

## Appendix 1

# Community pharmacies

helping provide better quality and  
resilient urgent care: three services for  
commissioners to consider

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# What does this slide set contain?

- *Community Pharmacy - Helping provide better quality and resilient urgent care* outlines how community pharmacy can help take pressure off other NHS services.
- This slide set describes three community pharmacy services that can be commissioned rapidly to help with winter pressures and provide better quality and resilient urgent care.
- The three services described in the slide set are:
  - Service 1 – ‘Flu vaccination at community pharmacies
  - Service 2 – Emergency supplies of repeat medicines
  - Service 3 - A NHS community pharmacy service to support low income families or patients in areas of social deprivation to self care
- Links to implementation plans and toolkits for each of the three services are provided at the end of each section.



# **‘Flu vaccination at community pharmacies**

# What is the problem?

‘Flu vaccination can prevent death and ill-health from ‘flu and reduce hospital admissions.

Primary care is not achieving high enough vaccination rates for clinical at-risk groups. During the 2012/13 ‘flu vaccination campaign in England only around 52% of at risk patients were vaccinated<sup>1</sup>.

<sup>1</sup> [Influenza Vaccine Uptake amongst GP Patient Groups in England. Winter Season 2012/13 \(Public Health England\)](#)

# How can community pharmacy help?

- Providing vaccination through additional providers increases the overall vaccination rates especially in harder to reach groups<sup>2</sup>.
- Providing vaccinations in community pharmacies increases vaccination rates in the following groups<sup>3</sup>
  - a) first-time vaccinations where they had been eligible previously;
  - b) over 65 years of age;
  - c) under 65 years of age and at-risk;
  - d) carers and frontline healthcare workers.

[2 . Centres for Disease Control and Prevention. Adult immunization programs in non-traditional settings: quality standards and guidance for program evaluation](#)

[3. Warner GJ, Portlock J, Smith J, Rutter P. \(2013\) Increasing seasonal influenza vaccination uptake using community pharmacies. International Journal of Pharmacy Practice. 2013;21\(6\):362-7](#)

# How can community pharmacy help?

- The typical prescribing cycle for medicines to treat long term conditions means that patients in the at-risk group will attend a pharmacy up to five times within the 'flu season for a prescription presenting opportunities for vaccination.
- Over a quarter of a million private 'flu vaccinations have been successfully provided by community pharmacies in England and Wales in one scheme alone<sup>4</sup>.
- In Tower Hamlets CCG they exceeded the national target for 2013/14 in the over 65 years old by achieving 76% vaccination. 11% of all vaccinations in this age group were undertaken by community pharmacies in a Pan London scheme<sup>5</sup>.
- PharmaOutcomes<sup>®</sup> data for one PCT indicated that over 13% of their at-risk cohort vaccinated by pharmacies were pregnant women<sup>6</sup>.

[4. In-Pharmacy Flu Vaccination Programme 2011/12 Patient Feedback Questionnaires - Summary Report: Novartis Vaccines and Diagnostics Limited \("Novartis Vaccines"\) 27th July, 2012 \(Data on file: I-PFI Statistics for 2012\)](#)

[5. Impact of Influenza Vaccination upon uptake as a Pan London service from community pharmacy \(Internal report: NHS England London June 2014\)](#)

[6. PharmaOutcomes data – available on request \(\[info@phpartnership.com\]\(mailto:info@phpartnership.com\)\)](#)

# What do patients think?

- Evaluation of existing 'flu vaccination services provided by community pharmacists shows that patients strongly welcome the additional choice available to them<sup>7,8,9</sup>
- In a study of almost 3,500 patients, 99% of patients rated the service as above average or excellent. Twenty percent said they wouldn't otherwise have been vaccinated and all respondents who expressed a view said they would use the service again<sup>10</sup>.
- The literature shows factors that encouraged the use of pharmacies included accessibility and convenient times that avoided the need to take time off work.

[7. Ward L, Draper J. A review of the factors involved in older people's decision making with regard to influenza vaccination: a literature review. J Clin Nurs 2008; 17: 5-16](#)

[8. Hind C et al. Successful provision of influenza vaccine from a community pharmacy in Aberdeen. Pharm J 2004; 273:194-6](#)

[9. Centers for Disease Control and Prevention. Adult immunization programs in non-traditional settings: quality standards and guidance for program evaluation \[www.cdc.gov/mmwr/PDF/rr/rr4901.pdf\]\(http://www.cdc.gov/mmwr/PDF/rr/rr4901.pdf\)](#)

[10. Seasonal Influenza Vaccination 2011/12 Isle of Wight Community Pharmacy Report: Pinnacle Health Partnership](#)

# Who is already commissioning this service?

Many area teams have commissioned community pharmacies to provide a 'flu vaccination service. For the 2014/15 season Area Teams commissioning a service from community pharmacy include:

- Pan London
- Devon, Cornwall and Isles of Scilly
- Wessex
- East Anglia
- Greater Manchester
- Merseyside
- Cumbria, Northumberland, Tyne and Wear
- Durham, Darlington and Tees
- South Yorkshire and Bassetlaw
- Kent, Surrey and Sussex

# What are the financial implications?

- ‘Flu vaccination is essentially a contained market because: the NHS has clearly defined the groups that qualify for ‘flu vaccination at NHS expense; a patient will only be vaccinated once in a season; the cost the NHS pays for the vaccine should be the same regardless of the vaccination provider.
- NHS England and PSNC agree that community pharmacies should receive the same vaccination fee as GP practices for administration to at risk groups with reimbursement of vaccine costs + VAT.
- Additional costs will be limited to the Area Team set-up and management of the service. These can be kept to a minimum by using existing systems for local enhanced services and by using the Area Teams and Local Pharmaceutical Committee’s communications networks.

# How can this be done?

- To increase the number of patients vaccinated this winter a 'flu vaccination service can be commissioned from community pharmacies as a pharmaceutical enhanced service.
- A vaccination service can be commissioned using an NHS England approved Patient Group Direction (PGD) and associated paperwork.
- The patient's GP practice would be informed within 48 hours of a patient being vaccinated.

# How can we record data and pay contractors?

- OPTION 1: Use a web-based system e.g. PharmOutcomes®, Webstar, North 51, Sonar. This may involve a cost to the area team. Many area teams already use web-based systems.
- Web-based systems generally include an NHS 'flu vaccination service module which allows a data capture and invoicing system to be set up quickly. The commissioner controls which pharmacies are given access to the service module.
- These systems will create invoices/service claims for each provider and will support notification of GP practices of vaccinations undertaken.
- OPTION 2. A paper based solution can be used - the resources for managing a paper-based service will vary and depend upon the capacity of the area team to send, receive and process engagement documents, assurance documents and payment claims. Data on service delivery would be available retrospectively, aligned to the claim cycle, most likely monthly.
- Consider whether pharmacist advises GP who updates Immform® or pharmacists directly update Immform®, also consider recording on Immform® for unregistered patients and those at risk patients opting to be vaccinated through pharmacy privately.

# How can I implement this quickly?

- For commissioners who wish to commission 'flu vaccination from community pharmacy for 'at risk' groups, a toolkit containing an implementation plan, sample service specifications and standard proformas can be found at <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>.
- The implementation plan outlines steps to follow once a decision to commission a 'flu vaccination service from community pharmacies is made.
- Area teams are advised to plan the implementation of the service with the Local Pharmaceutical Committee (LPC) so that LPC resources can be used to support the rapid implementation of the service by pharmacy contractors.

# Supporting information

- The following supporting information can be found at <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>
  - An implementation checklist
  - A template service agreement and service specification
  - A pharmacy contractor sign up and assurance sheet
  - A 'flu vaccination record and consent form
  - A GP practice notification form
  - A template patient leaflet
  - An example Patient Group Direction (PGD)

# What other support tools are available?

- Immunisation against infectious disease: the green book (Public Health England)  
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- The flu vaccination for the winter of 2014/15 - Who should have it, and why (patient leaflet)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/337266/PHE\\_8879\\_Flu\\_2014\\_A5\\_General\\_leaflet\\_07\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337266/PHE_8879_Flu_2014_A5_General_leaflet_07_.pdf)



# Emergency supplies of repeat medicines

# What is the problem?

Between 3 and 4% of the consultations of out of hours (OOH) providers are used to provide an emergency supply of medication<sup>11,12</sup>. At peak times on Saturdays this can account for up to 15% of all NHS 111 calls.

Patients can find themselves without a supply of their regular medicines for many reasons. This can be exacerbated at times of peak demand for GP services, for example, during surge. Whilst medicines legislation allows for a patient to receive an emergency supply of regular medication from a community pharmacy the patient will be required to pay for this service.

If the medicine costs more than the prescription charge or if the patient is exempt from prescription charges, they may choose to visit accident and emergency or contact an urgent care service to request a prescription. Feedback from Sheffield pilot scheme indicates that 26% of patients would have visited an A&E or other emergency department if the pharmacy service had not been available<sup>13</sup>. This blocks access for more urgent cases and prevents doctors from caring for the most sick patients.

[11. Local Care Direct and Yorkshire Ambulance Service \(NHS 111\) data](#)

[12. South Western Ambulance Service Foundation Trust Data](#)

[13. Sheffield CCG Medicines Management Team, August 2014](#)

# How can community pharmacy help?

- Most patients will initially contact a community pharmacy to obtain advice or to request an emergency supply of medication making the pharmacy the most convenient setting for patients in which to provide care.
- By allowing community pharmacists to manage patient requests for emergency supply of medicines and provide those supplies, where appropriate, at NHS expense will allow patients to obtain urgent treatment in a timely manner.
- This service can be made available both in and out of hours to relieve pressure on the rest of the system. Legislative requirements for making an emergency supply must always be met.
- This is in line with the principles of the Urgent and Emergency Care Review – “wherever appropriate, manage me where I present”.
- NHS111 is able to refer the repeat medication request directly to some patient’s agreed pharmacy if the pharmacy has access to NHS mail.
- Access to Summary Care Record proof of concept in 100-130 pharmacies will inform and enable pharmacists to make better decisions and help more patients, rather than having to refer to NHS111.

# How can community pharmacy help?

- If patients requesting an emergency supply of medication are regular customers, the pharmacy will hold the patient's medication records. In these cases the pharmacist is in the best position to conduct a face-to-face interview with the patient to determine whether or not the supply is necessary or desirable, and to accurately assess what medication is taken regularly by the patient.
- The pharmacist can communicate directly with the GP to inform them that a supply has been made and monitor future prescriptions to ensure that the patient does not receive more medication than they require.
- NHS 111 can facilitate access directly to the patient's local GPOOHs service if an FP10 prescription is required, e.g. if controlled drugs are required.
- Repeated requests for regular medication may be a warning sign that a patient is not able to manage their medicines and may even be at risk of an unscheduled admission to hospital for a medicines-related event.

# What do patients think?

## Patient feedback from the Cornwall service

- *'Great service, very convenient'*
- *'On holiday and left medicine at home, good service and saved me time trying to find a doctor to write a prescription'*
- *'Was worried when I ran out of medicine over the weekend. Pharmacist was very helpful'*

## Patient feedback from the Sheffield service

- *18% would have gone without their medication if the pharmacy service had not been available*

# Who is already commissioning this service?

- Legislation allows for an emergency supply of repeat medication to be provided from a pharmacy as a private supply or as a NHS commissioned service. The medicines legislation provisions are in Regulations<sup>14</sup>. However, the NHS provisions to enable NHS England to commission emergency supply as a local enhanced service are in Directions<sup>15</sup>.
- In Cornwall for the 5 months April to August 2014, 5,992 medicines were supplied using an NHS funded emergency supply service commissioned from community pharmacies; this prevented other services from becoming overwhelmed during Cornwall's summer surge in demand.
- After a successful pilot in West Yorkshire plans are underway to deliver a service accessed via NHS 111 across 10 CCGs. The pharmacists will call back patients at home to check supply is appropriate and where possible check the prescription request against the patient's SCR<sup>16</sup>.

<sup>14</sup>. <http://www.legislation.gov.uk/ukxi/2012/1916/contents/made>

<sup>15</sup>. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/266023/pharmaceutical\\_services\\_directions\\_amendment\\_2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266023/pharmaceutical_services_directions_amendment_2013.pdf)

<sup>16</sup>. <http://www.cpw.org/pharmacy-contracts-services/local-services-enhanced-/pharmacy-urgent-repeat-medicine-purm-service.shtml>

# What are the financial implications?

- This service is aimed at reducing demand for unnecessary consultations with other providers under pressure.
- The emergency supply of medicines at the request of a patient, supported by the professional judgement of the pharmacist has two cost elements; the cost of the consultation and the cost of the medicines + VAT.
- NHS England and PSNC agree that a reasonable payment for this service is £10 per consultation plus £2 for dispensing each item over and above the first item plus the cost of the medicines (using the Drug Tariff as a guide) + VAT.
- Using community pharmacists to supply emergency medication at NHS cost provides the most cost-effective option for delivering this service and simplifies the patient pathway.
- Prescription charge rules apply as in any other supply of a medicine at NHS expense.

# How can this be done?

**It is better to avoid patients running out of their medicines altogether.**

- If patients already use the NHS **repeat dispensing service** the pharmacy can supply the required medicine (provided that the prescriber has not indicated a fixed time between supplies and the pharmacy has been nominated by the patient to hold the repeat authorisation). The GP should be informed if the nature of the request raises any concerns about the patient's ability to manage their medication.
- In areas where Electronic Transmission of Prescriptions has been implemented this can reduce the risk of non collected prescriptions being unavailable at times when the surgery is closed, for example, Bank Holidays and out of hours.
- The majority of community pharmacy offer a repeat prescription collection and delivery services to their customers. This service ensures that patients can submit their prescription request and know that it will be collected, dispensed and delivered (where necessary) before they run out of medication.

The Medicines Optimisation Prototype Dashboard (<http://www.england.nhs.uk/2014/06/12/mo-dash/>) can be used to identify uptake of these services locally.

**The use of these services locally should be maximised to eliminate the need for emergency supplies.**

# How can this be done?

Where an emergency supply is requested from a community pharmacy, for example out of GP hours by a local resident, or at any time when a patient is away from home and needs to register as a temporary resident, the options are:

- The pharmacy can provide a private service to patients for the supply of urgently required prescription medication (at patient's cost).
- The pharmacy could make a supply of urgently required medication at NHS expense, where this service is commissioned locally.

These services can support local urgent or emergency care services where they are under pressure and patients are unlikely to be able to obtain medicines in a timely way.

In every case the pharmacist must comply fully with medicines legislation including satisfying themselves that there is an immediate need for the medicine and that it is impractical to obtain a prescription without undue delay.

# How can this be done?

- Urgent or emergency care services may choose to triage patients to a community pharmacy for assessment of need for an emergency supply. If this is to be done via NHS111 then the contact details of pharmacies need to be included in the Directory of Services.
- Urgent and emergency care providers would need to ensure that they have access to community pharmacy contact details and hours of opening in their communications centre in order that call handlers do not pass the call to a doctor (all out of hours services are notified by NHS England of Local Pharmacy rota arrangements).
- Where community pharmacists are managing requests for emergency supplies, urgent and emergency care providers should consider making available direct access for pharmacists if they need to discuss a patient request with a doctor or to refer a patient directly to a doctor.

# Commissioning this service

- Provision of an Emergency Supply of a repeat medication from a community pharmacy can be commissioned as an NHS service, with the requirement for the patient's GP to be notified of the supply within 48 hours.

## Medicines legislation requirements

- The pharmacist must interview the patient and satisfy themselves that: there is an immediate need and it is impracticable for a prescription to be obtained without undue delay; the patient has had the medicine prescribed before; that the dose is appropriate; that in the case of a schedule 4 and 5 controlled drug no more than 5 days supply is made and for other Prescription Only Medicines (POMs) no more than 30 days supply is made; it is not for a schedule 1,2 or 3 controlled drug or for a blacklisted item and a note is made in the prescription register of the supply.
- Area Teams can work with CCGs to commission this as a Local Enhanced Service.

# How can we record data and pay contractors?

- OPTION 1. Use a web-based system such as PharmOutcomes®, Webstar, North 51, Sonar. This may involve a cost to the Area Team. These web-based systems allow services to be set up quickly to allow data capture and invoicing, with the commissioner controlling which pharmacies are given access to a particular service module.
- OPTION 2. A paper based solution can be used - the resources for managing a paper-based service will vary and depend upon the capacity of the Area Team to send, receive and process engagement documents, assurance documents and payment claims. Data on service delivery would be available retrospectively, aligned to the claim cycle, most likely monthly.

# How can I implement this quickly?

- The legislation exists to allow community pharmacists to make **emergency** supplies of prescription medicines. For commissioners who wish to implement the service, an implementation toolkit containing an implementation plan, sample service specifications and standard proformas can be found at <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/> .
- The Implementation plan suggests steps which can be taken following a decision to commission an NHS funded emergency supply service from community pharmacies.
- Area Teams are advised to plan the implementation of the service with the Local Pharmaceutical Committee (LPC) so that LPC resources can be used to support the rapid implementation of the service by pharmacy contractors.
- Engage with and use Local Professional Networks.

# Supporting Information

- The following supporting information can be found at <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>
  - An implementation checklist
  - A template service agreement and service specification
  - A pharmacy contractor sign up and assurance sheet
  - A service record form
  - A GP practice notification form
  - An example Service Level Agreement



**A NHS community pharmacy service to support low income families or patients in areas of social deprivation to self care**

# What is the problem?

- Too many people with common ailments are visiting urgent and emergency care services, Out of Hours services, walk-in centres or their GPs, taking up appointments which are needed for patients with more serious illness.
- When patients are unable to afford over the counter medicines to manage their common ailments they may seek treatment via a prescription from their GP or out of hours provider, or via a walk-in centre or emergency department.
- These patients could be provided with self-care advice and appropriate over the counter treatments at NHS expense by community pharmacies in order to avoid use of other healthcare services.

# How can community pharmacy help?

- Community pharmacists and their teams already respond to the symptoms of minor illnesses presented by patients as part of the NHS community pharmacy contractual framework's Support for Self-Care service.
- Minor ailments are 'common or self-limiting or uncomplicated conditions which can be diagnosed and managed without medical intervention<sup>17</sup>; many of these ailments, such as coughs, colds, sore throats and earache frequently occur during the winter months.
- Pharmacy based services to treat minor ailments, were introduced locally across the UK more than ten years ago to reduce the burden of minor ailments on higher cost settings such as general practice and the A&E departments of hospitals<sup>18</sup>.

<sup>17</sup>. [Self care: an ethical imperative. 2013. http://www.selfcareforum.org/resources/mandate/](http://www.selfcareforum.org/resources/mandate/)

<sup>18</sup>. [Pharmacy in the future: implementing the NHS Plan. Department of Health, 2000](#)

# How can community pharmacy help?

- In the North of England, patients were asked what action they would have taken if the pharmacy minor ailments service was not in place and 58% would have made an appointment with their GP<sup>19</sup>, in Cheshire this rose to almost 80%<sup>20</sup> and in Bradford City this was 94%<sup>21</sup>
- Consultations for minor ailments are less expensive when provided through community pharmacy and evidence suggests that the pharmacy based service provides a suitable alternative to GP consultations<sup>22</sup>.
- In a recent review of 31 evaluations of pharmacy minor ailment services, it was found that the proportion of patients reporting resolution of minor ailments following their pharmacy consultation ranged between 68% and 94.4% and that re-consultation rates with GPs were low<sup>23</sup>.

19. Bagir W et al. Cost analysis of a community pharmacy minor ailment scheme across three primary care trusts in the North East of England. *J Public Health* 2011; 33(4), 551-5

20. Davidson M et al. An early evaluation of the use made by patients in Cheshire of the pharmacy minor ailments scheme and its costs and impact on patient care. *IJPP* 2009; 17 (S2): B59-60

21. Community Pharmacy West Yorkshire 3 month Evaluation of Bradford City Pharmacy First Scheme, September 2014

22. Community Pharmacy management of minor illnesses, Pharmacy Research UK, January 2014, <http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf>

23. Paudyal V, et al. Are pharmacy based minor ailment schemes a substitute for other service providers? *Br J Gen Pract* 2013; 63 (612), July 2013: 472-481

# What do patients think?

Many patient surveys have been undertaken as part of evaluation of minor ailment services and these show that such schemes are well received by patients. Some comments from NHS Mid-Essex patients are shown below.

- “Very satisfied”
- “I think this is brilliant and will hopefully put less pressure on doctors.”
- “Should make more people aware of this NHS service.”
- “Service made a positive impact.”
- “This is a fantastic service.”
- “A great service, I hope it continues.”

# Who is already commissioning this service?

- The benefits of a minor ailments services commissioned through community pharmacy are well established and have resulted in the national commissioning of the service in Scotland and Wales.
- A significant number of Primary Care Trusts (PCTs) previously commissioned the service and some of these services have continued to be commissioned by area teams or Clinical Commissioning Groups. This year new services have also been commissioned so that across the country there are a number of service models :

Airedale, Wharfedale & Craven CCG

Bolton CCG

Bradford City CCG

Calderdale CCG

Croydon CCG

Hackney CCG

Rotherham CCG

Shropshire & Staffordshire AT

Northern Eastern & Western Devon  
& South Devon CCG

West Kent AT

Wolverhampton CCG

# What are the financial implications?

- NHS England and PSNC have agreed that a fee of £4.00 + VAT to cover the administration of the service plus reimbursement of the cost of the medicine + VAT is a reasonable payment for this service.
- Monitor in their publication 'Closing the NHS funding gap: how to get best value health care for patients'<sup>24</sup> conservatively estimate nationwide productivity gains from rolling out minor ailments services through community pharmacy as £64 million.
- Research from the Royal Pharmaceutical Society found that the cost of treating common ailments in community pharmacies was £29.30 per patient. The cost of treating the same problems in Emergency Departments (ED) was found to be nearly five times higher at £147.09 per patient and nearly three times higher at GP practices at £82.34 per patient. Overall, the study estimates that 3% of all ED consultations and 5.5% of GP consultations for common ailments could be managed in community pharmacies. This equates to over 650,000 visits to ED and over 18 million GP consultations every year that could be diverted with a total annual cost saving of over £1billion<sup>25</sup>.

24. Monitor, 2013, Closing the Funding Gap, <http://www.monitor.gov.uk/sites/default/files/publications/ClosingTheGap091013.pdf>

25. Community Pharmacy Management of Minor Illness, Pharmacy Research UK, 2014, <http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf>

# How can this be done?

- Community pharmacy common/minor ailments services can be commissioned flexibly depending on local need to provide advice and supply over the counter medicines at NHS expense (where appropriate) to a defined group of patients.
- Groups of patients eligible to receive medicines to treat common/minor ailments at NHS expense can be varied according to local needs.
- It is recommended that this service is targeted at deprived and low income populations.

# What else can be done?

As well as providing a common/minor ailments service, community pharmacies can help by:

- promoting self-care through the pharmacy, including provision of advice and where appropriate medicines without the need to visit the GP practice.
- operating as a first point of referral for NHS 111 and other healthcare services for patients with common ailments.

Area Team and CCG communications specialists could support this approach by supporting the Feeling Under the Weather campaign<sup>26</sup> Treat Yourself better campaign<sup>27</sup> and publicising the patient fact sheets produced by the Self Care Forum<sup>28</sup>.

26. [www.nhs.uk/asap](http://www.nhs.uk/asap)

27. [www.treatyourselfbetter.co.uk](http://www.treatyourselfbetter.co.uk)

28. <http://www.selfcareforum.org/fact-sheets/>

# How can we record data and pay contractors?

- **OPTION 1** By using a web-based system such as PharmOutcomes®, Webstar, North 51 Sonar. This may involve a cost to the Area Team. Web-based systems may include a ready-made minor ailments service module which allows the data capture and invoicing system to be set up quickly, with the commissioner controlling which pharmacies are given access to the service module. These systems will create invoices/service claims for each provider. Other web-based systems may also provide this functionality.
- **OPTION 2** By using a paper based solution - the resources for managing a paper-based service will vary and depend upon the capacity of the Area Team to send, receive and process engagement documents, assurance documents and payment claims. Data on service delivery would be available retrospectively, aligned to the claim cycle, most likely monthly.

# How can I implement this quickly?

- For commissioners who wish to commission an NHS community pharmacy common ailments service, an implementation toolkit containing an implementation plan, sample service specifications and standard proformas can be found at <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>
- The implementation plan outlines steps to follow once a decision to commission a service from community pharmacy to support deprived populations to self-care is made.
- Area teams are advised to plan the implementation of the service with the Local Pharmaceutical Committee (LPC) so that LPC resources can be used to support the rapid implementation of the service by pharmacy contractors.

# Supporting information

- The following supporting information can be found at <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>
  - An implementation checklist
  - A template service agreement and service specification
  - A pharmacy contractor sign up and assurance sheet
  - A service record form

# What other support tools are available

- Implementing a community pharmacy minor ailment scheme. A practical toolkit<sup>29</sup> for primary care organisations and health professionals (National Pharmacy Association)

[29. http://www.npa.co.uk/Documents/Docstore/PCO\\_LPCs/implementing\\_a\\_community\\_pharmacy\\_minor\\_ailment\\_scheme.pdf](http://www.npa.co.uk/Documents/Docstore/PCO_LPCs/implementing_a_community_pharmacy_minor_ailment_scheme.pdf)