

## Service Specification

<b>Service Specification No.</b>	
<b>Service</b>	Community Pharmacy PGD for Minor Illness Service
<b>Commissioner Lead</b>	Helen Wilkinson Community Pharmacy Integration Lead, Bath and North East Somerset, Swindon and Wiltshire ICB (BSW ICB)
<b>Provider Lead</b>	Community Pharmacy
<b>Period</b>	1 <sup>st</sup> April 2025 – 31 <sup>st</sup> March 2028
<b>Date of Review(s)</b>	31 <sup>st</sup> March 2026 31 <sup>st</sup> March 2027 The service specification, including financial remuneration, will be reviewed annually. Reviews will also take place at the time of any national Community Pharmacy Contractual Framework announcements.

<b>1. Population Needs</b>												
<p><b>1.1 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.</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>												
<b>2. Outcomes</b>												
<p><b>2.1 <u>NHS Outcomes Framework Domains &amp; Indicators</u></b></p> <table border="1"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> <td></td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td></td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> <td>X</td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> <td>X</td> </tr> </table>	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
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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										

	<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>X</b>	
<b>3. Scope</b>				
<b>3.1 Purpose</b>				
<p>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&amp;E. A PGD service will support the urgent care system for patients attending pharmacy directly or being referred via NHS 111 or their GP.</p>				
<b>3.2 Aims and Intended Service Outcomes</b>				
<p>To improve access and choice for people with some minor ailments normally requiring an FP10 prescription.</p>				
<p>Increase the scope of minor illness that community pharmacists can treat.</p>				
<p>Make use of the 7 day and out of hours' services provided by some community pharmacies.</p>				
<p>Ensure that patients are treated to the same clinical pathway in a consistent way regardless of which healthcare professional the patient consults with across Bath, Swindon and Wiltshire (BSW) ICB.</p>				
<p>Ensure that patients have a positive experience of care in a community pharmacy setting and can be treated in a single episode of care.</p>				
<p>Move care closer to home for patients</p>				
<p>Reduce pressure on other parts of the healthcare system</p>				
<p>Reduce referrals to prescribing services purely because of OTC medicine licensing restrictions.</p>				
<b>3.3 This service should benefit patients when:</b>				
<p>The patient meets the clinical criteria within the PGD.</p>				
<p>The patient would otherwise need to seek a prescription for treatment.</p>				
<b>3.4 Scope of Service</b>				
<p>The following medicines are made available through the PGD service. Each PGD has specific inclusion and exclusion criteria.</p>				
<ul style="list-style-type: none"> <li>• Chloramphenicol 1% ointment or drops for bacterial eye infections in patients aged 31 days to 2 years old (available to buy OTC for patients older than 2 years)</li> <li>• 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.</li> <li>• Neomycin/Dexamethasone/Acetic acid Ear spray for Otitis Externa. This service also includes supply of acetic acid spray (Earcalm), however a PGD is not required for this product.</li> <li>• Additional PGDs may be added during the lifetime of the service, if agreed with Community Pharmacy Avon &amp; Wiltshire.</li> </ul>				

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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 within 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.

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

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

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.

Pharmacy staff will submit a claim to the commissioner via PharmOutcomes monthly so that we can reimburse medication costs and provide remuneration for the service.

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.

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

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

### 3.5 Pharmacy & Pharmacist Accreditation

If a pharmacy provider 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.

The pharmacy contractor must ensure that individuals providing the service have undertaken appropriate training and are competent to deliver the service.

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 Commissioner, 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 [Safeguarding](#)
- e-learning on Antimicrobial Stewardship [Reducing Antimicrobial Resistance: An Introduction \(e-learningforhealthcare.org.uk\)](#)
- Read and understand the BSW Antimicrobial Prescribing Guidelines available on: <https://bswtogether.org.uk/medicines/area-prescribing-committee/prescribing-guidance/>
- Read and understand the tool and resources available at RCGP TARGET antibiotics available on:

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[https://elearning.rcgp.org.uk/course/view.php?id=553?gclid=EAlalQobChMIm5veyda19AIV2OFRCh2P5QnDEAAAYASAAEgJOV\\_D\\_BwE](https://elearning.rcgp.org.uk/course/view.php?id=553?gclid=EAlalQobChMIm5veyda19AIV2OFRCh2P5QnDEAAAYASAAEgJOV_D_BwE)

- Competency in Otoscopy (already a requirement of national Pharmacy First service).

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 practice only within the bounds of their own competence and professional code of conduct.

To provide the service, there must be a consultation room at the pharmacy, which meets the applicable requirements of the Pharmaceutical Services Regulations.

Remote consultations are also permitted to provide the service, where clinically appropriate, except for the Otitis Externa Service where patients will need to be seen face to face for otoscopy. When undertaking remote consultations, the contractor must ensure that there are arrangements in place at the pharmacy which enable staff to communicate confidentially with the person receiving the service by telephone or another live audio link or a live video link. The contractor is responsible for ensuring that where clinical examination is required, such as for a rash, that the quality of the video consultation allows for appropriate examination so that the service can be safely provided by the contractor.

**3.6 Population covered**

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

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

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

**3.8 Interdependence with other services/providers**

The service is not intended to replace the NHS England commissioned Pharmacy First 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 Otitis externa** <https://cks.nice.org.uk/topics/otitis-externa>

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

BSW Primary Care Antimicrobial Guidelines [Main heading](#)

General Pharmaceutical Council. Standards for Pharmacy Professionals <https://www.pharmacyregulation.org/standards-for-pharmacy-professionals>

[Standards and guidance for registered pharmacies | General Pharmaceutical Council](#)

[Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet](#)

#### 4.3 Additional reading / further learning options

CPPE Common Clinical Conditions and Minor Ailments [NHS Pharmacy First service : CPPE](#)

CPPE Dermatology pocket guide: common skin conditions explained  
<https://www.cppe.ac.uk/programmes//dermatology-p-01/>

#### 4.4 Other Local Policies to Note

BSW ICB Adults and Children Safeguarding Policy & ICB Mental Capacity Act and Deprivation of Liberty Safeguards Policy

[Safeguarding - Bath and North East Somerset, Swindon and Wiltshire ICB](#)

### 5. Applicable quality requirements

#### 5.1 Applicable Quality Requirements

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

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

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

The commissioner will monitor supplies made through the service monthly and may raise queries with the supplying pharmacy.

If a pharmacy fails to provide the service on three consecutive occasions (unless there are extremely exceptional circumstances), the commissioner reserves the right to remove the service from that pharmacy. If a pharmacy is unable to provide the service, they must inform the commissioner and ensure that the DOS team is 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.

The pharmacy reviews its standard operating procedure for the service on at least a biennial basis.

#### 5.2 Clinical Incident Reporting

Contractors must feedback any adverse incidents that occur to the commissioner via [bswicb.prescribing@nhs.net](mailto:bswicb.prescribing@nhs.net)

Any serious incidents will be dealt with in accordance with the relevant provider/commissioner policies

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

**5.3 Complaints Procedure**

Any complaints from patients should be dealt with via the provider’s own standard complaints procedure in the first instance. If the complaint is not resolved, the patient should direct their complaint to the BSW **Patient Advice and Liaison Service (PALS) and Complaints Service**

Tel: **0300 561 0250**

Email: [scwcsu.palscomplaints@nhs.net](mailto:scwcsu.palscomplaints@nhs.net)

**6. Notice Period**

**6.1 Notice periods & termination**

One month’s notice of termination must be given in writing to the commissioner if the pharmacy contractor wishes to terminate this agreement before the end of the SLA period. The pharmacy contractor may be asked for a reason for terminating this agreement

Three months’ notice of termination will be given in writing by the commissioner to the pharmacy contractor to inform the pharmacy contractor of any cessation of the service prior to March 2028.

The commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence, or fraud on the part of the pharmacy contractor.

**7. Payment Schedule**

1. For patients presenting directly at the pharmacy (outside of Pharmacy First), the commissioner will pay the pharmacy
  - a. £17 per consultation plus
  - b. The cost of the medicines (using dm+d) + VAT (where applicable). The ICB will honour any price concessions on the medications.
  - c. Minus any prescription charges collected (if applicable)
  
2. For patients coming into the PGD service via Pharmacy First services, the commissioner will pay the pharmacy
  - a. £5.90 per consultation (the Pharmacy First fee can also be claimed from NHS England).
  - b. The cost of the medicines (using dm+d) + VAT (where applicable). The ICB will honour any price concessions on the medications.
  - 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.

Invoicing

Pharmacies must complete a PharmOutcomes PGD Service template for each supply. A monthly invoice will be generated automatically and sent to the commissioner each calendar month (in

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arrears), checked and then submitted for payment. Claims for payment should only be processed through PharmOutcomes unless otherwise advised.

### 8. Quality Schedule

<u>Quality Requirement</u>	<u>Threshold</u>	<u>Method of Measurement</u>	<u>Consequence of Breach</u>	<u>Timing of application of consequence</u>
Consultations are documented in PharmOutcomes in a timely manner	100%	PharmOutcomes	The commissioner will remove the service from the pharmacy.	
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			The commissioner 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 commissioner 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 ICB	100%	Template via PharmOutcomes	The commissioner will consider future commissioning of the service	
Additional data may be captured via PharmOutcomes, including patient feedback and antimicrobial stewardship.				