

Service Specification No.	
Service	Service Specification for NHS Community Pharmacy Minor Ailments Service (Pharmacy First)
Commissioner Lead	Charles Thomas and Paul Humphriss, Medicines Optimisation, NHS Devon Integrated Care Board (ICB)
Provider Lead	
Period	1 st April 2024 - 31 st March 2026
Date of Review	31 st March 2026

1. Population Needs

1.1 The purpose of the Community Pharmacy Minor Ailments Service (Pharmacy First) is to ensure that patients can access advice for the treatment of specific ailments and, where appropriate, can be supplied with an appropriate and ICB approved medicine without the need to visit the GP practice, at NHS expense, to treat their ailment. The Service will include, though may not be limited to, supply of medicines under Patient Group Directions (PGDs) or Clinical Protocols (dependent on legislative or specific commissioning requirements). This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from any other health care provider.

1.2 The specific ailments for the Community Pharmacy Minor Ailments Service (Pharmacy First) are listed in Appendix 1.

1.3 The list in Appendix 1 will be kept under review and will be updated on an annual basis using a variation agreement. Alterations may be made on a mutual basis based on changing clinical service requirements. Such alterations will be dependent on specific operational and service requirements and developments, as well as emerging clinical appropriateness and evidence.

2. Outcomes

2.1 NHS outcomes, framework domains & indicators

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

2.2 Local defined outcomes

The pharmacy will provide advice and support to people on the management of minor ailments. This includes, where necessary, the supply of specific medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP or other healthcare provider for a prescription, or who have been referred via a locally agreed pathway.

2.3 The pharmacy will operate a triage system, including referral to other health and social care professionals, where appropriate. If it is not possible to provide treatment due to prohibitions within the service e.g. PGD or clinical protocol exclusion or other patient factors, and in order to ensure the patient is able to speak to another appropriate healthcare professional, the pharmacist will either:

- a. refer the patient to their own general practice, or
- b. contact the local GP OOHs provider to discuss a solution, and if necessary arrange for the patient to be contacted by an appropriate healthcare professional.

2.4 If the use of an antimicrobial PGD is required, the patient must be made aware that, in order to access the service, they must agree to having a follow up conversation with a pharmacist at the agreed period after the initial consultation. This is a requirement both when a supply of an antimicrobial is made and when a supply is not made, and the patient is provided with advice only.

The follow up will consist of a small number of questions and will usually take place over the telephone (although if the patient prefers it can be conducted face-to-face in the pharmacy).

The follow up should be recorded on the approved web platform as soon as possible after the conversation has taken place and, in all cases, before the end of the next working day.

Where an antimicrobial PGD is used, it is the completion of follow-up, or recording of attempted follow up which generates the claim for that patient. It is understood that some patients may not be contactable, however, as the pharmacist should have explained to the patient that this is a requirement of the service, and also have confirmed the appropriate contact telephone number and best time to call, this should be the exception:

- Pharmacists are required to try to contact the patient 3 times. Follow up must be undertaken by a pharmacist who is declared competent to deliver the PGD service, this does not have to be the same pharmacist who conducted the initial consultation.
- Pharmacists should attempt to contact the patient at reasonably spaced and varying times of the day. It is recognised that in some circumstances a second or third attempt might be more appropriately made the following working day. If after 3 attempts the pharmacist is unable to contact the patient, they should record this as “Lost to follow up” within the approved web platform follow-up module.

2.5 In exceptional circumstances, if the service cannot be provided on the premises, e.g., a pharmacist legally accredited to supply under PGD is not present or the medicine is not in stock, with the agreement of the patient, the pharmacy will make reasonable attempts to identify another pharmacy that is convenient for the patient which is able to provide the service in full. NHS Devon ICB Medicines Optimisation will hold a current list and will share this list via the relevant ICB pharmacy service webpage.

3. Scope

3.1 Aims and objectives of the Service

3.1.1 To improve access and choice for people with minor ailments who are seeking advice and treatment by:

- Promoting self-care through community pharmacy, including the provision of advice and where appropriate supply of medicines under the Minor Ailment Scheme without the need to visit the GP practice.
- Operating a referral system from local medical practices or other healthcare providers to community pharmacy; and
- Supplying appropriate specific medicines at NHS expense.

3.1.2 To improve primary, urgent and emergency care capacity by reducing the workload of those providers.

3.2 Service description / care pathway

3.2.1 The service must be provided when the pharmacy is open, including any weekends, Bank Holidays or rotas. In exceptional circumstances we recognise that this may not be possible, however, the pharmacist must be able to direct to the nearest provider (see 2.5).

3.2.2 The part of the pharmacy used for the provision of the service must provide sufficient level of privacy and safety. Ideally the pharmacy should have a designated consultation area, of the standard specified in the pharmacy contract.

3.2.3 The Pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the minor ailments service have the relevant knowledge and are appropriately trained in the operation of the service. The Pharmacy contractor must keep a copy or have direct access to all relevant educational qualifications, competencies, and self-declarations of competencies for each individual PGD or clinical protocol, for each Pharmacist delivering this ICB service.

3.2.4 The supply of specific medicines as part of the minor ailment scheme will be made in line with the specific ailments listed in Appendix 1.

3.2.5 An NHS prescription charge per item must be collected, unless the patient is exempt from prescription charges, in accordance with the National Health Service (Charges for Drugs and Appliances) Regulations 2015 (and subsequent current legislative amendments). Any NHS prescription charges collected from patients will be deducted from the sum payable to the pharmacy. Patients should be asked to declare their exemption status (or otherwise) for NHS prescription charges; this will be recorded by the Pharmacist; electronic recording is preferred.

3.2.6 The pharmacy will be responsible for checking the person's eligibility for receipt of the service.

3.2.7 The pharmacy contractor must have a standard operating procedure in place for this service which should be available for inspection if requested.

3.2.8 All medicines must be labelled in accordance with legal requirements, and to include specific directions e.g., as stated within each PGD or as otherwise indicated. Labels for medicines supplied under PGD must state "Supplied under a Patient Group Direction". The patient information leaflet must be identified, and appropriate counselling given at the time of the supply. Labels are also required for medicines supplied using NHS Devon ICB protocols.

3.2.9 Patients will provide consent to the pharmacist to undertake the service assessment and treatment (or referral) and agree to the sharing of information with their GP. Where the service allows for supply of medicines to patients under 16 years old, supply can be made if that person is deemed to be competent to consent to their own treatment, otherwise parental/guardian consent must be obtained. Verbal consent is acceptable and must be recorded by the Pharmacist.

- 3.2.10 Pharmacists should highlight patients repeatedly accessing the service to their general practice for review.
- 3.2.11 Pharmacists are encouraged to use Summary Care Records with consent from the patient, to ascertain the contemporaneous medicines history of each patient.
- 3.2.12 The pharmacy contractor will ensure that a notification of any supply made as part of the service is sent to the patient's GP practice within 48hrs or as soon as practical. This notification can be sent electronically e.g., via the approved web platform or NHS mail if the GP is not registered to receive notifications from the Pharmacy. Where electronic notification is not possible; the pharmacy contractor should send the notification via post or hand delivery. Faxing is not an acceptable way of transferring such notifications.
- 3.2.13 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and audit. This will include a record of the consultation, follow-up and any medicine that is supplied, using the approved web platform. Pharmacy contractors will audit their provision of the service annually and will submit this information via the approved web platform in the last financial quarter of the year.

3.3 Population covered

The service is available to any person who is registered with a GP practice in the UK that presents to a community pharmacy in Devon which is accredited to provide the service.

3.4 Any acceptance and exclusion criteria and thresholds

Participating Community Pharmacy Contractors must supply medicines in accordance with each of the ICB approved medicines as the Minor Ailments (Pharmacy First) Service dictates. Please note, when supplying under a PGD, each PGD is a legal document which does not allow for any clinical deviation beyond the scope of the written text. Similarly, clinical protocols must be specifically followed to meet the terms of the NHS Devon ICB commissioned service.

4. Applicable Service Standards

4.1 Applicable national standards

- 4.1.1 To provide this service all pharmacists must:
- Be registered with the General Pharmaceutical Council
 - Be competent in the use of Patient Group Directions
 - Undertake CPD to ensure their knowledge is up to date
 - Have completed the latest training, educational and competency packages and made a self-declaration of competency in line with each PGD or clinical protocol.
- 4.1.2 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have the relevant knowledge, competency and are appropriately trained in the operation of the service and operate within local protocols or standard operating procedures.
- 4.1.3 Pharmacists must ensure they are up to date with relevant issues and clinical skills relating to the PGDs / clinical protocols and should be aware of any change to the recommendations for the medicines listed. It is the responsibility of the individual to keep up-to-date with Continued Professional Development (CPD). PGDs / clinical protocols do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competency and professional code of conduct.

4.2 Applicable standards set out in guidance and / or issued by a competent body

General guidance on Patient Group Directions is obtainable in [NICE Medicines Practice Guidelines \(MPG\) MPG2](#). Please refer to the most up to date published guidance.

4.3 Applicable local standards

4.3.1 The pharmacy has appropriate health promotion and self-care material available for the user group and promotes its uptake.

4.3.2 The pharmacy participates in any commissioner organised audit or review of service provision (see 5.1).

4.3.3 The pharmacy contractor must ensure that Significant Incidents or near misses / complaints are reported directly to NHS Devon ICB via the Medicines Optimisation inbox (D-ICB.medicinesoptimisation@nhs.net) as soon as possible, in addition to NHS England standard reporting.

4.3.4 Prior to providing the service, the pharmacy contractor should review and make any necessary amendments to their business continuity plan in order to incorporate appropriate content on the service within the plan.

5. Applicable Quality Requirements and CQUIN Goals

5.1 Applicable quality requirements (see Schedule 4 of NHS Devon contract)

The pharmacy contractor participates in any commissioner organised audit or review of service provision. The pharmacy should co-operate with any commissioner-led assessment of patient experience or other aspects of service delivery.

6. Location of Provider Premises

6.1 Community Pharmacies who have agreed to provide this service must be named in the required contract paperwork submitted to the ICB (Appendix B) by the relevant Pharmacy Contractor. A completed Appendix B document lists all engaged pharmacy premises in Devon for each Pharmacy Contractor and indicates which service/s they would like to deliver. The full list of participating Community Pharmacies across Devon will be held by NHS Devon ICB and shared via the relevant ICB pharmacy service webpage.

NHS Devon Integrated Care Board (ICB): Service Specification for NHS Community Pharmacy Minor Ailments Service (Pharmacy First)

Appendix 1

As of 01/04/24, specific ailments approved for use as part of the Community Pharmacy Minor Ailments Service (Pharmacy First)

The supply of specific and ICB approved medicines will be made in line with, and to cover, the following therapeutic areas listed below:

- Impetigo
- Uncomplicated urinary tract infections
- Mild inflammatory skin conditions (bites and stings and acute / mild dermatitis and eczema)

Any subsequent changes, additions, or removals, of the minor ailments and / or PGDs, clinical protocols or medicines will be considered as minor changes and the list will be updated annually using a variation agreement.

By signing up to the Community Pharmacy Minor Ailments Service (Pharmacy First) and agreeing to its service specification, the Pharmacy Contractor agrees to any subsequent changes to the list of minor ailments and supply of specific medicines.

Appendix updated 1st April 2024