

FAQs for the Community Pharmacy Selfcare Advice Service (CPSAS)

1. What is the name of the new service and when does it start?

- The new service is called the **Community Pharmacy Selfcare Advice Service**. This may occasionally be abbreviated to CPSAS for ease of reference.
- The service was due to commence on **Monday 1st July 2024**, but due to unforeseen circumstances, this date was delayed to **Monday 22nd July 2024**.
- The service will initially be funded until July 2026 but may be extended further following service evaluation and benefits realisation.

2. Which areas in North East London will this service cover?

- The service will cover all 7 places/boroughs within NHS North East London (NEL).

3. What will happen to the existing HFP (Health First Pharmacy) MAS (Minor Ailments Service) operating in City & Hackney? Will current service users be given advance notice that the service will be ending?

- The C&H HFP MAS will run until the day before commencement of the NEL-wide CPSAS, after which it will transition over to the NEL CPSAS from 22nd July 2024.
- Advance notice of the C&H HFP MAS has already been provided to the Hackney Scrutiny Commission in December 2023. A further update notice of the transition date has also been sent to the Hackney Scrutiny Commission by the NEL communications team.

4. Why is there a change?

- The change will allow for delivery of a pan-NEL pharmacy selfcare advice service that will support NEL ICB's overarching aim to help address health inequalities across North East London.
- The new service will serve as an extension of the nationally commissioned "Pharmacy First" service, by providing patients most in need, with access to free-of-charge over the counter medicines, where affordability of medicines might potentially be a barrier to selfcare. This will minimise the need for pharmacies to refer such patients back to their GP for a prescription or possibly patients going without the needed medicines.

- The new service will also facilitate community pharmacy teams to signpost and refer patients into local health and wellbeing services, including encouraging those who are not registered with a GP to do so.

5. Who was involved or consulted in the development of this new service?

- Funding for this service has been made available for 2 years from the Health Inequalities 'shared ambition' funding to help reduce health inequalities in NEL.
- The initial business case was developed by or with input from:
 - NEL ICB Pharmacy & Medicines Optimisation team
 - NEL ICB Chief Medical Officer
 - NEL ICB Director of Primary Care and Transformation
 - NEL ICB Clinical Lead – Population Health
 - NEL ICB Consultant in Public Health
 - NEL ICB Quality Lead
 - NEL ICB Finance Manager
 - NEL ICB Contract Manager
 - NEL ICB Senior Insights Manager
 - NEL ICB Associate Director – Communications and Engagement
- The working group involved in implementation of the service consists of the following members:
 - NEL ICB Pharmacy & Medicines Optimisation team
 - NEL ICB Clinical Lead – Population Health
 - NEL ICB Consultant in Public Health
 - NEL ICB Director of Intelligence and Insights
 - NEL ICB Dentistry, Optometry and Pharmacy Commissioning Hub Regional Lead for Community Pharmacy Services
 - NEL ICB Dentistry, Optometry and Pharmacy Commissioning Hub Pharmacy Commissioning Manager
 - NEL LPC (Local Pharmaceutical Committee)
 - NEL ICB Quality Lead
 - With input and support from NEL ICB Finance and Communications team
- The service proposal has been presented to the following committees and forums:
 - NEL SyPMO (System Prescribing and Medicines Optimisation board, formerly known as IMOC)
 - NEL LMC (Local Medical Committee)
 - NEL Primary Care Collaborative
 - NEL GP Provider Collaborative
 - NEL Primary Care Delivery Group
 - NEL Pharmacy Provider Group
 - Hackney Scrutiny Commission

6. What are the main differences between CPSAS, the City & Hackney MAS scheme, and the national Pharmacy First service?

- The main differences between the services are summarised in the table below:

	NEL CP Selfcare Advice Service	NEL C&H HFP MAS	Pharmacy First
Patient access to the service	Primarily GP referral (walk-in only for patients who are homeless, asylum seekers, or refugees)	GP referral or walk-ins	Referral only for minor illness element (from GP, A&E or NHS 111) Walk-in only for clinical pathway consultation for the 7 common conditions
No. of minor illness conditions covered	24	21	No restricted list of conditions (list of symptoms)
Free OTC medicines supply for eligible patients	Yes	Yes	No
Free POM medicines supply for eligible patients	No (Service only covers supply of OTC medicines)	No	Yes (For patients with Rx exemption seen for one of the 7 common conditions)
Mechanism for recording patient outcomes	PharmOutcomes	PharmOutcomes	PharmOutcomes

7. Which minor illness conditions will the service cover?

- The minor illness conditions covered by the new service are listed below:
 - Athlete's foot
 - Back pain/musculoskeletal pain
 - Conjunctivitis
 - Constipation
 - Contact dermatitis
 - Diarrhoea

7. Fever (pyrexia)
8. Haemorrhoids
9. Hay fever
10. Headache
11. Head lice
12. Indigestion/heartburn
13. Insect bites and stings
14. Nappy rash
15. Paediatric fever/teething/pain
16. Primary dysmenorrhoea (period pain)
17. Ringworm
18. Scabies
19. Soft tissue injury
20. Oral thrush
21. Threadworm
22. Toothache
23. Vaginal thrush
24. Warts and verrucae

8. Which patients will be eligible for the service?

- Patients must fall into one of the categories below in order to be eligible for the service:
 - A. Access via Pharmacy First Referral:**
 - Patients must be registered with a NEL GP practice AND fulfil one of the additional criteria listed below:
 - Patients under 16 years, who have at least one parent who would be eligible for this service
 - Patients who are 16, 17 or 18 years old, in full-time education, AND have at least one parent who would be eligible for this service
 - All young people who are under the care of the Local Authority
 - Young care leavers, aged 16-25 years old
 - Patients who are receiving Universal Credit and whose income is at a level where they are eligible for free prescriptions
 - Patients receiving other low income related benefits, which give them eligibility for free prescriptions

- Patients who are homeless, asylum seekers or refugees
- Patients eligible for full help (HC2 certificate) under the NHS Low Income Scheme (LIS). LIS eligibility also extends to the partner and any young dependants.
- Patients with a Prescription Exemption Certificate issued by the Ministry of Defence (note that this will normally only offer exemption for an accepted disablement, as specified on the exemption certificate)

B. Access via Pharmacy Walk-in:

- ONLY for patients who are homeless, asylum seekers, or refugees
- These patients should either be registered with a NEL GP practice or reside in North East London

9. Which benefits will allow eligibility for the service?

- The following will apply to patients referred via Pharmacy First, who are in receipt of a low income related benefit, which gives them eligibility for free prescriptions.
- Patients must be in receipt of a state benefit related to their low-income status. Examples of eligible benefits will include:
 - Universal credit
 - Income support
 - Income-based Jobseeker's Allowance
 - Income-related Employment and Support Allowance
 - Pension Credit Guarantee Credit
 - NHS Tax Credit exemption certificates
- It is important to note that eligibility for this service is income related and will not match standard prescription exemption criteria. In particular, it should be noted that those who hold the following certificates or prescription exemptions will not be automatically eligible for this service (unless they also fall into one of the other eligible categories listed above):
 - Maternity exemption certificates
 - Medical exemption certificates
 - Prescription prepayment certificates

10. What evidence can be used by pharmacists to confirm patient eligibility?

- Community pharmacists can refer to the table below for guidance on how to confirm eligibility for the different patient cohorts:

Patient Eligibility Criteria	Examples of Evidence
Patient registered with a NEL GP practice	Pharmacy First referral OR can also be confirmed on the National Care Records Service (NCRS, formerly SCR)
Patients under 16 years, who have at least one parent who would be eligible for this service	<p>Patient age can be confirmed using nationally recognised ID (e.g. birth certificate, passport)</p> <p>Parent eligibility confirmed from below</p>
Patients who are 16, 17 or 18 years old, in full-time education, AND have at least one parent who would be eligible for this service	<p>Patient age can be confirmed using nationally recognised ID (e.g. birth certificate, passport, driving licence)</p> <p>Proof of full-time education can be confirmed from student ID</p> <p>Parent eligibility confirmed from below</p>
All young people who are under the care of the Local Authority	Self-declaration, as difficult to evidence
Young care leavers, aged 16-25 years old	Self-declaration, as difficult to evidence
Patients who are receiving Universal Credit and whose income is at a level where they are eligible for free prescriptions	<p>Universal Credit award notice</p> <p>Proof can also be confirmed using Real Time Exemption Checking (RTEC)</p>
Patients receiving other low income related benefits, which give them eligibility for free prescriptions	<p>Proof of an income-based benefit, e.g.</p> <ul style="list-style-type: none"> • Income support • Income-based Jobseeker's Allowance • Income-related Employment and Support Allowance • Pension Credit Guarantee Credit • NHS Tax Credit exemption certificates <p>Proof can also be confirmed using Real Time Exemption Checking (RTEC)</p>
Patients who are homeless, asylum seekers or refugees	Self-declaration, as difficult to evidence

Patient Eligibility Criteria	Examples of Evidence
Patients eligible for full help (HC2 certificate) under the NHS Low Income Scheme (LIS). LIS eligibility also extends to the partner and any young dependants	<p>HC2 certificate</p> <p>Proof can also be confirmed using Real Time Exemption Checking (RTEC)</p>
Patients with a Prescription Exemption Certificate issued by the Ministry of Defence (note that this will normally only offer exemption for an accepted disablement, as specified on the exemption certificate)	Prescription Exemption Certificate issued by the Ministry of Defence

11. How will patients be able to access the service?

- The majority of patients will access the service as an extension of a Pharmacy First service minor illness referral (made by their GP practice or other suitable healthcare provider, via EMIS Local Services or PharmRefer).
- The only exception to the above will be for patients who are either homeless, an asylum seeker, or a refugee, who will be able to access the service by attending any participating NEL community pharmacy as a walk-in.

12. Why isn't the walk-in option available to all patients?

- The new service will serve as an extension of the nationally commissioned "Pharmacy First" service by providing patients most in need, with access to free-of-charge over the counter medicines, where affordability of medicines might potentially be a barrier to self-care.
- Access to the minor illness element of the Pharmacy First service is only allowed through referrals (primarily from GP practices, but potentially also from NHS 111, and other urgent care providers).
- Walk-ins have therefore only been allowed for patients who may not be registered with a GP practice, or have difficulty accessing one (homeless, asylum seekers, and refugees).
- The service would also not be a financially viable option if walk-ins were allowed for all patients across NEL. The ICB would have to pay a pharmacy consultation fee for each walk-in patient. For patients accessing the service via GP referral, i.e. Pharmacy First, the pharmacy consultation fee is paid through the national Pharmacy First service.
- Expenditure for the service will be monitored closely to assess if walk-ins could be a potential future option once the service has been evaluated.

13. How will a patient or GP practice know which community pharmacies are offering the service?

- The aim will be for the majority of NEL community pharmacies to offer this service, as is the case for the Pharmacy First service.
- NEL ICB will inform GP practices and other relevant organisations which NEL community pharmacies are not registered to deliver the service (i.e. an exception list will be provided). At the time of writing this FAQ, 82% of NEL community pharmacies are registered to provide the service.

14. How can a GP practice refer a patient into the service?

- A GP practice will be able to refer a patient to this service by the exact same methods that they use to refer patients to the minor illness element of the Pharmacy First service.
- The main difference will be that if the GP practice refers a patient who may benefit from the CPSAS, due to their financial circumstances, the practice would need to ensure that they refer the patient to a community pharmacy offering this CPSAS service. The community pharmacist would then assess patient eligibility for the CPSAS as part of the Pharmacy First consultation. GP practices are not responsible for evaluating the financial status of their patients with respect to this service.
- GP practices should refer patients through the minor illness referral element of the Pharmacy First Service via EMIS Local Services or PharmRefer.
- A patient referral can be performed by any suitably trained member of the GP practice team.
- Patients must be given the choice as to which participating pharmacy they would like to attend.
- Patients must consent to the community pharmacist accessing their medical records for the purpose of delivering the service safely and effectively.
- Future referrals may also be accepted through other referring organisations once the process for Pharmacy First referrals is established within NHS NEL. Alternative future routes for referral may therefore also include: NHS 111, integrated urgent care clinical assessment service (IUC CAS), 999 services, or other urgent and emergency care provider (e.g. UTC, ED, UCC).

15. What happens if a patient is referred, but not eligible for the service?

- If a referred patient is not eligible for the service, they can still benefit from the Pharmacy First service, but would need to pay for any over the counter medicines required to treat their condition.

- The exception to this would be where the patient presents for one of the seven common conditions as part of the Pharmacy First clinical pathways. Any patient with a prescription exemption would be entitled to receive free-of-charge treatment for the seven clinical pathways.
- Any patient presenting at a community pharmacy is entitled to receive support and advice from their local community pharmacy teams, where this is within the clinical remit of the pharmacy staff consulted.

16. Does this service cover all elements of Pharmacy First?

- No, the CPSAS only supports low acuity conditions, referred as part of the minor illness element of the Pharmacy First service (previously known as the CPCS – Community Pharmacist Consultation Service).

17. Can a patient use different community pharmacies?

- Whilst it is preferable that patients attend the same NEL community pharmacy, there are no specific restrictions to prevent patients from attending different pharmacies within NEL.
- Community pharmacies will be able to view the records of consultations undertaken at other pharmacies as part of the PharmOutcomes module for the service.

18. Will there be restrictions on how many times a patient can access the service?

- Initially, there will not be any restrictions imposed on how many times a patient can access the service within a set time period.
- Pharmacists should, however, remain vigilant for any repeat attenders for the same condition, as this could be indicative of a long-term condition that requires further investigation and management by a GP.
- Usage of the service will be monitored periodically to ensure that it remains within budget. If the budget is likely to be exceeded at any point, restrictions may be applied, as appropriate. Any such restrictions will be communicated to all participating pharmacies, with advance notice, as appropriate.

19. Can a patient be consulted for more than one minor illness at the same visit?

- Where a walk-in patient attends a pharmacist consultation for more than one condition, the pharmacist should log them as separate conditions on PharmOutcomes, unless they are clinically linked, e.g. nappy rash with pain. For patients attending via a GP practice referral, this separation of

consultations will only be possible if the GP practice referrals have been made for each presenting condition.

20. Is there a restriction on the medicines that can be supplied to patients for this service?

- Yes, the medicines that can be supplied to patients are those specified in the service formulary. This is defined in the service specification and is also summarised below:

Condition		Treatment Options		
1	Athlete's foot	Terbinafine 1% cream (Lamisil® AT, 1x15g)	Miconazole 0.16% spray powder (Daktarin® Activ spray powder, 1x100g)	Miconazole 2% cream (1x15g OR 1x30g)
2	Back pain/ musculoskeletal pain	Paracetamol 500mg tablets (1x32)	Ibuprofen 200mg tablets (1x24); OR Ibuprofen 400mg tablets (1x24)	Ibuprofen 5% gel (1x30g OR 1x50g)
3	Conjunctivitis	Chloramphenicol 0.5% eye drops (1x10ml)	Chloramphenicol 1% eye ointment (1x4g)	
4	Constipation	Senna (sennoside B) 7.5mg tablets (1x20)	Lactulose solution (1x500ml)	Ispaghula husk granules (Fybogel Hi-Fibre®, 1x10)
5	Contact dermatitis	Emulsifying ointment (1x500g)	Crotamiton 10% cream (Eurax®, 1x30g)	Hydrocortisone 1% cream (1x15g); OR Clobetasone 0.05% cream (Eumovate®, 1x15g)
6	Diarrhoea	Oral rehydration therapy sachets (1x6)	Loperamide 2mg capsules (1x30)	
7	Fever (pyrexia)	Paracetamol 500mg tablets (1x32)	Ibuprofen 200mg tablets (1x24); OR Ibuprofen 400mg tablets (1x24)	
8	Haemorrhoids	Anusol® Plus HC ointment (1x15g)	Anusol® Plus HC suppositories (1x12); OR Anusol® suppositories (1x12)	Anusol® cream (1x23g OR 1x43g); OR Anusol® ointment (1x25g)
9	Hay fever	Chlorphenamine 4mg tablets (1x28) OR 2mg/5ml liquid (1x150ml); OR Cetirizine 10mg tablets (1x30) OR 1mg/ml liquid (1x200ml); OR Loratadine 10mg tablets (1x30) OR 1mg/ml liquid (1x100ml)	Beclometasone 50mcg/dose nasal spray (1x180 OR 1x200)	Sodium cromoglicate 2% eye drops (1x10ml)
10	Headache	Paracetamol 500mg tablets (1x32)	Ibuprofen 200mg tablets (1x24); OR Ibuprofen 400mg tablets (1x24)	
11	Head lice	Head lice comb (Nitty Gritty NitFree Comb® OR NitComb-M2®)	Dimeticone 4% lotion (Hedrin®, 1x50ml OR 1x150ml) OR 4% spray (Hedrin®, 1x120ml)	Malathion 0.5% liquid (Derbac-M®, 1x150ml)

Condition		Treatment Options		
12	Indigestion/heartburn	Peptac [®] suspension (1x500ml)	Mucogel [®] suspension (1x500ml)	
13	Insect bites and stings	Paracetamol 500mg tablets (1x32); Ibuprofen 200mg tablets (1x32)	Chlorphenamine 4mg tablets (1x28) OR 2mg/5ml liquid (1x150ml); OR Cetirizine 10mg tablets (1x30) OR 1mg/ml liquid (1x200ml)	Hydrocortisone 1% cream (1x15g)
14	Nappy rash	Sudocrem [®] cream (1x30g OR 1x60g OR 1x125g OR 1x250g)	Metanium [®] nappy rash ointment (1x30g)	
15	Paediatric fever/teething/pain	Paracetamol 120mg/5ml suspension (1x100ml); OR Paracetamol 250mg/5ml suspension (1x200ml); OR Paracetamol 500mg tablets (1x32)	Ibuprofen 100mg/5ml suspension (1x100ml); OR Ibuprofen 200mg/5ml suspension (1x100ml)	Bonjela [®] Junior Gel (1x15g)
16	Primary dysmenorrhoea (period pain)	Paracetamol 500mg tablets (1x32)	Ibuprofen 200mg tablets (1x24); OR Ibuprofen 400mg tablets (1x24)	Naproxen Period Pain Relief 250mg tablets (1x9)
17	Ringworm	Clotrimazole 1% cream (1x20g)	Terbinafine 1% cream (Lamisil [®] AT, 1x15g)	
18	Scabies	Permethrin 5% cream (2x30g)	Malathion 0.5% liquid (Derbac-M [®] , 2x150ml)	
19	Soft tissue injury	Paracetamol 500mg tablets (1x32)	Ibuprofen 200mg tablets (1x24); OR Ibuprofen 400mg tablets (1x24)	
20	Oral thrush	Miconazole 2% oral gel (Daktarin [®] oral gel, 1x15g)		
21	Threadworm	Mebendazole 100mg tablets (Ovex [®] , 1x4 OR 1x1)	Mebendazole 100mg/5ml oral suspension (Ovex [®] , 1x30ml)	
22	Toothache	Paracetamol 500mg tablets (1x32)	Ibuprofen 200mg tablets (1x24); OR Ibuprofen 400mg tablets (1x24)	Choline salicylate 8.7% gel (Bonjela [®] , 1x15g)
23	Vaginal thrush	Clotrimazole 500mg pessary OR gel pessary (1x1)	Clotrimazole 1% OR 2% cream (1x20g)	Fluconazole 150mg oral capsule (1x1)
24	Warts and verrucae	Salicylic acid 12%/lactic acid 4% gel (Salatac [®] gel, 1x8g OR Bazuka [®] gel, 1x5g)	Duofilm [®] paint (salicylic acid 16.7%/lactic acid 15%, 1x15ml)	

21. Will the community pharmacist refer patients back to the GP practice?

- A community pharmacist may need to refer a patient back to a GP practice for a number of possible reasons. This may include:
 - Patients with a co-morbidity or drug interaction, which may require alternative treatment or closer monitoring
 - Patients presenting for frequent repeat supplies for a specific minor illness (as this may be indicative of a long-term condition requiring management by a GP)

- Patients presenting with any relevant 'red flags' such as symptoms associated with sepsis, meningitis or cancer will also be referred to their GP or A&E for urgent investigation and management
- Walk-in patients not registered with a GP practice will also be encouraged to register with a GP practice, where appropriate.

22. How will community pharmacies communicate details of any consultations and medication supplies to a patient's GP practice?

- The documentation for patient consultation is as per documentation by community pharmacies for the national Pharmacy First service.
- Pharmacists must record details of all patient consultations on the web-based PharmOutcomes system (as is the case for the national Pharmacy First service).
- Details to be recorded will include patient details, patient eligibility, presenting condition, advice given, medication supplied, onward referrals made, and any signposting information provided.
- Pharmacists must ensure that a notification of the provision of the service is sent to the patient's GP on the day of provision or on the following working day. This will be via NHSmail or GP Connect: Update Record (once this is live for Pharmacy First).
- Community Pharmacies do not currently have read/write access to patient records but will potentially have read access when GP Connect: Access Record goes live (expected late 2024, once GP Connect: Update Record is live).
- In the absence of an automated digital solution, or if there is a temporary problem with the system, communications should be securely sent via NHSmail or hard copy.

23. How can community pharmacies register to deliver the service?

- Information regarding registration for the service has been circulated to all NEL community pharmacies in an Expression of Interest (EOI) email, which has been sent to all pharmacy premises specific NHS email addresses.
- Pharmacies which have registered their EOI will be assessed by the NEL ICB DOP (Dentistry, Optometry and Pharmacy) Commissioning Hub team to ensure compliance with requirements as specified in the service specification.
- Approved pharmacies will be notified via PharmOutcomes and an email sent to the pharmacy premises' specific NHS email address.
- An authorised pharmacist for each approved community pharmacy will need to electronically sign and accept the SLA when they first log in to the PharmOutcomes module for the service.

24. Will a pharmacy have to register for the new service if it is currently delivering the Health First Pharmacy service? (City & Hackney Pharmacies only)

- Yes, registration will be required for all NEL pharmacies interested in delivering the new service. Provision of the Health First Pharmacy service will not confer automatic registration and transfer over to the new service.

25. How will price concessions be managed, to ensure that pharmacists are reimbursed at the correct price for any supplied medicines?

- The pricing of formulary medicines will automatically update in PharmOutcomes through the dm+d functionality of the module (which updates reimbursement prices from the NHS Drug Tariff and Chemist+Druggist weekly).
- Where a price concession is applicable for a Drug Tariff medicine, this may not update in a timely manner. In order to mitigate this risk, NEL ICB will review the pricing of medicines on a monthly basis to ensure that any relevant price concessions due for that month are manually updated on PharmOutcomes and retrospective credits applied to any pharmacies who have made supplies of any affected formulary medicines.
- The finer details of the internal processes are currently being discussed with the PharmOutcomes team and other ICB teams, and a standard operating procedure is currently being written to ensure that a robust mechanism is in place to manage remuneration for medicines under price concessions.

26. Where can I find out more information about the service?

- Community Pharmacy Providers can find comprehensive information regarding the service in the SLA and the service specification for the service.
- The slides made available at the service launch webinar for community pharmacies and for GP practices also provide a summary of the key points regarding the service.
- Copies of the webinar slides and FAQs will be available for reference on the NEL ICB Medicines portal: [Community Pharmacy Selfcare Advice Service – North East London \(icb.nhs.uk\)](https://www.icb.nhs.uk/community-pharmacy-selfcare-advice-service)
- All CPSAS related resources will also be hosted in the resources section of the PharmOutcomes module.

27. Who can I contact if I have any questions or concerns regarding the service?

- If after reading the above documents and this FAQ document, you still have some unanswered questions or concerns, please get in touch with the NEL medicines optimisation team by emailing:
nelondonicb.medicinesoptimisationenquiries@nhs.net