DRAFT SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification Number	Minor Ailments Enhanced Service
Service	Community Pharmacy: Locally Commissioned Enhanced Service for the provision of subsidised over the counter medication for minor ailments.
Commissioner Lead	Yousaf Ahmed, ICS Chief Pharmacist and Director of Medicines Optimisation on behalf of Thames Valley ICB
Period	1 October 2026- 30 September 2027
Date of Review	April 2027
Contract extension	1+1 years
Provider Lead Name (capitals)	
Provider signature	
Provider date	

Version	Date	Change	Name

Document Purpose
This document sets out the service specification for the provision of subsidised Over The Counter (OTC) medications for minor ailments across Thames Valley ICS.
1. Background
1.1 Introduction

Minor ailments are defined as common, self-limiting or uncomplicated conditions which can be managed without medical intervention. The management of patients with minor self-limiting conditions can impact significantly upon GP workload. The situation is most acute where patients do not pay prescription charges and may not have the resources to seek alternatives to a prescription from their GP. Nationally, it is estimated that one in five GP consultations are for minor ailments and by reducing the time spent managing these conditions GPs would be enabled to focus on higher acuity cases.

Thames Valley covers a diverse demographic of approximately 2.6 million people across East and West Berkshire, Buckinghamshire and Oxfordshire and faces a complex and growing challenge in meeting the diverse health needs across a varied population.

While much of the area is relatively affluent, significant health inequalities exist. The most concentrated areas of deprivation in Thames Valley ICB are in Slough, Reading, Banbury, High Wycombe, and Aylesbury.

Although exact figures are unavailable, a notable proportion of residents are likely eligible for free NHS prescriptions, estimated to be up to 55%.

Aligned with NHS England guidance and local priorities, the Minor Ailments Service enables eligible patients to access NHS-subsidised OTC medication from community pharmacies for themselves or their dependents, supporting timely, appropriate care and improved outcomes.

Eligibility is limited to adults and their dependent children (under 18 and in full-time education) who qualify for prescription exemptions. Patients (in the case of a child, their parent/guardian) must provide proof of exemption to access the service. However, pharmacists may use their professional judgement to supply the medication necessary to treat the presenting complaint, in line with this specification.
If a patient (in the case of a child, their parent/guardian) does not have proof, the supplying staff must remind them to bring evidence for future visits and document the supply on PharmOutcomes without evidence.

No part of this specification by commission, omission or implication defines or redefines essential or additional services. This service must be provided in a way that ensures it is equitable in respect of race, creed, culture, diversity, disability, sex, and age.

2. Aims and Intended 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	✓
Domain 4	Ensuring people have a positive experience of care	✓

Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Aims of service

To improve access and choice for people with minor ailments by:

- Promoting self-care through the pharmacy, including provision of advice and where appropriate medicines without the need to visit the GP practice.
- Operating a referral system from local medical practices or other providers.
- Supplying appropriate medicines at NHS expense for those who are eligible.
- Linking with the Pharmacy First service to enable access to treatment for patients/families on low income.

To support the capacity gap agenda in GP, Urgent Care and A+E by enabling access to subsidised over the counter (OTC) medication and advice from community pharmacy.

To reduce the number of patients having to attend their local GP, A+E or local urgent care services for treatment and medication for minor ailments.

3. Scope of Service

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of minor ailments and, where appropriate, can be supplied with OTC medication (at NHS expense if the patient is eligible), to treat their ailment. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out-of-hour (OOH) provider, or via a walk-in Centre or accident and emergency department (A+E).

This service is being commissioned and will be reviewed by Thames Valley Integrated Care Board (ICB), referred to from this point as the commissioner. The commissioner will retain any rights to amend or cancel the service with 1 months' notice to participating pharmacies.

Pharmacies included in the service will provide advice and support to people on the management of minor ailments, including where necessary, the supply of up to two OTC medicines per consultation for the treatment of minor ailments (see appendix 1)

If the pharmacy for whatever reason cannot provide the service, then the patient should be directed to the nearest participating pharmacy. The pharmacy should also utilise local working relationships to ensure that nearby GP surgeries are kept informed of any temporary disruption in service provision.

The pharmacy should inform the commissioner if they are unable to provide the Minor Ailments Service for an extended period (defined as 1 week or more) due to any circumstances.

If the pharmacy wishes to withdraw from the scheme, 1 months notice must be given to the commissioner in writing via email.

Should any products on the formulary be unavailable the Pharmacy should notify the commissioner with estimated availability date if possible. No substitutions should be made by the pharmacy without prior written authorisation from the commissioner.

3.1 Population covered.

This service is available to any person or their dependents (e.g., children under 18 years of age in full time education), who are:

- **on low income only**. Please see the following dispensing factsheet from Community Pharmacy England (CPE) for the detail:
  Exemptions from the prescription charge.

    - HC2 Charges Certificate – Possession of a valid HC2 Charges Certificate
    - Income-related Employment and Support Allowance (ESA) – Possession of an ESA award notice
    - Universal Credit (UC) – Possession of a Universal Credit statement
    - NHS Tax Credit Exemption Certificate – Possession of a valid Tax Credit Exemption Certificate
    - Pension Credit Guarantee Credit (PCGC) – Possession of a PCGC award notice

And

- registered with GP practice within the Thames Valley area
- who would otherwise have visited a GP, OOH, NHS 111 or an Urgent Care centre

The patient must be in attendance; the service cannot be carried out if the patient is absent. In the case of a child under 18, the parent or guardian must be in attendance, but the child being treated need not be present.

Acceptance and exclusion criteria and thresholds:

- Patients will either self-refer into the service or will be referred by the attending clinician.

It is not a service intention to divert patients presenting in the pharmacy with a minor ailment. People who usually manage their own minor ailments through self-care and the purchase of an OTC medication should continue to self-manage and treat their minor ailments.

For patients who do not meet the service criteria, the pharmacy should still provide advice and sell OTC medicines to the person to help manage the minor ailment, where appropriate.

Interdependence with other services/providers:

- The provider shall ensure that effective and clear communication is maintained with patients and GP surgeries including any temporary disruption to the service provision.

3.2 Addressing inequalities.

The service aims to improve access to OTC medications for minor ailments for individuals and families who may struggle to purchase them due to their individual financial situations. The aim is for the service to be available in the most deprived areas.

3.3 Service outline

The Minor Ailments Service should be delivered by a pharmacist or by appropriately trained support staff.

Staff should be trained as a minimum to the GPhC standards for Medicines Counter Assistants acting under the supervision of a pharmacist. The pharmacist must be aware of the consultation and able to intervene or approve the outcome of the consultation if necessary.

The pharmacy contractor has a duty to ensure that pharmacists and staff, including regular locums, involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

The pharmacy contractor has a duty to ensure that all pharmacy staff understand that this service is not intended to divert patients presenting in the pharmacy with a minor ailment listed on the Minor Ailment Service formulary (see appendix 1). This service should only be offered to those who would usually consult the GP, out of hours, NHS 111 service, Urgent Care centre, A+E services for minor ailments.

The pharmacist/staff member will provide advice on the treatment of minor ailments to people seeking such advice in the pharmacy for themselves or their children. Patients may be supplied with appropriate medicine(s) from the Minor Ailment Service formulary (Appendix 1). The items listed in the formulary can be provided through the scheme for any condition covered by their Over the Counter (OTC) licence (no more than two items per consultation). The quantity of medicinal treatment supplied should be sufficient to treat only the current episode and not for preventative or ‘just in-case’ scenarios. The bar code on the product being supplied must be crossed through with an indelible pen and mark the pack clearly with the words ‘NHS supply’ to prevent inappropriate onward resale.

The pharmacist or member of staff must be satisfied that the patient is currently suffering from the condition/symptoms described, needs treatment and cannot afford the OTC medication supply. Under no circumstances may a supply be given for future use or ‘just in-case’ scenarios as stated previously.

The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets all GPhC requirements. If a consultation room is available, patients will be offered the opportunity of the consultation taking place within it. The pharmacist must be aware if a staff member is using the consultation room, so they can check the outcome of the conversation.

The pharmacy has a system to check the person’s eligibility for receipt of the service in line with the usual checks on NHS prescriptions and record via PharmOutcomes (PO).

The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and audit. This will include recording the consultation and any medicine that is supplied via PharmOutcomes.

If a patient presents more than twice within any month with the same symptoms and there is no indication for urgent referral, the pharmacist should consider referring the patient to their GP.

If the patient presents with symptoms outside the Minor Ailments Service, the patient should be treated in line with usual practice.

Antibiotic Stewardship

Discuss key messages with the patient, explaining that antibiotics are ineffective against viral minor infections such as coughs, colds, flu, sore throats, and diarrhoea. Ensure the discussion also covers potential side effects and the risks associated with antibiotic resistance.

Clinical Need & Funding Rules

Please note that pharmacies receive a consultation fee under this service only when medication is supplied. Providing advice or signposting alone is already contractually required and funded under Essential Service 6 of your standard NHS Contract. Pharmacists must only provide medication where there is a clear clinical need, as supplying unnecessary items violates professional standards and the scheme agreement.

Dispensing & Labelling

Limit the supply to a maximum of 2 products per consultation. To prepare the items, cross through the product barcode and clearly mark the packaging as "NHS Supply".

Record Keeping

Record all consultations and supplies on PharmOutcomes promptly after the consultation. Immediate logging ensures a live audit trail for commissioners and guarantees prompt payment for the pharmacy.

The pharmacy contractor shall notify the commissioner of any changes to the lead contact details for this service by emailing tvicb.pod.services@nhs.net

4. Applicable Service Standards

Applicable national standards:

- National Pharmaceutical Contractual Framework, with reference to Essential Services specification for Support for Self-care and Signposting.
- Both parties shall adhere to the requirements of the Data Protection Act 1988 and Freedom of Information Act 2000

Applicable standards set out in Guidance and/or issued by a competent body.

- Standards provided by the GPhC

Applicable local standards:

- In line with usual process, the appropriate staff member will identify any concurrent medication or medical conditions which may affect the treatment of the patient.

- The appropriate staff member will consider past medication supplied for the minor ailment to assess appropriateness of further supply.
- There is no requirement to add a dispensing label when supplying an OTC product in line with this service, although pharmacies may wish to record the supply on the PMR in line with good practice guidelines.
- Staff are reminded to 'score' the product barcode with NHS supply.
- Pharmacies and their staff are reminded of their existing obligations to comply with local and national guidance relating to child protection and safeguarding vulnerable adult procedures.
- The Pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.
- Any resulting litigation resulting from an accident, error or negligence is the responsibility of the Pharmacy contractor, who will meet the costs and any claims for compensation, at no cost to the commissioner.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within the appropriate SOP(s).
- The pharmacy contractor must have sufficient indemnity cover to support the provision of this service. Schedule of indemnity should be made available upon request.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the delivery of the service.
- The pharmacy contractor will have and maintain a Standard Operating Procedure (SOP) to meet all service requirements and reflect changes in practice.
- The pharmacy contractor should have a Business Continuity Plan (BCP) in place
- The pharmacy contractor must have a system in place to investigate incidents and errors. In the event of an untoward incident the commissioner recommends using the national NHS Learn from patient safety events service (LFPSE) to contribute to a national NHS wide data source to support learning and improvement Learn from patient safety events (learn-from-patient-safety-events.nhs.uk)

  Serious incidents related to this service must be reported to the commissioner at tvicb.medicines@nhs.net

If changes are made to the pharmacy contract i.e., opening hours are reduced or change in lead contact details, the commissioner must be notified, so coverage can be reviewed.

5. Audit and Monitoring

5.1 Reporting requirements and record keeping

The pharmacy contractor is responsible for confirming eligibility for service provision and for maintaining records as required by the commissioner relating to the Minor Ailments Service and payment for provision using PharmOutcomes.

5.2 Training

The pharmacy contractor has a duty to ensure that all staff involved in the provision of the service are familiar with the requirements and any relevant guidance. All staff must be suitably trained and have the relevant knowledge and skill in the operation of the service. The pharmacy contractor has a duty to ensure that all staff involved in the provision of the service, including locums are aware of and operate within service guidelines.

6. Payment and Claims

6.1 Fees and claiming

The pharmacy contractor will be eligible for the following payment:

Item cost	Service payment
For consultations where OTC medication(s) is supplied (Maximum of two OTC medicines per consulatation).	£6.18 (including VAT)

Payment takes account of:
• Set up costs (SOP development, staff training etc.)
• Staff time to provide the service
• Admin time i.e. completing PharmOutcomes

Where a patient is eligible for the service, then medicines from the formulary (Appendix 1) may be provided free of charge. Pharmacies will be reimbursed for the medication(s) they supply at Drug Tariff price, plus VAT (standard rate).

The service will take account of any concessionary prices.

Payments will be made based on the information recorded via PharmOutcomes. Payment will be made to pharmacies on a monthly basis via NHSBSA and will show on your FP34c. Records should be maintained and for 12 months from the decommissioning of the service for post-payment verification checks.

Reimbursement will be paid on the condition that the service is provided in accordance with the service specification.

For payment:
Claims for payment should be submitted within one month of, and no later than two months from the claim period for the chargeable activity provided.

The commissioner reserves the right to check pharmacy contractors' held information at any time to support post-payment verification.

7. Termination of Contract

7.1 Termination

If a pharmacy contractor intends to stop providing the service, they must give the commissioner written notice at least one month in advance. They may also be asked to provide a reason for withdrawing from the service.

The pharmacy contractor is required to continue delivering the service throughout the notice period.

Similarly, the commissioner will provide contractors with at least one month's written notice before ceasing to commission the service.

Note: The commissioner reserves the right to terminate this contract with immediate effect upon any failure by the pharmacy to deliver the services within the agreed terms.

Contract extension

The contract shall be for an initial term of one year, with the Commissioner holding the sole discretion to extend the agreement for one further year by giving one month's written notice prior to the initial term's expiry; during both the initial term and any extended period, either party may terminate the contract at any time by giving one month's written notice.

Commissioners name	Contact details
Thames Valley Integrated Care Board	tvicb.medicines@nhs.net tvicb.pod.services@nhs.net

Appendix 1: Minor Ailment Service Formulary

Under the Minor Ailments Service, pharmacists may only supply medicines listed in the formulary. These products can be used for any licensed indication and dose. Pharmacists may choose any brand, provided the active ingredients and pack sizes match the formulary specifications. Prescription Only Medicine (POM) packs are strictly prohibited, and each item must include its Patient Information Leaflet.

The responsible pharmacist remains professionally accountable for all treatment decisions.

Ailment	Product
Respiratory System	
Allergies	Chlorphenamine 2mg/5ml Liquid (1 x 150ml)
	Chlorphenamine 4mg tablets (1x30)
	Cetirizine 5mg/5ml oral solution (1x70ml or 1x120ml)
	Cetirizine tablets (1 x 30)
	Mometasone furoate 50micrograms/metered spray (1x60dose)
	Fluticasone proprionate 50microgram/metered spray (1x60dose)
	Sodium cromoglycate 2% eye drops (1 x 10ml)
Pain	
	Paracetamol 120mg/5ml SF paed suspension (1x100ml)
	Paracetamol 250mg/5ml SF suspension (1 x 100ml)
	Ibuprofen 100mg/5ml SF suspension (1 x 100ml)
Skin	
Athlete's Foot & Ringworm	Clotrimazole 1% cream (1 x 20g)
Contact Dermatitis	Hydrocortisone 1 % cream (1 x 15g)
Head Lice	Detection comb (1 if not included in box below)

	Malathion 0.5% aqueous liquid (enough for 2 treatments)
Oral thrush	Miconazole oral gel 20mg/g (Daktarin) (1 x 15g)
Vaginal Thrush	Clotrimazole 2% cream (1 x 20g)
	Clotrimazole 500mg pessary (x1)
	Fluconazole 150mg capsule (x1)
Eye	
Conjunctivitis	Chloramphenicol 0.5% eye drops (1 x 10ml)
Other	
Threadworm	Mebendazole 100mg tablet (x1)
	Mebendazole 100mg/5ml oral suspension (1 x 30ml)

Appendix 2: Minor Ailments Service - Service Guide

Patient Eligibility

- Registered with a GP surgery within the Thames Valley footprint.
- Adults exempt from prescription charges (evidence shown) or dependent children
- The patient must be in attendance; the service cannot be carried out if the patient is absent. In the case of a child under 18, the parent or guardian must be in attendance, but the child being treated need not be present (in this case, for supply to be made the pharmacist must use their professional judgement).
- If the patient cannot attend the pharmacy, the pharmacist must use their professional judgment to assess if a supply should be made.
- The patient presents with a minor ailment that can be treated from the formulary.

Minor ailment consultation

- Consultation room should be offered, where appropriate
- Conduct OTC consultation as per usual process and guidelines
- Input consultation outcome directly on PharmOutcomes
- Exclude any serious illness/red flag symptoms.
- Refer/ escalate as appropriate

Treatment decision outcome

- Advice
- Advice and supply of OTC medication to eligible patients
- Signpost to GP practice for non-urgent appointment with or without supply of medication as appropriate
- Urgent referral/ escalation

Note: service payment is ONLY made when advice and supply of OTC medication to eligible patients is recorded on PharmOutcomes.

Advice in line with usual process and guidance

- Expected duration of symptoms and appropriate safety netting
- Appropriate OTC consultation including self-care messages
- Provide service information
- Antibiotic use messages (e.g. Target toolkit) where appropriate (see below)
- Printed materials where appropriate

Medication supply and record

- Supply medication only where necessary
- Select medication from formulary and cross out the bar code and replace with ‘NHS supply’
- Advice on how medication works, side effects, cautions etc
- Record on PharmOutcomes