

COMMUNITY PHARMACY MINOR AILMENTS PILOT SCHEME

Revised version 1.3

16 May 2016

Community Pharmacy Scheme

Service Specification

	Page
Introduction	3
Transfer of Care	5
Duties of participating GP Practices	5
Duties of participating Pharmacies	6
Referral procedures	8
Service funding and payment	8
Monitoring and evaluation	8

Appendices

1. Participating surgeries	9
2. Participating pharmacies	10
3. Pharmacist Prescription (FPPHarm)	11
4. Pharmacy to GP - Patient Referral Form	12
5. Gillick Competency Test	13
6. Receptionist Protocol	14
7. Patient Leaflet: Conditions in the Pharmacy Care Scheme	15
8. Clinical management	16
9. Drug Code Reference Card	17
10. Data Recording Guidelines	18
11. Summary Record Form	19
12. Pharmacy Care Scheme Condition Monographs	20

Community Pharmacy Minor Ailment Scheme

Introduction

This will be a proof-of-concept scheme. It is designed to identify underlying benefits to patients, benefits to both GPs and community pharmacists, and the overall impact and costs. It will initially run for a 3 month pilot period from April to June before an interim evaluation of progress, but the intention is to run for a further 3-9 months (depending on speed of take-up and funding available) after which there will be a final evaluation in relation to recurrence.

A number of minor ailment conditions have been identified where we believe the provision of medicine and / or advice by a community pharmacist is both evidence-based and meets a potential service need. This will usually be where a patient is currently identifying a GP practice to receive treatment or a prescription and is not self-caring effectively. If the scheme is successful then it is possible the list of conditions could be broadened in the future.

Alternatively, the pilot scheme may show that little additional intervention is required for our patient population than is already available through existing arrangements to support self-care.

Pilot aims

The aims of the pilot are to:

- Better signpost patients to community pharmacy by GP practices
- Encourage and enable patients to self-care
- Improve working relationships, systems and processes between GP practices and community pharmacists
- Demonstrate the contribution of community pharmacy to a whole system approach to healthcare
- Stop patients accessing GP and A&E appointments unnecessarily

Target patient group

The scheme is not designed for patients who are already self-caring effectively through their community pharmacy and visiting appropriately to obtain medicines suitable for the treatment of their condition.

Rather, it is aimed at:

- Those patients who do not pay for their prescriptions, and
- Who are currently accessing their GP surgeries for minor ailment advice or prescriptions instead of their local pharmacy, and / or;
- Who are unable to self-care effectively and who require additional support and advice through a minor ailment consultation.

Under the scheme, pharmacists should identify patients who are suitable for the scheme on the basis of their presentation, for example those identifying themselves

as being recommended to attend the practice by their GP, or those requiring advice over and above what is usually provided by the pharmacy.

This service is available to patients across Hambleton, Richmondshire and Whitby CCG. The patients must be registered with a GP practice located within the Clinical Commissioning Group. Patients are at liberty to refuse this service. Patients can receive advice and/or treatment under the pharmacy care scheme on the conditions listed in Appendix 7.

- Provision of free medicines will be reimbursed for those patients who are exempt from paying prescription charges.
- Patients who pay for their prescriptions should be referred to a pharmacy for advice and to purchase over the counter medicines in the usual way.

This service is NOT a substitute for GP practices' repeat prescribing system.

Only Community Pharmacies who are committed to making staff available to provide the service and who have completed the necessary training for the conditions listed in Appendix 7 will be included in the Minor Ailments Scheme.

Criteria for participating within the Pharmacy Care Scheme

- Participating pharmacies must provide all Essential Services within the Community Pharmacy Contract.
- Participating pharmacies must have a pharmacist on the premises whilst participating within the scheme.
- All consultations must take place on the pharmacy premises and any medication required must be supplied at the completion of this process.
- Participating pharmacies must have a private consultation area that meets the requirements in NHS Directions for Advanced Services.
- Participating pharmacies must have a qualified medicines counter assistant or member of staff who is qualified to NVQ 2 in Pharmaceutical Services and keeps their CPD up to date with regard to minor ailments.
- Participating pharmacies should have a designated, named lead member of staff who is responsible for making sure returns are completed, legible, accurate and on time.
- Participating Pharmacists must keep their CPD on minor ailments up to date.
- Only Pharmacists who have undertaken CCG accredited training can provide Prescription Only Medicines (POMs) under PGD. Training is specific to individual drugs under each PGD.
- Pharmacies are required to submit data electronically through PharmOutcomes. This will enable a summary sheet monthly and claim for payment to be sent electronically to the CCG by Community Pharmacy on behalf of all pharmacists. The CCG will then forward to Primary Care Commissioning, NHS England – North (Yorkshire and the Humber) (See Appendix 11)

Transfer of Care

Patients presenting at or contacting their GP surgery with one of the conditions listed in Appendix 7 at the GP surgery can be offered this service.

Patients presenting at a participating Community Pharmacy confirmed as being registered with a participating GP Practice will receive the level of care as laid out in this specification.

Patients wishing to access the service must present their NHS number. The first time a patient accesses the system they may not have their NHS number, in these scenarios patient consent to obtain the clients NHS number from the NHS spine must be sought. If the pharmacy is unable to obtain the patients NHS number, treatment should be declined and the client urged to seek medical care through their GP or the Pharmacy OTC route.

If the pharmacy is in any doubt of the patient's eligibility to receive the service they should advise the patient to seek medical care through normal GP or Pharmacy OTC routes.

Duties of Participating Surgeries

- All patients requesting appointments for symptoms/conditions included in the pharmacy care scheme can be offered this service using the protocol in Appendix 8.
- Participating GP surgeries should display official posters and provide leaflets promoting the service.
- Patients presenting in person that are accepting the service should be provided with details of the scheme, including the available leaflet. These patients should be advised to take evidence of identity and their NHS number to their local participating community pharmacy.
- Patients accepting transfer by telephone will be advised to take evidence of identity and their NHS number to one of the participating pharmacies. In the absence of an NHS card the patient may telephone the surgery to obtain their NHS number or provide consent for the pharmacy to obtain their NHS number from the NHS spine.
- For patients under the age of 16, the parent/guardian can accept transfer into the scheme.
- Patients' must present in person at the pharmacy to receive the service unless in circumstances where the pharmacist, using their professional discretion, acts in the best interest of the patient.
- If a pharmacist thinks that a patient needs to be seen urgently by a GP, they will contact the surgery and fax details of the problem through to the GP using the referral form in Appendix 4. GP surgeries are requested to cooperate with the pharmacy and make appropriate arrangements for such patients.

Duties of Participating Community Pharmacies

- Patients should only be accepted into the service if the pharmacists can confirm the patient's identity, NHS number and have reasonable proof of registration with a participating GP Practice. If the pharmacist does not know the patient or does not have a previous prescription record for them then they may ring the surgery to check their registration or consult the NHS spine provided patient consent has been granted.
- The initial focus on the scheme is patients transferring from their GP practice or other NHS service, not self-referral. Pharmacists should establish the referral source. The self-referral element of the scheme may be expanded in the future.
- Patients must be present at the pharmacy to receive the service (including children).
- Patients are encouraged to use the same pharmacy all the time but are not obliged to do so.
- Pharmacies should keep a detailed record of 'Pharmacy Care' treatments on their PMR system. As part of the registration process patients will be required to give their NHS number.
- All participating pharmacies will provide a professional consultation service for patients registered with participating GP practices who present with one or more of the specified conditions.
- Rapid Referral - On some occasions the pharmacist may consider that the patient needs to be seen by a doctor. The urgency will depend on the symptoms. In these circumstances the pharmacist will send a fax as per safe haven fax procedures and ring the surgery on the patient's behalf or advise the patient to contact the surgery themselves. When the surgery is closed, the pharmacist will signpost the patient to one of the following: NHS111 / the local optometrist or dentist / A&E (if appropriate).
- The Pharmacist or trained medicines counter assistant will assess the patient's condition. The consultation will consist of:
 - Patient assessment
 - Provision of advice
 - Provision of a medication (if necessary and from the agreed formulary)
 - Clinical management will be in accordance with Clinical Knowledge Summaries <http://cks.nice.org.uk>
 - Entering details onto the PMR
 - FPPharm (Pharmacists Prescription Appendix 3). One copy of the FPPharm should be retained within the pharmacy and another copy sent to the GP Practice.
- Children under 16 years of age, who self-refer without parental agreement, should be Gillick competent to receive this service (Appendix 5)
- Normal rules of patient confidentiality apply
- The Pharmacist should ensure that the patient has completed and signed the FPPharm if they are exempt from paying and confirm this in the usual manner

- Pharmacies will be required to complete data through PharmOutcomes. This will allow for reimbursement of drug costs, evaluation of the service and feedback to practices. **Claims that are not completed correctly through PharmOutcomes will not be processed.**

Referral Procedure

General referral procedure - If a patient presents more than twice within 28 days with the same symptoms they should be referred to their GP practice if clinically appropriate. If symptoms do not meet the criteria for a rapid referral the patient should be advised to make an appointment in the normal manner. The Pharmacy Referral Form should be completed and faxed to the practice (Appendix 4).

Rapid Referral Procedure – If the patient presents with symptoms indicating the need for an immediate consultation with the GP, the pharmacist should contact the surgery and make an appointment for the patient that is within an appropriate time frame. The pharmacy should fax a copy of the Referral Form to the GP Practice immediately detailing the consultation and any treatments that have been supplied for the patient's current condition, under the scheme or otherwise.

If the surgery is closed and/or the symptoms are sufficiently severe the patient should be advised to contact the 'Out of Hours Service' or attend A & E.

If the pharmacist suspects that the patient and/or carer is abusing the scheme they should alert the CCG "Manager" and the patient's GP.

Service funding and payment mechanism

Pharmacies will be required to complete and submit a monthly summary sheet electronically through PharOutcomes. This will be forwarded by Community Pharmacy for payment by the NHSE Area Team. Data submitted will allow for reimbursement of drug costs, evaluation of the service and feedback to practices (as explained in Appendix 11).

Claims that are not completed correctly on the appropriate forms will not be processed.

Pharmacies will be paid monthly at a rate of £4.10 per consultation.

Drug costs will be reimbursed at drug tariff or agreed cost prices plus VAT monthly. A summary of products included in the scheme is included in Appendix 9 (please note drug costs will be reviewed every 6 months and may be subject to change).

Information should be returned to the NHSE Area Team office via the CCG by Community Pharmacy on behalf of participating pharmacists by the **5th working day of each month** to enable payment for drug costs at the end of the month. All payments will be made through the PPA and will appear on the schedule of payments as EL2.

Monitoring and Evaluation

Pharmacies and GP practices will be expected to participate in monitoring and evaluation of the scheme to show:

- Cost and volume of pharmacy interventions and indications treated
- Attitudinal surveys of pharmacists and patients
- The pharmacy participates in any CCG organised audit of service provision.

Appendix 1

Hambleton, Richmondshire and Whitby Participating Surgeries

Practice Name & Address	Telephone & Fax Numbers	Code
Glebe House Surgery, 19 Firby Road, Bedale DL8 2AT	T: 01677 422616 F: 01677 424596	B82066
Great Ayton Health Centre, Rosehill, Great Ayton TS9 6BL	T: 01642 723421 F:	B82022
Lambert Medical Centre, 2 Chapel Street, Thirsk YO7 1UL	T: 01845 523157 F: 01845 524508	B82042
Mayford House Surgery, Boroughbridge Road, Northallerton DL7 8AW	T: 01609 772105 F: 01609 778553	B82075
Mowbray House Surgery, Malpas Road, Northallerton DL7 8FW	T: 01609 760002 F: 01609 778029	B82050
Stokesley Health Centre, North Road, Stokesley TS9 5DY	T: 01642 710748 F:	B82044
Dr Trzeciak & Partners, Chapel Street, Thirsk YO7 1LG	T: 0844 8151030 F: 0844 8151357	B82049
Topcliffe Surgery, Long Street, Topcliffe, Thirsk YO7 3RP	T: 01845 877297 F:	B82019
Catterick Village Medical Centre, High Street, Catterick DL10 7LD	T: 01748 811475 F: 01748 818284	B82023
Central Dales Medical Centre, The Holme, Hawes DL8 3QR	T: 01969 667200 F: 01969 667149	B82045
Doctors Lane Surgery, Aldborough St John, Richmond DL11 7TH	T: 01325 374332 F:	B82029
Friary Surgery, Queens Road, Richmond DL10 4UJ	T: 01748 822306 F: 01748 850356	B82072
Harewood Medical Practice, Richmond Road, Catterick Garrison DL9 3JD	T: 01748 833904 F:	B82104
Leyburn Medical Practice, Brentwood, Leyburn DL9 5EP	T: 01969 622391 F: 01969 624446	B82078
Quakers Lane Surgery, Quakers Lane, Richmond DL10 4BB	T: 01748 850440 F:	B82034
Reeth Medical Centre, Reeth, Richmond DL11 6SU	T: 01748 884890 F: 01748 884250	B82622
Scorton Medical Centre, High Row, Scorton, Richmond DL10 6DH	T: 01748 811320 F: 01748 812004	B82035
Sleights & Sandsend Medical Centre, Ilburndale Lane, Sleights YO22 5DP	T: 01947 819910 F:	B82101
Whitby Group Practice, Spring Vale Medical Centre, Rievaulx Road, Whitby YO21 1SD	T: 01947 820888 F:	B82017

Please note that where a practice is some distance from a participating community pharmacy (see appendix 2), then it may be difficult for patients to be sign-posted into the service by an individual GP practice.

Hambleton, Richmondshire and Whitby Participating Pharmacies

Pharmacy Name & Address	Telephone & Fax Numbers	Code
Boots Catterick Garrison, Unit 4, Princess Gate, Catterick Garrison, DL9 3BA	T: 01748 834307 F: 01748 830967	FA647
Boots Catterick Garrison, 9-12 The Broadway, Colburn, Catterick Garrison, DL9 4RF	T: 01748 832277 F: 01748 832125	FCP84
Boots Northallerton, 203-204 High Street, Northallerton, DL7 8LW	T: 01609 772800 F: 01609 780659	FQ379
Boots Richmond, 15-16 Market Place, Richmond, DL10 4PX	T: 01748 823322 F: 01748 824873	FGG19
Boots Stokesley, 10 High Street, Stokesley, TS9 5DQ	T: 01642 710204 F: 01642 710204	FW373
Boots Thirsk, 28 Market Place, Thirsk, YO7 1LB	T: 01845 522110 F: 01845 527505	FP087
Boots Thirsk, Chapel Street, Thirsk, YO7 1LU	T: 01845 574730 F: n/a	TBC
Boots Whitby, 14 Skinner Street, Whitby, YO21 3AJ	T: 01947 602084 F: 01947 603745	FT029
Boots Whitby, 64 Baxtergate, Whitby, YO21 1BL	T: 01947 602219 F: 01947 601848	FQ509
Coopers Chemist, 131 High Street, Great Ayton, TS9 6BW	T: 01642 722254 F: 01642 724761	FC997
Tesco Pharmacy, East Road, Northallerton, DL6 1NP	T: 01609 531947 F: 01609 856547	FXQ69
Tesco Pharmacy, Station Road, Thirsk, YO7 1PZ	T: 01845 469747 F: 01845 469749	FMD72
Tesco Pharmacy, Gough Road, Catterick Garrison, DL9 3EN	T: 01748 529447 F: 01748 529449	FTP27
JS Longhorn Pharmacy, 20 King Street, Richmond, DL10 4HP	T: 01748 823238 F: 01748 822204	FPE17
AVN Medical – Village Pharmacy, 33 High Street, Catterick Village, DL10 7NN	T: 01748 810750 F: n/a	FL100
Day Lewis, 4 The Parade, Whitby YO21 3JP	T: 01947 602184 F: 01947 601721	FNA73
Well Pharmacy, Boroughbridge Road, Northallerton DL7 8BN	T: 01609 776727 F: n/a	FAA69

Pharmacist Prescription Form:

(Appendix 3 / FPPharm)

Patient name Address DOB NHS Number		GP Practice Name Practice Code	
Symptoms reported			
Please tick one box only <input type="checkbox"/> Advice and Counselling only <input type="checkbox"/> Medicine supplied <input type="checkbox"/> Referral to GP			
Patient satisfaction <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor			
Medicine and quantity supplied		Where was the patient referred from?	
		GP Practice	
		Out of Hours GP Service	
		Accident and Emergency	
		NHS 111	
Other:			
Pharmacy name & address [Clearly stamp if available]		Pharmacist name: BLOCK CAPITALS	
		Pharmacist signature:	
		Date supplied	
Details of this prescription will be shared with your doctor and local Clinical Commissioning Group for audit purposes. All information will be treated with the strictest confidence and held in accordance with the Data Protection Act.			
NOTE: You will be asked to show proof that you do not have to pay prescription charges. If you do not have proof, you will still get your free medicine supply but checks will be made later to confirm your eligibility			
Part 1		The patient doesn't have to pay because he/she:	
A		Is under 16 years of age	
B		Is 16,17 or 18 and in full-time education	
C		Is 60 years of age or over	
D		Has a valid maternity exemption certificate	
E		Has a valid medical exemption certificate	
F		Has a valid prescription prepayment certificate	
G		Has a valid War Pension exemption certificate - EXCEPTION NOT APPLICABLE	
L		Is named on a current HC2 charges certificate	
H		Gets Income Support or income related Employment Support Allowance	
K		Gets Income-based Jobseeker's Allowance	
M		is entitled to, or named on a valid NHS Tax Credit Exemption Certificate	
S		Has a partner who gets pension credit guarantee credit (PCGC).	
Declaration: I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken against me. I confirm proper entitlement to exemption and for the purposes of checking this, I consent to the disclosure of relevant information, including to and by the Inland Revenue and Local Authorities.			
Patients Signature: To confirm exemption and receipt of medication			

GP Referral Form: Community Pharmacy Minor Ailments Scheme

Pharmacist to GP – patient referral

(Please indicate urgent or non urgent referrals)

REFERRAL	Urgent		Non Urgent	
----------	--------	--	------------	--

Patient's [Full] name & address:	
Patient's GP (including practice name):	
Date of referral:	
Reason(s) for referral:	
Relevant history and interventions:	
Pharmacy name & address:	
Pharmacist name:	
Signature:	

Gillick Competence

Community Pharmacy Minor Ailments Scheme

For clients who are believed to be under 16 years of age. Discussion with the young person should explore the following issues at each consultation. This should be fully documented and should include an assessment of the young person's maturity.

Assessment of Gillick Competence	YES	NO
Understanding of advice given		
Encouraged to involve parents		
The effect on the physical or mental health of young person if advice/treatment withheld		
Action in the best interest of the young person		

Pharmacist's signature.....

Date.....

Client's signature

Date.....

Comments by the pharmacist:

.....

.....

.....

.....

.....

.....

GP Receptionists' Protocol

Community Pharmacy Minor Ailments Scheme

This protocol is for use by all persons dealing with requests for appointments and/or prescriptions either by the patient in person or by telephone.

For patients making an appointment by telephone or in person

1. If the patient contacts the surgery by telephone then ask them if they are suffering from one of the conditions included in the pharmacy minor ailments scheme.
2. If the patient is presenting in person show them the list of conditions included in the pharmacy minor ailments scheme.
3. Inform them that there is a pharmacy minor ailments scheme in operation for patients who are exempt from prescription charges that are registered with practices within the CCG. Patients can be referred to a local pharmacy for advice and a medicine rather than waiting for an appointment.
4. If the patient is present and accepts transfer into the scheme, please provide a scheme leaflet and give them details of their NHS number if they do not already know it.
Pharmacies have to be satisfied that the patient is registered with a GP practice located within this CCG and will require the patient to know their NHS number. (The pharmacy may telephone the surgery to confirm registration of a patient).
5. Advise the patient to tell the pharmacist that the practice has referred them into the minor ailments scheme when they attend the pharmacy.
6. If a patient refuses transfer into the scheme an appointment should be made for them in the usual manner.

Patient leaflet:**Community Pharmacy Minor Ailments Scheme**

If you are requesting an appointment or prescription for any of the conditions listed below, reception staff will be able to refer you to a local pharmacy where you can receive professional advice at no cost to yourself for the consultation.

If you don't pay for your prescriptions you will not have to pay for treatment under this scheme, provided you bring proof of your exemption from NHS prescription charges. Ask at your GP Practice or local Pharmacy for details.

Do you think you may be suffering from one of the following conditions?

Acne	Insect bites
Athlete's Foot	Nappy rash
Cold sores	Oral thrush
Severe dandruff	Threadworms
Hay fever / allergic rhinitis	Vaginal thrush
Head Lice	Warts or verrucae

You must also bring ID and be able to tell the pharmacist your NHS number. Your GP practice will be able to tell you what this is if you do not know.

When you arrive at the pharmacy you should say who has referred you for the minor ailments scheme.

Clinical Management: Community Pharmacy Minor Ailments Scheme

Patients with qualifying conditions may be referred in to this scheme. Pharmacists should provide advice and treatment appropriate to the presenting condition. Products should be supplied for licensed indications according to the Summary of Product Characteristics (SPC).

When a patient who is under 16 years presents for treatment, the pharmacist must be satisfied the child understands the nature of the condition and the correct use of the medication before a product is supplied.

Pharmacists should supply original packs except in exceptional circumstances where this may not be possible. The medication must not be a prescription only medicine (POM). The labelling of such products must comply with EC labelling requirements, including (amongst other things) the batch number (BN), product license (PL) and expiry date. For full details of labelling requirements please refer to the Medicines Ethics and Practice section on labelling of relevant medicinal products.

Guidance on treatment protocols for pharmacy staff is available at <http://cks.nice.org.uk>

However it is recognised that pharmacists can and will use their clinical judgement when deciding on the best treatment for individual patients.

Drug Code Reference Card

Revised January 2016

Item	Code	Item	Code
Aciclovir 5% Cream (2g)	ACIC	Clotrimazole 2% Cream (20g)	CLC2
DELETED		Clotrimazole Vaginal Pessary 500mg (1 pessary)	CLVP
DELETED		Fluconazole 150mg Capsules (1 tablet)	FLUC
Beclometasone (50 mcg) Nasal Spray (200 dose)	BECN	DELETED	
Benzoyl Peroxide Aquagel 2.5% (40g)	BENZ	Hydrocortisone 1% Cream (15g)	HYDC
Benzoyl Peroxide Aquagel 5% (40g)	BEPE	DELETED	
Benzoyl Peroxide Aquagel 10% (40g)	BPAG	Ketoconazole 2% Shampoo (60ml)	KETS
Bepanthen ointment (100g)	BEPA	Loratadine tablets 10mg (30 tablets)	LORA
Bug Buster Kit (1 kit)	BUGK	Loratadine tablets 10mg (7 tablets)	LOTB
DELETED		Mebendazole 100mg/5ml oral suspension (30ml)	MEBS
Cetirizine 10mg Tablets generic (7 tablets)	CETT	Mebendazole Tablets 100mg (1 tablet)	MEBT
Cetirizine 1 mg/1ml oral solution (100ml)	CET1	Metanium ointment (30g)	META
Cetirizine 10mg Tablets generic (30 tablets)	CEGN	DELETED	
DELETED		Nitcomb-S1	NIT1
DELETED		Salactol Paint (10ml)	SALP
Chlorphenamine 4mg Tablets (28 tablets)	CHLT	Sodium Cromoglycate 2% Eye Drops (10ml)	SODC
Chlorphenamine Syrup 2mg/5ml (150ml)	CHLS	Syringe, oral (1 syringe)	SYRI
Clotrimazole 1% Cream (20g)	CLC1	Terbinafine Cream (7.5g)	TERB

Drug Prices can be found at: <http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx>

Prices are based on:

- The prevailing price held by the NHSBSA Dictionary of Medicines and Devices (dm+d)
- Where the prevailing price for a product described in its generic form is that of a POM, the list price of a widely available P or GSL licensed product is used for payment purposes
- Where a product is available as a licensed medicine and a CE device, the price is based on the licensed medicine, which is the product that must be supplied under this scheme.

Data recording guidelines: Community Pharmacy Minor Ailments Scheme

Please note that in order for the NHSE Area Team to pay for a consultation, the data recorded on the pharmacy minor ailments scheme claim forms must be complete and valid codes used.

A complete entry is one that has a:

- Completed patient reference number e.g. PMR / Unique Reference Number*
- Completed and valid Surgery code *
- Completed and valid consultation date *
- Completed drug code and/or “Advice” or “Referred to GP” box ticked

* see below for further details

If an entry is missing any of the above detail or uses an invalid code, the pharmacy will neither be paid for the consultation nor the drugs dispensed for that entry.

PMR / Unique Reference Number

Patient identifiable data such as NHS numbers must NOT be shared with the NHSE Area Team. A patient reference number such as the clients PMR number or a unique reference number e.g. initials and D.O.B should be provided instead. The pharmacy must be able to identify the client from this number if a claim requires validation by the NHSE area team.

Surgery Codes

Only valid codes should be allowed as defined in the scheme’s documentation.

You should not write in just the GP’s name, nor use codes that are not listed in the scheme’s documentation. Use of an invalid code will result in you not being paid for the consultation and drugs dispensed.

Date

Failure to record the date of the consultation, or recording the patient’s date of birth in this field will result in you not being paid for the consultation and drugs dispensed.

Hambleton, Richmondshire and Whitby - Pharmacy Minor Ailments Scheme Claim Form

The final claim form / process will be based on an electronic output from PharmOutcomes, which will be used to collect the data.

The information below provides an overview of the content of what will be generated automatically through the PharmOutcomes report.

Authorisation

Date of Claim
Month:

PPA Reference:

Finance Only:	Payment Check:
	Payment Date:

Pharmacy name, address, postcode (Please Print CLEARLY) or Pharmacy Stamp	Pharmacy Name Pharmacy Address
---	---------------------------------------

*I declare that the information given on this claim form is true and correct to the best of my knowledge. I understand that action may be taken against me if I make an incorrect claim. I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.
I have provided this service in accordance with the relevant EN8*

Pharmacist Name: _____	Signature: _____
------------------------	------------------

Values of claim:	Total ingredient cost
	VAT @ 20%
	Consultation fees
	<u>Claim total:</u>

Data requirements

[illegible]

Scheme audit criteria / outcomes to be recorded though PharmOutcomes

- Number of consultations / supply fee
- Minor illness being treated (e.g. acne, cold sores, etc.)
- Type and cost of medications and consumables provided per supply fee
- Referral source for each supply fee (GP practice referral, NHS 111 referral, A&E, GP OOH, other)
- Number of onward referrals following the consultation and destination
- Patient satisfaction measure

ACNE

Definition/Criteria

Acne is a skin condition that affects the hair follicles and the sebaceous glands in the skin, which secrete an oily substance called sebum. It most commonly occurs in adolescents and young adults, but can occur for the first time later in life.

Criteria for INCLUSION

Patient presenting with mild acne – a history of troublesome spots, most commonly affecting the face, shoulders, back and/or chest.

Criteria for conditional EXCLUSION or REFERRAL

Hyperandrogenism – clinical features such as irregular periods, alopecia, hirsutism
Patients with a previous history of contact dermatitis caused by benzoyl peroxide or adapalene.

SELF CARE ADVICE

- It is not caused by poor hygiene – excessive washing can aggravate it.
- Do not wash more than twice a day and use a mild soap and lukewarm water.
- Picking spots does not improve it and can cause scarring.
- Diet has no effect on acne – no evidence that chocolate or fatty food aggravates it. However, if the person notices that a particular food triggers the flares then it is reasonable to avoid these.
- Avoid excessive use of cosmetics and remove makeup at night
- Use fragrance free water-based emollients if dry skin is a problem. Avoid ointments as these may clog pores

Action for excluded patients

Referral to General Practitioner

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Benzoyl Peroxide 2.5% aquagel x40g	Topical	P	Apply sparingly once daily at first; increase to twice daily when you get used to using it.
Benzoyl Peroxide 5% aquagel x40g			
Benzoyl Peroxide 10% aquagel x40g			

Additional Treatment advice

- Wash the skin 20-30 minutes before using.
- May bleach hair, bed-linen or clothes that come into contact with it.
- Use the lowest strength first. If you wish to increase the strength do it gradually.
- Apply gel to the affected area, not just to each spot.
- Most common reason for treatment failure is because people don't use it regularly for long enough. It can take up to 6 weeks for any noticeable improvement in skin. Commonly causes mild skin irritation. If skin becomes irritated stop using it until irritation goes. Then try again either reducing the strength of preparation or reduce the time it is left on.

Conditional referral to GP:

- Moderate or severe acne.
- If Benzoyl Peroxide has been used correctly for more than 8 weeks without improvement.

References

<http://cks.nice.org.uk/acne-vulgaris> (Sep 2014)

ATHLETE'S FOOT

Definition/Criteria

A fungal infection of the foot which tends to occur between the toes

Criteria for INCLUSION

Patient presenting with itching, flaking and peeling of the skin between the toes. The skin may be soggy, cracked, red and inflamed or present as small blisters between the toes.

Criteria for conditional EXCLUSION or REFERRAL

- Circulatory disorders.
- Diabetes mellitus.
- Severe and/or extensive infection.
- Evidence of bacterial infection requiring treatment.
- Immunocompromised patients.

SELF CARE ADVICE

- Advise the person to modify their footwear and ensure good foot hygiene. They should:
 - Wear footwear that keeps the feet cool and dry.
 - Wear cotton socks.
 - Change to a different pair of shoes every 2–3 days.
 - After washing, dry the feet thoroughly, especially between the toes.
- To reduce the risk of transmission, advise the person:
 - To avoid scratching affected skin, as this may spread the infection to other sites.
 - To avoid going barefoot in public places (they should wear protective footwear, such as flip-flops, in communal changing areas).
 - Not to share towels and to wash them frequently.
- It is not necessary to keep children away from school. However, to ensure that the infection is not transmitted to others, advise parents or carers to carefully follow the recommendations on hygiene and treatment.
- Advise that an over-the-counter product can be used if symptoms recur after treatment.

Action for excluded patients

Referral to General Practitioner

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Terbinafine Cream 7.5g*	Topical	P	apply thinly twice daily for 1 week Not be used in children, pregnant and breastfeeding patients
-------------------------	---------	---	---

Additional Treatment advice

- None

Conditional referral to GP:

- Uncertain diagnosis.
- Treatment used correctly but condition not cleared up.

References

<http://cks.nice.org.uk/fungal-skin-infection-foot> (Sep 2014)

COLD SORES

Definition/Criteria

Infection with herpes simplex virus (HSV) causing pain and blistering on or around the lips (cold sores). After primary infection, the virus lies dormant until triggered by a stimulus such as the common cold, sunlight or impaired immunity.

Criteria for INCLUSION

Patients who present with pain or tingling on or around the lips with a previous history of HSV.

Criteria for conditional EXCLUSION or REFERRAL

- Immunocompromised individuals.
- Pregnant women
- Recurrent or persistent symptoms

SELF CARE ADVICE

- Reassure the person that the condition is self-limiting and that lesions will heal without scarring.
- Give advice to minimize transmission:
 - Avoid touching the lesions, other than when applying medication.
 - Wash hands with soap and water immediately after touching lesions.
 - Topical medications should be dabbed on rather than rubbed in to minimize mechanical trauma to the lesions. They should *not* be shared with others.
 - Avoid kissing until the lesions have completely healed.
 - Do not share items that come into contact with lesion area (for example lipstick or lip gloss).
 - Avoid oral sex until all lesions are completely healed.
 - There is a risk of transmission to the eye if contact lenses become contaminated.
- Inform parents or carers that children with cold sores do not need to be excluded from nurseries and schools.

Action for excluded patients

Referral to General Practitioner

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Aciclovir 5% Cream (2g)	Topical	GSL / P	Apply to the affected area five times a day
-------------------------	---------	---------	---

Paracetamol or ibuprofen may also be used for pain relief where required

Additional Treatment advice

- **Topical aciclovir** offers very limited benefits and should only be supplied to patients who respond to this treatment. Treatment should only be supplied when the patient is experiencing prodromal symptoms i.e. initial onset. It **should not** be supplied to treat lesions inside the mouth

Conditional referral to GP:

- Advise the person to seek medical advice if their condition deteriorates (for example the lesion spreads, new lesions develop after the initial outbreak, persistent fever, inability to eat) or no significant improvement is seen after 7 days

References

<http://cks.nice.org.uk/herpes-simplex-oral> (Sep 2012)

SEVERE SEBORRHOEIC DERMATITIS (severe dandruff)

Definition/Criteria

Greyish white flakes or scales on the scalp.

Criteria for INCLUSION

Troublesome severe dandruff with/without itching scalp that requires treatment.

Criteria for conditional EXCLUSION or REFERRAL

Pregnant women.

Patients showing hypersensitivity to any of the ingredients

Patients for whom regular antidandruff shampoo has not been successful after 12 weeks use as recommended.

SELF CARE ADVICE

- Reassure the person that seborrhoeic dermatitis is not caused by lack of cleanliness or excessive dryness of the skin, and is not transmissible.
- Explain that treatment cannot cure seborrhoeic dermatitis but can control it. Symptoms often recur after treatment has stopped.
- Advise the person to avoid:
 - Cosmetic products that contain alcohol.
 - Using soap and shaving cream on the face if they cause irritation. Advise the use of non-greasy emollients or emollient soap substitutes.
 - Stress, if possible.

Action for excluded patients

Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Ketoconazole 2% shampoo (60ml)	Topical	GSL	apply twice/week for 2-4 weeks, then use minimum of every 2 weeks
--------------------------------	---------	-----	---

Additional Treatment advice

- Remove thick crusts or scales on the scalp before using an antifungal shampoo. Removal of crusts can be achieved by applying warm mineral or olive oil to the scalp for several hours, then washing with a detergent or coal tar shampoo
- Apply to damp hair, massage well into scalp and leave for 5 mins before rinsing.
- It is the scalp that needs treatment rather than the hair.
- Continue normal shampoo between applications / before application of treatment.
- Hair dyes and perms can irritate the scalp.
- Shampoos should be used twice a week for at least one month.
- Once symptoms are under control, the frequency of shampooing may be reduced, for example to once a week or once every 2 weeks.
- Shampoos can also be applied to the beard area.

Conditional referral to GP:

- Patient should consult GP if symptoms have not improved within 4 weeks.

Rapid referral:

- Broken and/or weeping scalp.

References

<http://cks.nice.org.uk/seborrhoeic-dermatitis> (Feb 2013)

HAY FEVER

Definition/Criteria

Seasonal allergy to pollen.

Criteria for INCLUSION

Patients with symptoms of hay fever requiring treatment.

Criteria for conditional EXCLUSION or REFERRAL

Patients under the age of 2

SELF CARE ADVICE

- Pollen avoidance measures.

Action for excluded patients

Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Cetirizine 10mg tablets (30)	Oral	P	1 daily
Loratadine 10mg tablets (30)			
Beclometasone 50microgram/spray nasal spray (200 sprays)	Nasal	P	2 sprays each nostril bd
Cetirizine 1mg/1ml oral solution (100ml)	Oral	P	Follow printed instructions
Otrivine Antistin Eye Drops (10ml)	Eye	P	1 drop each eye 2-3 times a day
Sodium Cromoglycate eye drops 2% (10ml)	Eye	P	1 drop qds

Additional Treatment advice

- Not to exceed maximum doses.
- Chlorphenamine causes sedation and so is no longer included in the recommended products list for the treatment of hay fever.

Conditional referral to GP:

- Patient should consult the GP if treatment is ineffective or persists after the end of September.

Consider supply, but patient should be advised to make an appointment to see the GP:

- Pregnancy.

References

<http://cks.nice.org.uk/allergic-rhinitis> (Jun 2015)

<http://cks.nice.org.uk/conjunctivitis-allergic> (Aug 2012)

HEAD LICE

Definition/Criteria

Infestation with head lice.

Criteria for INCLUSION

Patients who are proven to be infested with live head lice. Confirmed evidence of live lice is a requirement prior to treatment.

Criteria for conditional EXCLUSION or REFERRAL

Family / siblings of patient, who are not proven to be infested.

Children under the age of six months.

No evidence of live lice found on head.

SELF CARE ADVICE

- Reassure that infestations are common and not a hygiene issue
- Infestations can be eradicated by combing on alternate days over 2-3 weeks
- No treatments offer protection against re-infestation, only combing can prevent that.

Action for excluded patients

Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Bug Buster kit

Follow printed instructions

NitComb-S1

Follow printed instructions

Additional Treatment advice

- Standard family shampoo and conditioner can be used for success in the Bug Buster combing process
- Combing with the specified nit comb has the best chance of success if it is performed correctly and if all affected household members are treated on the same day.
- Advise people to check whether method was successful by recombining on day 2 or day 3 after *completing* a course of combing, and again after an interval of 7 days (day 9 or day 10 after *completing* a course of combing)

References

<http://cks.nice.org.uk/head-lice> (Feb 2015)

INSECT BITES AND STINGS

Definition/Criteria

Small local reactions to insect bites or stings present with localized pain, swelling, and erythema at the site of the bite or sting. Most can be managed symptomatically.

Criteria for INCLUSION

Evidence of itching, inflammation or irritation.

Criteria for conditional EXCLUSION or REFERRAL

Child under 1 month.

Systemic reactions

SELF CARE ADVICE

- If a person has been stung and the stinger is still in place:
 - Remove it as soon as possible by flicking or scraping with a fingernail, piece of card, or knife blade.
 - Never squeeze the stinger or use tweezers, as this will cause more venom to go into the skin.
- Wash the area of the bite or sting with soap and water.
- Apply ice or a cold compress to reduce swelling, if present.
- Do not scratch, as this will cause the site to swell and itch more, and increase the chance of infection.
- Bites from fleas, mites, and bedbugs may be due to an infestation. The source of the infestation should be confirmed and eliminated

Action for excluded patients

Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Chlorphenamine 2mg/5ml solution (150ml)	Oral	P	Follow printed instructions
Chlorphenamine 4mg tablets (30)	Oral	P	1 every 4-6 hours Brands have different MDD
Hydrocortisone 1% cream (15g)	Topical	P	Apply sparingly twice a day Over 10 years only

Non-sedating antihistamines may also be considered.

Paracetamol and ibuprofen may be advised for pain.

Additional Treatment advice

- Chlorphenamine causes drowsiness which suppresses the itch sensation

Conditional referral to GP:

- If stung in the mouth, suck an ice cube, or sip cold water and seek medical attention
- Medical attention should be sought if the bite becomes larger in size and redness spreads.

Rapid Referral:

- If there are signs of a severe allergic reaction (generalized symptoms, breathing difficulties, and/or hypotension) seek urgent medical help.

References

<http://cks.nice.org.uk/insect-bites-and-stings> (Nov 2011)

NAPPY RASH

Definition/Criteria

Irritant contact dermatitis confined to the nappy area. A painful raw area of skin around the anus and buttocks due to contact with frequent irritant stools, or reddening over the genitals and napkin area due to urine soaked napkins

Criteria for INCLUSION (pharmacist needs to examine to confirm)

Painful raw area of skin around the anus and buttocks.

Reddening over the genitals.

Red raised areas of skin in the napkin region due to candidiasis.

Criteria for conditional EXCLUSION or REFERRAL

Ulceration of affected area.

SELF CARE ADVICE

- Nappies should be changed frequently and tightly fitting water-proof pants avoided.
- The rash may clear when left exposed to the air.
- Use fragrance-free , alcohol-free wipes or water
- Bath child once daily, avoid bubble bath, soap and lotion

Action for excluded patients

Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Metanium ointment	topical	GSL	Follow printed instructions
Bepanthen ointment	topical	CE device	Follow printed instructions
Clotrimazole 1% cream (20g)	topical	P	Follow printed instructions

Additional Treatment advice

- Treatments can cause local irritation.

Conditional referral to GP:

- If no improvement in 48 hours or the rash worsens.
- If rash is recurrent and distressing despite treatment

References

<http://cks.nice.org.uk/nappy-rash> (July 2013)

THREADWORMS

Definition/Criteria

Intestinal helminth infection (pin-shaped or thread-like appearance, white/cream coloured between 2-13mm in length)

Criteria for INCLUSION

Appearance of threadworm in faeces with/without presence of perianal itching (worse at night).

Criteria for conditional EXCLUSION or REFERRAL

Pregnant / breastfeeding women.

Children under the age of 2 years.

SELF CARE ADVICE

- Hand washing and hygiene advice to prevent re-infection and transmission.

Action for excluded patients

Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Mebendazole tabs (Ovex) 100mg (1)	Oral	P	100mg stat dose (adult & child >2yr) Crush the tablet before giving to a child
Mebendazole liquid 20mg/1mL (30mL)	oral	P	5mL stat dose (adult and child >2yr)

Additional Treatment advice

- All family members should be treated at the same time using liquid preparation or whatever combination is most cost effective for the NHS.
- The scheme covers a single consultation with a single family member. 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 other family members. 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.
- Mebendazole can be repeated if necessary after 2 weeks. (This is an exception to the rule that if a patient presents more than twice within 28 days with the same symptoms they should be referred to their GP practice if clinically appropriate)
- Treatment can cause nausea, vomiting, diarrhoea and abdominal pain.

Conditional referral:

- patient should consult GP if symptoms have not resolved within 4 weeks.

Consider supply, but the patient should be advised to make an appointment to see the GP:

- presence of diarrhoea.
- broken skin near anus / possible secondary bacterial infection.
- vaginal itch in females.

Rapid referral

- Abdominal pain, nausea, vomiting or diarrhoea.
- Recent travel abroad.
- Suspect infection other than threadworm.
- Bleeding pr.
- Fever / muscle pain.
- Perianal itch with no sighting of threadworms in faeces.
- Evidence of hypersensitivity reaction (urticaria, angio-oedema etc.) – urgent medical attention.

References

<http://cks.nice.org.uk/threadworm> (2011)

THRUSH (ORAL)

Definition/Criteria

Fungal infection appearing as white patches on the tongue, palate or inside of the cheeks. May be associated with the use of broad spectrum antibiotics.

Criteria for INCLUSION

Patients presenting with symptoms suggestive of oral thrush.
No history of recurrent infection.

Criteria for conditional EXCLUSION or REFERRAL

Pregnancy and breast feeding.
Infants under 4 months of age.
People undergoing chemotherapy.
Patients on coumarin anticoagulants or tacrolimus

SELF CARE ADVICE

- Advice on good oral hygiene.
- Dental prostheses should be removed at night. Brush and soak denture overnight in disinfectant such as chlorhexidine. Allow to air dry.
- If symptoms persist beyond 1 week contact GP.
-

Action for excluded patients

Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Miconazole Oral Gel 2% (15g)	Topical;	P	Adults and child over 2yrs: Apply 2.5ml Four times daily after meals and hold in the mouth for as long as possible. Child 4 -24months: Apply 1.25ml (1/4 spoonful) four times daily after meals.
------------------------------	----------	---	--

Additional Treatment advice

- Consider and counsel on potential drug interactions.

Conditional referral:

- If symptoms persist beyond 1 week.
- Consider potentially hazardous drug interactions.
- Severe, widespread or recurrent episodes.

Consider supply, but patient should be advised to make an appointment to see the GP:

- Immunocompromised individuals but see under rapid referral.
- Known diabetes.

Rapid referral

- Immunocompromised individuals: seek specialist advice promptly when treating these patients.
- Suspected diabetes.

References

<http://cks.nice.org.uk/candida-oral> (Dec 2013)

THRUSH (VAGINAL)

Definition/Criteria

Itching / irritation/ soreness to vaginal area with or without a creamy white non-odorous discharge.

Criteria for INCLUSION

Adult females with a previous diagnosis of thrush who are confident it is a recurrence of the same condition.

Symptomatic male partners of an infected female.

Criteria for conditional EXCLUSION or REFERRAL

Patients under 16 and over 60 years.

Pregnancy

SELF CARE ADVICE

- Make aware of problems with vaginal deodorants, scented soaps etc.

Action for excluded patients

Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Fluconazole cap 150mg (1)	Oral;	P	1 stat
Clotrimazole vaginal pessary (500mg)	Vaginal;	P	insert at night
Clotrimazole cream 2% (20g)	Topical;	P	apply 2-3 times daily

Additional Treatment advice

- For patients with external (vulval) symptoms, consider using a topical imidazole cream ***in addition*** to the oral or intravaginal antifungal.
- Consider and counsel on potential drug interactions
- Make aware of problems with vaginal deodorants, scented soaps etc.

Conditional referral:

- If symptoms do not resolve within 7 days to make an appointment to see GP
- On 3rd occurrence within 6 months.

Consider supply, but patient should be advised to make an appointment to see the GP:

- Known diabetes mellitus.

Rapid referral:

- Presence of loin pain.
- Fever.
- If blood present in discharge.
- Foul smelling discharge.
- Suspicion of diabetes.
- Post-menopausal.

References

<http://cks.nice.org.uk/candida-female-genital> (Dec 2013)

WARTS AND VERRUCAS

Definition/Criteria

A wart is a small (often hard) benign growth on the skin caused by a virus, usually occurring on the face, hands, fingers, elbows and knees. Verruca's (Plantar warts) occur on the sole of the foot, usually painful and may be covered by a thick callus.

Criteria for INCLUSION

Symptoms and signs suggestive of a wart or verruca

Criteria for conditional EXCLUSION or REFERRAL

Warts on face, anogenital region or large areas affected.

Diabetes mellitus.

Impaired peripheral blood circulation.

Broken skin around area of wart / verruca.

Uncertain diagnosis.

The person is immunocompromised.

The person is bothered by persistent warts which are unresponsive to treatment

SELF CARE ADVICE

- Although warts can be cosmetically unsightly, they are not harmful; usually they do not cause symptoms, and resolve spontaneously within months or, at the most, within 2 years. However sometimes in adults it may take 5-10 years for warts to resolve
- Warts are contagious, but the risk of transmission is thought to be low. To reduce the risk of transmission cover the wart with a waterproof plaster when swimming. The Amateur Swimming Association (ASA) states that the use of swimming socks should be discouraged and that a waterproof plaster is sufficient.
- Wear flip-flops or other appropriate foot wear in communal showers.
- Avoid sharing shoes, socks, or towels.
- In order to limit personal spread (auto-inoculation): Avoiding scratching lesions. Avoiding biting nails or sucking fingers that have warts.
- Keeping feet dry and changing socks daily.
- Children with warts or verrucae should not be excluded from activities such as sports and swimming, but should take measures to minimize transmission.

Action for excluded patients

Referral to General Practitioner.

Recommended Treatments, Route, Legal status. Frequency of admin & max dosage

Salactol® liquid (10g)	Topical	P	Apply Topically once daily at night. Soak the affected site in warm water and pat dry. Gently rub the surface with a pumice stone or manicure emery board to remove any hard skin. Using the applicator provided, carefully apply a few drops of Salactol to the lesion, allowing each drop to dry before applying the next one
------------------------	---------	---	---

Additional Treatment advice

- Treatment may cause transient irritation, peeling and stinging.

Conditional referral:

References

<http://cks.nice.org.uk/warts-and-verrucae> (Dec 2014)