**Agenda Item: 5.1**

**Report to:** Primary Care Commissioning Committee

**Date of meeting: 01/12/2020**

**Date paper distributed: 26/11/2020**

**Subject: NEL CCG Minor Ailments Scheme**

**Presented by: James Ledger/ Karen Hiley**

**Previously distributed to:** Click or tap here to enter text.

**STATUS OF THE REPORT *(auto check relevant box****)*

**Decision required**

**For Discussion to give Assurance**  *(Only if requested by Committee member prior to meeting)*

**For Information**

**Report Exempt from Public Disclosure**   No  Yes

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| **PURPOSE OF REPORT:** | To outline the options available for when the contract for the Minor Ailments Scheme ends in March 2021 |
| **Recommendations:** | To extend the Minor Ailments Scheme in its current form until March 2022. |
| **Clinical Engagement** | Engagement with Humber Local Pharmaceutical Committee |
| **Patient/Public Engagement** | (*where appropriate – how has the* [*NEL Commitment*](https://www.northeastlincolnshireccg.nhs.uk/get-involved/) *been implemented*) |
| **Committee Process and Assurance:** |  |

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| **Link to CCG’s Priorities** | * Sustainable services * Empowering people |  | * Supporting communities * Fit for purpose organisation |  |
| **Are there any specific and/or overt risks relating to one or more of the following areas?** | * Legal * Finance * Quality * Equality analysis (and Due Regard Duty) |  | * Data protection * Performance * Other |  |

**Provide a summary of the identified risk**

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**Executive Summary**

The Minor Ailments Scheme (MAS) is a Pharmacy enhanced service, provided by Community Pharmacies which is commissioned by NHSE on behalf of the CCG. In the MAS, the pharmacy will provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription.

**Performance 19/20**

A total of 7,113 interventions were made during the year. Pharmacies receive a fee of £4.10 per consultation and any drug costs are reimbursed at drug tariff/ agreed costs plus VAT. The total cost for the service 19/20 was £55,079.28.

The MAS is due for a review to bring the service in-line with the Humber Coast and Vale ICS over-the-counter guidance. There are other changes due to happen such as GP referrals to the Community Pharmacy Consultation Service (CPCS) which may impact the MAS.

There are four options to be considered as part of the recommendation

**Option 1**

Extend in current format i.e. to continue with the scheme as it is until March 2022 as the contract expires on the 31st March 2021. As the GP referrals to Community Pharmacy Consultation Service is being rolled out across the area and to change the MAS in tandem with implementation of this scheme may cause added pressure to primary care.



**Option 2**

**Deliver a ‘reduced’ MAS service to ‘vulnerable’ individuals only:**

**Eligible clients:**

Key group of individuals we could continue to treat through a reduced pharmacy Minor ailment scheme defined as:

An individual patient where the clinician considers that their ability to self- manage is compromised as a consequence of:

* Medical
* Mental health
* Significant social vulnerability (to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care.)

**Possible Barriers:**

* Individuals would need to be identified / defined clearly/ evidenced
* May need to have a registration process whereby individuals provide evidence from their GP which indicates they fit into one of the special vulnerability criteria

**Note:** being exempt from paying a prescription charge does not automatically warrant an exception to the guidance.

Consideration needs to be given to safeguarding issues and concerns.

* The revised scheme will exclude the following conditions as they are self-limiting and therefore will not be funded:

1. Cold sores
2. Conjunctivitis
3. Cough/Cold (nasal congestion)
4. Mild Cystitis in adult females
5. Haemorrhoids (Piles)

* The following conditions could be included in a MAS scheme for vulnerable individuals:

1. Acne (mild)
2. Athlete’s Foot (and Ringworm)
3. Constipation
4. Dandruff
5. Diarrhoea
6. Dry Eyes
7. Dry or Itchy Skin
8. Eczema, (Contact Dermatitis)
9. Ear Wax
10. Hay Fever
11. Head lice
12. Indigestion/Heart Burn /Tummy upset/
13. Vomiting
14. Insect bites and stings
15. Mouth Ulcers
16. Nappy Rash
17. Pain /Flu/ High temperature
18. Sore Throat
19. Teething
20. Threadworms
21. Thrush (oral)
22. Warts & Verrucae

* The following Conditions could potentially remain in the current Minor Ailments Scheme, as their prescribing is not restricted:

1. Prevention of fever after vaccination
2. Thrush (Vaginal)
3. Mouth or Gum Swelling (Gingivostomatitis)
4. Diarrhoea in children (over 1 year)
5. Dandruff if Itchy: adults and children over 12 years

**Note:** Potential to develop service, which includes a referral into options Minor Eye Conditions scheme for clients presenting with minor eye conditions.

**Option 3:**

Deliver a vastly reduced MAS scheme to current MAS eligible population: based on NHS prescription exemption status for the following conditions, which have not been highlighted in the NHS England guidance:

The following Conditions could remain in the current MAS, as their prescribing is not restricted are as follows:

1. Prevention of fever after vaccination
2. Thrush (Vaginal)
3. Mouth or Gum Swelling (Gingivostomatitis)
4. Diarrhoea in children (over 1 year)
5. Dandruff if Itchy: adults and children over 12 years

**Note**: Also include MECS referral service and include option 4 (below)

**Option 4**

Deliver an enhanced Minor Ailments Scheme service to include products via Patient Group Directive:

Explore opportunity, this avenue would require pharmacist involvement as, a pharmacist must deliver PGD. An additional fee may be warranted, due to pharmacist time involvement:

* Conditions which could be considered for treatment via PGDs:

1. Cystitis in adult females:
2. Infected nappy rash
3. Contact dermatitis for products to be used outside of their PL: e.g. on face; for children
4. OTHERs

**Possible Barriers:**

1. PGD would need a team involving Medicine Optimisation, CCG and Local Pharmaceutical Committee to support
2. PGDs would require sign off by nominated GP

**Exceptions:**

There are some exceptions to the NHSE Guidance whereby a GP can continue to prescribe to individuals for the restricted conditions/ restricted products as follows:

1. Patients prescribed an Over The Counter treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
2. For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
3. For those patients that have symptoms that suggest the condition is not minor (i.e. those with red Flag symptoms for example indigestion with very bad pain.)
4. Treatment for complex patients (e.g. immunosuppressed patients).
5. Patients on prescription only treatments.
6. Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
7. Circumstances where the product licence doesn’t allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast- feeding. Possibility to explore pharmacy involvement via PGD with regard to this aspect.
8. Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product
9. Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
10. Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.

## **Recommendation**

## It is recommended that option one is taken forward, extending the current format until March 2022 and during this period scope out option four. An extension of the existing scheme for 1 year would allow for the review of of the effect of the changes to the CPCS and to propose changes to the MAS to enhance the conditions covered within it (e.g. via PGD) to further reduce GP appointments.