SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	11X-46-V8
Service	Minor Ailments Scheme
Commissioner Lead	Luke Best, Primary Care Manager
Provider Lead	Avon Healthcare Services
Period	01 April 2024 – 31 March 2025
Date of Review	April 2024

1. Population Needs

National/Local Context and Evidence Base

1.1 It is estimated 50 million visits to the GP are made every year for minor ailments such as coughs and colds, mild eczema and athlete's foot[1].

1.2 The Minor Ailments Scheme (MAS) is designed to enable people with minor health conditions to access medicines and advice that they would otherwise visit their doctor for[2].

1.3 The service allows patients to see a qualified health professional at a convenient and accessible location within their community reducing pressure on GPs, freeing up their time for people with more complex medical conditions.

1.4 The service promotes self-care and enables patients to better care for themselves when they have minor conditions.

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	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

Local Defined Outcomes

2.2 Develop the resilience of local healthcare system.

2.3 Promote the Health and well-being model of care.

2.4 Promote the self-care agenda enabling the population of Somerset to better care for themselves.

2.5 Promote patient choice and improvement in access to an appropriately trained health professional.

[1] http://www.nhs.uk/Livewell/Pharmacy/Pages/Commonconditions.aspx

[2] https://www.npa.co.uk

3. Scope

3.1 The MAS will be delivered using a combination of this service specification, and Patient Group Directions (PGDs).

3.2 PGDs are required for the supply of medicines where the product to be supplied is a Prescription-only medicine (POM).

3.3 The Provider will ensure that each pharmacist will be accredited to supply medicines to service users in line with the requirements of a locally agreed PGDs where applicable.

Aims and Objectives of Service

3.4 Service users should feel that they had been listened to, treated with respect and dignity and have positively contributed to their care planning. The scale and depth of the consultation should be tailored to the needs of each service user.

3.5 The supply will be made to all patients meeting the relevant inclusion criteria defined in the relevant PGDs to:

- improve patient access to the provision of treatment for the defined minor ailments, through community pharmacy;
- improve patient choice of where to receive treatment for the defined minor ailments
- provide professional self-care advice; sympathetic understanding to the client; signposting to appropriate services, with a non-judgmental attitude;
- raise the awareness of self-care options for patients;
- reduce demand on other healthcare services, including GP practices and Accident and Emergency Departments, for treatment of the defined minor ailments;
- refer service users, especially those from hard to reach groups, into mainstream services where appropriate;
- strengthen the local network of health services to help ensure easy and swift access to advice and treatment where necessary;
- provide treatments available under this service in line with normal NHS prescription levy and exemption rules for:
    - treatment of acute superficial bacterial eye infections including conjunctivitis, blepharitis, stye, and infected meibomiam cyst

Service description/care pathway

3.6 Below is a list of the conditions to be treated under the MAS, the indication for treatment, the product to be supplied, the legal category of the product and the method by which the product is to be supplied:

Condition	Indication	Product(s)	Legal category	Supply by:
Bacterial eye infections	The treatment of acute superficial bacterial eye infections including conjunctivitis, blepharitis, stye, and infected meibomian cyst	Chloramphenicol 0·5% eye-drops (10ml)	Prescription-only medicine (POM)	Patient Group Direction
		Chloramphenicol 1·0% eye ointment (4g)	Prescription-only medicine (POM)	

3.7 The Provider will ensure that all Pharmacists are authorised by name to use the relevant PGD.

3.8 The POMs listed above must be supplied under the relevant PGDs.

Pathway

3.9 The assessment should be carried out by an accredited pharmacist and meet all relevant guidance and should be performed using a standardised proforma to include, but not limited to:

- The taking of the relevant medical history of the patient as described in the service PGD;
- The use of the proforma and Patient Medication Record (PMR) to note any applicable information;
- The supply of medicines to treat conditions defined in the relevant PGDs where patients and conditions meet the defined criteria;
- The supply of medicines under this service in the pack size and form identified in the relevant PGDs;
- The completion of the relevant service proforma which must be signed by:
  - the accredited pharmacist providing the service, and
  - the patient, or the patient's carer or guardian or representative.
- The offer to supply leaflets to reinforce health advice given during the consultation and in proportion to the patient's need and level of knowledge;
- The offer to support and advice to the patient, including up to date details of other related services and/or referral to primary care or specialist centres where appropriate.

3.10 Not with-standing General Condition 21 of the NHS Standard Contract, a record of the consultation and supply must be kept securely at the pharmacy for at least eight years, or for children, until the child is 25 years old or for eight years after the child's death. Provided that an electronic record on the patient's PMR remains available, pro forma paper copies need only to be retained for audit purposes for two years. These must be made available for inspection by the ICB upon request.

Provider Responsibilities

3.11 The Provider will ensure that the delivery of this service provides equitable access for service users in accordance with the service specification, PGDs and best practice in each accredited location.

3.12 The Provider will ensure that treatment for minor ailments under this service is only provided under the terms of this service specification and relevant PGDs by a suitably authorised and accredited pharmacist.

3.13 The Provider will notify Somerset ICB with reasonable promptness where the Provider believes that they will not able to meet the requirements for MAS provision under this service specification for the foreseeable future (e.g. long-term sickness.)

3.14 The Provider will ensure that if a suitably authorised and accredited pharmacist is not available to provide the service, patients or other individuals attempting to access the service are signposted to the nearest community pharmacy that is providing the service.

3.15 The Provider will ensure that a copy of this service specification and relevant PGDs, together with copies of relevant forms necessary to supply medicines under this service are available and readily identifiable in the pharmacy.

3.16 The Provider will ensure that the stock of medicines required for the provision of this service and any relevant leaflets for reinforcement of health advice are maintained and replenished in a timely manner at each accredited location.

Infection control

3.17 Providers must have infection control policies that are compliant with national guidelines and current handling protocols, including but not limited to The Health and Social Care Act 2008 Hygiene Code (refer to 4.1) and which takes into account:

- disposal of clinical waste,
- needle stick incidents,
- environmental cleanliness, and
- standard precautions, including hand washing.

Consent and Confidentiality

3.18 In each case the service user should be fully informed of the treatment options, risks and the treatment proposed.

3.19 Where applicable, PGDs will be provided in compliance with Fraser guidelines and Department of Health guidance on treatment for young people aged under 16 years[3]. In providing advice or treatment it is good practice to encourage the young person to talk to a parent or familiar adult.

3.20 Not with-standing General Condition 21 of the NHS Standard Contract, the Provider will ensure that the confidentiality of information acquired within the MAS is respected and protected, and is disclosed only with the consent of the individual, or the their parent, guardian or carer where appropriate, except where such disclosure is necessary to prevent serious injury or damage to the health of the patient, a third party or to public health.

Population covered

3.21 The service will be available and accessible to patients who meet the defined eligibility criteria listed within the PGDs located Schedule 2 of the NHS Standard Contract.

Audit and Reporting

Significant/adverse events

3.11 The Department of Health emphasises the importance of collected incidents nationally to ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.

3.22 The Provider should be aware of (and use as appropriate) the various reporting systems such as:

- the NHS England National Reporting and Learning System. Reports to NRLS can be submitted via the Somerset ICB medication incident reporting system, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset ICB. For details of the Somerset ICB Medication Incident reporting form see paragraph 3.25,
- the Medicines and Healthcare products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system), and accidents involving medical devices; and
- the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

3.23 In addition to their statutory obligations, the Provider will notify the Commissioner, within 72 hours of being aware of the hospital admission or death of a patient, being treated by the Provider under this enhanced service, where such admission or death, is or may be due to, the Providers treatment of the relevant underlying medical condition covered by this specification via the email address below.

3.24 In addition to any regulatory requirements the ICB wishes the Provider to use a Significant

[3] http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/publicationspolicyandguidance/DH_4086960

Event Audit system (agreed with the Clinical Commissioning Group) to facilitate the dissemination of learning, minimising risk and improving patient care and safety. Providers shall:

- Report all significant events to the ICB within 2 working days of being brought to the attention of the Provider via somicb.significantevents@nhs.net

- Undertake a significant event audit (SEA) using a tool approved by the ICB and forward the completed SEA report to the ICB within one month of the event via https://nhssomerset.nhs.uk/for-clinicians/general-practice-significant-event-sea-and-serious-incident-support/

Reporting

3.26 The Provider will ensure appropriate systems are in place to measure the quality and performance of the service on a continuous basis.

3.27 A quarterly and annual report summarising the activity of the service will be produced for the ICB. This will include, but is not limited to:

- The number of patients managed within the service,
- Age, registered GP practice, presentation and medication prescribed for each patient,
- Number of onward referrals by type.

Service user and public involvement

3.28 Service users should be involved in the decisions about their care and given high-quality information to enable them to make fully informed decisions regarding their ongoing care.

3.29 The Provider should encourage, consider and report any service user feedback (positive and negative) on the service that they provide and use it to improve the care provided to patients, particularly if there are plans to alter the way a service is delivered or accessed.

Payment

3.30 The Service is subject to a local price, which is set out in Schedule 3 Part A of the NHS Standard Contract.

3.31 The Provider will submit information to support Commissioner reconciliation of activity as set out in Schedule 3 Part A of the NHS Standard Contract.

3.32 The Provider will ensure that processes are in place to enable payment to accredited pharmacies in a timely manner.

3.33 All patients treated under the terms of this service specification will receive treatment in line with normal NHS prescription levy and exemption rules.

Any acceptance and exclusion criteria and thresholds

3.34 Not applicable.

Interdependence with other services/providers

3.35 Local General Practice

Secondary Care

Public Health

Community Pharmacy

4. Applicable Service Standards

4.1 Applicable National Standards (e.g. NICE)

The Health and Social care Act 2008: Code of practice on the prevention and control of infection and related guidance.

4.2 Applicable Standards set out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges)

Current edition of *British National Formulary* (BNF);

Current edition of the *BNF for children*;

General Pharmaceutical Council. *Standards of conduct, ethics and performance* (Current version. Available at www.pharmacyregulation.org/);

General Pharmaceutical Council. *Standards for continuing professional development* (Current version. Available at www.pharmacyregulation.org/);

General Pharmaceutical Council. *Guidance: Consent* (Current version. Available at www.pharmacyregulation.org/);

General Pharmaceutical Council. *Guidance: Patient Confidentiality* (Current version. Available at www.pharmacyregulation.org/);

General Pharmaceutical Council. *Guidance: Raising concerns* (Current version. Available at www.pharmacyregulation.org/);

General Pharmaceutical Council. *Guidance: Responding to complaints and concerns* (Current version. Available at www.pharmacyregulation.org/);

Medicines Act 1968 (as amended)

NHS Executive (2000) *Patient Group Directions [England only].* Health Service Circular HSC 2000/026. (Available at www.dh.gov.uk);

Royal Pharmaceutical Society of Great Britain (2005) *The Safe & Secure Handling of Medicines: A Team Approach*. London, RPSGB. (A revision of the Duthie Report 1988) (Available at www.rpharms.com);

Summaries of Product Characteristics (SPCs) (Available at www.medicines.org.uk);

4.3 Applicable Local Standards

Not applicable.

5. Applicable quality requirements and CQUIN goals

Not applicable

6. Location of Provider Premises

The Provider's Premises are located at:

As defined within the Contract Particulars.

7. Individual Service User Placement

Not applicable.