

West Midlands

Pharmacy First Local Enhanced Service (V1)

Service Specification

Service	Pharmacy First – West Midlands
Commissioner Lead	Brian Wallis
Provider Lead	Local Pharmaceutical Committee
Period	1 st April 2017 – 31 st March 2018

1. Population Needs

1.1 National/local context and evidence base

The general population experiences the symptoms of minor ailments almost every day and the vast majority of people are very responsible about what they do to deal with them including the sensible practice of self-care and self-medication. However, people who turn to their doctor as the first port of call for these ailments cost the NHS some £2billion and generate 57million consultations taking up valuable GP time, and using up finite resources of the NHS. Of these consultations 51.4million are for minor ailments alone at a cost of £1.5billion just for GPs' time. If these consultations could be handled by a pharmacist at least an hour a day could be released for every GP to see patients with more complex needs.

This service follows learning from the Pharmacy First scheme commissioned during 2015 – 2017 across a limited number of Clinical Commissioning Groups (CCGs) areas and will now provide a universal and cohesive service across the whole West Midlands Area for patients under 16 years of age.

2. Outcomes

The service supports practices improving access to GP services, an improvement area of 'Ensuring that people have a positive experience of care' of the NHS Outcomes Framework Domain 4 by the release and building of capacity in general practice allowing for increased consultation times & access to the GP when more complex consultations are required and thereby also supporting the NHS Outcomes Framework Domain 2 'Enhancing quality of life for people with long-term Conditions' and finally the service also supports Domain 3 of the framework- 'Helping people to recover from episodes of ill health or following injury'.

2.1 Local defined outcomes

- ✓ Improve patient capability to Self-Care and thereby reduce reliance on medical services as well as other clinical services.
- ✓ Improve primary care capacity by reducing medical practice workload related to minor ailments and to ease pressures on their local A&E department and primary care urgent services.
- ✓ Promote the role and greater contribution of pharmacies in primary health care
- ✓ Improve working relationships between GPs and Pharmacists

3. Scope

3.1 Aims and objectives of service

Patients under 16 years of age can access self-care advice for the treatment of minor ailments and, where appropriate, can be supplied with over the counter medicines without the requirement to attend their GP practice for an appointment. The scheme is offered as a quicker alternative for children, however, patients are at liberty to refuse the service and continue to access healthcare in the same way as they have done previously.

To improve primary care capacity by reducing medical practice workload related to minor ailments and allow General Practitioners to focus on more complex and urgent medical conditions.

3.2 Service description/care pathway and patient eligibility

This scheme is available to patients under 16 years of age who are registered with a participating General Practice in Birmingham, Solihull, Sandwell, Dudley, Walsall, Wolverhampton, Warwickshire, Coventry, Worcestershire and Herefordshire. Patient consent must be sought in writing by the "registering" Pharmacy before any intervention under this scheme. The declaration form must be completed at each intervention under the scheme, signed by the parent or legal guardian. The PharmOutcomes platform has printable versions of the consent and declaration forms. The consent and declaration forms must be printed and completed in full. Each patient is only required to register once with an accredited pharmacy in a 12 month period. They are then free to access the scheme from any accredited pharmacies of their choice during that period; therefore, not restricted to using one pharmacy only. Children aged 0-16 years are able to access the scheme up to a maximum of 3 times in a 12 month period, although this may be reviewed. Recording of NHS Number is mandatory.

The pharmacy will provide advice and support to eligible patients on the management of minor ailments, including where necessary, the supply of medicines as per the formulary at appendix 1, for those patients who would have otherwise accessed GP services. At every intervention, the Pharmacy must promote the self-care advice and resources available at www.selfcareforum.org

The pharmacy will operate a referral system to GPs, A&E and other health and social care

professionals, where appropriate.

The service is only available for the minor ailments included within appendix 1 of this specification. Management of these conditions is set out in the treatment protocols (see Appendices). The formulary and/or list of minor ailments covered by the scheme may be amended from time to time by NHS England (in agreement with the relevant CCG where appropriate) by way of an update to all participating pharmacies.

Service Outline

Registration of patients to the Pharmacy First service at Community Pharmacy

A patient under 16 years of age registered with a participating GP practice may register at an accredited Community Pharmacy. Patients presenting with identified symptoms, covered by the Pharmacy First Conditions, at a pharmacy will be offered the option of using the Pharmacy First service.

For those patients who consent to join the scheme a consent form must be completed. For a child under 16, the parent or legal guardian must sign the consent form. For each intervention under the scheme, the patient declaration form must be completed. The **NHS number must be captured** at the time of the patient consultation and preferably the patient demographics as well. Pharmacies will not be eligible for payment where the NHS number is not captured. The only exception to this will be during Bank Holidays when it may be difficult to confirm NHS number in a timely manner. The community pharmacy staff will need to verify the patient address, via either:

- Evidence produced by patient of registration by e.g. producing a repeat prescription tear-off slip, NHS card
or
- PMR records showing evidence of prescriptions dispensed in the last three months
or
- Confirmation of registration with a surgery by phone if patient has not produced suitable identification. Permission from patient must be sought first.

As part of the registration process, the community pharmacy will advise of the maximum usage of the Pharmacy First scheme.

What The Scheme is Not

The scheme is not available to patients requesting medications included within the formulary to maintain or stock pile “just in case.” Pharmacies are expected to advise patients accordingly and remind them of the declaration they signed on registration. Pharmacies must also maintain a log of patients refused the scheme and the reason for and date of refusal on PharmOutcomes. This will be used to inform decisions on future levels of provision and design of the scheme.

Patients who have already attended a GP appointment or intend to take up a GP

appointment for the same symptoms are not eligible for the Pharmacy First service.

Responsibilities of Participating General Practices

1. Patients requesting appointments (either immediately or on a future appointment basis) for symptoms **matching criteria identified** in this service specification will be offered transfer to the service. This can be immediate if this would enable the person to be seen quicker or in the future if they present with one of the conditions listed. Please note, patients who have already attended a GP appointment or intend to take up a GP appointment for the same symptoms are not eligible for the Pharmacy First service.
2. Co-operate and liaise with Community Pharmacists and to agree a local process for patients requiring immediate consultation.
3. Display official posters promoting the service where provided by NHS England or Public Health
4. Patients under the age of one year old can be referred into the scheme but are treated at the Pharmacist's discretion as long as the medication is licensed for a child less than one year of age.
5. GPs to ensure their staff are fully aware of and understand the Pharmacy First service and limitations of what can be referred into the scheme.
4. GP staff are to advise patients of a choice of local pharmacies operating the scheme and are reminded that directing patients to a specific pharmacy is not permitted under Regulation and Standards of Professional Conduct.
5. GP Practices are asked to support initiatives to involve their Patient Participation Group in cascading information to raise awareness of the scheme/self-care.

Responsibilities of Participating Accredited Community Pharmacists

1. The Contractor will ensure that the service is managed by an accredited pharmacist, working in the community pharmacy. In the absence of the accredited pharmacist due to holiday or sick leave, the service may be provided by the covering pharmacist provided there is a standard operating procedure (SOP) in place. If the accredited pharmacist leaves the pharmacy, the pharmacy must notify NHS England in writing to michelle.deenah@nhs.net and the pharmacy must provide the name of the new accredited pharmacist to accredit themselves.
2. Patients presenting with identified symptoms at a pharmacy will be offered the option of using this service and an eligibility check and consent to the scheme will be undertaken at first registration. Subsequent visits will require confirmation of their identity and continued eligibility where the latter may have changed. **Patients**

are able to access the scheme at any number of accredited pharmacies up to their maximum entitlement to interventions (ie. 3 in a 12 months period). Failure to check patient details on PharmOutcomes and record relevant details at the time of consultation may result in claims not being authorised for payment.

3. Provide a professional consultation service: communicate with, counsel and advise people appropriately and effectively on minor ailments and self-care; sign-posting all patients to self-care resources including www.selfcareforum.org

4. Patients must attend the pharmacy in person, non face-to-face consultations are not permitted. The only exception to this includes circumstances where an infant or elderly patient may be suffering from diarrhoea or a contagious condition and in the professional opinion of the pharmacist face-to-face consultation is not essential. Children under 5 years of age suffering from fever **must attend** the pharmacy in order to be assessed in line with NICE guidance. If this is not possible then they must be referred back to their GP.

5. The appropriate pharmacy staff will assess the patient's condition and the pharmacist is responsible for approving the advice. The consultation will consist of:
 - i. Patient assessment to determine the relevant person that needs to continue to support the patient where the necessary pre-requisites have been satisfied as per this specification (such as fully completed, signed consent and declaration of exemption).
 - ii. Provision of advice (as per Pharmacy First protocols included in this scheme) and sign-post to self-care resources including www.selfcareforum.org
 - iii. Check that the maximum usage of the Pharmacy First service has not been exceeded, invalidating access to the service
 - iv. Provision of a medication, **only if necessary**, from the agreed formulary appropriate to the patient's condition (as per Pharmacy First protocols included in this scheme). The professional fee can still be claimed for advice where there is no supply of medications provided all other criteria within the specification are met.
 - v. Advise patient if they have exceeded the maximum usage of the scheme, and provide Self Care advice, recording "refusal" on PharmOutcomes.
 - vi. Rules of patient confidentiality apply.
6. Record the intervention or "refusal" on PharmOutcomes at the time of consultation and optionally in the Pharmacy's PMR system; maintaining and retaining good quality records (including copies of signed patient consent forms) as per relevant professional and information governance standards.
7. Implement the referral process if symptoms meet agreed criteria.
8. If the pharmacist suspects that the patient and/or parent is abusing the scheme they should add an alert to PharmOutcomes which will automatically notify the appropriate person.
9. Contact the surgery if there are concerns regarding patient referrals e.g. inappropriate referrals to this scheme.

10. **Referral Procedure-** Referral for urgent appointment - If the patient presents with symptoms indicating the need for a consultation with the GP, the pharmacist should (within surgery hours) contact the patient's GP by phone to arrange an appointment or if outside surgery hours to contact the on-call doctor, or advise the patient to attend A & E immediately.
11. Document referrals made to the GP and state the reason for the referral on the PharmOutcomes platform.
12. Explain the provision, range of conditions covered and features of the service to the public and other appropriate professionals; encouraging patients to self-care in the future.
13. An annual patient satisfaction survey will be undertaken as directed by NHS England, the number of returns will be based on activity and will be confirmed by NHS England on an annual basis.
14. Accredited pharmacists are expected to attend an annual training event as organised by NHS England.
15. Any adverse incident that has happened in relation to this scheme must be reported to NHS England via the following email address within 72 hours of occurrence: England.medsreporting@nhs.net
16. Inform locum pharmacist of local paperwork and SOP to provide service.

3.3 Population Covered Any patients under 16 years of age registered to a participating GP with any of the symptoms/conditions covered under this scheme may access the service.

3.4 Exclusion Criteria

Patients who have a) already attended a GP appointment or intend to take up a GP appointment for the same symptoms or b) accessed the maximum number of interventions in a 12 month period (commencing 1st April 2017) are not eligible for the scheme.

4. Quality Indicators

The scheme will be evaluated in terms of:

1. **Number of minor illness conditions dealt with by the pharmacies and uptake by postcode, day of week and time of intervention (as well as patient demographics)**
– Analysis of the percentage of total pharmacy consultations dealing with minor illnesses and patient demographics of “frequent flyers”

2. **Number of patients accessing the scheme who would otherwise have a) booked an appointment to see their GP or b) accessed an urgent out of hours or emergency A&E appointment** - ie. Analysis of impact of capacity liberation
3. **Number of patients referred back to/subsequently seeking appointment with the GP after seeing the Pharmacist (including by condition)** – Analysis of effectiveness of intervention
4. **Number of inappropriate referrals (including self-referrals) into the scheme and refusals** – Analysis of potential “misunderstanding or abuse” of the scheme and adequacy of level of provision.
5. **Number of patients registered with the Pharmacy First scheme** – The total number of patients registered with the scheme will be monitored on a regular basis to analyse uptake of the scheme.
6. **Number of patients dealt with by the Pharmacists for each condition** – Analysis of the total consultations with the Pharmacists for each condition using the returns supplied by the Pharmacists to identify trends
7. **Number of items, quantities and costs of medications supplied under Pharmacy First** – Analysis of items etc by Pharmacy, GP, CCG and NHS England
8. **Analysis of patient satisfaction and number of patients feeling more empowered to self care**
9. **Analysis of GP/staff and Pharmacy/Staff satisfaction with the scheme**

5. **Applicable Service Standards & Accreditation**

5.1 **Applicable national standards**

The pharmacy must have demonstrated best practice in meeting or working towards achieving the standards as set out in the Community Pharmacy Assurance Framework (CPAF) by way of timely e-submission of a fully completed CPAF self-assessment to the NHS Business Services Authority and implementation of improvements as required.

5.2 **Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges): General Pharmaceutical Council standards-**

- [Standards of conduct, ethics and performance](#)
- [Standards for registered pharmacies](#)
- [Standards for continuing professional development \(CPD\)](#)

5.3 **Applicable local standards** Any adverse incidents reportable under this scheme must

be notified within 72 hours of occurrence to England.medsreporting@nhs.net

5.4 Accreditation

- The Pharmacy must be approved as included on the relevant Health and Well-Being Board Pharmaceutical List and be located within one of the participating CCG areas.
- The Contractor must ensure that they keep the NHS Choices website accurately updated of their opening hours and provision of the Pharmacy First LES.
- The Contractor must have demonstrated best practice in meeting or working towards achieving the standards as set out in the Community Pharmacy Assurance Framework (CPAF) by way of timely e-submission of a fully completed CPAF self-assessment template to the NHS Business Services Authority.
- There must be suitable access to a confidential patient consultation room on site to undertake the intervention should this be requested by the patient.
- There are no significant concerns in regards to the way the Contractor has operated previous iterations of the Minor Ailments/Pharmacy First schemes.
- The Responsible Pharmacist in a community pharmacy must complete the CPPE Minor Ailments: A clinical approach (2014) assessment using Responding to minor ailments as a reference and submit a copy of the certificate via PharmOutcomes within 3 months of commencing to provide the service. Assessments will need to be repeated every two years if the course is updated by CPPE.
- The Contractor must maintain accurate and up-to-date training logs for each member of staff and ensure that the tailored SOP is available and understood by locum pharmacists.

There are also two **optional** CPPE distance learning programmes relating to Minor Ailments Services:

-Minor Ailments Services: A starting point for pharmacists

-Minor Ailments Services: Pharmacy technicians leading the way

- Local accreditation will take the form of the Responsible Pharmacist attending an annual training event. The Contractor must also self-certify that they have read and understood this document issued by NHS England as per the sign up process for providing the scheme. It is a mandatory requirement for the Responsible Pharmacist to attend the local training.

The Contractor must ensure that staff members, who are involved in the delivery of the service, receive appropriate training and fully understand how the scheme is to be operated.

6. Service funding and payment mechanism

6.1 The Pharmacy will be paid according to the following components:

1. Consultation fee: £ 5.00
2. Drug costs: at drug tariff price (automatically updated on PharmOutcomes)

Provided the Pharmacy/Contractor has ensured that PharmOutcomes is maintained and updated at the time of each patient intervention, the system will automatically extract the

required information to generate the payment. **Handwritten or separate claims are no longer required and will not be accepted. PharmOutcomes must be updated by the 1st of every month for upload on the 2nd.** Payments will be made to the participating pharmacy via the Prescription Pricing Authority, itemising the payment made for that month and the bank account. Contractors are advised to retain a copy of the reimbursement form.

6.2 **Claims will be processed and paid on a monthly basis.** Where Contractors fail to deliver the scheme in line with this specification or fail to ensure that PharmOutcomes is kept updated, they risk not being paid for those interventions.

6.3 Activity under the scheme will be monitored. Any activity deemed at odds with the LES or expected level of dispensing by the pharmacy may result in withholding of payment or ultimately (subject to investigation outcomes) termination of this agreement with immediate effect.

7. Period of Service and Termination

7.1 This Local Enhanced Service will run for a period of 12 months from 1st April 2017 – 31st March 2018. No further notice period will be required unless the scheme is terminated before the 31st March 2018 in which case the notice period will be 30 calendar days.

7.2 The exception to the above is where a Contractor fails to meet any of the obligations in this contract. In such circumstances they will be notified in writing of the nature of the breach. Where the breach is not remedied within appropriate time-frames or NHS England deems it is not capable of remedy, NHS England will be entitled to terminate this agreement with immediate effect.

Appendix 1

Pharmacy First Formulary Information

Please Note- Always enter the dm+d medicine in PharmOutcomes e.g. for Choline salicylate gel enter bonjela

Condition	Formulary Medicine
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Acute Cough	Simple linctus paed SF
Acute Fever	Paracetamol/Ibuprofen
Acute Headache	Refer
Athletes Foot	Miconazole/Clotrimazole
Acute Bacterial Conjunctivitis	Chloramphenicol
Bites and Stings	Hydrocortisone
Cold and Flu	Paracetamol suspension
Constipation	Lactulose
Diarrhoea	Dioralyte
Dry Skin (Simple Eczema)	Zerobase /Zeroderm
Earache	Ibuprofen
Ear Wax	Olive Oil Ear Drops
Hay Fever	Cetirizine/loratidine/ chlorphenamine
Infant Congestion	Normal Saline nose drops
Mouth Ulcers/Teething	Mouth ulcers - Benzydamine spray, teething- Paracetamol
Nappy Rash	Metanium unless infected Clotrimazole
Scabies	Permethrin
Sunburn	Calamine cream
Threadworm	Mebendazole
Oral Thrush	Miconazole
Vomiting/Dizziness	Vomiting – Rehydration/Dizziness - Refer
Warts and Verrucas	Salactol topic

This signature sheet constitutes the agreement between the Pharmacy Contractor and NHS England in respect to provision of the Pharmacy First Scheme for patients under 16 years of age, for the period 1st April 2017 to 31st March 2018.

Pharmacy Name and Address or Stamp (including postcode):	
Name of Superintendent Pharmacist:	GPhC No.

Declaration by Contractor

I have read the Pharmacy First Local Enhanced Service Specification (including accreditation requirements as set out in section 5) and agree to provide the service in accordance with this.

I can confirm that the Pharmacy is registered with the Information Commissioner and that the assigned Z number is: _____

Signature of Contractor (Director-level only for Independents and authorised signatory for Multiples)

PRINT Name	Signature	Date

Signature of NHS England Representative

PRINT Name	Signature	Date

Please return a completed and signed copy of this form to Sandra McKoy at Sandra.mckoy@nhs.net or St. Chad's Court, 213 Hagley Road, Birmingham, B16 9RG.