Dear Colleague

ADDITIONAL PHARMACEUTICAL SERVICES
MINOR AILMENT SERVICE DIRECTIONS AND
SERVICE SPECIFICATION

Summary

1. This Circular encloses revised Directions and a revised service specification for the Minor Ailment Service (MAS).

Background

2. NHS Circular PCA(P)(2008)17 promulgated revised Directions for Health Board Additional Pharmaceutical Services (Minor Ailment Service). These existing Directions are revoked and replaced by the new Directions attached as Annex A as of 1 April 2011. The existing service specification for the MAS is also revoked and replaced by the new service specification attached as Annex B as of 1 April 2011.

Detail

3. The Directions and service specification clarify who is eligible to register for, and to use, MAS. From 1 April 2011, prescription charges will be abolished but there are no changes to who is eligible for MAS. The same groups currently eligible for MAS will continue to be eligible post 1 April 2011. There are no plans at this time to extend MAS to all patient groups.

Patient leaflet

4. The MAS patient leaflet is also being revised and copies will be distributed to all community pharmacies and GP practices in early April 2011. Copies of the old MAS leaflet should be destroyed (recycled where possible).

22 March 2011

Addresses

For action
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Guidance for pharmacists

5. Guidance on prescription charges and MAS will be distributed direct to all community pharmacies and GP practices in time for the abolition of charges from 1 April 2011.

Funding arrangements

6. There are no changes to the existing payment and funding arrangements for MAS.

7. Community Pharmacy Scotland has been consulted on the contents of this Circular.

Action

8. Health Boards are asked to note the contents of this Circular and to bring it to the attention of community pharmacy contractors, GPs, local pharmacy committees and Community Health Partnerships.

Yours sincerely

W SCOTT
Deputy Director/Chief Pharmaceutical Officer
ANNEX A

NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978

HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MINOR AILMENT SERVICE) (SCOTLAND) DIRECTIONS 2011

The Scottish Ministers, in exercise of the powers conferred by sections 2(5), 27A, 27B, 28A and 105(6) and (7) of the National Health Service (Scotland) Act 1978\(^1\), 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 (Minor Ailment Service) (Scotland) Directions 2011 and shall come into force on 1 April 2011.

2. Interpretation

2.1 In these directions, unless the context otherwise requires:

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

“the 2009 Regulations” means the National Health Service (Pharmaceutical Services) (Scotland) regulations 2009\(^2\);

“the 2011 Regulations” means the National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011\(^3\);

“care home” means an establishment which provides a care home service as defined in paragraph 2 of schedule 12 to the Public Services Reform (Scotland) Act 2010\(^4\);

“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 following categories of person:

(a) a person who is under the age of 16 years;

\(^1\) 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).


\(^3\) SSI 2011/32

\(^4\) (asp 8).
(b) a person who is under the age of 19 years and is receiving qualifying full time education within the meaning of paragraph 7 of Schedule 11 to the Act;

(c) a person who is 60 years of age or over;

(d) a woman to whom a Health Board has issued an exemption certificate on the ground that she is an expectant mother or has within the last 12 months given birth to a live child or a child registrable as still-born under the Registration of Births, Deaths and Marriages (Scotland) Act 1965;

(e) a person with a valid exemption certificate;

(f) a person to whom the Secretary of State has issued a valid exemption certificate in respect of the supply of drugs and appliances for the treatment of accepted disablement but only in respect of those supplies to which the certificate relates;

(g) a person who falls within the categories of person specified in regulation 4(2) of the National Health Service (Travelling Expenses and Remission of Charges) (Scotland) Regulations 2003⁵;

except in the case of (a) to (g):

(i) persons who are not registered patients in terms of either the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004⁶, or the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004⁷; and

(ii) persons whose main or usual residence is a care home,

and “eligible persons” shall be construed accordingly.

“exemption certificate” means a certificate issued by a Health Board to a named patient under Regulation 4 of the 2011 Regulations.

“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 1968⁸;

“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 -

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⁸ 1968 (c.67). Section 51 was amended by SI 2006/2407
(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 1997\(^9\);

“Pharmacy (P) medicine” has the meaning ascribed to “pharmacy medicine” in The Medicines (Pharmacy and General Sale-Exemption) Order 1980\(^{10}\);

“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 2008 Directions” means the Health Board Additional Pharmaceutical Services (Minor Ailment Service) (Scotland) Directions 2008;

“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 2009 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.

\(^9\) SI 1997/1830; the definition of Patient Group Direction was inserted by SI 2000/1917 and amended by SI 2003/2915 and 2007/2178.

\(^{10}\) SI 1980/1924.
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

   (b) a person other than a registered pharmacist who, by virtue of section 69 of the Medicines Act 1968\(^\text{11}\), 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 2009 Regulations\(^\text{12}\); 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

\(^{11}\) 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.

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 2008

8.1 These Directions revoke and supersede the 2008 Directions.

8.2 Notwithstanding paragraph 8.1, the 2008 Directions shall continue to apply in respect
of any MAS provided during the period from 22 August 2008 until 31 March 2011.

Signed by authority of the Scottish Ministers

W Scott
Scottish Executive A member of the Senior Civil Service
22 March 2011
SERVICES TO BE PROVIDED AS A MINOR AILMENT SERVICE

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

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

   (i) Pharmacy (P) and General Sales List (GSL) medicines that are not listed in directions given by Scottish Ministers under section 17N(6) of the Primary Medical Services (Scotland) Act 2004;\(^{13}\)

   (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.

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\(^{13}\) 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; and
   (d) the services provided to the registered patient as MAS, to include:
      (i) details of the advice or treatment provided;
      (ii) the date on which each of the above was provided;
      (iii) with respect to treatments, the name, quantity, form and strength of any product supplied; and
      (iv) if the patient was referred to another NHS healthcare practitioner, the name of that practitioner, the date of the referral and the reasons for the referral;

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

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

7. A MAS provider is to use MAS stationery to record details where a patient registered for MAS
(i) receives a consultation;
(ii) is supplied with medicines and appliances for treatment purposes;
(iii) is referred to another healthcare practitioner;
(iv) is no longer eligible for MAS and registration must be withdrawn.

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

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

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

   (a) who, has been disqualified under section 29B(2) of the Act \(^{14}\), 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 paragraph 12 of Schedule 1 of the 2009 Regulations with regard to and referred to as a “complaints procedure” shall apply to the provision of MAS.

\(^{14}\) 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.
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.
MINOR AILMENT SERVICE (MAS) SERVICE SPECIFICATION

1. Service Aim and Objectives

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

1.2 The core objectives for MAS are to:

- improve access to consultations, advice and medicines for common illnesses;
- promote care through the community pharmacy setting;
- shift the balance of care from GPs and nurses to community pharmacists where it is appropriate;
- help address health inequalities;
- assist in managing the demand on the time of other members of the primary care team.

2. Service Description

2.1 MAS allows eligible individuals 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.

2.2 The service is available to any eligible person (see section 3.12 below).

2.3 The consultation must be provided by the pharmacist in person.

3. Service Outline

3.1 MAS Registration and Withdrawal

3.11 Individuals who are eligible for MAS can register with the community pharmacy of their choice to receive MAS.

3.12 The following persons are currently eligible to register for the service:

- persons who are under 16 years of age or under 19 years of age and in full-time education;
- persons who are aged 60 years or over;
- persons who have a valid maternity exemption certificate, medical exemption certificate, or war pension exemption certificate;
- persons who get Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, or Pension Credit Guarantee Credit; and
o persons who are named on, or are entitled to, an NHS tax credit exemption certificate or a valid HC2 certificate.

3.13 The following persons are **not eligible** to register for the service:

   o persons who are not included in the list of eligible persons above;
   o persons not registered with a Scottish GP practice;
   o temporary residents; and
   o patients in Care Homes (Nursing and Residential Homes)

3.14 Individuals can only register with one pharmacy.

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

3.16 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, triggers the printing of a paper registration form in the pharmacy which the person signs annotating their eligibility for the service.

3.17 Registration is either done in advance of requiring to use the service or at the time when the service is required. A check is made, for example by asking for evidence, that the person is eligible for MAS. Where evidence is not seen the person can still be registered but the ‘evidence not seen’ box on the back of the registration form should be marked with as cross.

3.18 A check is also made at each consultation that the person is still eligible for MAS.

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

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

3.3 **MAS Consultation**

3.31 Care provided through MAS includes 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.

3.32 Individuals present with a symptom or symptoms themselves or, occasionally, someone may present on their behalf (for example a parent for a child or a carer).
3.33 The pharmacist assesses the symptoms in order to ascertain and consider information which helps them to determine the cause and severity of the presenting condition and determine 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.

3.34 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.

3.35 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 select this in line with national and local NHS prescribing policy and wherever possible on a generic basis.

3.36 The pharmacist will also establish the counselling and advice needs of the patient. This includes explaining 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.

3.37 The requirement to refer a patient is, in most instances, obvious when assessing the condition. Pharmacists and GPs should agree locally the circumstances when and procedure by which a patient 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.

3.38 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 MAS.

3.39 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 patient with any necessary information or support provided by the pharmacist or a member of their support staff.

4. Formulary

4.1 There is one national formulary which is the reference point for reimbursement purposes for products provided under MAS.

4.2 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).
4.3 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.

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

5. Administration and record keeping

5.1 A CP2 form is used to register people eligible for MAS.

5.2 A CP2 form is also used 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 (PMR) 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. Section 7b of the Scottish Drug Tariff clarifies the pricing of certain items when prescribed generically.

7. Training

7.1 The pharmacist providing the service must practise within their own competency.

7.2 The pharmacist providing the service must be aware of and operate within the national service specifications and local formulary guidelines.

8. Useful references

MAS Directions – available on SHOW website
http://www.communitypharmacy.scot.nhs.uk/core_services/mas.html

MAS Patient Leaflet – available on SHOW website
http://www.communitypharmacy.scot.nhs.uk/core_services/mas.html

This should be read in conjunction with the accompanying NES Minor Ailment Service Implementation Resource Pack.

March 2011