

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

*This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.*

<b>Service Specification No.</b>	3
<b>Service</b>	Community Pharmacy Minor Ailments PGD Service
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<b>Provider Lead</b>	Community Pharmacy
<b>Period</b>	1 <sup>st</sup> Feb 2020
<b>Date of Review</b>	31 <sup>st</sup> March 2021

<b>1.</b>	<b>Population Needs</b>
<b>1.1</b>	<p><b>National/local context and evidence base</b></p> <p>Each year the NHS provides around 110 million urgent same-day patient contacts. Around 85 million of these are urgent GP appointments, and the rest are A&amp;E or minor injuries-type visits. Estimates are that 6% of GP appointments are potentially avoidable through better use of self-care and community pharmacy.</p> <p>The NHS England “Transforming urgent and emergency care’ report stated that community pharmacy services can play an important role in enabling self-care, particularly amongst patients with minor ailments. The new BNSSG Urgent &amp; Emergency Care Model (UEC) model clearly identifies a place for community pharmacy supporting urgent care and self-care.</p> <p>Pharmacy teams provide professional advice and patients may choose to purchase over the counter (OTC) medicines. However pharmacies are only able to allow the purchase of an OTC medicine within its licensed indications for sale. Community pharmacists commonly report frustration at not being able to treat patients due to licensing restrictions, resulting in referrals to another part of the system for a Prescription Only Medicine (POM).</p> <p>This proposal is therefore to commission Community Pharmacy Patient Group Directions (PGDs) to enable supplies of POMs and mean that episodes of care can be completed in the pharmacy and referrals to GP practices or out of hours providers are avoided.</p>

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

## 3. Scope

### 3.1 Purpose

**3.1.1** To ensure that patients can, where appropriate, be supplied with a POM without the need to consult a prescriber in their GP practice, integrated urgent care (IUC) or A&E. A PGD service will support the urgent care system for patients attending pharmacy directly, or being referred via NHS 111 or their GP.

### 3.2 Aims and Intended Service Outcomes

**3.2.1** To improve access and choice for people with some minor ailments normally requiring an FP10 prescription.

**3.2.2** Increase the scope of minor illness that community pharmacists can treat.

**3.2.3** Make use of the 7 day and out of hours' services provided by some community pharmacies.

**3.2.4** Ensure that patients are treated to the same clinical pathway in a consistent way regardless of which healthcare professional the patient consults with across BNSSG.

**3.2.5** Ensure that patients have a positive experience of care in a community pharmacy setting and can be treated in a single episode of care.

**3.2.6** Move care closer to home for patients

**3.2.7** Reduce pressure on other parts of the healthcare system

**3.2.6** Reduce referrals to prescribing services purely because of OTC medicine licensing restrictions.

### 3.3 This service should benefit patients when:

**3.3.1** The patient meets the clinical criteria within the PGD

**3.3.2** The patient would otherwise need to seek a prescription for treatment

### **3.4 Scope of Service**

**3.4.1** The following medicines are made available through the PGD service. Each PGD has specific inclusion and exclusion criteria.

- Chloramphenicol 0.5% drops & 1% ointment for bacterial eye infections in patients aged 31 days to 2 years old (available to buy OTC for patients older than 2 years)
- Nitrofurantoin or Trimethoprim for the treatment of uncomplicated urinary tract infections in females aged between 16 and 65 years in line with BNSSG antimicrobial guidelines
- Hydrocortisone 1% cream for use on the face (available to buy OTC for other parts of the body) and for children less than 10 years old
- Fusidic Acid cream, oral Flucloxacillin or oral Clarithromycin for treatment of Impetigo in line with BNSSG antimicrobial guidelines
- Penicillin V or Clarithromycin for treatment of sore throat, in line with BNSSG antimicrobial guidelines (and including use of FEVERPAIN scoring)

**3.4.2** Treatment must be provided by an accredited pharmacist following the standardised pathways and protocols. This will ensure that patients are treated to the same clinical pathway in a consistent way regardless of which healthcare professional the patient consults with in the system (i.e. the patient will receive the same advice and treatment whether they see their GP, an OOH prescriber or a community pharmacist). After every consultation the pharmacist must give appropriate counselling and safety-netting advice.

**3.4.3** Pharmacists must complete fully the PharmOutcomes template for each supply made. A copy will be sent to the patient's registered GP.

**3.4.4** Any patient that is not exempt from prescription charges must be charged for each medicine that is supplied in an emergency at the same rate as the current NHS prescription charge

**3.4.5** Any patient that is exempt from NHS prescription charges must be asked for proof of their exemption. Proof of exemption is not mandatory, but it must be requested. A record of the patient's declaration of exemption from prescription charges should be kept in PharmOutcomes.

**3.4.6** Pharmacy staff will submit a claim to BNSSG CCG via PharmOutcomes on a monthly basis so that we can reimburse medication costs, and provide remuneration for the service.

**3.4.7** If pharmacists are unable to treat the patient in community pharmacy then they should refer the patient to another part of the system and support the patient to make an appropriate appointment

**3.4.8** Pharmacists should highlight patients repeatedly accessing the service to their general practice for review

**3.4.9** Pharmacists are reminded that they should access the Summary Care Record in order to confirm the current prescription, allergies etc for a patient.

### **3.5 Pharmacy & Pharmacist Accreditation**

**3.5.1** If a pharmacy contractor agrees to provide this service, they must ensure that all the staff working in the pharmacy (including locums) are aware that they will be participating, and how to participate.

**3.5.2** A pharmacist representative from the pharmacy must attend an initial training session and then cascade training to the other staff (including locums) within the

pharmacy. Online videos of the face to face training should be viewed by pharmacists unable to attend the face to face sessions. The face to face sessions will introduce the clinical content of the PGDs and also cover Shared Decision Making and Antimicrobial Stewardship,

**3.5.3** All pharmacies and pharmacists delivering the service (including locums) are required to complete the Declaration of Competence (DoC) on PharmOutcomes. Once this has been approved by the CCG the pharmacy will then be able to deliver the service.

The DoC will require pharmacists to complete defined learning:

- e-learning on Consultation skills from CPPE <https://www.cppe.ac.uk/programmes//consult-p-02>
- e-learning on Sepsis from CPPE <https://www.cppe.ac.uk/gateway/sepsis>
- e-learning on Safeguarding Level 2 from CPPE <https://www.cppe.ac.uk/programmes//safegrding-e-02>
- e-learning on Antimicrobial Stewardship <https://www.e-lfh.org.uk/programmes/antimicrobial-resistance-and-infections/>
- Read and understand the BNSSG Antimicrobial Prescribing Guidelines available on BNSSG REMEDY:  
Primary Care Antimicrobial Guidelines : <https://remedy.bnssgccg.nhs.uk/media/3654/antimicrobial-rx-guidelines-for-bnssg-2019-version-6.pdf>  
UTI Guidelines: <https://remedy.bnssgccg.nhs.uk/media/3667/newlower-uti-guidelines-20-aug-19-2.pdf>  
Conjunctivitis: <https://remedy.bnssgccg.nhs.uk/adults/ophthalmology/conjunctivitis/>

**3.5.4** Pharmacists must ensure they are up to date with relevant issues and clinical skills relating to the PGDs 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). Patient group directions do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

### **3.6 Population covered**

**3.6.1** This is an open access scheme open to all patients that meet the PGD criteria

### **3.7 Any acceptance and exclusion criteria and thresholds**

**3.7.1** Clinical criteria for inclusion and exclusion are included within the individual PGDs

### **3.8 Interdependence with other services/providers**

**3.8.1** The service is not intended to replace the NHS England commissioned Community Pharmacy Consultation Service but offers an alternative or additional option where clinically appropriate.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE)**

NICE guidance MPG2 Patient Group Directions

<https://www.nice.org.uk/guidance/MPG2>

NICE CKS Conjunctivitis – infective <https://cks.nice.org.uk/conjunctivitis-infective>

NICE CKS Impetigo <https://cks.nice.org.uk/impetigo>

NICE CKS Conjunctivitis (Infective) <https://cks.nice.org.uk/conjunctivitis-infective>

NICE Guideline NG85 Sore throat (acute): antimicrobial prescribing

<https://www.nice.org.uk/guidance/ng84/chapter/Summary-of-the-evidence>

FEVERPAIN Scoring Tool <https://ctu1.phc.ox.ac.uk/feverpain/index.php>

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

BNSSG Primary Care Antimicrobial Guidelines

<https://remedy.bnssgccg.nhs.uk/media/3654/antimicrobial-rx-guidelines-for-bnssg-2019-version-6.pdf>

BNSSG Lower UTI Guidelines

<https://remedy.bnssgccg.nhs.uk/media/3667/newlower-uti-guidelines-20-aug-19-2.pdf>

General Pharmaceutical Council. Standards for Pharmacy Professionals

<https://www.pharmacyregulation.org/standards-for-pharmacy-professionals>

### **4.3 Additional reading / further learning options**

BNSSG Conjunctivitis

<https://remedy.bnssgccg.nhs.uk/adults/ophthalmology/conjunctivitis/>

CPPE Common Clinical Conditions and Minor Ailments

<https://www.cppe.ac.uk/gateway/cpcs>

CPPE Dermatology pocket guide: common skin conditions explained

<https://www.cppe.ac.uk/programmes//dermatology-p-01/>

See also the references on the individual PGDs

### **4.4 Other Local Policies to Note**

BNSSG CCG Adults and Children Safeguarding Policy

<https://bnssgccg.nhs.uk/library/adults-and-childrens-safeguarding-policy/>

BNSSG CCG Mental Capacity Act and Deprivation of Liberty Safeguards Policy

<https://bnssgccg.nhs.uk/library/mental-capacity-act-and-deprivation-liberty-safeguards-policy/>

## **5. Applicable quality requirements**

### **5.1 Applicable Quality Requirements**

**5.1.1** All pharmacists providing the service have completed a declaration of competence (this must be completed before the service can be provided by the pharmacist)

**5.1.2** The pharmacy agrees to liaise with BNSSG CCG to audit the service so that informed decisions can be made about how to improve it.

**5.1.3** The pharmacy will collect patient feedback and outcome measures as part of service evaluation and will use the PharmOutcomes templates provided

**5.1.3** BNSSG CCG will monitor supplies made through the service on a monthly basis and may raise queries with the supplying pharmacy.

**5.1.4** If a pharmacy fails to provide the service on three consecutive occasions (unless there are extremely exceptional circumstances), the CCG reserves the right to remove the service from that pharmacy. If a pharmacy is unable to provide the service they must inform the CCG and also ensure that the DOS team are made aware on the day (or in advance) so that referrals from NHS111 can be temporarily suspended until usual service provision resumes. Pharmacies must inform the DOS team when normal service resumes.

### **5.2 Clinical Incident Reporting**

**5.2.1** Contractors must feedback any adverse incidents that occur to BNSSG CCG via PharmOutcomes or the BNSSG Datix system

<https://bnssg-datix.scwcsu.nhs.uk/>

**5.2.2** Any serious incidents will be dealt with in accordance with the relevant CCG policy

**5.2.3** In the event of a clinical incident/adverse event, the patient's GP should be informed.

### **5.3 Complaints Procedure**

**5.3.1** Any complaints from patients should be dealt with via the pharmacy's own standard complaints procedure in the first instance. If the complaint is not resolved, the patient should direct their complaint to the BNSSG CCG Customer Services Team:

Tel: 0117 900 2655 or 0800 073 0907

Email: [bnssg.customerservice@nhs.net](mailto:bnssg.customerservice@nhs.net)

Write to:

Customer Services Team

NHS Bristol, North Somerset and South Gloucestershire CCG

South Plaza,

Marlborough Street,

Bristol,

BS1 3NX

## **6. Location of Provider Premises**

**The Provider's Premises are located at:**

### Payment Schedule

1. For patients presenting directly at the pharmacy (outside of NHS111 or GP CPCS), BNSSG CCG will pay the pharmacy
  - a. £14 per consultation plus
  - b. The cost of the medicines (using dm+d) + VAT (where applicable)
  - c. Minus any prescription charges collected (if applicable)
  
2. For patients coming into the PGD service via NHS111 or GP CPCS services, BNSSG CCG will pay the pharmacy
  - a. £5.90 per consultation (the £14 CPCS fee can also be claimed from NHS England)
  - b. The cost of the medicines (using dm+d) + VAT (where applicable)
  - c. Minus any prescription charges collected (if applicable)

Any additional OTC / P medicines supplied outside of the PGD will need to be paid for by the patient

For clarity:

Patient Access Via	Consultation Fee	Stock reimbursement  (this will be cost neutral as it would be same if prescribed on FP10)	Commissioner
NHS 111 or GP CPCS	£14 (NHSE)	None – OTC sale of medicine	NHSE
NHS 111 or GP referral via CPCS and needing PGD supply	£14 (NHSE) + £5.90 (CCG)	Drug Tariff price (CCG)	NHSE & CCG
Walk In to pharmacy or directed by another healthcare professional not part of CPCS	£14 (CCG)	Drug Tariff price (CCG)	CCG

### Invoicing

Pharmacies must complete a PharmOutcomes PGD Service template for each supply. A monthly invoice will be generated automatically and sent to BNSSG CCG each calendar month (in arrears), checked and then submitted for payment. Claims for payment should only be processed through PharmOutcomes unless otherwise advised.

## Quality Requirements

<b><u>Quality Requirement</u></b>	<b><u>Threshold</u></b>	<b><u>Method of Measurement</u></b>	<b><u>Consequence of Breach</u></b>	<b><u>Timing of application of consequence</u></b>
Pharmacy has a completed Declaration of Competence	100%	PharmOutcomes	Pharmacy is not permitted to deliver the service	Immediate
All pharmacists delivering the service have completed a Declaration of Competence	100%	PharmOutcomes	Pharmacist is not permitted to deliver the service	6 week grace period for pharmacist to complete the DoC
The service provision is consistent i.e. able to offer the service on all relevant occasions			CCG will remove the service from the pharmacy	If a pharmacy fails to provide the service on three consecutive occasions (unless there are extremely exceptional circumstances), the CCG reserves the right to remove the service from that pharmacy
The pharmacy agrees to participate in audit and collection of patient feedback as requested by the CCG	100%	Template via PharmOutcomes	CCG will consider future commissioning of the service	
Additional data may be captured via PharmOutcomes, including patient feedback and antimicrobial stewardship.				