

Service Specification No.	CP WICS 2
Service	Locally Commissioned Service: Community Pharmacy Walk-in Consultation Service
Commissioner Lead	Kirsty Lewis Acting Director of Primary Care
Provider Lead	XXXX
Period	1 April 2024 to 31 March 2027
Date of Review	December 2026

1. Population Needs		
1.1 National/local context and evidence base		
<p>Community Pharmacy makes up one of the four pillars of Primary Care in England.</p> <p>The NHS community pharmacy consultation service (CPCS) was launched by NHS England and NHS Improvement (NHSE/I) in October 2019, to progress the integration of community pharmacy into local NHS urgent care services, providing more convenient treatment closer to patients' homes. From 1 November 2020, the CPCS was extended across England to include referrals from general practices as well as from NHS 111. This enabled practice care navigators to make a digital referral to a convenient pharmacy, where the patient will receive pharmacist advice and treatment for a range of minor illnesses, or an urgent supply of a previously prescribed medication.</p> <p>At the end of January 2024 CPCS evolved into Pharmacy First (PF). As well as incorporating the referral for minor illness strand of CPCS, PF includes clinical pathways for 7 common conditions with nationally commissioned patient group directions (PGDs) and protocols that enable pharmacists to supply treatment to eligible patients at NHS expense.</p> <p>Patients can access the PF clinical pathways on a walk-in basis, but a referral from a GP practice or urgent care provider is still required for a patient to access PF for any other minor illness. GP practices have finite resources (including telephone lines and receptionists) to make referrals.</p>		
2. Outcomes		
2.1 NHS Outcomes Framework Domains & Indicators		
Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	

Domain 3	Helping people to recover from episodes of ill-health or following injury	Y
Domain 4	Ensuring people have a positive experience of care	Y
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Y

2.2 Local defined outcomes

Key performance indicators:

- Number of consultations delivered
- Information regarding presenting complaint
- Number of consultations resulting in each outcome (advice, referral, treatment supplied etc.)
- Proportion of referrals (to GP Practice, minor injuries units etc.) where pharmacy facilitates the referral appropriately
- Positive feedback and compliments
- Complaints

3. Scope

3.1 Aims and objectives of service

To make an additional 15,000 high quality, structured, face to face appointments with a registered pharmacist available to patients in Cornwall. These consultations are strictly for patients presenting with the symptoms of a minor illness and will take place in the professional environment of a private pharmacy consultation room.

In light of the recent guidance on improving access to Primary Care, it is recognised that PF is a core service offering, which supports general practice in reducing the pressure from minor illness and conditions, which in turn increases the opportunity for clinicians to treat and care for higher acuity and urgent conditions. The uptake of this service by GP practices has been minimal across Cornwall and the Isles of Scilly to date.

It is proposed that in addition to the national model PF, that community pharmacies also offer a limited number of PF-style face to face consultations (in the pharmacy private consultation room) into which patients may self-refer. Self-referral does not require patient interaction with the GP practice or 111 and subsequent demand on this finite resource. These consultations will be in addition to (and complimentary to) the existing national PF referral pathways.

3.2 Service description/care pathway

The service requirements are as follows:

Participating community pharmacies (CP) are required to have completed the PF registration declaration within the MYS portal.

The CP must ensure that they meet the requirements of the PF service.

Participating CPs are expected to offer the Cornwall and Isles of Scilly ICB minor ailment scheme (MAS).

A patient with symptoms of minor illness may self-refer to a community pharmacy for a private, professional consultation with the pharmacist regarding their symptoms and how to manage them. Pharmacy teams are encouraged to advise patient that this service is available and refer them to the pharmacist where appropriate. A list of self-limiting conditions and acute mild illnesses that are usually suitable for advice and treatment from a community pharmacist may be found in appendix 1.

Those who usually manage their own conditions through self-care and the purchase of OTC medicines should continue to self-manage and treat their conditions.

The pharmacy will offer a face-to-face appointment between the patient and registered pharmacist, usually on the same day. This consultation will be held in the private pharmacy consultation room (usual guidance regarding chaperones will prevail).

The consultation will follow the format of the national PF, including advice and purchased over the counter treatment or a treatment supplied under the local minor ailments scheme, as appropriate.

Pharmacists are trained to recognise 'red flag' symptoms suggestive of more serious illness and after initial triage, where symptoms do suggest something more serious, the pharmacist will help the patient to arrange an urgent GP appointment using the practice's dedicated professional number or escalate to an urgent care setting such as a minor injuries unit or emergency department, if needed. (This may include heralding the patient if possible.) The NHS Service Finder provides access to information from the Directory of Services (DoS) and nhs.uk. It allows pharmacy professionals to search for service information and contact details quickly.

The pharmacist will make a contemporaneous record of the consultation, including outcomes, using the PharmOutcomes system.

Where the MAS is employed, the prevailing process for the MAS must still be followed

3.3 Population covered

Residents of and visitors to Cornwall and the Isles of Scilly presenting to a participating community pharmacy.

3.4 Any acceptance and exclusion criteria and thresholds

Consultations are exclusively for patients presenting with symptoms of a minor illness.

Those who usually manage their own conditions through self-care and the purchase of OTC medicines should continue to self-manage and treat their conditions.

Patients requiring an emergency supply of medicines should not be offered a WICS consultation.

Patients who are suitable for entry into one of the Pharmacy First clinical pathways should not be offered a WICS consultation.

Patients requesting advice or counselling regarding prescribed medication should not be offered a WICS consultation.

3.5 Interdependence with other services/providers

Service users may be referred as per section 3.2

Where the MAS is employed, the prevailing process for the MAS must still be followed

3.6 Days/hours of operation

The CP walk-in consultation service (alongside the national PF) should be available throughout the pharmacy's full opening hours (that is, both core and supplementary hours).

3.7 Referral criteria and sources and outline of referral processes

Refer to Section 3.2 above

3.8 Discharge processes

Not applicable

3.9 Response time and prioritisation

Refer to Section 3.2 above

3.10 Fees

A professional fee of £14 will be paid per consultation, subject to a cap per pharmacy.

The distribution and cap for consultations will be managed by the Community Pharmacy Cornwall as a part of the project management.

4. Applicable Service Standards

4.1 Applicable national standards (for example NICE)

Participating community pharmacies (CP) are required to have completed the CPCS registration declaration within the MYS portal.

The CP must ensure that they meet the requirements of the CPCS service and that both the CPCS and this CPCS-style service are available throughout the pharmacy's full opening hours (that is, both core and supplementary hours).

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

See 4.1 above

General Pharmaceutical Council (GPhC) Standards for Conduct, Ethics and Performance

Royal Pharmaceutical Society:
<https://www.rpharms.com/cpcsresourcecentre>

Pharmaceutical Service Negotiating Committee (PSNC) CPCS Resource:
<https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

4.3 Applicable local standards

Participating CPs are expected to offer the CIOS ICB minor ailment scheme (MAS)

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

Proportion of referrals (to GP Practice, minor injuries units etc.) where pharmacy facilitates the referral appropriately.

5.2 Applicable CQUIN goals (See Schedule 4 Parts [E])

N/A

6. Location of Provider Premises

6.1 The Provider's Premises are located at:

7. Individual Service User Placement

Version: 1.0

Agreed by Commissioner and date: Marco Motta

Agreed by Provider and date:

Appendix 1

Self-limiting conditions and mild illnesses

Notwithstanding presentation of red-flag symptoms, confounding medical history, history of presenting complaint, or product licence restrictions of medicines, community pharmacists are likely to be able to advise and treat people presenting with the following self-limiting conditions and mild illnesses. (This list is neither exhaustive nor restrictive.)

- Acute sore throat
- Allergic reactions
- Ankle or foot pain or swelling
- Athletes foot
- Blisters (from friction and from burns)
- Chickenpox
- Conjunctivitis
- Contraception – emergency hormonal (purchase)**
- Coughs* and colds and nasal congestion
- Cradle cap (seborrheic dermatitis – infants)
- Dandruff
- Diarrhoea
- Dry eyes/sore (tired) eyes
- Earache
- Earwax
- Erectile dysfunction
- Excessive sweating (hyperhidrosis)
- Eyelid problems
- Eyes (red and/or sticky)
- Flu
- Fungal infections of the nails
- Haemorrhoids
- Hair loss
- Hand, foot and mouth disease
- Headache
- Head lice
- Hip, thigh or buttock pain
- Indigestion and heartburn
- Infant colic
- Infrequent cold sores of the lip
- Infrequent constipation
- Infrequent migraine
- Insect bites and stings
- Knee or lower leg pain
- Lower back pain
- Lower limb pain
- Migraine
- Mild acne
- Mild cystitis
- Mild dry skin
- Mild irritant dermatitis
- Mild to moderate hay fever/allergic rhinitis
- Minor burns and scalds
- Mouth ulcers
- Nappy rash
- Nausea and vomiting
- Oral thrush
- Post vaccination pyrexia
- Prevention of dental caries (dental decay)
- Ringworm
- Scabies
- Shoulder pain
- Skin rash
- Sleep difficulties
- Sun protection
- Sunburn due to excessive sun exposure
- Teething/mild toothache
- Tension headache
- Threadworms
- Toe pain or swelling
- Travel sickness
- Vaginal discharge, itch or soreness
- Warts (excluding genital or facial) and verrucae
- Wounds (minor)
- Wrist, hand or finger pain

*Once COVID-19 infection excluded

**Emergency (hormonal) contraception over the counter (OTC) purchase

- Pharmacists may decline to provide (conscience clause) and signpost
- Available free of charge in some pharmacies via PGD (a Cornwall Council Public Health commissioned service)

Patients who are suitable for entry into one of the 7 PF clinical pathways should not be offered a WICS consultation.

Conditions for which treatment may be provided using the Cornwall and Isles of Scilly ICB minor ailment service (MAS) patient group direction (PGD):

- Conjunctivitis (extended age-range) (PGD)
- Dermatitis (extended indication) PGD
- Vaginal candidiasis (PGD)
- Migraine – infrequent (PGD)

Those who usually manage their own conditions through self-care and the purchase of OTC medicines should continue to self-manage and treat their conditions.