

**Service Level Agreement for Think Pharmacy First Common Ailments Scheme  
1<sup>st</sup> April 2015 – 31<sup>st</sup> March 2016**

This document constitutes the agreement between Community Pharmacies located within the borough of South Tyneside and South Tyneside CCG in respect of the **Think Pharmacy First Common Ailments Scheme**.

**Pharmacy Name:**

**Pharmacy Address:**

**Signature on behalf of the Pharmacy:**

Signature & Position	Name	Date

**Signature on behalf of the CCG:**

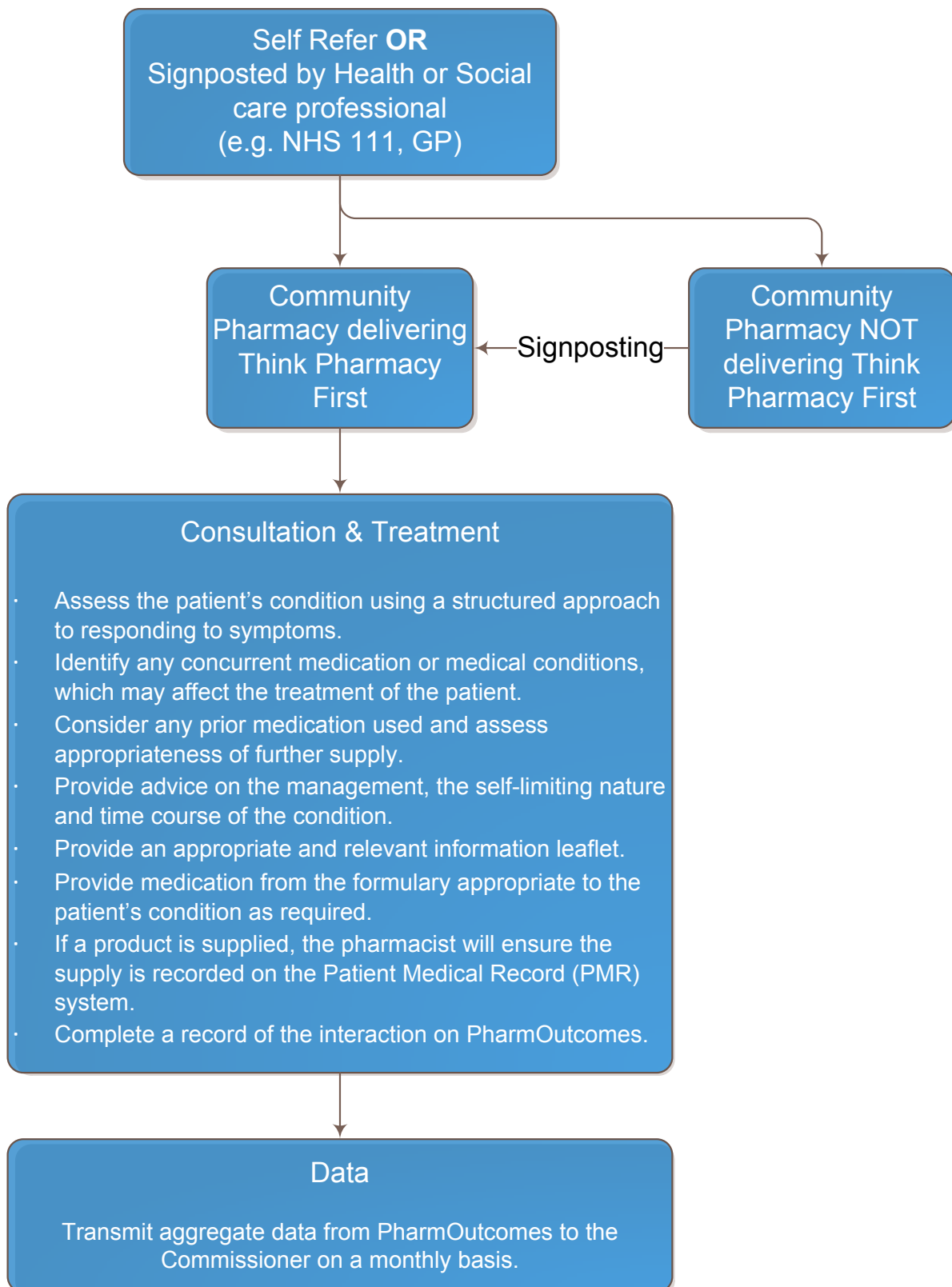
Signature & Position	Name	Date

Hard copies marked for the attention of:

**Mark Caizley**, Senior Commissioning Officer - Provider Management  
North of England Commissioning Support (NECS)  
Riverside House, Newburn, NE15 8NY

Or scanned electronic versions, with signatures (electronic signatures not accepted) can be sent to the Enhanced services mailbox at [NECSU.EnhancedServices@nhs.net](mailto:NECSU.EnhancedServices@nhs.net).

## Think Pharmacy First Common Ailments Scheme Summary Pathway



## Service Specification

<b>Service</b>	Think Pharmacy First Common Ailments Scheme
<b>Commissioner Lead</b>	Jo Farey STCCG, Mark Caizley NECS
<b>Period</b>	1 <sup>st</sup> April 2015 – 31 <sup>st</sup> March 2016

### 1. Population Needs

#### 1.1 National Context & Evidence Base

Recent proposals for improving urgent and emergency care services in England indicate that a model which supports self-care, helps people with urgent care needs to get the right advice or treatment in the right place, first time and provides a highly responsive urgent care service outside of hospital, is key to ensuring that we have a successful and long-lasting urgent care model.

Only by building the right system, and better supporting patients and the public to use it effectively, will we achieve improved outcomes for urgent and emergency care in the NHS and truly deliver high quality care for all, and ensure the same for future generations.

The NHS England evidence base report on the urgent care review (June 2013), highlighted the role that pharmacies could play in providing accessible care and helping many patients who would otherwise visit their GP for minor ailments. It concluded that: “community pharmacy services can play an important role in enabling self-care, particularly amongst patients with minor ailments and long term conditions.”

NHS England highlighted that self-care for minor ailments can reduce dependence on emergency services. There is a need to improve awareness among patients about how to access self-care support services. There is also a need to ensure such services are used consistently by patients and those services are delivered consistently by pharmacies.

There is an enormous potential for pharmacies to provide capacity for accessible healthcare services through the provision of a minor ailment schemes (MAS).

MAS have a very good evidence base in the NHS and are being rolled out in many English regions. There are national schemes in Scotland and Wales.

Community Pharmacies are highly trained competent professionals and are ideally placed to provide help and advice to patients with minor ailments and to address patient health needs through promotion of self-care. This serves to increase patient choice to access primary care in alternative settings.

Evidence suggests that patients in more deprived areas are less likely to purchase over the counter medicines, but rely on charge-exempt prescriptions to obtain medicines.

#### 1.2 Local Context

The Think Pharmacy First Common Ailments Scheme, available through community pharmacies, will provide patients accessing pharmacy with advice and access to medicines where appropriate, supporting integration of the urgent care system and self-care.

Equitable access to scheme will meet the needs of a diverse population ensuring that inequalities are addressed across South Tyneside.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term</b>	

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

## 2.2 Local defined outcomes

- The service will be available **at least** 90% of the time during opening hours.
- Correct medication to be dispensed in line with agreed disposition / formulary for all patients.
- All staff involved in delivering the scheme must complete the South Tyneside Pioneer 'Scene Setting' and 'Skills Session' training within first year of service.
- Dataset to be fully completed for all patients.

## 3. Scope

### 3.1 Aims and objectives of service

The overall aim of the service is to provide treatment and advice via a common ailments scheme to patients accessing a pharmacy in South Tyneside, regardless of domicile. The service will:

- Promote self-care.
- Increase patient choice to access primary care in alternative settings.
- Contribute towards the reduction in demand on inappropriate attendances at GP surgeries and Accident and Emergency (A&E).
- Bring care closer to home for patients.
- Support local developments to promote appropriate use of antibiotics.
- Address health inequalities.
- Provide additional access in the event of a Flu Pandemic, to encourage self-care to patients who are able to manage their own symptoms at home.
- Contribute towards the cost-effective use of medicines.
- Facilitate access and support behaviour change programmes as part of the Change for Life initiative addressing prevention and early intervention.
- Make every contact a health improvement contact.

### 3.2 Service description/care pathway

#### 3.2.1 Workforce

It is the pharmacy contractor's responsibility to ensure that an appropriate and competent member of the pharmacy team (Pharmacist, Pharmacy Technician, Dispensing Assistant or Pharmacy Assistant) is able to undertake a consultation with a patient. Every consultation must be carried out by an appropriately competent member of staff for the presenting ailment and individual patient needs. Supporting staff must refer patients to a Pharmacist when deemed appropriate. This person will be responsible for the assessment of the patient's condition including excluding serious conditions and appropriate safety netting should the patient's condition deteriorate.

All Pharmacists must be registered with the General Pharmaceutical Council of Great Britain.

Pharmacists must ensure that supporting pharmacy staff are trained in dealing with patients in a patient-centred, user-friendly, confidential and non-judgmental manner when requesting the common ailments service.

All staff who provide the common ailments service on behalf of a commissioned pharmacy contractor must have:

- Training on relevant paperwork and protocols (e.g. in house)
- Complete the South Tyneside Pioneer 'Scene Setting' and 'Skills Session' training
- Complete Every Contact is a Health Improvement Contact training
- Evidence of relevant Child Protection Training

The consultation will consist of:

- Assessment of patients, based on symptom history, and;
- Provision of advice on the management of the ailment, or;
- Provision of advice and supply of a medicine from the local formulary, supported by advice on its use, or;
- Provision of advice on the management of the ailment plus a referral to an appropriate health care professional, or;
- Provision of advice and supply of a medicine from the local formulary, supported by advice on its use plus a referral to an appropriate health care professional, or,
- An onward signposting process in line with pharmacy competencies and clinical protocols.

The pharmacy must provide the service in accordance with the specification and ensure that all substantive and locum pharmacists are aware of it.

### **3.2.2 Registration**

Patients with symptoms associated with the specified conditions listed in section 3.4.1 may self-refer into this service and present to any participating pharmacy. Patients may also be signposted to the service from other health and social care providers such as GP practices and NHS 111. It is anticipated that non-participating pharmacies will sign post patients accordingly.

The Common Ailments Scheme may be accessed by patients accessing a community pharmacy in South Tyneside, regardless of domicile.

There is no intention to divert all patients in South Tyneside onto the Common Ailments Scheme. People who usually manage their own minor ailments through self-care and purchase of Over the Counter (OTC) medication should continue to self-manage and treat their minor ailments as per the NHS Community Pharmacy Contractual Framework Essential Service 6 - Support for Self-Care. A patient requesting to purchase an over the counter medication should not be used as an automatic referral into the service.

Although the scheme is open to all patients, it is aimed at those who would normally access a GP, Walk in Centre or Accident & Emergency for their minor ailments and those who would not normally purchase medicines OTC. Those patients who choose to consult their GP with respect the treatment of minor ailments are free to do so, but will be subject to their practice's arrangements for appointments which may result in a delay to receiving a consultation.

### **3.2.3 Consultation**

The pharmacist will give consideration to the part of the pharmacy used for provision of the service and should provide a sufficient level of privacy and safety for patients accessing the service.

All patients over 16 years must be in attendance, telephone consultations are not permitted. In the case of a child under 16 years of age a carer must be in attendance, but the child being treated need not be present.

During the consultation for the minor ailment the pharmacist will;

- Assess the patient's condition using a structured approach to responding to symptoms.
- Identify any concurrent medication or medical conditions, which may affect the treatment of the patient.
- Consider any prior medication used and assess appropriateness of further supply.
- Provide advice on the management, the self-limiting nature and time course of the condition.

- Provide an appropriate and relevant information leaflet.
- Provide medication from the formulary appropriate to the patient's condition as required.
- If a product is supplied, the pharmacist will ensure the supply is recorded on the Patient Medical Record (PMR) system.
- Complete a record of the interaction on PharmOutcomes.
- Transmit aggregate data from PharmOutcomes to the Commissioner on a monthly basis.

The Pharmacy will ensure that patients exempt from prescription charges have completed and signed a declaration of exemption. Pharmacy staff will be mindful of, and will when appropriate, inform patients that where they have claimed free medicines incorrectly or fraudulently, the cost of items will be recovered and a penalty charge will apply. Guidance on the penalty charge administration will be issued to Directors of Finance from the Department of Health. Payment can be pursued by civil recovery action if necessary.

The Pharmacy should have a procedure in place to collect NHS prescription charges where appropriate. If a product is supplied and the patient usually pays a prescription charge, the patient should pay either the usual OTC price for each product(s) or a prescription charge per item, whichever is the cheapest. Records should be made to indicate consultations leading to an OTC purchase and the number of prescription charges paid.

### **3.2.4 Treatment**

Patients will be advised on the minor ailment and any treatment provided in line with clinical knowledge summaries (CKS) which can be found at <http://cks.nice.org.uk>. This will include explaining what the patient can do for themselves, what symptoms they can expect, the expected duration of symptoms and when and where to go for further advice/treatment if needed. Where applicable, the pharmacist will discuss with the patient the key messages about antibiotics not being required for viral infections, which are the usual cause of cough, cold, earache, sinusitis, flu and sore throat.

Only medicines included in the minor ailments formulary will be used, as specified in Appendix 1. These products can only be used for their approved conditions under the scheme and in line with their licensed indications at licensed doses. All medication supplied to the patient should be in original packs and must contain a patient information leaflet. The pharmacist is professionally accountable for the treatment decisions made.

Following the outcome of the consultation, the pharmacist may provide onward signposting in line with CKS, as necessary.

If a patient presents with more than 2 conditions at one time, the staff member undertaking the consultation may consider onward signposting in line with the CKS. Pharmacists will give guidance and signpost patients to other services and GPs as necessary. If following the consultation the patient is deemed to require immediate medical treatment, then the pharmacist will make arrangements in line with section 3.2.4.1. Pharmacy staff will inform or advise people visiting the pharmacy of other health and social care providers and support organisations, such as patient groups, when appropriate

This service does not include any prescription only medication (POM) and therefore the strict adherence to the formulary is required. Any off-formulary supplies made will not be reimbursed through this scheme.

### **3.2.5 Referral Procedures**

If following the consultation the patient is deemed to require immediate medical treatment, then the pharmacist will arrange onward signposting in line with CKS.

#### **3.2.5.1 Referral for urgent appointment**

If the patient presents with symptoms indicating the need for an immediate consultation with another NHS service, the pharmacist should advise the patient and make every effort to contact the appropriate service and arrange an appointment for the patient. The patient should be referred to an appropriate service that may include their GP, the on-call medical service, or advise attendance to A&E.

### 3.2.5.2 Referral for non-urgent appointment

If the patient presents with symptoms indicating the need for a non-urgent medical consultation, the pharmacist should advise the patient and refer the patient back to their GP. The pharmacy may wish to consider contacting the GP surgery to arrange an appointment for the patient.

If, in the opinion of the pharmacist, the patient presents with symptoms that cannot be managed or appropriate for the Common Ailments Scheme they should be referred back to their GP. If the frequency of their presentation presents any reason for concern or there is any suspicion that a person is abusing the scheme in any way then they should be referred to their GP for treatment. The pharmacist should use their clinical judgment to decide the urgency, route and need for referral as ultimately they are professionally accountable for their actions.

When referring patients to their GP practice, pharmacists should not give patients the expectation of any specific treatment i.e. antibiotics or length of time until patients can expect a GP appointment (unless it is booked directly with the support of pharmacy staff).

### 3.2.5.3 Repeat Attenders

If a patient presents more than twice within any one month with the same symptoms or consistently accesses the service for the same or a number of conditions/medications, e.g. Paracetamol every month, the pharmacist may consider onward signposting in line with the CKS.

### 3.2.6 Records

The product supplied to the patient is to be labelled in accordance with the requirements of the document, Medicines, Ethics and Practice, as published by The Royal Pharmaceutical Society.

The pharmacy will also maintain a record of the consultation and any medicine that is supplied on PharmOutcomes. The pharmacist will ensure that these records are made in a timely manner from the point of the consultation (preferably the records will be made contemporaneously) and kept for 5 years from the point of the consultation.

#### 3.2.6.1 PharmOutcomes Dataset

The following information will be collected using PharmOutcomes and submitted to the Commissioner on a monthly basis.

Section	Question	Response
Patient Details	Name	Free Text
	Age/ DOB	Numerical Value
	Gender	Male/ Female/ Other Check Box
	Ethnicity	Drop Down
	Post Code	Free Text
	Registered GP	Search field
	Prescription exemption category	Drop Down
	Evidence of exemption seen	Yes / No Check Box
Consultation record	Day of week / Date	Select date from calendar
	Time of day	Enter
	Patient present during consultation	Yes / No Check Box
	Consultation notes (presenting symptoms, history, previous treatment attempts, any examination performed etc)	Freetext
	Differential diagnosis	Drop Down (Appendix 1)
	Drug/s dispensed	

	Any onward referrals	Yes / No Check Box
	If Yes, where to?	Free text
Supply Details	Drug, strength and form	Drop Down (Appendix 1)
	Dose	Freetext
	Quantity supplied (units, grams, ml)	Numerical value
Accessibility	Have you accessed the service before?	Y/N
	Where did you hear about the service?	GP / 111 / Friends & Family / Advert / Leaflet / Other
	If service was not available where would patient have gone?	GP / OOHs / A&E / WIC / Purchase / Other
Person conducting consultation	Staff type	Drop Down
	Supervising Pharmacist Name	Freetext
	Supervising Pharmacist GPhC number	Numerical Value
	Time taken for consultation (mins)	

When the service is experiencing periods of surge due to specific ailments the Pharmacy must notify the Commissioner in order to support system resilience processes.

### 3.2.7 Hours of Operation

The minor ailment service is required to operate for the full opening hours of the pharmacy.

Operating hours of the service are to be displayed in a convenient location within the pharmacy.

### 3.2.8 Premises

The service shall be delivered from facilities that ensure they support the confidentiality and dignity of the client (where available a consultation room is to be used to deliver the service).

The pharmacy is expected to participate in public health campaigns and display appropriate public health promotional material.

### 3.2.9 Service User Questionnaire

A questionnaire will be developed by the commissioner to be distributed amongst users of the Think Pharmacy First Common Ailments service on an annual basis. Contractors are required to distribute the questionnaire to users of the Think Pharmacy First Common Ailments Scheme.

A summary report of completed questionnaires must be submitted on an annual basis. The Commissioner reserves the right to review all completed questionnaires.

### 3.2.10 Key Performance Indicators

- 100% of patients requiring medication suitable for managing a condition included in the scheme are prescribed a drug included on the formulary for their ailment.
- 100% complete dataset for each patient accessing the service.

### 3.2.11 Evaluation

The service will be reviewed annually with feedback to the CCG and Local Pharmaceutical Committee using the following criteria:

- Number of consultations, total and by each GP practice and pharmacy
- Number of consultations for each minor ailment / symptom
- Number of each treatment supplied
- Exemption status of patients
- Trends in number of patients accessing the service from each GP surgery and through each pharmacy
- Costs of service



- Referrals from the pharmacies to other services, and reason for referral
- Was the service unavailable at any time during opening hours? If so, why?
- Evaluation of service user satisfaction questionnaire

The Commissioner reserves the right to implement a Mystery Shopper programme to ensure delivery is in line with this specification and to assess the quality of the service.

### **3.3 Population Covered**

The common ailment scheme can be accessed by any patient accessing the community pharmacy, regardless of domicile.

### **3.4 Any acceptance and exclusion criteria and thresholds**

#### **3.4.1 Acceptance Criteria**

Any patient presenting with symptoms associated with the conditions listed in Appendix 1.

Adult patients (over the age of 16) should be in attendance in order to access the service. In the case of a child under 16 years of age, a parent, guardian or carer must be in attendance, but the child being treated need not be present.

#### **3.4.2 Exclusion Criteria**

- Any patient presenting with a minor ailment not listed.
- Any patient requesting medication in case of future illness.

### **3.5 Interdependence with other services/providers**

The Provider will develop close partnerships with local services, including:

- General Practices in South Tyneside
- Accident & Emergency
- Walk in Centres/ Urgent Care Centres/ OOH service providers
- Social Care
- NHS 111

It is recommended that pharmacies providing this service maintain accurate, up-to-date information on opening hours and service provision on NHS.uk and the NHS 111 Directory of Services.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

Service providers will comply with all relevant documents and policies including those listed below:

- General Pharmaceutical Council (GPhC) Standards
- Health and Social Care Act 2008
- The Equality Act 2010
- The NHS Outcomes Framework 2015/2016
- NICE Guidelines Quality Standards
- Guidance and Requirements on health and safety including: moving and handling, fire and safety, resuscitation and infection control

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

Not applicable.

### **4.3 Applicable local standards**

- North East and Cumbria antibiotic prescribing guideline for primary care

The pharmacy is required to produce and maintain an up-to-date list of all patients who have been treated under this service.

The pharmacy will maintain adequate records of the service provided, incorporating all known information relating to any significant events.

The pharmacy will have a system for collecting data on adverse incidents, which should be aligned to the relevant guidance. In primary care, adverse incidents should include, but are not limited to, incidents relating to:

- Death occurring in the premises;
- Patient complaint;
- Prescribing-related events;
- Other medical;
- Other administrative; and
- Other incidents.

The pharmacy must put in place appropriate governance and security for the IM&T systems to safeguard patient information.

The pharmacy must ensure that the IM&T Systems and processes comply with statutory obligations for the management and operation of IM&T within the NHS, including, but not exclusively:

- Common law duty of confidence;
- Data Protection Act 1998;
- Access to Health Records Act 1990;
- Freedom of Information Act 2000;
- Computer Misuse Act 1990; and
- Health and Social Care Act 2001

The pharmacy will meet prevailing national standards and follow appropriate NHS good practice guidelines for information governance and security, including, but not exclusively NHS Confidentiality Code of Practice.

The pharmacy will supply the CCG with such information as it may reasonably request for the purposes of monitoring the contractor's performance in relation to this service. Monitoring of the service will include but not exclusively:

- Activity
- Annual review
- Patient and staff experience evaluation
- Audit of service
- Value for money analysis

Adequate patient records should be maintained to facilitate service audits and comply with clinical governance. Data should be collected on all patients receiving treatment to support the accurate calculation of service use rates.

The pharmacy can demonstrate that pharmacists and staff involved in the provision of the scheme have undertaken the relevant training to deliver this service.

The pharmacy co-operates with any locally agreed NHS led assessment of service user experience.

## **5. Applicable quality requirements and CQUIN goals**

### **5.1 Applicable Quality Requirements**

- In order to provide the service, the lead pharmacist for each pharmacy must have submitted a copy of their CPPE 'Declaration of Competence' for minor ailments
- The lead pharmacist is then responsible for ensuring that all staff involved in the provision of the service (including any locum pharmacists) have undertaken CPD relevant to this service.

- The pharmacy makes full use of the promotional material made available for the service.
- The pharmacy has a suitable private area in which to undertake consultations.
- The pharmacy has appropriate health promotion and self-care material available for the user group and promotes its uptake.
- The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- The pharmacy co-operates with any locally agreed assessment of service user experience.

### **5.2 Applicable CQUIN goals**

Not applicable.

## Appendix 1 – Conditions and Formulary

Minor Ailments	Formulary
<b>Aches and pains:</b> <ul style="list-style-type: none"> <li>• Back Pain</li> <li>• Headache</li> <li>• Migraine</li> <li>• Muscular ache</li> <li>• Period pain</li> <li>• Teething</li> <li>• Toothache</li> </ul>	Ibuprofen 100mg/5ml suspension 100ml
	Ibuprofen 200mg tablets 24
	Ibuprofen 400mg tablets 24
	Ibuprofen 5% & 10% gel 50g
	Paracetamol 120mg/5ml Oral Suspension 200ml / 100ml pack
	Paracetamol 250mg/5ml Oral Suspension 200ml / 100ml pack
	Paracetamol 500mg tablets 32
	Paracetamol 500mg soluble tablets 24 (migraine only)
<b>Allergy:</b> <ul style="list-style-type: none"> <li>• Bites and stings</li> <li>• Hay fever</li> <li>• Skin reaction</li> </ul>	Antazoline / xylometazolin eye drops 10ml
	Beclometasone nasal spray 50micrograms/ actuation 200 dose
	Cetirizine 5mg/5ml solution 200ml
	Cetirizine 10mg tablets 30
	Chlorphenamine 2mg/5ml solution 150ml
	Chlorphenamine 4mg tablets 28
	Crotamiton 10% cream
	Hydrocortisone 1% ointment / cream 15g
	Loratadine 5mg/5ml syrup 100ml
	Loratadine 10mg tablets 30
	Sodium cromoglycate eye drops 10ml
<b>Colds and Flu;</b> <ul style="list-style-type: none"> <li>• Cough</li> <li>• Congestion</li> <li>• Sore Throat</li> <li>• Fever / temperature (including Post-immunisation pyrexia)</li> </ul>	Ibuprofen 100mg/5ml suspension 100ml
	Ibuprofen 200mg tablets 24
	Ibuprofen 400mg tablets 24
	Menthol crystals 5g
	Menthol and Eucalyptus inhalation 100ml
	Paracetamol 120mg/5ml Oral Suspension 200ml / 100ml pack
	Paracetamol 250mg/5ml Oral Suspension 200ml / 100ml pack
	Paracetamol 500mg tablets 32
	Simple Linctus s/f 200ml
	Simple Linctus Paediatric S/F 200ml
	Sodium Chloride nasal drops 10ml
	Xylometazoline 0.1% nasal drops 10ml
	Xylometazoline 0.1% nasal spray 10ml
<b>Ear care</b> <ul style="list-style-type: none"> <li>• Earache</li> <li>• Ear infection</li> <li>• Ear wax</li> </ul>	Acetic acid 2% spray
	Ibuprofen 24 Tablets
	Ibuprofen Suspension S/F 100ml
	Olive Oil 10ml
	Paracetamol 32 tablets
	Paracetamol SF Suspension 200ml
	Paracetamol SF Suspension 200ml
	Sodium bicarbonate ear drops 10ml
<b>Eye care:</b> <ul style="list-style-type: none"> <li>• Bacterial Conjunctivitis</li> <li>• Styes</li> </ul>	Chloramphenicol 0.5% eye drops 10ml
	Chloramphenicol 1% eye ointment 4g
	Gel tears 10g
	Hypromellose 0.3% eye drops 10ml
<b>Gastrointestinal care:</b> <ul style="list-style-type: none"> <li>• Constipation</li> <li>• Diarrhoea</li> <li>• Dyspepsia</li> <li>• Haemorrhoids</li> <li>• Indigestion</li> <li>• Reflux</li> </ul>	Anusol Cream 23g
	Anusol Suppositories 12
	Anusol Plus HC ointment 15g
	Bisacodyl 5mg 20
	Co-magaldrox 195/220 suspension 500ml
	Docusate capsules 30
	Electrolade sachets 6
	Glycerol 4g suppositories 12

Minor Ailments	Formulary
<ul style="list-style-type: none"> <li>• Threadworm</li> <li>• Vomiting</li> </ul>	Ispaghula sachets 10
	Laxido sachets 30
	Loperamide 2mg capsules 12
	Mebendazole 100mg tablets single
	Mebendazole 100mg tablets 4 or 8 pack
	Paracetamol 500mg tablets 32
	Peptac suspension 500ml
	Piperazine and Senna sachets 2
<b>Head Lice</b>	Ranitidine 75mg tablets
	Dimeticone 4% lotion 50ml or 150ml pack
<b>Mouth Care:</b> <ul style="list-style-type: none"> <li>• Cold Sores</li> <li>• Oral Thrush</li> <li>• Ulcers</li> </ul>	Detection comb
	Aciclovir 5% cream 2g
	Anbesol liquid 6.5ml
	Benzydamine Oral Rinse 300ml
	Choline salicylate 8.7% dental gel 15g
	Hydrocortisone 2.5mg muco-adhesive buccal tabs SF20
	Miconazole oral gel 15g
	Orabase 30g
<b>Skin care</b> <ul style="list-style-type: none"> <li>• Athletes foot</li> <li>• Chickenpox</li> <li>• Cold sores</li> <li>• Contact Dermatitis / Atopic eczema</li> <li>• Fungal skin infections</li> <li>• Impetigo</li> <li>• Nappy Rash</li> <li>• Pruritis</li> <li>• Scabies</li> <li>• Warts and verrucae</li> </ul>	Calamine in aqueous cream 100g
	Chlorphenamine 2mg/5ml solution 150ml
	Chlorphenamine 4mg tablets 28
	Clobetasone cream 15g
	Clotrimazole 1% cream 20g
	Crotamiton 10% cream 30g
	Diprobace cream 50g
	Diprobace cream 500g
	Emulsifying ointment 500g
	Hydromol ointment 125g
	Hydromol ointment 500g
	Hydrocortisone 1% cream 15g
	Hydrocortisone 1% ointment 15g
	Miconazole HC cream
	Permethrin Cream 2x30g
	Salicylic acid 16.7% solution 10ml (salactol)
	Sudocrem 60g
	ZeroAQS cream 50g
	Zinc undecenoate 20%, undecenoic acid 5% cream 25g
	<b>Vaginal Thrush</b>
Clotrimazole 500mg pessary	
Fluconazole 150mg capsule	
<b>Sundries</b>	Oral syringe 5ml
	Dropper / dropper bottle

## PAYMENT

**Table 1: Non-Tariff Prices**

Service Description	Currency	Price
Assessment of patient	Great British Pound	£3.40

**Table 2: Permitted Variations to Tariff**

Service Description	Currency	Price
Reimbursement of formulary medications	Great British Pound	Changes annually due to tariff changes+ VAT  (Drugs costs will be reviewed and agreed annually between Commissioner and LPC)

**Table 3: Other Payment Arrangements**

Pharmacies will be paid quarterly upon submission of invoice to the Commissioner.
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**Table 4: Timing and amounts of payments in first and/or final Contract Year**

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