NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MINOR AILMENT SERVICE) (SCOTLAND) DIRECTIONS 2008

SCHEDULE 1

SERVICES TO BE PROVIDED AS A MINOR AILMENT SERVICE

1. The service comprises a consultation with a pharmacist and advice on the condition(s) that the patient presents and, where the pharmacist considers it appropriate, the supply of preparations or appliances for its treatment. Where the pharmacist considers the condition is one that requires to be considered by another member of the primary care team e.g. a GP, he or she will refer the patient to that person.

2. The products that can be supplied by the pharmacist are listed in a nationally set formulary, which includes

(i) Pharmacy (P) and General Sales List (GSL) medicines that are not listed in directions given by Scottish Ministers under section 17N(6) of the Primary Medical Services (Scotland) Act 2004[1];

(ii) dressings and appliances from Part 2 of the Drug Tariff;

(iii) selected items from Part 3 of the Tariff; and

(iv) any Prescription Only Medicines (POMs) that are detailed in a Patient Group Direction (PGD) in relation to MAS.

[1] section 17N was inserted by the 2004 Act, section 4.

SCHEDULE 2

TERMS AND CONDITIONS OF THE PROVISION OF A MINOR AILMENT SERVICE

1. A MAS provider must not advertise or offer incentives to the public to register for MAS, or set targets for employee pharmacists or staff to recruit people for MAS or for any other aspects of MAS.

2. A MAS provider may only issue or display the publicity material and patient information leaflet made available by Scottish Ministers in respect of MAS and the provision of MAS.

3. Where a person is an eligible person and wishes to register for the service, a MAS provider must ensure that:

(a) evidence is seen to confirm the person's eligibility;
(b) only MAS stationery approved by Scottish Ministers is used for the registration process;
(c) the registration process is undertaken in accordance with procedures specified by the Scottish Ministers; and
(d) a patient record is established.

4. For the purposes of MAS the 'patient record' is a pharmacy retained record (paper and/or electronic) that as a minimum must include:

(a) the name and address of the patient;
(b) where relevant, the name and address of the person who gave consent to, or applied for, the registration and that person's relationship to the person who is registered;
(c) the grounds for the patient's eligibility to register for MAS, ie category of exemption status;
(d) the services provided to the registered patient as MAS, to include:

    (i) details of the advice or treatment provided;
    (ii) the date on which each of the above was provided;
    (iii) with respect to treatments, the name, quantity, form and strength of any product supplied; and
    (iv) if the patient was referred to another NHS healthcare practitioner, the name of that practitioner, the date of the referral and the reasons for the referral;

5. MAS can be provided to a patient only from the premises at which the patient is registered for MAS.

6. Subject to the provisions of any Regulations made under section 69 of the 1978 Act, all drugs, containers and appliances supplied for MAS shall be supplied free of charge.

7. A MAS provider is to use MAS stationery to record details where a patient registered for MAS

(i) receives a consultation;
(ii) is supplied with medicines and appliances for treatment purposes;
(iii) is referred to another healthcare practitioner;
(iv) is no longer eligible for MAS and registration must be withdrawn.

8. Where a MAS provider supplies medicines and appliances he or she must do so in accordance with paragraph 2 of Schedule 1.

9. The supply of medicines or appliances is to be performed by or under the direct supervision of a pharmacist.

10. Where the pharmacist referred to at paragraph 9 is employed, the pharmacist must not be one:

(a) who, has been disqualified under section 29B(2) of the Act[2], or
(b) who is suspended by direction of the Tribunal, or
(c) who is the subject of a corresponding decision in England, Wales or Northern Ireland.

11. In the case of adverse drug reactions, the MAS provider is to consider the need to report the event through the Yellow Card reporting mechanism to ensure that medicines continue to be used both effectively and safely.

12. In providing MAS a MAS provider shall do so:

(a) having regard to and, where required, in compliance with, stated standards and administrative guidance that is from time to time produced by Scottish Ministers;
(b) in conformity with the standards generally accepted in the pharmaceutical profession.

13. The provisions at paragraphs 9A and 9B of the 1995 Regulations[3] with regard to and referred to as a "complaints procedure" shall apply to the provision of MAS.

[2] Section 29B was inserted by the 1999 Act, section 58, and amended by the Community Care and Health (Scotland) Act 2002 (asp 5), Schedule 2, paragraph 2, and the 2004 Act, Schedule 1, paragraph 1, and partly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) ("the 2005 Act") section 26 and Schedule 3 in terms of SSI 2006/121.
[3] Regulations 9A and 9B were inserted by SI 1996/840.

SCHEDULE 3

PAYMENT FOR THE MINOR AILMENT SERVICE

1. Where a provider of MAS complies fully with these directions, payment for the provision of a Minor Ailment Service will be paid monthly in arrears at the rates set out in the Drug Tariff.

2. Capitation payments will be calculated on the number of patients registered with the MAS provider for MAS on the last day of each month.

3. (a) Where a person registered to receive MAS is no longer an eligible person, the MAS provider with whom that person is so registered must terminate that registration as soon as that change in status is known by the provider. In the event that the provider fails to do so, the Agency shall be entitled to refuse to make any payment in respect of MAS to the provider in respect of that person.

(b) Notwithstanding sub-paragraph (a) of this paragraph, in the event that the Agency is made aware that a person registered to receive MAS is no longer eligible, the Agency will terminate that registration as soon as that change in status is known, and notify the relevant provider accordingly.

4. A registered person who has not used a MAS provider for 12 months and whose registration for MAS is deemed lapsed in consequence shall not be included in the number of registered patients on which the capitation payment is calculated.

5. A person whose registration for MAS was deemed lapsed but who subsequently applies for the provision of MAS to the MAS provider with whom that person was registered shall be included in the number of registered patients of that MAS provider on which the capitation payment is calculated with effect from the last day of the month when such application was made.

6. Confirmation of patient registration and withdrawal, and claims for reimbursement of any medicines or appliances supplied to a registered patient, are to be made on MAS stationery and submitted bi-monthly to the Agency (Practitioner Services Division of NHS National Services Scotland) by the dates it specifies.

7. Health Boards will be entitled to take such reasonable steps as are necessary to ensure that MAS providers are:

(a) providing MAS as specified in Schedule 1 and complying with the provisions of Schedule 2 ; and

(b) only displaying the agreed patient information leaflets and publicity materials made available by Scottish Ministers in respect of MAS.

8. Payments made to providers for providing MAS will be subject to post-payment verification checks and investigation by the Agency.

9. Where after suitable investigation a Health Board is satisfied that a MAS provider is not providing the services listed in Schedule 1 and/or complying with the provisions of Schedule 2, but is receiving payment in terms of this Schedule and the rates set out in the Drug Tariff, it may (without prejudice to any other action which may be open to it):

(a) write to the provider advising of the conclusion reached by the investigation;

(b) inform the provider that payments will be stopped with immediate effect; and

(c) recover any payments made to the provider under this Schedule and the Drug Tariff in respect of any period(s) when the provider was not providing the services specified in Schedule 1 and/or complying with the provisions of Schedule 2.