

Dear Colleague

**ADDITIONAL PHARMACEUTICAL SERVICES
MINOR AILMENT SERVICE & PUBLIC HEALTH
SERVICE DIRECTIONS, SERVICE SPECIFICATIONS
AND PAYMENT ARRANGEMENTS**

22 August 2008

Addresses

For action

Chief Executives, NHS Boards

For information

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Summary

1. This Circular:

- encloses revised Directions for Additional Pharmaceutical Services specifically the Minor Ailment Service (MAS) and the Public Health Service (PHS), including the introduction of new patient service elements of PHS covering Smoking Cessation and Sexual Health (Chlamydia advice, testing and treatment) and Emergency Hormonal Contraception (EHC),
- encloses service specifications for the Smoking Cessation and Sexual Health Services,
- advises of the interim remuneration arrangements for these Smoking Cessation and Sexual Health Services for the period up to 31 March 2009, intended to deliver £4.5m as part of the temporary contractor support package agreed for 2008-09, which will be specified in the Drug Tariff,
- advises of the remuneration arrangements for the reconfigured core PHS services and revised remuneration arrangements for MAS, which will be specified in the Drug Tariff,
- provides a projected timetable for advertising campaigns to be supported as part of the core element of the revised PHS Additional Pharmaceutical Service during the period August 2008 - March 2009.

Background

2. [NHS Circular PCA\(P\)\(2008\) 13](#) prescribed new remuneration and Drug Tariff Pt 7 reimbursement arrangements for Community Pharmacy for 2008-09. This included advice that

existing payment arrangements for the MAS and PHS were under review and revised arrangements would be published shortly. It also advised that a Circular would follow shortly relating to the provision of new PHS schemes related to the provision of new patient service programmes for smoking cessation, emergency hormonal contraception and Chlamydia (advice, testing and treatment).

3. [NHS Circular PCA\(P\)\(2007\) 26](#) promulgated revised Directions for Health Board Additional Pharmaceutical Services (Public Health Service). [NHS Circular PCA\(P\)\(2007\) 15](#) promulgated Directions for Health Board Additional Pharmaceutical Services (Minor Ailment Service).

4. Accordingly the existing Directions relating to the provision of PHS and MAS are revoked and replaced by the new Directions provided herewith.

Additional Pharmaceutical Services (Public Health Service) Directions 2008

5. Revised Directions are provided at Annex A to this Circular. These revoke the previous Directions, and prescribe that remuneration arrangements will be as published from time to time in the Drug Tariff and provide for new smoking cessation and sexual health services to be introduced from 29 August 2008.

Additional Pharmaceutical Services (Minor Ailment Service) Directions 2008

6. Revised Directions are provided at Annex B to this Circular. These revoke the previous Directions, and prescribe that remuneration arrangements will be as published from time to time in the Drug Tariff.

Service Specifications

7. The service specifications for the new patient service elements of PHS are detailed in Annex C. Templates for the two supporting Patient Group Directions (PGDs) will be issued to Directors of Pharmacy separately.

PHS Health Promotion campaigns to be supported by Community Pharmacy

8. The current PHS Health Promotion campaign timetable for 2008-09 is detailed at Annex D. This is provided for contractor planning purposes and may be subject to change.

Remuneration arrangements

PHS - Core Programme and Patient Service elements

9. The remuneration arrangements for the revised core element of PHS and the patient service PHS programmes for smoking cessation and sexual health (incorporating both EHC and Chlamydia advice/testing and treatment) are as follows:

Core Element of PHS- Availability for Service Payment

10. Contractors who provide the PHS will from 1 August 2008 receive a single tier monthly availability for service payment of **£750** (annual equivalent of **£9,000**).

11. All contractors with whom the NHS Board has made an arrangement for the provision of PHS will receive payments monthly at the above rates with effect from August 2008 dispensings paid October 2008 subject to the contractor's compliance with the conditions detailed in the Directions at Annex A.

Patient service elements of PHS

12. The following paragraphs set out the interim remuneration arrangements for Smoking Cessation and Sexual Health Services that will apply up to 31 March 2009. They have been set in the light of the intention to deliver approximately £4.5m this year as part of the temporary contractor support package for 2008-09, and include capitation rates intended to incentivise rapid take up of the new services. As stated in [PCA\(P\)\(2008\)13](#), subject to appropriate review, these services are planned to continue in future years also. The remuneration arrangements from 1 April 2009, however, will be different given that start-up payments will no longer be payable and capitation rates may be substantially lower once the new services are fully in place. A review process will be put in place to inform future discussions with Community Pharmacy Scotland about remuneration rates for 2009-10 onwards.

Patient service elements of PHS - Smoking Cessation

13. Community pharmacy contractors who provide the Smoking Cessation patient service element of the PHS will be eligible for a 3 stage payment to cover:

- a one off readiness and administration payment,
- monthly availability for service payment,
- capitation payment for all patients receiving treatment.

14. **The one off readiness and administration payment for PHS - Smoking Cessation** is intended to remunerate staff for set up and ongoing administrative activity during the first 12 months of this programme. It covers set up costs including training, active co-operation with local smoking cessation co-ordinators, patient referrers, data collection and submission of the data outlined in the Smoking Cessation Minimum Data Set to support HEAT target performance measurement, and other administrative activity. The readiness and administration payment will be paid to all contractors with whom the NHS Board has made an arrangement for the provision of PHS at 29 August 2008, except part time Essential Small Pharmacies (ESPs), at a flat rate of **£985** with payments for dispensing month August 2008 paid October 2008. Contractors with whom the NHS Board makes an arrangement for the provision of PHS subsequently, and who are not replacing a contractor already on the list, will be eligible to receive the one off readiness and administration payment in the same month that they receive their first remuneration payment as a Pharmaceutical Services contractor.

15. The target date for commencement of the new service is **29 August 2008**. **The monthly availability for service payment for PHS - Smoking Cessation** will be paid September 2008 onwards to all contractors with whom the NHS Board has made an arrangement for the provision of PHS as detailed in paragraphs 31 & 33 below, except part time ESPs, at a flat monthly rate of **£60** (equivalent to an annual rate of **£720**) with payments for dispensing month September 2008 paid November 2008. Contractors with whom the NHS Board makes an arrangement for the provision of PHS subsequently, and who are not replacing a

contractor with whom the NHS Board has already made an arrangement for the provision of PHS will be eligible for their first availability for service payment in the same month that they receive the one off readiness and administration payment.

16. Contractors with whom the NHS Board has made an arrangement for the provision of PHS who satisfy the conditions outlined below will also receive **a monthly capitation payment - PHS Smoking Cessation**. To incentivise take up of the scheme, the payment will be a proportional share of a fixed monthly pool of **£187,500** established for this purpose. The proportional share will be determined on the basis of the number of patients reported by a contractor as receiving treatment to the total number of patients reported by all contractors for the month concerned. A minimum capitation payment of **£25** will also apply. In respect of claims for the months of September and October 2008 (plus the last weekend of August) a single combined and enhanced pool of **£562,500** will be distributed with payments for October dispensing due December.

17. Claims for PHS Smoking Cessation received by Practitioner Services Division after the target date stated for the dispensing month concerned will be carried forward and will qualify for a share of the pool for the next dispensing month to be distributed.

18. To be eligible for a capitation payment the contractor must complete and return to Practitioner Services Division the form provided at Annex E.

Patient service elements PHS - Sexual Health

19. Community pharmacy contractors who provide the Sexual Health Patient Service element of the PHS will be eligible for a 3 stage payment to cover:

- a one off readiness and administration payment (part A - Chlamydia services; part B - EHC),
- monthly availability for service payment (part A - Chlamydia services only)
- capitation payment for all patients receiving treatment (part A - Chlamydia services; part B - EHC)

20. **The one-off readiness and administration payment – PHS Sexual Health** is intended to remunerate staff for set up and ongoing administrative activity during the first 12 months of this programme. It covers set up costs including training, active co-operation with local NHS Board sexual health co-ordinators, GPs and other patient referrers, and other administrative activity. The readiness and administration payment will be paid to all contractors with whom the NHS Board has made an arrangement for the provision of PHS at 29 August 2008 except part time ESPs at a flat rate of **£270** (part A - Chlamydia services) and **£230** (part B - EHC) with payments for dispensing month September 2008 paid November 2008. Contractors with whom the NHS Board makes an arrangement for the provision of PHS subsequently, and who are not replacing a contractor will be eligible to receive the one off readiness and administration payment in the same month that they receive their first remuneration payment as a Pharmaceutical Services contractor.

21. The target date for commencement of the new service is **29 August 2008**. **The monthly availability for service payment for PHS - Sexual Health** will be paid to all contractors with whom the NHS Board has made an arrangement for the provision of PHS at 29 August 2008 except part time ESPs at a flat monthly rate of **£40 part A - Chlamydia services** (equivalent to an annual rate of **£480**) commencing with payments for dispensing month

September 2008 paid November 2008. Contractors with whom the NHS Board makes an arrangement for the provision of PHS subsequently, and who are not replacing a contractor with whom the NHS Board has already made an arrangement for the provision of PHS will be eligible for their first availability for service payment in the same month that they receive the relevant one off readiness and administration payment remuneration payment. The arrangements for the provision of testing kits to be used for this purpose to contractors will be according to local NHS Board arrangements.

22. Contractors who satisfy the conditions outlined below will also receive monthly **capitation payments PHS - Sexual Health**. The payment will be at a capitation rate of:

£25 for each intervention where the patient is provided with treatment for Chlamydia, and, **£25** for each intervention where the patient is provided with EHC.

23. In both cases pharmacists will be expected to supply the POM pack of the treatment required which will be underpinned by an equivalent Patient Group Direction (PGD). The reimbursement arrangements will be based on the supply of the POM pack. This arrangement will be subject to review based on any changes to the Drug Tariff and new products coming to market.

Claim arrangements

24. All contractors claiming monthly availability for service/capitation payments for PHS-Smoking Cessation and/or Sexual Health must complete the form provided at Annex E and return to PSD as detailed. Full details for completion and return of the form are provided in the Annex.

Payments for PHS Sexual Health Part B – EHC payments where a contractor opts out

25. The payment arrangements detailed above relating to the Readiness and Administration payment for the provision of the PHS Sexual Health - Part B EHC is available only to those contractors offering the service. Those contractors who choose to opt out from the provision of EHC are not eligible for this payment. Contractors opting out of this service provision must therefore: advise their NHS Board Director of Pharmacy and Practitioner Services Division accordingly, (a form for that purpose is included at Annex F), and refer patients requesting the service to another contractor who they understand is offering the service.

MAS- Availability for service payments

26. For dispensing months August 2008 – March 2009, each contractor with whom the NHS Board has made an arrangement for the provision of PHS will receive a monthly tiered payment calculated as follows.

No. of registered patients	Capitation payment Annual £	Capitation payment Monthly £
1-250	7,300.92	608.41
251-500	9,253.92	771.16
501-750	11,208	934
>750	£11,208 + 8.04 per head beyond 750	934 + 0.67 per head beyond 750

27. The band to be used for payments in any month will be either the band related to the number of registered patients for that month or the band in force for payment in March 2008 – whichever is higher.

28. For example a contractor who has 240 patients registered for the month August 2008 but who had 260 patients registered for the month of March 2008 will receive the monthly payment of £771.16 for the month of August 2008 and for subsequent months until March 2009 unless the number of registered patients rises to 501 or higher qualifying the contractor for the monthly payment of £934.

29. These arrangements will be reviewed for April 2009 onwards.

MAS & PHS Payments to part time ESPs

30. For part time ESPs PHS and MAS readiness and administration, availability for service and capitation payments will be made in the following proportions of the payment levels quoted above:

For contractors open for 5 hrs or more but less than 10 hrs per week	60% of above rates.
For contractors open for 10 hrs or more but less than 15 hrs per week	75% of above rates.
For contractors open for 15 hrs or more but less than 20 hrs per week	85% of above rates.
For contractors open for 20 hrs or more but less than 25 hrs per week	90% of above rates.
For contractors open for 25 hrs or more but less than 30 hrs per week	95% of above rates.

Eligibility for payments

31. The appropriate PHS allowance(s) will be paid to the community pharmacy contractor with whom the NHS Board has made an arrangement for the provision of PHS on **the first day of the month** except for the month of August 2008 when community pharmacy contractors eligible for the readiness and administration payments will be those with whom the NHS Board has made an arrangement for the provision of PHS at the effective start date of the service i.e. **29 August 2008**.

32. The appropriate level of MAS allowance payable to a community pharmacy contractor for a particular month will be paid to the contractor with whom the NHS Board has made an arrangement for the provision of PHS on **the last day of that month** and where based on the actual number of patients registered it will be based on the number of patients registered on the last date of that month.

33. Where a contractor is taken over by another other than on the first day of the month, the incoming contractor with whom the NHS Board has made an arrangement for the provision of PHS will not be due for PHS payments until the start of the following month and capitation claims will be treated as if relating to the following month. Contractors with whom the NHS Board has made an arrangement for the provision of MAS will however be eligible for MAS payments for that month.

Review of Patient Service Elements of PHS

34. The arrangements promulgated in this Circular will be the subject of a review during the first 12 months of operation. Further advice will follow in due course.

Drug Tariff Amendment

35. Community Pharmacy Scotland has been consulted on the contents of this Circular and the Drug Tariff is being amended accordingly.

Funding Arrangements

36. The Core Element of PHS- Availability for Service Payment and the MAS- Availability for service payments form part of the Global Sum for community pharmacy contractors for 2008-09. The remaining PHS payments form part of the temporary support package for Community Pharmacy contractors announced in NHS Circular [PCA\(P\)\(2008\) 13](#). All the payments will be met from the centrally held Pharmaceutical Services line.

Action

37. NHS Boards are asked to bring this Circular to the attention of community pharmacy contractors, local pharmacy committees, and Community Health Partnerships and to review their PHS and MAS arrangements.

Yours sincerely

DR JONATHAN PRYCE
Deputy Director

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (PUBLIC HEALTH SERVICE) (SCOTLAND) DIRECTIONS 2008

The Scottish Ministers, in exercise of the powers conferred by sections 2(5), 27A, 27B, 28A and 105(7) of the National Health Service (Scotland) Act 1978¹, and all other powers enabling them in that behalf, hereby give the following directions.

1. Citation and commencement

1.1 These Directions may be cited as the Health Board Additional Pharmaceutical Services (Public Health Service) (Scotland) Directions 2008 and shall come into force on 22 August 2008.

2. Interpretation

In these directions, unless the context otherwise requires:

2.1 “the Act” means the National Health Service (Scotland) Act 1978;

“the 1995 Regulations” means the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995²;

“Public Health Service” or “PHS” has the meaning ascribed in paragraph 3.1.

2.2 Other words and phrases used in these Directions have the same meaning as they have in the Act and in the 1995 Regulations.

2.3 any reference in these Directions

- (i) to a numbered paragraph, is a reference to a paragraph bearing that number in these Directions,
- (ii) to a numbered Schedule, is a reference to the Schedule to these Directions bearing that number, and

¹ 1978 c.29; section 2(5) was amended by the Hospital Complaints Procedure Act 1985 (c.42), section 1(1) and the National Health Service and Community Care Act 1990 (c.19), section 66(1); section 27A was inserted by the National Health Service (Primary Care) Act 1997 (c.46) (“the 1997 Act”), section 27(2); section 28 was inserted by the 1997 Act, section 28(2); section 28A was substituted by the Health Act 1999 (c.8) (“the 1999 Act”), section 57, and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1) (“the 2004 Act”), section 8, and schedule 1, paragraph 1; section 105(7) was amended by the Health Services Act 1980 (c.53), Schedule 6, paragraph 5(1) and Schedule 7, the Health Services and Social Security Adjudications Act 1983 (c.41), Schedule 9, Part I, paragraph 24 and the 1999 Act, Schedule 4, paragraph 60. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

² SI 1995/414, amended by SI 1996/840, 1996/1504, 1997/696, 1998/2224, 3031, SSI 1999/57, 2001/70, 2002/111, 153, 2003/296, 2004/39, SI 2004/1771, SSI 2004/212, 2005/327, 618, 2006/143, 245 and 320, 2007/208, SI 2007/289, SSI 2007/300 and 500 and 2008/27.

- (iii) to a numbered paragraph of a numbered Schedule, is a reference to a paragraph bearing that number in the Schedule bearing that number.

3. Description of the Public Health Service

3.1. The Public Health Service (PHS) is a service that will encourage the pro-active involvement of community pharmacists and their staff in supporting self care, offering suitable interventions to promote healthy lifestyles, and provision of a health promoting environment across the network of community pharmacies by participating in national and local campaigns.

3.2 The services which are comprised in PHS are specified in Schedule 1, paragraphs 1 and 2.

4. Health Board duty to arrange for a Public Health Service

4.1 Subject to paragraph 2 of Schedule 1 and until otherwise directed, Health Boards have a duty to arrange for the provision of a Public Health Service (PHS) for persons in their area as an additional pharmaceutical service.

5. Persons authorised to provide the Public Health Service

5.1 Health Boards may only enter into arrangements for the provision of PHS with:

- (a) a person who is a registered pharmacist; or
- (b) a person other than a registered pharmacist who, by virtue of section 69 of the Medicines Act 1968³, is taken to be a person lawfully conducting a retail pharmacy business in accordance with that section;

and, in the case of both (a) and (b) who is on the pharmaceutical list maintained by the Health Board in terms of regulation 5 of the 1995 Regulations⁴.

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

5.3. Where the pharmacist referred to at paragraph 5.3 is employed, the pharmacist must not be one:

- (a) who, has been disqualified under section 29B(2) of the Act⁵, or
- (b) who is suspended by direction of the Tribunal, or

³ 1968 (c.67) section 69 was amended by the Pharmacy Act 1954 (c.61), Schedule 16, the Pharmacists (Fitness to Practise) Act 1997 (c.19), section 1 and Schedule paragraph 4, and the Statute Law Repeals Act 1993 (c.50), and by SI 2007/289.

⁴ Regulation 5 was amended by SI 1997/696, SSI 1999/57, 2004/39, 2006/143.

⁵ 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.

- (c) who is the subject of a corresponding decision in England, Wales or Northern Ireland.

6. Compliance and Conditions

6.1. The arrangements made by a Health Board in accordance with paragraphs 4 and 5 shall include the terms and conditions specified in Schedule 1, with which the provider of PHS shall be obliged to comply.

7. Payment for the provision of a Public Health Service

7.1. Remuneration for the provision of PHS will be paid at nationally negotiated rates. From 22 August 2008 payment will be in accordance with Schedule 2.

8. The Health Board Additional Pharmaceutical Services (Public Health Service) (Scotland) Directions 2007

8.1 Subject to paragraph 8.2, these Directions revoke and supersede the Health Board Additional Pharmaceutical Services (Public Health Service) (Scotland) Directions 2007 (“the 2007 Directions”).

8.2 Notwithstanding paragraph 8.1, the 2007 Directions shall continue to apply in respect of any PHS provided during the period from 31 July 2007 until 21 August 2008.

Signed by authority of the Scottish Ministers

Jonathan Pryce

Scottish Executive: A member of the Senior Civil Service

22 August 2008

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (PUBLIC HEALTH SERVICE) (SCOTLAND) DIRECTIONS 2008

SCHEDULE 1

SERVICES TO BE PROVIDED AS A PUBLIC HEALTH SERVICE

1. A Public Health Service (PHS) comprises the following services:
 - (a) the provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public;
 - (b) making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material;
 - (c) participation in health promotion campaigns, each campaign being on display and visible within a pharmacy for a set period, determined nationally by Scottish Ministers following consultation with a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by Scottish Ministers for use by PHS providers if they wish; and
 - (d) where agreed between a PHS provider and the Health Board, participation in locally agreed health promotion campaigns in the intervals between the national campaigns referred to at sub-paragraph (c).
 - (e)
 - (i) the provision of a smoking cessation service comprising advice and supply of nicotine replacement therapy (NRT) and other smoking cessation products over a period of up to 12 weeks, in order to help smokers successfully stop smoking; and
 - (ii) the provision of a sexual health service comprising the supply of emergency hormonal contraception (EHC), a Chlamydia testing service and a Chlamydia treatment service.
2. The services named at 1(e) are to be provided from 29 August 2008.
3. Where a PHS provider decides not to supply emergency hormonal contraception (EHC), they should give notice in writing to the Health Board and advise the Agency of their decision and ensure prompt referral of patients to another provider who they have reason to believe provides that service.
4. For the provision of the services listed at 1(c) and 1(d) a PHS provider shall make available space in a window of the pharmacy or, only in the absence of any suitable window, another space within the pharmacy. Such space should be made available for the full duration of the campaigns unless by agreement with the relevant Health Board because of unforeseen or special circumstances.

5. In providing the PHS service, PHS providers will be required to:
- (a) use material, including leaflets and posters, provided or approved by Scottish Ministers or Health Boards;
 - (b) use the display equipment, including display stands and other devices, made available by Scottish Ministers or Health Boards, which display equipment may not be used for any commercial purpose, and make appropriate space available within the pharmacy to hold such display equipment;
 - (c) undertake the smoking cessation service and sexual health service in accordance with service specifications provided by Scottish Ministers to Health Boards; and disseminated by Health Boards to PHS providers as soon as possible after they are received;
 - (d) have regard to and, where required, comply with, stated standards and administrative guidance that is from time to time produced by Scottish Ministers and disseminated by Health Boards to PHS providers as soon as possible after they are received; and
 - (e) conform with the standards generally accepted by both the NHS and the pharmaceutical profession.

SCHEDULE 2

PAYMENT FOR THE PUBLIC HEALTH SERVICE

1. The payments for providing the Public Health Service (PHS) are set out in the Drug Tariff.
2. Payments for providing PHS under Schedule 1, Paragraph 1(d) will be at rates agreed between the NHS Board and the PHS providers.
3. Health Boards will be entitled to take such reasonable steps as are necessary to ensure that providers are:
 - (a) providing appropriate advice and support to patients and members of the public;
 - (b) displaying the agreed national campaigns, for the set periods; and
 - (c) providing the services named under Schedule 1, Paragraph 1(e).
4. Payments made to providers for providing PHS will be subject to post payment verification checks and investigation by the Agency.
5. Where after suitable investigation a Health Board is satisfied that a PHS provider is not providing the services listed in Schedule 1 but is receiving payment under paragraph 1 and 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 the payments will be stopped with immediate effect, and
 - (c) recover any payments made to the provider in respect of any period(s) when the provider was not providing the services specified in Schedule 1.

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

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

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1. Citation and commencement

1.1 These Directions may be cited as the Health Board Additional Pharmaceutical Services (Minor Ailment Service) (Scotland) Directions 2008 and shall come into force on 22 August 2008.

2. Interpretation

2.1 In these directions, unless the context otherwise requires:

“the Act” means the National Health Service (Scotland) Act 1978 ;

“the 1995 Regulations” means the National Health Service (Pharmaceutical Services) (Scotland) regulations 1995⁷;

“care home” means an establishment which provides a care home service as defined in sections 2(1)(b) and 2(3) of the Regulation of Care (Scotland) Act 2001⁸;

“consultation” means a consultation with a pharmacist under the Minor Ailment Service;

“eligible person” means a person who at the time of initial registration, and at the time of any subsequent consultation falls within the categories of person specified in:

- (a) paragraphs (a) to (i) of regulation 7(1) of the National Health Service (Charges for Drugs and Appliances) (Scotland) Regulations 2008⁹, or

⁶ 1978 c.29; section 2(5) was amended by the Hospital Complaints Procedure Act 1985 (c.42), section 1(1) and the National Health Service and Community Care Act 1990 (c.19), section 66(1); section 27A was inserted by the National Health Service (Primary Care) Act 1997 (c.46) (“the 1997 Act”), section 27(2); section 28 was inserted by the 1997 Act, section 28(2); section 28A was substituted by the Health Act 1999 (c.8) (“the 1999 Act”), section 57, and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1) (“the 2004 Act”), section 8, and schedule 1, paragraph 1; section 105(7) was amended by the Health Services Act 1980 (c.53), Schedule 6, paragraph 5(1) and Schedule 7, the Health Services and Social Security Adjudications Act 1983 (c.41), Schedule 9, Part I, paragraph 24 and the 1999 Act, Schedule 4, paragraph 60. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

⁷ SI 1995/414, amended by SI 1996/840, 1996/1504, 1997/696, 1998/2224, 3031, SSI 1999/57, 2001/70, 2002/111, 153, 2003/296, 2004/39, SI 2004/1771, SSI 2004/212, 2005/327, 618, 2006/143, 245, 320, 2007/208 SI 2007/289, SSI 2007/300 and 500 and 2008/27.

⁸ (asp 8).

⁹ SSI 2008/27

- (b) regulation 4(2) of the National Health Service (Travelling Expenses and Remission of Charges) (Scotland) Regulations 2003¹⁰,

except (in the case of both (a) and (b)):

- (i) persons who are not registered patients in terms of either the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004¹¹, or the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004¹²; and
- (ii) persons whose main or usual residence is a care home,

and “eligible persons” shall be construed accordingly.

“GSL medicine” means a medicine which can with reasonable safety be sold or supplied otherwise than by or under the supervision of a pharmacist, in accordance with section 51 of the Medicines Act 1968¹³;

“Minor Ailment Service” or “MAS” has the meaning ascribed in paragraph 3.1;

“Minor Ailment Service stationery” or “MAS stationery” means forms, approved by Scottish Ministers, on which -

- (a) the details of a patient registered for MAS are recorded; and
- (b) the details of a registered patient’s MAS transactions are recorded, including:
 - (i) any consultation undertaken;
 - (ii) any supply of medicine or appliance;
 - (iii) any referral to another healthcare practitioner;

“patient record” means a record maintained for each recipient of MAS in accordance with paragraph 4 of Schedule 2;

“Patient Group Direction” has the meaning ascribed in Article 1(2) of the Prescription Only Medicines (Human Use) Order 1997¹⁴

“Pharmacy (P) medicine” has the meaning ascribed to “pharmacy medicine” in The Medicines (Pharmacy and General Sale-Exemption) Order 1980¹⁵

¹⁰ SSI 2003/460. Regulation 4 was amended by SSI 2004/102, 2004/166, 2005/3, and 179, 2006/142, 183, and 440 and 2007/225 and 259 and 2008/27.

¹¹ SSI 2004/115, amended by SSI 2004/215, 337 and 2006/247, SI 2007/289, SSI 2007/206, 392 and 501 and 2008/27.

¹² SSI 2004/116, amended by SSI 2004/162, 217, 2005/336 and 2006/248, SI 2007/289, SSI 2007/205, 393 and 502 and 2008/27.

¹³ 1968 (c.67). Section 51 was amended by S1 2006/2407

¹⁴ SI 1997/1830; the definition of Patient Group Direction was inserted by SI 2000/1917 and amended by SI 2003/2915 and 2007/2178 .

“registration” means registration for the Minor Ailment Service in terms of paragraphs 3 to 5 of Schedule 2, and “registered” shall be construed accordingly;

“the 2007 Directions” means the Health Board Additional Pharmaceutical Services (Minor Ailment Service) (Scotland) Directions 2007 ;

“Yellow Card reporting mechanism” means an arrangement set up for reporting adverse reactions to medicines to the Medicines and Healthcare products Regulatory Agency on pre-printed and postage paid yellow cards, or to www.yellowcard.gov.uk.

2.2 Other words and phrases used in these Directions have the same meaning as they have in the Act and in the 1995 Regulations.

2.3 any reference in these Directions

- (i) to a numbered paragraph, is a reference to a paragraph bearing that number in these Directions;
- (ii) to a numbered Schedule, is a reference to the Schedule to these Directions bearing that number; and
- (iii) to a numbered paragraph of a numbered Schedule, is a reference to a paragraph bearing that number in the Schedule bearing that number.

3. Description of the Minor Ailment Service

3.1. The Minor Ailment Service is a service for the provision of pharmaceutical care to persons who are registered to receive MAS by a person who is authorised to provide MAS in terms of paragraph 5 and, where appropriate, advice, treatment or onward referral by that person to another NHS healthcare practitioner.

3.2 The services which are comprised in MAS are specified in Schedule 1.

4. Health Board duty to arrange for a Minor Ailment Service

4.1 Until otherwise directed, Health Boards have a duty to arrange for the provision of Minor Ailment Services (MAS) for persons in their area as additional pharmaceutical services.

5. Persons authorised to provide the Minor Ailment Service

5.1 Health Boards may only enter into arrangements for the provision of MAS with:

- (a) a person who is a registered pharmacist; or

¹⁵ SI 1980/1924.

- (b) a person other than a registered pharmacist who, by virtue of section 69 of the Medicines Act 1968¹⁶, is taken to be a person lawfully conducting a retail pharmacy business in accordance with that section;

and, in the case of both (a) and (b) who

- (i) is on the pharmaceutical list maintained by the Health Board in terms of regulation 5 of the 1995 Regulations¹⁷; and
- (ii) undertakes that all MAS shall be provided either by or under the direct supervision of a registered pharmacist.

6. Compliance and Conditions

6.1. The arrangements made by a Health Board in accordance with paragraphs 4 and 5 shall include the terms and conditions specified in Schedule 2, with which the provider of MAS shall be obliged to comply.

7. Payment for the provision of a Minor Ailment Service

7.1. Remuneration for the provision of MAS will be paid at nationally negotiated rates as set out in the Drug Tariff.

7.2. The prices and methodology for calculating reimbursements to a MAS provider for any preparations or appliances that he or she may supply to patients registered for MAS in connection with providing MAS will be in accordance with the provisions set out in Part 1 of the Drug Tariff.

8. The Health Board Additional Pharmaceutical Services (Minor Ailment Service) (Scotland) Directions 2007

8.1 These Directions revoke and supersede the 2007 Directions.

8.2 Notwithstanding paragraph 8.1, the 2007 Directions shall continue to apply in respect of any MAS provided during the period from 12 June 2007 until 21 August 2008.

Signed by authority of the Scottish Ministers

Jonathan Pryce

Scottish Executive A member of the Senior Civil Service
22 August 2008

¹⁶ 1968(c.67) section 69 was amended by the Pharmacy Act 1954 (c.61), Schedule 16, the Pharmacists (Fitness to Practise) Act 1997 (c.19), section 1 and Schedule paragraph 4, and the Statute Law Repeals Act 1993 (c.50) and by SI 2007/289 and 2007/3101.

¹⁷ Regulation 5 was amended by SI 1997/696, SSI 1999/57, 2004/39, 2006/143 and SI 2007/289.

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 2004¹⁸;
 - (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.

¹⁸ 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 Act¹⁹, 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 Regulations²⁰ with regard to and referred to as a “complaints procedure” shall apply to the provision of MAS.

¹⁹ 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.

²⁰ 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.

PHARMACEUTICAL SERVICES SPECIFICATION

PROVISION OF A SMOKING CESSATION SUPPORT SERVICE

1. Service aim

- 1.1 To provide extended access through the NHS to a smoking cessation support service, including the provision of advice and smoking cessation products, in order to help smokers successfully stop smoking as part of the Public Health Service (PHS) element of the community pharmacy contract.

2. Service outline

- 2.1 The service is available to any client aged 12 years or over.
- 2.2 The pharmacist and support staff proactively seek out clients for the service, for example patients with cardiac or respiratory disease, people from disadvantaged neighbourhoods, pregnant women and young people.
- 2.3 The client's details and motivation to quit are recorded and a provisional quit date set. The client is offered a return appointment prior to the provisionally agreed quit date.
- 2.4 The client attends the appointment and the pharmacist or member of support staff records any relevant data required to complete the national minimum dataset including the quit date.
- 2.5 After carrying out an assessment the pharmacist selects and supplies Nicotine Replacement Therapy (NRT), including the option of dual therapy, as appropriate to the client's needs using a CPUS form. This should be in accordance with the procedure detailed below (section 3) and any local prescribing guidance, formularies and/or protocols.
- 2.6 The pharmacist must make the initial supply, however subsequent supplies can be made by a trained member of pharmacy support staff.
- 2.7 The pharmacist may refer a client to other NHS Board Smoking Cessation Services according to an individual's needs and locally agreed patient pathways.
- 2.8 The pharmacist is responsible for ensuring that the service is user-friendly, non-judgemental, client-centred and confidential.
- 2.9 The service should be delivered from premises that can provide an acceptable level of confidentiality and safety.
- 2.10 The pharmacist must ensure maintenance of records for each supply / intervention and may be required to share information with appropriate parties in line with confidentiality protocols.

- 2.11 The pharmacist must ensure that, where appropriate, the client is advised on any other related topics and referred to other agencies / services as appropriate. Written information should also be available.

3. Service Procedure

When the client attends the appointment the pharmacist and support staff follows the procedure detailed below:

- The pharmacist assesses the client and discusses a quit date.
- The pharmacist or a member of support staff records any data required to complete the national minimum dataset on agreed stationery (including the agreed quit date).
- The pharmacist undertakes the initial assessment to select the appropriate choice of NRT in accordance with local prescribing protocols.
- The pharmacist provides the initial supply of NRT to the client.
- The pharmacist provides advice (both written and verbal) to the client taking into account any local guidance.
- The client is invited to attend to receive further supplies of NRT over a 12 week time period and ongoing support. This should normally be on a weekly basis however the pharmacist can extend this to suit the client's needs to either fortnightly or monthly if appropriate.
- The subsequent supplies can be provided by a trained member of support staff.
- The client's smoking status should be determined at each interval.
- The pharmacist or member of support staff should attempt to follow up the client if they do not present as anticipated.
- The pharmacist, or member of support staff, undertakes the four week post quit date follow up, record the results and sends this data along with the national minimum dataset information to their NHS Board on agreed stationery.
- where an NHS Board has supplied appropriate equipment to measure carbon monoxide (CO) then this validation should be carried out at the four week post quit date.
- If at the four week post quit date follow up the client reports having smoked in the last two weeks then the pharmacist should follow local NHS Board procedures. Where there is no local guidance the pharmacist should deem the quit attempt to have ended and class it as a failed attempt in which case further supplies of NRT should be ceased and any further cessation support to the client should be defined as a new quit attempt. Under these circumstances a new quit attempt can be started at any point thereafter.
- The NHS Board should undertake the twelve week and twelve month post quit date follow-ups unless it has been agreed locally that the twelve week follow up will be carried out by the pharmacist in which case they will record the results and send them to their NHS Board.

4. Service standards

- 4.1 The service should be provided according to the standards set by the Royal Pharmaceutical Society of Great Britain (RPSGB).
- 4.2 The service should comply with any policies and standards set by the NHS for the provision of such services regardless of setting.

- 4.3 The pharmacist providing the service should ensure that a standard operating procedure is in place which covers all aspects of service provision.

5. Training

- 5.1 The pharmacist providing the service should practise within their own competency.
- 5.2 Training on the smoking cessation support service should involve all pharmacy staff.
- 5.3 Distance learning resource packages are available from National Education Scotland (NES) Pharmacy for pharmacists who wish to develop their knowledge and skills in the area of smoking cessation. Other options include smoking cessation training delivered by PATH or PATH-approved cessation training delivered by a NHS Board.
- 5.4 The pharmacist providing the service must be aware of and operate within the national service specification.

6. Record keeping

- 6.1 It is a requirement of the service that appropriate records are kept and maintained by the pharmacist to enable verification of service provision and training requirements, and provide information for internal and external audit and evaluation purposes.
- 6.2 For every client who proceeds to set a quit date the pharmacist or a member of support staff is required to collect the agreed national minimum dataset information as detailed in Appendix A to this specification.
- 6.3 The pharmacist or member of their staff should endeavour to collect consistent, accurate and complete client information, in line with the national minimum dataset guidelines and data definitions and submit this timeously to the relevant personnel in the NHS Board for incorporation in the national monitoring statistics.
- 6.4 The national minimum dataset monitoring includes client follow-up at four week, twelve week and 12 months post quit date. The pharmacist, or member of support staff, will undertake the **four week** post quit date follow up and return all the information to the NHS Board. The core data required is detailed in Appendix B to this specification. NHS Boards are responsible for providing a contact point. **This information is key to NHS boards meeting their HEAT target on the number of successful one month quits.**
- 6.5 NHS Boards should undertake the twelve week post quit date follow-up unless it has been agreed locally that it will be carried out by the pharmacist in which case the pharmacist will send the results to their NHS Board.
- 6.6 NHS Boards are responsible for undertaking the twelve month post quit date follow up.
- 6.7 A nationally approved stationery template will be made available to support the data collection aspects.

Background information

NHS Health Scotland: Smoking Cessation Guidelines for Scotland: 2004 Update
<http://www.healthscotland.com/documents/299.aspx>

NHS Health Scotland: Smoking Cessation Update 2007
<http://www.healthscotland.com/documents/1762.aspx>

RPSGB Medicines, Ethics and Practice Guide (current edition)

NES Smoking Cessation Distance Learning Resource (2003 / 2006)

Comparing Models of Smoking Treatment in Glasgow: interim report, March 2008
<http://www.gcph.co.uk/content/view/22/38/>

Useful references

Flavours of Public Health : a public health training guide for pharmacists
<http://www.nes.scot.nhs.uk/pharmacy>

RPSGB practice guideline
<http://www.rpsgb.org.uk/pdfs/stopsmokingsuppservtoolsguid.pdf>

PATH smoking cessation training
<http://www.ashscotland.org.uk/ash/4067.html>

Four Week Post Quit Date Follow Up Data Requirements

Four week follow up
<p>Client Contacted for four week follow up?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No (Client lost to Follow up) <input type="checkbox"/> No (Client did not consent to follow up) <input type="checkbox"/> No (Client Died) <input type="checkbox"/> Unknown Please now complete questions 17-21 </p>
<p>Date Follow up carried out:</p> <p>_____ dd/mm/yyyy</p>
<p>Smoked in the Last 2 weeks?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No (please conduct 12 week and 12 month follow up) <input type="checkbox"/> Unknown </p>
<p>CO reading confirms quit (if applicable)?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CO reading not taken </p>
<p>Interventions used in this quit attempt:</p> <p> <input type="checkbox"/> Pharmacy scheme incl. Support <input type="checkbox"/> Other (please specify) </p>
<p>NRT and/or Bupropion used in this quit attempt:</p> <p> <input type="checkbox"/> NRT only <input type="checkbox"/> Both NRT and Bupropion <input type="checkbox"/> Neither </p>

PHARMACEUTICAL SERVICES SPECIFICATION

PUBLIC HEALTH SERVICE

SEXUAL HEALTH SERVICE

5. Service aim

- 1.1 To provide extended access through the NHS to advice and specific sexual health services as part of the Public Health Service (PHS) element of the community pharmacy contract.

6. Service outline

- 6.1 There are four components to the sexual health service; namely testing, advice, treatment and / or referral to another health care practitioner.
- 6.2 The specific services are the free provision of Emergency Hormonal Contraception (EHC), testing for Chlamydia infection and treatment of Chlamydia infection, where clinically appropriate.
- 6.3 The services are provided and funded as a national NHS service by NHS Scotland through the PHS element of the community pharmacy contract and comply with policies and standards set by the NHS for the provision of such services.
- 6.4 A pharmacist who chooses not to supply EHC on the grounds of religious, moral or ethical reasons must treat the matter sensitively and advise the client on an alternative local source of supply (such as another pharmacy, GP or sexual health service). (see RPSGB *Medicines, Ethics and Practice Guide*).
- 2.5 If a client is showing symptoms that indicate another sexually transmitted infection then they must be advised and encouraged to attend the local specialist sexual health service, GUM clinic or their GP practice for further investigation.
- 2.6 The pharmacist must ensure, where appropriate, that the client is counselled on other sexual health matters and related topics. Written information should also be available on these topics.
- 2.7 The pharmacist must use their professional judgement to consider, and where appropriate, act on any child protection issues brought to their attention. This should be in line with the local child protection procedures and any national or local guidance on under 16s sexual activity.

7. Service standards

- 3.1 There are two accompanying service specifications and standards for each of the two components of the sexual health service (see Appendices A and B to this specification).
- 3.2 The service should be provided according to the standards set by the Royal Pharmaceutical Society of Great Britain (RPSGB).

- 3.3 The pharmacist providing the service should ensure that a standard operating procedure is in place which covers all aspects of service provision.

8. Training

- 8.1 The pharmacist providing the service must practise within their own competency.
- 4.2 Distance learning resource packages are available from National Education Scotland (NES) Pharmacy for pharmacists who wish to develop their knowledge and skills in sexual health services.
- 4.3 The pharmacist providing the service must be aware of and operate within the national service specifications.

5. Record keeping

- 5.1 It is a requirement of the service that appropriate records, including patient medication records, are kept and maintained by the pharmacist, to enable verification of service provision and training requirements, and to provide information for internal and external audit and evaluation purposes.

PROVISION OF EMERGENCY HORMONAL CONTRACEPTION (EHC)

1. Service aim

- 1.1 To provide, where clinically indicated, a free supply of emergency hormonal contraception (EHC) as specified within a Patient Group Direction (PGD).

2. Service outline and standards

- 2.1 The service is available to any female client aged 13 years or over.
- 2.2 The service must be provided by the pharmacist in person.
- 2.3 The pharmacist takes a client history to ensure that they have sufficient information to assess the appropriateness of the supply.
- 2.4 Clients who are excluded from the service must be referred to other services for treatment and advice within the time frame for emergency contraception treatment to be effective.
- 2.5 The pharmacist supplies, according to a PGD and the procedure set out in section 3, Levonorgestrel as a single dose within 72 hours of unprotected sexual intercourse using the CPUS form.
- 2.6 The pharmacist is responsible for ensuring that the service is user-friendly, non-judgemental, client-centred and confidential.
- 2.7 A pharmacist who chooses not to supply EHC on the grounds of religious, moral or ethical reasons must treat the matter sensitively and advise the client on an alternative local source of supply (another pharmacy, GP or sexual health service) available within the time frame for emergency hormonal contraception treatment to be effective (within 72 hours of unprotected sexual intercourse). (see RPSGB *Medicines, Ethics and Practice Guide*).
- 2.8 The service should be operated from premises that can provide an acceptable level of privacy to respect a client's right to confidentiality and safety.
- 2.9 The pharmacist must ensure maintenance of records for each supply and may be required to share information with appropriate parties in line with confidentiality protocols.
- 2.10 The pharmacist must ensure, where appropriate, that the client is counselled on other sexual health matters and related topics. Written information should also be available on these topics.
- 2.11 The pharmacist must use their professional judgement to consider, and where appropriate, act on any child protection issues coming to their attention as a result of providing the service. This should be in line with local child protection procedures and any national or local guidance on under 16s sexual activity.

2.12 The service should be provided according to the standards set by the Royal Pharmaceutical Society of Great Britain (RPSGB).

3. Service Procedure

The pharmacist follows the procedure detailed below:

- The pharmacist consults with female client, takes a client history and establishes the need, any possibility of current pregnancy, any contraindications, previous use and current medication to ensure the supply is safe and appropriate.
- The supply is made and recorded in the patient medication record.
- The client is counselled on the use of EHC and what to do if she vomits after taking the medication this includes returning to the pharmacy for a further supply if clinically appropriate.
- The pharmacist advises that the next period may be early or late and to contact their GP or family planning adviser if the period has not occurred within 3 weeks or if menstruation is unusually heavy or light or if there is any presence of lower abdominal pain.
- The pharmacist advises on the use of barrier contraception until the next period.
- The pharmacist counsels the client on the importance of using regular contraception if they are sexually active and promotes the role of condoms in preventing sexually transmitted infections.
- The pharmacist provides the client with an EHC and contraception information leaflet to support any verbal advice.
- The pharmacist provides the client with written advice on local agencies who can provide access to further treatment and services if required, this includes details of specific services for young people under the age of 18.
- The pharmacist provides any additional written and verbal advice on the risk of sexually transmitted infections as a result of unprotected sex and future contraceptive needs.

4. Training

- 4.1 Training on the supply of EHC should involve all pharmacy staff in order to ensure that everyone is aware of the key issues regarding the supply of EHC and so that all staff respond sensitively and appropriately to enquiries about EHC. In particular, staff should recognise that all requests for EHC should be referred to the pharmacist early on in the consultation.
- 4.2 Distance learning packages on *Emergency Hormonal Contraception* and *Child Protection* are available from NES Pharmacy for pharmacists who wish to develop their knowledge and skills in these areas.

Background Information

RPSGB Medicines, Ethics and Practice (current edition)

RPSGB practice guideline on supply of Emergency Hormonal Contraception as a pharmacy medicine

Local child protection protocols and policies

NES Child Protection Distance Learning Resource Pack

NES The Pharmaceutical Care of Sexual Health Distance Learning Resource Pack

NES Flavours of Pharmaceutical Public Health Distance Learning Resource Pack

Useful references

RPSGB practice guideline

<http://www.rpsgb.org.uk/pdfs/ehcguid.pdf>

RPSGB updated advice on EHC

<http://www.rpsgb.org/pdfs/pr061218.pdf>

RPSGB guidance on child protection

<http://www.rpsgb.org.uk/pdfs/childprotectguid.pdf>

PART 1: CHLAMYDIA TESTING SERVICE

1. Service aim

- 1.1 To provide a Chlamydia testing service.

2. Service outline and standards

- 2.1 The service is targeted at any individuals aged 15 to 24 years.
- 2.2 The service allows for the testing of the client and any current sexual partner(s).
- 2.3 The pharmacist or a member of their support staff provides an appropriate testing kit[s] to a client[s] requesting a Chlamydia test or to those identified as suitable by the pharmacist or a member of their support staff. The testing and follow up arrangements will be as per local NHS Board arrangements.
- 2.4 If a client is showing symptoms that indicate another sexually transmitted infection is present then they must be advised and encouraged to attend the local specialist sexual health service, GUM clinic or their GP practice for further investigation.
- 2.5 Results of the test are notified to the client as per local NHS Board arrangements. The client must be encouraged to notify any partners where appropriate. Clients and their sexual partners must be encouraged to make use of the Community Pharmacy treatment service and/or any NHS Board supported contact tracing service if the result is positive.
- 2.6 The pharmacist is responsible for ensuring that the service is user-friendly, non-judgemental, client-centred and confidential.
- 2.7 The service should be operated from premises that can provide an acceptable level of privacy to respect a client's right to confidentiality and safety.
- 2.8 The pharmacist must ensure, where appropriate, that the client is counselled on other sexual health matters and related topics. Written information should also be available on these topics and also on local services such as specialist sexual health services.
- 2.9 The service should be provided according to the standards set by the Royal Pharmaceutical Society of Great Britain (RPSGB).

3. Training

- 3.1 Distance learning packages on *The Pharmaceutical Care of Sexual Health* and *Flavours of Pharmaceutical Public Health* are available from NES Pharmacy for pharmacists who wish to develop their knowledge and skills in these areas.

PART 2: CHLAMYDIA TREATMENT SERVICE

1. Service aim

- 1.1 To provide, where clinically indicated, a Chlamydia treatment service as specified within a Patient Group Direction (PGD).

2. Service outline and standards

- 2.1 The service is available to any individual aged 13 years or over.
- 2.2 The service allows for the treatment of the client and any current sexual partner(s) as per local NHS Board arrangements.
- 2.3 The treatment service must be provided by the pharmacist in person following the procedure set out in section 3.
- 2.4 The pharmacist supplies, according to a PGD, Azithromycin as a single 1G dose using the CPUS form. Ideally the dose should be supervised, but the client can be supplied with the Azithromycin to take at a later time.
- 2.5 The client must be encouraged to notify any partner/s if appropriate.
- 2.6 If a client is showing symptoms that indicate another sexually transmitted infection is present then they must be advised and encouraged to attend the local specialist sexual health service, GUM clinic or their GP practice for further investigation.
- 2.7 The pharmacist is responsible for ensuring that the service is user-friendly, non-judgemental, client-centred and confidential.
- 2.8 The service should be operated from premises that can provide an acceptable level of privacy to respect a client's right to confidentiality and safety.
- 2.9 The pharmacist must ensure maintenance of records for each supply and may be required to share information with appropriate parties in line with confidentiality protocols.
- 2.10 The pharmacist must ensure, where appropriate, that the client is counselled on other sexual health matters and related topics. Written information should also be available on these topics.
- 2.11 The pharmacist must use their professional judgement to consider, and where appropriate, act on any child protection issues coming to their attention as a result of providing the service. This should be in line with the local child protection procedures.
- 2.12 The service should be provided according to the standards set by the Royal Pharmaceutical Society of Great Britain (RPSGB).

3. Service Procedure

The pharmacist follows the treatment procedure detailed below:

- The pharmacist consults with the client, takes a client history to ensure that the treatment is safe and appropriate.
- The pharmacist supplies, and if possible supervises the consumption of the antibiotics according to a PGD using the CPUS form.
- The supply is also recorded in the patient medication record.
- The client is counselled on the antibiotic treatment.
- The pharmacist advises on the role of condoms in preventing sexually transmitted infections.
- The pharmacist provides the client with written information to support any verbal advice.
- The pharmacist provides the client with written advice on local agencies (including local specialist sexual health services) who can provide access to further treatment and services if required, this can include details of specific services for young people under the age of 18 where available.
- The pharmacist provides any additional written and verbal advice on the risk of sexually transmitted infections as a result of unprotected sex.

4. Training

- 4.1 Distance learning packages on *The Pharmaceutical Care of Sexual Health*, *Flavours of Pharmaceutical Public Health* and *Child Protection* are available from NES Pharmacy for pharmacists who wish to develop their knowledge and skills in these areas.

BACKGROUND INFORMATION (PARTS 1 & 2)

RPSGB Medicines, Ethics and Practice (current edition)

Local child protection protocols and policies

NES Child Protection Distance Learning Resource Pack

NES The Pharmaceutical Care of Sexual Health Distance Learning Resource Pack

NES Flavours of Pharmaceutical Public Health Distance Learning Resource Pack

SIGN 42 Management of genital *Chlamydia trachomatis* infection

PHS Health Promotion Campaigns

The remaining campaign topics for 2008/09 are:

11 August – 30 September	HPV campaign (national)
1 October - 16 November	Seasonal Flu campaign (national)
17 November – 4 January	Smoking Cessation (pharmacy)
5 January – 15 February	DUMP campaign (pharmacy)
16 February - 31 March	Unscheduled Care (national)

CLAIM FORM COMMUNITY PHARMACY

CONTRACTORS FOR PHS-PATIENT SERVICE PROGRAMMES

TO BE COMPLETED EACH MONTH FOR WHICH PAYMENT IS CLAIMED

Contractors claiming the following monthly payments:

PHS – Smoking Cessation Capitation Payments

PHS – Sexual Health Capitation Payments

must comply with the following requirements and return a copy of the completed form either:

By post to

Moira Hanley
NHS National Services Scotland
Practitioner Services
Gyle Square
1, South Gyle Crescent
Edinburgh
EH12 9EB

By fax to 0131 275 7532

By email moira.hanley@ppd.csa.scot.nhs.uk

Please Note:

To be eligible for the timely processing with payments relating to the dispensing month concerned, Practitioner Services Division must receive forms **no later than the 7th day** of the following month. Forms received later than this date will be processed as claims relating to the following or subsequent month dependant on the date and month of receipt.

TO BE COMPLETED EACH MONTH FOR WHICH PAYMENT IS CLAIMED

Contractor Name:

Contractor Code:

Month for which payments are claimed:

I the undersigned contractor confirm that I have complied with all the requirements detailed in Circular NHS Circular PCA(P) (2008) 17 related to the provision of the patient service elements of PHS – Smoking Cessation and PHS – Sexual Health and hereby claim capitation payments for the following numbers of patients to who I have provided treatment during the month stated above.

PHS – Smoking Cessation

No. of patients in month 1 of treatment during month of claim

No. of patients in month 2 of treatment during month of claim

No. of patients in month 3 of treatment during month of claim

PHS – Sexual Health Part A – Chlamydia Services

No. of patients treated during month of claim

PHS – Sexual Health Part B – EHC

No. of patients treated during month of claim

I advise that the PHS – Sexual Health Part B – EHC patient service has been available during the standard contracted opening hours of this community pharmacy for the claimed month.

I confirm that this information is correct and I understand that, if it is not, action may be taken against me.

Signed:

Name:

Date:

Designation:

NOTIFICATION OF OPTING OUT OF PHS - Sexual Health Part B - EHC patient service

Contractors opting out from provision of the PHS- Sexual Health Part B-EHC patient service are requested to complete the following notification and send to the Director of Pharmacy of the NHS Board on whose list they appear and to copy the completed declaration

By post to

Moira Hanley
NHS National Services Scotland
1 Gyle Square
South Gyle Crescent
EDINBURGH
EH12 9EB; or

By fax to 0131-275 7532 or

By email to moira.hanley@ppd.csa.scot.nhs.uk

Contractor Name: _____

Contractor Number: _____

I the undersigned contractor advise that I am opting out of the patient service elements of PHS - Sexual Health Part B – EHC as detailed in NHS Circular PCA(2008) 17 and accordingly understand that I will not therefore be eligible for any payments in respect of this service.

Signed: _____

Name: _____

Date: _____