

Pharmacy Minor Ailment

Frequently Asked Questions (FAQ)

1.	Q: Is there a fee for advice given if no medications are given?	A: Yes, so long as it fits within the clinical parameters of the scheme. A question is being included within PharmOutcomes to record this activity.
2.	Q: Does date of birth need to be included on the summary payment spreadsheet?	A: Yes, and the summary payment spreadsheet is being revised to include this.
3.	Q: Can the monthly reports to NHS England be sent by post as the guidance is not clear?	A: No, all reports should be sent to the e-mail address.
4.	Q: For acne there is a problem with availability of benzylperoxide.	A: The guidance will be changed to confirm that benzylperoxide aquagel should be used.
5.	Q: If more than one medication is provided then can more than one be reimbursed?	A: Yes, although there will be one consultation fee. The medications are claimed through PharmOutcomes.
6.	Q: For insect bites and stings the guidance says paracetamol and ibuprofen can be given for pain, however the medicines are not included in the list for reimbursement.	A: This is correct. The guidance will be amended to state that the use of paracetamol and ibuprofen can be advised.
7.	Q: For threadworms, a repeat of mebendazole after 2 weeks may be required. How does this work when repeat consultations within 28 days are outside the scope of the scheme?	A: In this situation a more frequent consultation may be clinically indicated. A second appointment is therefore permitted, including both a repeat consultation fee and medicine reimbursement if needed.
8.	Q: For threadworms, how does the scheme work in respect of multiple family members? Is the consultation for a single family member or should each family member count as a separate consultation?	A: The scheme covers a single consultation with a single family member. Part of the consultation should explain and educate this family member on their responsibilities to help the rest of their family to self-care. This should include advice on what information and action they need to communicate to the other family members, as well as what action they need to undertake themselves. The medication provided should be sufficient to cover all the family members required. This does not mean a separate item per family member, but enough items to cover all the family members.

9.	Q: The guidance indicates Appendix 3 (Pharmacist Prescription Form) should have both green and white forms. Will these be available?	A: We will revise the guidance to indicate simply that one copy should be retained by the pharmacist and one copy should be sent to the GP practice. No coloured forms will be issued.
10.	Q: Patient leaflet (appendix 7) doesn't mention that the patient needs ID and their NHS number.	A: This will be revised accordingly in the final pack.
11.	Q: What happens for military personnel? Are they able to participate in the scheme?	A: At this stage the scheme is limited to people registered at their GP practice, so for now the scheme would be limited to military dependants and the families of service personnel. If the scheme was successful we would discuss the possibility of extending the scheme with NHS England who are responsible for commissioning services for military personnel.
12.	Q: Will the service be placed on NHS 111?	A: Yes, once the service has been commissioned through NHS England and is in place then this will be noted on the NHS111 Directory of Service for the pharmacists involved.
13.	Q: What happens if there is an inappropriate referral to the scheme? Will there be an opportunity to feedback through PharmOutcomes?	A: Yes, we will build in a feedback box into the feedback section on the PharmOutcomes system.
14.	Q: How long does any paperwork need to be retained for?	A: We believe it needs to be retained for 2 years but we will check with NHS England.
15.	Q: Miconazole oral gel is the only product listed for supply for oral thrush, can an alternative product such as nystatin oral suspension be supplied if there are interactions?	A: Miconazole oral gel has a BNF listed interaction with coumarin anticoagulants and tacrolimus. Due to the sensitivity and risks associated with both of these drugs, patients on either of these drugs are excluded from the oral thrush section of the service. We will consider whether any additional products need to be included as the scheme develops.
16.	Q: What happens if a practice chooses not to refer patients? Can practices be forced to take part?	A: Practices cannot be forced to take part. However, Heartbeat Alliance and the CCG will do everything it can to encourage and enable practices to refer patients to the service.
17.	Q: Will GP receptionists be trained how to refer into the service? What support will be offered to practices to ensure that receptionists are able to find out from patients what condition	A: Heartbeat Alliance will produce a separate slide-deck to enable practices to train their reception staff, including a receptionist sample script.

	they have and then effectively signpost them?	
18.	Q: Has the GP OOH service, A&E at the Friarage Hospital, and the minor injuries team at Whitby Community Hospital been informed of the pilot?	A: Once participation amongst GP practices and pharmacists is finalised and the details recorded on the NHS 111 Directory of Service then this will be communicated more widely, including appropriate urgent care services including those mentioned.
19.	Q: What happens to the FPPHARM when handed to the practice? Are they obliged to do anything with it?	A: Practices are not obliged to do anything with the forms once they are handed over, though we would hope that they would review them and note the fact that patients have been seen in this pilot service.
20.	Q: What is to stop patients abusing the system and turning up to multiple pharmacies following a referral from their practice?	A: While it is possible that a minority of patients could abuse the service, any trends will be identified through the analysis of PharmOutcomes and adjustments to the scheme made as necessary.
21.	Q: Is there a limit to the number of medications that can be provided per patient and per consultation?	A: Not as such. This is clinical discretion. Agreed that PharmOutcomes will be amended to allow up to 3 medications to be documented per consultation.
22.	Q: Can a pharmacist take a patient's word that they are exempted from prescription charges or do they need to see proof?	A: The same process replies as for FP10s.