification which includes:* Record and consent form;
* Indications treatable under the service;
* Formulary;
* Service level agreement form;
* GP notification form; and
* Claim form.
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| **9.** | Communicate offer to all pharmacy contractors and secure expressions of interest (some multiples insist that contractual matters are dealt with centrally, so include multiples head offices in the communication where possible). A minimum of two weeks response time should be provided to ensure maximum uptake. |
| **10.** | Organise set up of electronic data capture system (if a web-based system is being used).  | **Template documents available:*** Template from PharmOutcomes
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| **11.** | Circulate [service level agreement/NHS shorter form standard contract] to interested contractors and ensure eligible pharmacy contractors provide a signed agreement to provide the service. | **Template documents available:*** Service sign up form (NHS England local team only)
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| **Service launch** |
| **12.** | Inform key stakeholders. Good communication is vital to the success of the service. It is recommended that information is provided to the commissioner's communications department, local press and GP practices in addition to the other stakeholders listed in section 1. |
| **13.** | Provide eligible pharmacy contractors with access to the service on web-based system (if a web-based system is being used).  |
| **14.** | Inform pharmacy contractors they can provide the service and distribute any paperwork they will require to provide the service (only required where a non-web-based service is being implemented). | **Template documents available:**Service specification which includes:* Record and consent form;
* Indications treatable under the service;
* Formulary;
* GP notification form; and
* Claim form.
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| **15.** | Distribute promotional materials for the service such as posters and flyers to pharmacy contractors, GP practices and Out of Hours service providers and encourage all stakeholders to display these in their premises. |
| **16.** | Advise pharmacy contractors to contact their local GP practices to notify them of the Minor Ailment Service and encourage them to work with their GP practice so patients are referred to the service. | **Template documents available:*** GP practice briefing document;
* Template letter for GP practices (without PGDs); and
* Template letter for GP practices (with PGDs).
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| **17.** | Advise pharmacy contractors to update their NHS Choices profile. |
| **18.** | Encourage the LPC to also contact the LMC to highlight that a Minor Ailment Service is now available in the area and ask them to share this across the GP network to encourage referrals. The LPC may be willing to offer GP practices, via the LMC, training for receptionists, GPs and other practice staff. |
| **Service delivery and maintenance** |
| **19.** | Community pharmacies provide the service to eligible NHS patients and record activity on web-based system or using agreed paperwork. | **Template documents available:**Service specification which includes:* Record and consent form;
* Indications treatable under the service;
* Formulary;
* GP notification form; and
* Claim form.
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| **20.** | Monitor data on service provision and review the service to ensure it is delivering the KPIs. Detailed scrutiny and more robust evaluation of the service and its outcomes should be undertaken as appropriate. |
| **21.** | Support pharmacy contractors by highlighting local success stories and sharing good practice (the LPC may be able to assist with this). |
| **22.** | Encourage GP practices to refer patients to the Minor Ailment Service using the commissioner’s communication channels.  |
| **23.** | Continue to raise patients’ awareness of the Minor Ailment Service; consider using local press to highlight the service. |
| **24.** | Pay pharmacy contractors monthly. | **Template / support documents available:*** [www.pharmoutcomes.org/Claims Overview](https://pharmoutcomes.org/pharmoutcomes/guides/commissioner/29%20Claims%20-%20Overview.pdf)
* Claim form
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| **Service closure** |
| **25.** | Inform key stakeholders.  |
| **26.** | Remove access to service on web-based system or set deadlines for final paper submission.  |
| **27.** | Complete payments for service provided.  |