

MINOR AILMENT SERVICE (MAS) OUTLINE SPECIFICATION

1. Background

1.1 *The Right Medicine* makes a commitment to introduce schemes between general practitioners and community pharmacists to allow patients to use their pharmacy as the first port of call for the treatment of common illnesses on the NHS.

1.2 This concept has been piloted and evaluated.

2. Aim and Objectives

2.1 The Minor Ailment Service (MAS) aims to support the provision of direct pharmaceutical care on the NHS by community pharmacists to members of the public presenting with a common illness.

2.2 The objectives for this service are to:

- improve access to consultations, advice and medicines for common illnesses;
- promote care through the community pharmacy setting;
- transfer care from GPs and nurses to pharmacists where it is appropriate;
- help address health inequalities;
- assist the primary care team to achieve their 48 hour access commitment.

3. Service Description

3.1 The MAS allows individuals, who are exempt from prescription charges, to register with and use their community pharmacy as the first port of call for the consultation and treatment of common illnesses. The pharmacist advises, treats or refers the patient according to their needs.

4. Service Outline

4.1 *MAS Registration and Withdrawal*

4.11 Individuals who are exempt from prescription charges can register with a community pharmacy to receive the MAS.

4.12 Selection is based on the individual's exemption status.

The following persons are currently **not eligible** to register for the scheme:

- Patients not exempt from prescription charges
- Patients in possession of a pre-payment certificate
- Patients not registered with a Scottish GP
- Patients in Care Homes (Nursing and Residential Homes)
- Temporary residents

4.13 Individuals can only register with one pharmacy.

4.14 Unless an individual is transferring pharmacies or has previously withdrawn from the service, registration only needs to occur once.

4.15 The pharmacist registers a person via the Central Patient Registration System (CPRS) hosted at National Services Scotland using the Community Health Index (CHI) number. This, in turn, generates an electronic registration form which the patient signs declaring their reason for exemption. There is a paper registration form available for manual use in exceptional circumstances.

4.16 Registration is either done in advance of requiring to use the service or at the time when the service is required.

4.17 A check is made on each presentation that the person is still eligible for the MAS.

4.18 Individuals can choose to withdraw from the MAS at any point. In addition, pharmacists can withdraw an individual; this might be due to, for example, a change in their exemption status or other exceptional circumstances. CPRS withdraws patients automatically if they die or move into a care home. Registering at a pharmacy automatically withdraws the individual from a pharmacy they may have been previously registered with.

4.19 National and local publicity initiatives and information leaflets prepared by the Scottish Executive are used to raise public awareness of the service.

4.2 *Care Provision*

4.21 Care provided through the MAS covers the presentation, assessment and treatment of symptoms. The pharmacist assesses the patient and considers the most appropriate course/s of action, the counselling and advice needs and any requirements for follow up or referral.

4.22 Individuals present with a symptom or set of symptoms themselves or, occasionally, someone may present on their behalf (for example a parent for a child or a carer).

4.23 The pharmacist assesses the symptoms in order to collect and consider information which helps them to determine the cause and severity of the presenting condition and reflect on the most appropriate course of action. This includes the differentiation between common illness and major disease. This helps the pharmacist to decide on the most appropriate form of action. This can be advice only, treatment or referral.

4.24 In some instances the only course of action required is to provide advice to a patient. This may also include aspects of healthy lifestyle advice.

4.25 When the pharmacist decides that the most appropriate action is to treat the presenting condition/s then they will then decide on the course of treatment they wish to recommend for the patient. They should prescribe both in line with national and local NHS prescribing policy and wherever possible on a generic basis.

- 4.26 The pharmacist will also establish the counselling and advice needs of the individual. This includes explaining to the person what to expect from their condition, what treatment is being prescribed for them, how to use that treatment, any follow up and how to avoid future episodes. This process is underpinned by the *CRAG Counselling and Advice Guidelines*.
- 4.27 The requirement to refer an individual is, in most instances, obvious when assessing the condition. Pharmacists and GPs should agree locally the circumstances when and procedure by which an individual, requiring to be seen quickly, can be referred and this should be supported using either a verbal or written referral request. People themselves may also self refer to their GP.
- 4.28 The MAS consultation enables the pharmacist to identify and agree a shared outcome or a set of outcomes with the patient. This happens as a result of the systematic approach applied to the MAS.
- 4.29 The pharmacist also considers the requirement or need for any further follow up. Follow up involves looking for signs that the condition is improving and that there is no deterioration. This is carried out by the individual with any necessary information or support provided by the pharmacist.

4.3 *Formulary*

- 4.31 There is one national formulary and it is the reference point for payment purposes for products provided under the MAS.
- 4.32 The formulary available to the pharmacist includes all Pharmacy (P) and General Sales List (GSL) medicines that are not blacklisted, dressings and appliances from Part 2 of the Drug Tariff, selected items from Part 3 of the Tariff, such as bug busting kits, and any Prescription Only Medicines (POMs) agreed suitable and which are underpinned by a series of core patient Group Direction (PGDs).

- 4.33 Pharmacists should prescribe in line with national and local NHS prescribing policy and guidance, such as local joint formularies. This includes, wherever possible, prescribing on a generic basis.

5. Administration

- 5.1 The pharmacist completes a CP2 form electronically (or under exceptional circumstances by hand using an A4 paper form) for the purpose of registering people.
- 5.2 The pharmacist also completes a CP2 form electronically (or under exceptional circumstances by hand) for each patient contact, recording whether they received a consultation, advice, a treatment or were referred to another health care professional.
- 5.3 Where appropriate, this information is annotated into the patient's medication record on the pharmacy patient medication record system.
- 5.4 In the case of adverse reactions the pharmacist will consider whether there is a need to report any adverse drug reactions to the Committee on Safety of Medicines Scotland (CSM) through the Yellow Card reporting mechanism.

6. Remuneration

- 6.1 The pharmacy contractor is remunerated for providing the MAS using a banded capitation fee.
- 6.2 The pharmacy contractor is reimbursed for any product from the national formulary supplied.
- 6.3 Drug reimbursement costs are funded through a specific MAS budget provision via the unified budget allocation at NHS Board level.

7. Supporting Good Practice

- 7.1 The MAS will be underpinned by a quality outcomes framework.

7.2 The MAS is subject to the same prescribing support as other clinical services.

This should be read in conjunction with the accompanying practice guidelines.