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1 Introduction

Research has shown that GPs can spend up to 40% of their working day dealing with minor ailments. Whilst this may be entirely appropriate for some patients, for the majority it is an inconvenient and inefficient way of getting help for these conditions.

Pharmacies are well placed within communities and are essentially an ‘open door’ to the Health Service offering free independent health advice without the need for an appointment. One of the services that community pharmacists have been trained to provide is the treatment of minor ailments. When a patient presents at a pharmacy with symptoms of a minor ailment, the pharmacist establishes if the symptoms are indeed minor in which case the pharmacist can offer advice and, if necessary, recommend appropriate treatment. If the symptoms are of a more serious nature, the pharmacist will refer the patient to another healthcare professional. The Minor Ailments Service was introduced into Northern Ireland in 2005, and referral onto the scheme includes direct referral from GP practices, the community pharmacist or self-referral by the patient. Under this service, the pharmacist can supply medicine for the treatment of certain minor ailments, free of charge, to suitable patients.

Provision of a Minor Ailments Service through community pharmacies:

- Encourages patient ability to self treat minor ailments
- Supports the use of the pharmacy as a first point of call for health advice and allows the pharmacist to make more use of their professional skills
- Improves patient accessibility to treatment without the need of an appointment
- Benefits other parts of the healthcare service particularly Accident and Emergency Departments and Out-Of-Hours medical services.

2. Service Specification
This Service provides management of specified minor ailments by contracted Community Pharmacists in Northern Ireland

For eligibility into this Service, patients must be:-

- Over the age of three months
- Registered with a GP practice in Northern Ireland

If a patient is not registered with a GP practice, they should be advised to access medical care through the normal channels or purchase medicines over-the-counter.

The Service only applies to those minor ailments specified by the Health and Social Care Board (the Board).

Patients should be invited to take part in the Service but can choose to decline participation.

The Service can only be provided from Community Pharmacies where the Contractor:

- Holds a contract with the Board to provide the service
- Ensures staff are trained, competent and available to deliver the Service
- Develops and ensures compliance with the Standard Operating Procedures (SOPs) for implementation of the Service, reviewing the SOP as appropriate.

2.1 Access to the Service

There are three ways in which a patient can participate in the Service-

**Self referral**
- Patient has heard about the Service, has seen an advertisement or has previously been involved with the Service

**Referral by a pharmacist** –
- Patient presenting at the pharmacy with symptoms that fall into the therapeutic areas covered by the Service protocol.

**Referral by GP practice/ Out-of hours Centres**
- GP practices can refer a patient requesting an appointment or prescription with symptoms that fall into the therapeutic areas covered by the Service protocol. Practices should encourage the patient to tell the pharmacist that they have been referred through the Minor Ailments Service. Pharmacists should work with local GP practices and the local OOH centre to establish referral processes.

Who must not be referred?
As well as the patient categories already mentioned, the following groups of patients must not be referred to the Service

- Patients requesting to **purchase a medicine** contained within the formulary **must not** be referred into the Service. **This Service must not be used to divert the sale of OTC medicines.**

- GP practices **cannot refer patients for named medicines.** If a GP has made a decision about the medicine a patient needs, then a prescription must be issued. A GP cannot write a prescription for one item and refer the patient for another named item.

A flowchart describing the patient flow is shown in Appendix 1

### 2.2 Consultation

i. **A pharmacist must undertake all consultations**

ii. When the patient/parent or guardian presents at the pharmacy with **symptoms** that fall into the therapeutic areas covered by the Service protocol, **the pharmacist** will carry out an assessment in a semi private / private area.

iii. The patient may be given:
- Advice only.
- Advice plus treatment from the formulary (up to two products per patient where appropriate)
- Referral to the GP if serious symptoms are reported.

### 2.3 Professional Responsibility

- At all times the pharmacist will be required to preserve patient confidentiality in line with their responsibilities as members of the Pharmaceutical Society of Northern Ireland.

- At no point does this Service abrogate the professional responsibility of the individual pharmacist. They must use their professional judgment at all times.

- The pharmacist in charge on a given day is responsible for ensuring consultations are delivered according to the Service Specification

- Complaints should be dealt with via the standard procedures for the participating GP surgeries and Pharmacies.

### 2.4 Supply
• If appropriate, the pharmacist may consider providing the patient with pharmaceutical advice only (no medicines). A consultation fee can still be claimed provided the consultation is for a minor ailment detailed within the service.

• Pharmacists can only supply products included in the current Minor Ailments formulary. If the patient declines a formulary item and requests a non-formulary item, they can be offered this to purchase, if appropriate. However, the patient will then have opted out of the service and a consultation cannot be claimed.

• Pharmacists must adhere to the licensing information of all products that are supplied under the Service. This information may prevent the supply of a product to a patient under the Service e.g. on the grounds of age. Only licensed over-the-counter packs may be supplied through the service. All products and packs must be licensed as P, PGSL or GSL medicines. No POM medicines or packs may be supplied.

• Pharmacists must ensure medicine supplies comply with current good practice guidelines e.g. Pharmaceutical Society guidance, MHRA Drug Safety Advice, CSA MPS guidance or other product/pack size updates.

• Further information on minor ailments can be obtained from the reference sources listed in Appendix 2.

2.5. Standards and Evaluation

• Training – The Contractor must ensure that all pharmacy staff e.g. pharmacists, locum pharmacists, technicians or pharmacy assistants, involved in the delivery of the service are fully competent and knowledgeable in all processes and procedures relating to this Service.

• Contract - Pharmacies involved will be contracted to the Board for the provision of Pharmaceutical Services.

• Evaluation - Each pharmacy will be required to retain copies of the consultation forms for further evaluation. Feedback may also be sought in order to make amendments to the Service. The evaluation of the Service will be carried out by the Board.

• Standards - Participating pharmacies are expected to comply with this Service Specification. Standard Operating Procedures must be developed as part of the Service provision. These will vary between pharmacies. Elements of the procedure required are listed below under ‘Consultation Procedure’, however it will be up to individual contractors to develop robust SOPs (an example SOP is given in Appendix 3) to ensure that appropriate governance arrangements are in place.

• Standards for Minor Ailments Service ‘Supported Self Care’ can facilitate pharmacy audit (Appendix 4).
3. Consultation Procedure

A Patient Status
When a patient presents with symptoms relating to a minor ailment covered in the Service or when a patient has been referred to use the Service, the status of the patient should be checked verbally to ensure that the patient is:

- Over the age of 3 months
- Registered with a GP practice in Northern Ireland

B Patient assessment by the Pharmacist
Questions must be asked by the pharmacist to determine (a) to give advice only, (b) to give advice plus appropriate recommendation of a medicine(s) or (c) to refer the patient to a GP e.g.

- Who is the patient and what are the symptoms?
- How long have the symptoms been present and any other symptoms?
- Action taken already?
- Medication taken for this condition or any other medicines regularly taken including OTC, prescription or herbal remedies
- Any allergies or medical conditions?
- Pregnant or breastfeeding?
- Consider ALARM symptoms

Third Party Requests
A parent/guardian may present with a set of symptoms for a child however other third party requests for the service should only be accepted in very exceptional circumstances. In these cases the pharmacist must use their professional judgement to ensure they have adequate information to make a clear judgement about the diagnosis and to make a recommendation for appropriate treatment.

C Treatment Options
If the patient’s symptoms relate to a minor ailment covered by the Minor Ailment’s Service, the following options are recommended:

- **Provision of advice**
  Advice should be given on symptom control, when to expect to get better and when to contact the GP. Advice should be in line with current good practice guidelines e.g. Pharmaceutical Society guidance or MHRA Drug Safety Advice, or

- **Provision of advice and suitable medication, only if necessary, from the agreed formulary**
The medicines are listed in the Formulary on BSO website: http://www.hscbusiness.hscni.net/ Referring to the treatment algorithms for the appropriate condition, the pharmacist may supply up to a maximum of two medicines from the set formulary. Medicines are supplied using the Pharmacy Voucher. Advice should be given as above, plus on the correct use of the recommended medicine and what to do if symptoms persist, or

- **Referral to the GP if necessary if serious symptoms are reported**

**D Document consultation on designated form and retain for further evaluation**

An individual consultation record will be used for the majority of consultations. A multiple consultation form should be used for a ‘group’ consultation i.e. treating a family for threadworms or headlice (Appendix 8). **Multiple consultations attract one consultation fee.** In exceptional circumstances the pharmacist may in their professional judgement determine that individual consultations are required to treat patients with these conditions. These exceptional circumstances should be documented and will subject to monitoring.

The consultation form must be **fully completed** at the time of the consultation. (Appendices 5 and 6). This must include the signature of the pharmacist providing the service together with the Pharmacy Voucher serial number/s.

The patient consent section must be completed and signed by the patient/parent or guardian. In the case of a ‘third party consultation’ a phone-call to the patient will be necessary to obtain consent for sharing information with the GP or for the use of information in assessing the effectiveness of the service and this should be recorded on the form and signed by the pharmacist. The patient’s representative may sign the form to indicate receipt of treatment. (See Appendix 7 for examples).

Completed consultation forms must be held securely and confidentially in the pharmacy and be available to the Board for audit. Completed consultation forms should be kept for the following time periods as per advice in the DHSSPS Good Management, Good Records guidelines:

- Adults - eight years after the conclusion of treatment
- Children and young people – Until the patient’s 25th birthday or 26th if the young person was 17 at the conclusion of treatment.

It is recognised that Pharmacy software systems may be developed to facilitate recording of patient consultations and when approved such records will be acceptable in lieu of a written record.

**E Any product supplied must comply with Code of Ethics requirements – this includes labelling as per normally dispensed products**

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2 Available to download at: www.dhsspsni.gov.uk/dhs-goodmanagement.pdf
F Complete the Pharmacy Voucher
- The pharmacist must complete and sign the pharmacy voucher/s at the time of the consultation, accurately coding for any medicine(s) supplied and the consultation fee. See Appendix 9 for a completed voucher.
- The specific codes allocated by BSO for the formulary products must be used for coding purposes. *(Codes from the ordinary codebook must NOT be used).*
- See BSO website for details of the codes. [http://www.centralservicesagency.com/display/ni_minor_ailments_scheme3](http://www.centralservicesagency.com/display/ni_minor_ailments_scheme3)
- When a ‘group’ consultation has taken place a pharmacy voucher must be completed for each patient, however only ONE consultation fee can be claimed for the group. The consultation fee can be claimed on any one family member's voucher.
- Relief pharmacists or locums whose name is not printed on the pharmacist voucher can still participate in the Service using the appropriate voucher pad for the pharmacy. They should sign the form in their own name, printing their name in the appropriate section of the voucher.
- The patient must complete the back of the voucher stating the reason for non-payment of charges or giving pre-payment details.
- Pharmacy vouchers must be bundled separately from HS21 prescription forms and forwarded to the BSO at the end of the month that the consultation took place.

G If, in the opinion of the pharmacist, the patient presents with symptoms outside the Service they should be referred to the GP.

H If patient presents more than twice within a month with the same symptoms and there is no indication for urgent referral, the patient should be referred back to their surgery for a routine appointment.
Pharmacists should be aware of potential patient abuse of the Service. If this occurs the information should be fed back to the Board.
If the patient re-presents after initial treatment with symptoms that have not resolved within an appropriate time-scale for the condition, or indeed if the symptoms have become worse, the patient should be referred to their GP.

I Requests for Named Medicines
If a patient requests a named medicine contained within the Minor Ailments Service formulary the pharmacist must use their professional judgement to ascertain if this a self-referral or product request.

Product requests should not be referred into the service. The service is not to be used to divert the sale of OTC medicines.

If it is a self-referral as a result of using the service previously, pharmacists should use their professional judgement to respond to these requests and personally re-assess the symptoms. The pharmacist is clinically

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responsible for any treatment or advice they give and the patient should be advised, treated or referred accordingly.

Referrals/requests for MAS formulary products to treat conditions not covered by the Minor Ailments Service should be either referred back to the GP or an OTC sale recommended as appropriate.

All Pharmacists and Pharmacy Counter Staff must understand and follow these conditions for supply.

4. Re-ordering Documentation

Pharmacy Vouchers / Consultation pads
Additional supplies are ordered directly from De La Rue Smurfit by either:
- Telephoning De La Rue Smurfit (028 9262 2999) quoting the prescription order number (on the order form which is the top sheet on each pharmacy voucher pad), or
- Faxing the order form to De La Rue Smurfit (028 9262 2600) ensuring the box for pharmacy vouchers is ticked.

From placing an order to delivery will take approximately 1 week.

Pharmacists must ensure voucher stock management procedures are robust with adequate security arrangements in place. (See Appendix 10 for a sample voucher log).

Appendix 1

MINOR AILMENTS SERVICE FLOW CHART – GP Referral

Patient requests appointment with the GP

Does the patient want to see the doctor about one of the minor ailments included in this service?

Ask patient if they would like to take part in the Service
(Always offer choice)
Is the patient eligible for the service?
1. Over 3 months or agreed older age chosen by individual practice
2. Registered with a GP practice in NI
3. NO
MINOR AILMENTS SERVICE FLOW CHART - Self-referral

1. Patient presents at pharmacy under self-referral seeking advice for a minor ailment included in the MAS

2. Is the patient eligible for the service? (over 3 months, registered with a GP practice in Northern Ireland)
   - YES
   - NO

3. Ask patient if they would like to take part in the service (Always offer choice)
   - YES
   - NO

4. Offer the patient over the counter service
   - If the patient is unsuitable for self treatment
     - Refer to GP

5. Patient given appointment to see a GP as requested

6. Patient seen by GP

7. Fast Track appointment made with GP if necessary as per local protocol

8. Patient referred back to GP because not suitable for management under the service

9. YES

10. Patient given advice or advice and treatment

11. Patient has confidential consultation with the pharmacist

12. Patient advised of service
INFORMATION SOURCES

References for further reading:

3. MIMS – Current edition
7. Rutter P. Symptoms, Diagnosis and Treatment – a guide for pharmacists and nurses. February 2005

Useful Websites

Northern Ireland Centre for Pharmacy Learning and Development
http://www.nicpld.org
COMPASS Therapeutic notes
http://www.centralservicesagency.com/display/compass

Medicines and Healthcare products Regulation Authority
http://www.mhra.gov.uk/index.htm

Pharmaceutical Society of NI
http://www.psni.org.uk

Business Services Organisation
http://www.hscbusiness.hscni.net/

Department of Health Social Services and Public Safety
http://www.dhsspsni.gov.uk

Contacts

De La Rue Smurfit

Telephone 92622999
Fax 92622600

Pharmacy name

MINOR AILMENTS

STANDARD OPERATING PROCEDURE
## Revision Chronology

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**JULY 2009**
PURPOSE

This Standard Operating Procedure (SOP) describes the minor ailments service process in this pharmacy:

To ensure that the minor ailments service is operated in a safe and secure way by pharmacists, pharmacy staff and locums.

To ensure that pharmacists, pharmacy staff, locums, GP practice staff and patients/ patient’s representative understand how the scheme works.

Note: You could make this section more detailed to reflect your own pharmacy practice

SCOPE

This procedure covers minor ailments services operated by this pharmacy
RESPONSIBLE PERSONNEL

The service will be delivered by accredited pharmacists, pharmacists (including locums) working in this pharmacy, dispensary support staff and counter staff involved in the dispensing process, who have been trained by the accredited pharmacist and have been deemed competent to be involved in the delivery of this service (e.g. to evaluate if a patient is eligible to participate in the service). **NB It must always be the pharmacist who carries out the consultation.**

The name(s) of the accredited pharmacist(s) for this pharmacy are:

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<tr>
<th>Pharmacist Name</th>
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Other staff responsible for assessing patient eligibility to participate in the minor ailments service are:

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<tr>
<th>Name</th>
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<th>Confirmation Training Received</th>
<th>Confirmation of Competence</th>
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PROCEDURE

This section covers how the minor ailments service is operated in this pharmacy.

1. Presentation of Patient

Follow normal procedure as per OTC SOP (enter title and number) with the following additions:

- When a general request is made relating to a minor ailment covered in the Service or when a patient has been referred to use the Service, the status of the patient should be checked verbally to ensure that the patient is over the age of 3 months, registered with a GP practice in Northern Ireland and

- If patient presents more than twice within a month with the same symptoms and there is no indication for urgent referral, the patient should be referred back to their surgery for a routine appointment.

- If the patient re-presents after initial treatment with symptoms that have not resolved within a time frame appropriate to the condition, or indeed the symptoms have become worse, the patient should be referred to their GP. This will be dependent upon the nature of the symptoms and the underlying risk of major illness.

- If a patient presents with a prescription from a GP for an item available on the Service formulary they must NOT be transferred on to the Service.

- If a patient requests a named medicine contained within the Minor Ailments Service formulary the pharmacist must use their professional judgement to ascertain if this a self-referral or product request.
  - Product requests should not be referred into the service. The service is not to be used to divert the sale of OTC medicines.
  - If it is a self-referral as a result of using the service previously, pharmacists should use their professional judgement to respond to these requests and personally re-assess the symptoms. The pharmacist is clinically responsible for any treatment or advice they give and the patient should be advised, treated or referred accordingly.
  - Referrals/requests for MAS formulary products to treat conditions not covered by the Minor Ailments Service should be either referred back to the GP or an OTC sale recommended as appropriate.

2. Assessment of the Patient
Follow normal procedure as per OTC SOP (enter title and number) Questions must be asked by the pharmacist to obtain the information required to allow the appropriate recommendation of a medicine or referral to a GP if necessary e.g.

- Who is the patient and what are the symptoms?
- How long have the symptoms been present and any other symptoms?
- Action taken already?
- Medication taken for this condition or any other medicines regularly taken including OTC, prescription or herbal remedies
- Any allergies or medical conditions?
- Pregnant or breastfeeding?
- Consider “alarm symptoms”.

Third Party Requests
A parent/guardian may present with a set of symptoms for a child however other third party requests for the service should only be accepted in very exceptional circumstances. In these cases the pharmacist must use their professional judgement to ensure they have adequate information to make a clear judgement about the diagnosis and to make a recommendation for appropriate treatment.

3. Completion of the Consultation Record
- Complete an individual or multiple consultation record as appropriate e.g. multiple consultation record should be completed for families requiring treatment for headlice or threadworms.
- The patient consent section must be completed and signed by the patient/parent or guardian. In the case of a ‘third party consultation’ a phone-call to the patient will be necessary to obtain consent for sharing information with the GP or for the use of information in assessing the effectiveness of the service and this should be recorded on the form and signed by the pharmacist. The patient’s representative may sign the form to indicate receipt of treatment.

4. Provision of advice

Follow normal procedure as per OTC SOP (enter title and number)
- If in the opinion of the pharmacist the patient presents with symptoms outside the Service they should be referred to the GP

5. Provision of Supply of Medicines
Follow normal procedure as per OTC SOP (enter title and number) with the following additions:

- The pharmacist is able to supply up to a maximum of two medicines, from the set formulary and indicated in the treatment guidelines, using the Pharmacy Voucher if required.
- The patient completes the back of the voucher.

6. Assembly and labelling of required medicine or product

Follow normal procedure for labelling of dispensed medicines and record on PMR as per SOP (enter title and number)

7. Checking procedure

Follow normal procedure as per SOP (enter title and number)

8. Completion of the Pharmacy Voucher

- Complete a pharmacy voucher for each patient
- Record the patient details and items supplied
- The pharmacist must sign and date the voucher, recording their name when it is not printed on the voucher
- The product code used must be as designated by the BSO in the minor ailments formulary
- A consultation fee should be claimed for each individual consultation but only one fee claimed for a multiple consultation.
- Write the phrase ‘Consultation Fee’ on the body of the voucher and endorse the consultation fee code in the coding column when a product has not been supplied and only advice given. If a product was supplied, the above phrase does not need to be recorded on the body of the voucher and only the code for a consultation fee needs to be recorded in the coding column.

9. Transfer of the medicine or product to the patient

Appendix 3
Follow normal procedure as per SOP (enter title and number) with the following additions:

Advice to patient of when to consult GP if symptoms persist.

10. Submitting Vouchers and Retaining Consultation Records

Follow normal procedure as per SOP (enter title and number) with the following additions:

- Pharmacy vouchers must be bundled separately from HS21 prescription forms and forwarded to the BSO at the end of the month that the consultation took place.
- The consultation record/s must be completed in full and held for the following time periods:
  - Adults - eight years after the conclusion of treatment
  - Children and young people – Until the patient’s 25th birthday or 26th if the young person was 17 at the conclusion of treatment.
- The consultation record must always contain the pharmacy voucher code/s.
Minor Ailments Service

Supported Self Care Standard

**Standard SSC**

In the provision of the direct supply of Over the Counter (OTC) medicines within the Minor Ailments Service, the pharmacist must ensure that appropriate medicines are provided in a timely manner with relevant advice and that the required documentation is completed.

**Scope of the Standard**

- Provision of Over the Counter (OTC) medicines within the contractual arrangements of the Minor Ailments Service.

**Action Required**

- Minor Ailments Service is provided in accordance with the current formulary, protocol and HSSB guidance.

**Why it is important**

Pharmacists have an important role in providing support to patients with self-limiting conditions, in a convenient and accessible way from the pharmacy. Most GPs spend a significant part of their time dealing with high levels of self-limiting conditions and it is estimated that between 100 and 150 million consultations are for conditions that are self treatable.

The supply of OTC Medicines within a Minor Ailments Service builds on the pharmacist’s role and allows pharmacists to supply agreed formulary medicines to patients at NHS expense while reducing the workload on GP colleagues.

It is therefore important that the service is delivered to agreed standards, the required documentation is completed to demonstrate the benefits of the service and to ensure probity in service delivery.
**Minor Ailments criterion**

Minor ailments service is provided in accordance with current formulary, protocol and HSCB guidance.

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<tr>
<td>OTC4.1 The pharmacy maintains a current protocol and formulary which is regularly reviewed</td>
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<tr>
<td>OTC4.2 The consultation is completed by the pharmacist</td>
<td>N</td>
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<tr>
<td>OTC4.3 Medicines are stocked and supplied in accordance with the formulary</td>
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<tr>
<td>OTC4.5 Any product supplied must comply with the Code of ethics requirements - this includes labelling and the provision of advice on how to take the medicine.</td>
<td>N</td>
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<tr>
<td>OTC4.6 Vouchers are completed in accordance with HSCB and BSO guidance</td>
<td>N</td>
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<tr>
<td>OTC4.7 Consultation forms are completed in accordance with HSCB requirements and are retained</td>
<td>N</td>
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Records are made available for audit purposes\textsuperscript{vi}

\begin{tabular}{|c|c|c|c|}
\hline
OTC4.8 &  &  &  \\
\hline
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\textsuperscript{vi} The Minor Ailments Service is delivered in conjunction with the Northern Ireland Service protocol and formulary. Locally adapted practice protocols/formulary must be reviewed annually and records clearly identify the date of review. Both the practice protocol and formulary must be readily accessible and arrangements in place which ensure that all staff, including locums, are adequately informed.

\textsuperscript{ii} This Service must be used to supply only medicines listed within this formulary. The pharmacy must maintain adequate stocks of these medicines to support the Service. The Service is open to people presenting at the pharmacy or who have been referred by the GP surgery staff with symptoms of the minor ailments detailed within the service. The pharmacist, using their expertise, can decide if the patient would benefit from medicines for their symptoms. Up to a maximum of two medicines can be prescribed from the formulary. In the event that the pharmacist decides that is not appropriate to supply a medicine only a consultation fee can be claimed, provided the consultation is for a minor ailment detailed within the service.

Where a patient’s symptoms fall outside those minor ailments detailed within the Service or where the pharmacist suspects at the symptoms may indicate a more serious illness the patient should be referred to their GP. The pharmacist where they deem it appropriate or in urgent cases should assist in this referral.

\textsuperscript{iv} The Pharmacy Voucher must be coded to confirm the medicines supplied, as well as the consultation fee. In the event that the pharmacist decides not to supply a medicine the Pharmacy Voucher should be coded for the consultation fee only. These Pharmacy Vouchers should be forwarded to the BSO for payment on a monthly basis in accordance with the directions stated in protocol.

\textsuperscript{v} Consultation forms must be completed as directed within HSCB guidance. These must be held for the following time periods:-

\begin{itemize}
\item Adults - eight years after the conclusion of treatment
\item Children and young people – Until the patient’s 25\textsuperscript{th} birthday or 26\textsuperscript{th} if the young person was 17 at the conclusion of treatment,
\end{itemize}

and be readily accessible.
vi The HSCB may elect to audit and evaluate this Service periodically. Records must be maintained and made available in a manner which facilitates such requests having due regard to patient confidentiality and Data Protection legislation. Feedback from patients and health professionals providing and supporting such services will be central to such evaluations.
## MINOR AILMENTS SERVICE
### CONSULTATION RECORD

1. **Date of Consultation:** [ ]

   **Patient Details:**

   **Name:**

   **Address:**

   **Date of Birth:**

2. **Patient Referral to Minor Ailment Service from:**

   - Self referral
   - Pharmacy
   - GP surgery
   - C&CS GP
   - Other (details)

3. **Symptoms:**

   Please detail:

   (Refer to list of symptoms/conditions which can be treated under the Minor Ailments (MA) Service)

4. **Duration of symptoms**

   - < 24 hours
   - 2-5 days
   - 5-6 days
   - > 6 days

5. **Existing medical conditions which may impact on treatment**

   - Cardiovascular
   - Diabetes
   - Pregnancy/lactation
   - HIV/AIDS problems
   - Respiratory disease
   - Liver/renal disease
   - Other conditions/medicines
     (Please detail)

6. **Outcomes**

   **Advice**

   **Advice + Treatment**

   **Referral to GP/ODIN**

   **Advice details:**

   **Consultation fee claimed:**

   - Yes
   - No

7. **Treatment(s) supplied:**

   (Refer to MA formulary)

   **Product 1:**
   - A copy of pharmacy label may be used.
   - Name:
   - Directions/Dose:

   **Product 2:** (If required)
   - Name:
   - Directions/Dose:

   **If the Minor Ailment Service was unavailable would the patient have gone to the GP for a consultation or prescription?**
   - Yes
   - No

   **I have provided this Service according to the NI Guidelines for the Minor Ailments Service**

   **Signature:**

   **Pharmacy Voucher Serial No:**

---

25
Patient Consent

I confirm I have received this treatment.
Yes ☐ No ☐

I give permission for the pharmacist to inform my GP of this treatment, if requested.
Yes ☐ No ☐

I agree that the information which I supply can be used to assess the effectiveness of the Service.
Yes ☐ No ☐

Patient’s Signature:

Date: 

---

Department of Health, Social Services and Public Safety

[Signature]

[Title]

[Name]
### MINOR AILMENTS SERVICE
#### CONSULTATION RECORD

**1. Date of Consultation:** 17/2/09

**Patient Details:**
- **Name:** A Smith
- **Address:** 21 Main St
- **Townsville**
- **Date of Birth:** 9/4/1984

**2. Patient Referral to Minor Ailment Service from:**
- Self referral
- Pharmacy
- GP surgery
- OOH GP
- Other (details)

**3. Symptoms:**
- Itching and soreness of the vagina, cheese-like, odourless discharge

**4. Duration of symptoms:**
- < 24 hours
- 3-2 days
- 3-4 days
- 5-6 days
- > 5 days

**5. Existing medical conditions which may impact on treatment:**
- Cardiac/vascular
- Diabetes
- Pregnancy/obstetrics
- CNS problems
- Respiratory disease
- Liver/renal disease
- Other conditions/medicines
  - (Please detail)

**6. Outcome:**
- **Advice:**
  - Cool and loose fitting clothes, cotton underwear, avoid irritants, hygiene,
- **Advice details:**
- **Consultation fee claimed:** Yes
- **Referral to GP/DOH:** No

**7. Treatment(s) supplied (Refer to MA Formulary):**
- **Product 2:** (A copy of pharmacy label may be used)
  - **Name:** Clotrimazole combi

**Drug Instructions/Dose:**

**8. If the Minor Ailment Service was unavailable would the patient have gone to the GP for a consultation or prescription?** Yes

**I have provided this Service according to the National Guideline for the Minor Ailments Service**

**Signature:** A Tablet

**Pharmacy Voucher Serial No:** 123456789

---

**Appendix 6**
Patient Consent

I confirm I have received this treatment.

Yes [ ] No [ ]

I give permission for the pharmacist to inform my GP of this treatment, if requested.

Yes [ ] No [ ]

I agree that the information which I supply can be used to assess the effectiveness of the Service.

Yes [ ] No [ ]

Patient’s Signature:

John Smith

Date: 30 06 09

Department of Health, Social Services and Public Safety
www.dhssps.gov.uk

Seoirse, Síosailte agus Síochána Pobail

Poustic, Resydenter Beisín an Fólk Sicear
Appendix 7

Patient Consent

I confirm I have received this treatment.
Yes [ ] No [ ]

I give permission for the pharmacist to inform my GP of this treatment, if requested.
Yes [ ] No [ ]

Verbal consent obtained from the patient

I agree that the information which I supply can be used to assess the effectiveness of the Service.

Verbal consent obtained from the patient

Patient's Signature:

Date: 30 06 09

A tablet
## MINOR AILMENTS RECORD OF GROUP CONSULTATION WITH THE PHARMACIST

To be used for ‘multiple consultations’ e.g. headlice or threadworms

<table>
<thead>
<tr>
<th>Date</th>
<th>Source of referral</th>
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</table>

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
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<table>
<thead>
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<th>Address</th>
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<table>
<thead>
<tr>
<th>Age if under 17</th>
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<table>
<thead>
<tr>
<th>Symptoms</th>
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<table>
<thead>
<tr>
<th>Duration of symptoms</th>
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<tr>
<th>Existing Medical conditions which may impact on treatment</th>
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<td></td>
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<tr>
<td>Outcome:</td>
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<tr>
<td>Product supplied</td>
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<td>Affix label</td>
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<tr>
<td>Advice</td>
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<tr>
<td>Referral to GP</td>
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<tr>
<td>Pharmacy Voucher No</td>
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<tr>
<td>Patient/Parent or guardian consent for treatment</td>
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<td>Patient/Parent or guardian sharing of information</td>
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</table>

**Pharmacist Declaration.** I have provided this service according to the Service Specification for the NI Minor Ailments Service

**Signature**

**Print Name**
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>79097</td>
<td>Clotrimazole combi</td>
<td>1</td>
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<tr>
<td>79070</td>
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<td>1</td>
</tr>
</tbody>
</table>

**Notes:**
- **Drug Code:** 79097
- **Consultation fee code:** 79070
- **Pharmacist's name recorded if not printed on the voucher:**
  - A Smith
  - 21 Main Street

**Pharmacy:**
- **The Pharmacy**
- **Main St Townsville**
- **Pharmacist:** A Smith
  - 21 Main Street

**When Coding:**
- Use special five digit codes only.

**Additional Information:**
- Barcodes for verification.
- Code 8319 present on the voucher.
SAMPLE VOUCHER LOG
A sample sheet is included for pharmacy vouchers and an explanation of the columns is given below:

Order and Receipt Log
1. **Date ordered** - Date the new vouchers were ordered by the pharmacist
2. **Ordered by (initials)** - Initials of the person who placed the order
3. **Method of order** - Indicate if the order was placed by fax or phone call
4. **No ordered** - Number of vouchers ordered
5. **Date received** - Date the delivery arrived at the pharmacy and was placed in the pharmacy safe
6. **Serial numbers** - The first and last serial number of each pad should be recorded. The numbers are in sequence however the last digit is a check digit. It should be recorded but will not appear to be in sequence. A separate line should be used to record the numbers of each pad
7. **Stored by (initials)** - Initials of the person who placed the vouchers in the safe and who completed the log book

<table>
<thead>
<tr>
<th>Date ordered</th>
<th>Ordered by (initials)</th>
<th>Method of order</th>
<th>No ordered</th>
<th>Date received</th>
<th>No of pads</th>
<th>Serial Numbers</th>
<th>Stored by (initials)</th>
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Appendix 10