Birmingham, Solihull & The Black Country Area Team

**Pharmacy First Local Enhanced Service**

Service Specification

|  |  |
| --- | --- |
| **Service** | **Pharmacy First – Birmingham, Sandwell, Dudley and Wolverhampton** |
| **Commissioner Lead** | Michelle Deenah |
| **Provider Lead** | Local Pharmaceutical Committee |
| **Period** | 1st October 2014 – 31st March 2015 |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   The general population experiences the symptoms of minor ailments almost every day and the vast majority of people are very responsible about what they do to deal with them including the sensible practice of self care and self-medication. However, people who turn to their doctor as the first port of call for these ailments cost the NHS some £2billion and generate 57million consultations taking up valuable GP time, and using up finite resources of the NHS. Of these consultations 51.4million are for minor ailments alone at a cost of £1.5billion just for GPs’ time. If these consultations could be handled by a pharmacist at least an hour a day could be released for every GP to see patients with more complex needs. |
| **2. Outcomes** |
| * 1. **NHS Outcomes Framework Domains & Indicators**   The service supports Domains 2,3,and 4 of the NHS Outcomes Framework   |  |  | | --- | --- | | Domain 2 | Enhancing quality of life for people with long-term conditions | | Domain 3 | Helping people to recover from episodes of ill-health or following injury  Indicator: 3a Emergency admissions for acute conditions that should not usually require  hospital admission | | Domain 4 | Ensuring people have a positive experience of care  Indicators: 4a Patient experience of primary care  i GP services  ii GP Out of Hours services  iii NHS Dental Services  4c Friends and family test |   The service supports practices improving access to GP services, an improvement area of ‘Ensuring that people have a positive experience of care’ of the NHS Outcomes Framework Domain 4 by the release and building of capacity in general practice allowing for increased consultation times & access to the GP when more complex consultations are required and thereby also supporting the NHS Outcomes Framework Domain 2 ‘Enhancing quality of life for people with long-term Conditions’ and finally the service also supports Domain 3 of the framework- ‘Helping people to recover from episodes of ill health or following injury’.   * 1. **Local defined outcomes** * Improve patient capability to Self Care and thereby reduce reliance on medical services as well as other clinical services. * Improve primary care capacity by reducing medical practice workload related to minor ailments and to ease pressures on their local A&E department and primary care urgent services. * Promote the role and greater contribution of pharmacies in primary health care * Improve working relationships between GPs and Pharmacists |
| **3. Scope** |
| * 1. **Aims and objectives of service**   The overall aim of the scheme is to promote and empower patients to self-care when suffering from a minor ailment. Patients exempt from paying prescription charges can access self-care advice for the treatment of minor ailments and, where appropriate, can be supplied with over the counter medicines without the requirement to attend their GP practice for an appointment. The scheme is offered as a quicker alternative for patients, however, patients are at liberty to refuse the service and continue to access healthcare in the same way as they have done previously.  To improve primary care capacity by reducing medical practice workload related to minor ailments and allow General Practitioners to focus on more complex and urgent medical conditions.   * 1. **Service description/care pathway and patient eligibility**   This scheme is available to patients who are **exempt from prescription charges** and who are registered with a participating General Practice in Birmingham, Sandwell, Dudley and Wolverhampton. Patient consent must be sought in writing by the Pharmacy before any intervention under this scheme is made using the patient consent form at appendix 1a. The declaration form at 1b must be completed per intervention under the scheme. For a child under 16, the parent or legal guardian will sign the forms. The consent and declaration forms must be printed and completed in full. Each patient may only register with one accredited pharmacy and are **limited to accessing the scheme up to a maximum of 3 times in a 6 month period**. It is anticipated that patients will access the scheme through the pharmacy where they currently get their prescriptions dispensed. It is, therefore, expected that the time required to confirm registration with a GP practice within the CCG will be minimal.  The pharmacy will provide advice and support to eligible patients on the management of minor ailments, including where necessary, the supply of medicines as per the formulary at appendix 2, for those patients who would have otherwise accessed GP services. At every intervention, the Pharmacy must promote the self-care advice and resources available at [**www.selfcareforum.org**](http://www.selfcareforum.org)  The pharmacy will operate a referral system to GPs, A&E and other health and social care professionals, where appropriate.  The service is only available for the following minor ailments; acute cough, acute headache, sore throat, acute fever, earache, diarrhoea, cold and flu, head lice, hay fever and dry skin/simple eczema, bites and stings, cold sores, vaginal thrush, sunburn, nappy rash, mouth ulcers, dyspepsia, constipation and primary eyecare assessment and referral (Wolverhampton GP-registered patients accessing a Wolverhampton Pharmacy only). Management of these conditions is set out in the treatment protocols (see Appendices). The formulary and/or list of minor ailments covered by the scheme may be amended from time to time by the Area Team (in agreement with the relevant CCG) by way of an update to all participating pharmacies.  **Service Outline**  **Registration of patients to the Pharmacy First service at Community Pharmacy**  A patient exempt from prescription charges registered with a participating GP practice in Birmingham, Sandwell, Dudley and Wolverhampton may register at an accredited Community Pharmacy. Patients presenting with identified symptoms, covered by the Pharmacy First Conditions, at a pharmacy will be offered the option of using the Pharmacy First service.  For those patients who consent to join the scheme a consent form must be completed (Appendix 1a). For a child under 16, the parent or legal guardian must sign the consent form. For each intervention under the scheme, the patient declaration form (appendix 1b) must be completed. The **NHS number must be captured** at the time of the patient consultation and preferably the patient demographics as well. The only exception to this will be during Bank Holidays and at the patient’s first intervention when it may be difficult to confirm NHS number in a timely manner. The Pharmacy must ensure that by the time of the 2nd intervention, the NHS number is obtained and recorded. Pharmacies will not be eligible for payment where the NHS number is not captured at either the 2nd or 3rd intervention. The community pharmacy staff will need to verify the patient address, via either:   * Evidence produced by patient of registration by e.g. producing a repeat prescription tear-off slip, NHS card   or   * PMR records showing evidence of prescriptions dispensed in the last three months   or   * Confirmation of registration with a surgery by phone if patient has not produced suitable identification. Permission from patient must be sought first.   As part of the registration process, the community pharmacy will advise of the maximum usage of the Pharmacy First scheme ie. no more than 3 occasions in a 6 month period.  When a patient is registered and accesses the Pharmacy First service the patient’s GP surgery will automatically be notified via the PharmOutcomes platform.  Where a member of the family presents for a condition that affects other members of the household (eg. headlice), the pharmacy is to undertake and make a claim for this as 1 intervention, given that the advice will only be required once regardless of the numbers of patients within the household. Consultation details must be recorded per individual patient.  Pharmacies are not able to provide an intervention under the Pharmacy First scheme to patients already registered with another pharmacy for the scheme. The only exception to this is on Bank Holidays where the patient’s usual pharmacy is closed. The Pharmacy is expected to register the patient for a one-off intervention only and advise the patient accordingly.  **What The Scheme is Not**  The scheme is not available to patients requesting medications included within the formulary to maintain or stock pile “just in case.” Pharmacies are expected to advise patients accordingly and remind them of the declaration they signed on registration. Pharmacies must also maintain a log of patients refused the scheme and the reason for and date of refusal on PharmOutcomes. This will be used to inform decisions on future levels of provision and design of the scheme.  Patients who have already attended a GP appointment or intend to take up a GP appointment for the same symptoms are not eligible for the Pharmacy First service.  **Responsibilities of Participating General Practices**   * 1. Patients requesting appointments (either immediately or on a future appointment basis) for symptoms **matching criteria identified** in this service specification will be offered transfer to the service. This can be immediate if this would enable the person to be seen quicker or in the future if they present with one of the conditions listed. Please note, patients who have already attended a GP appointment or intend to take up a GP appointment for the same symptoms are not eligible for the Pharmacy First service.   2. Co-operate and liaise with Community Pharmacists and to agree a local process for patients requiring immediate consultation.   3. Display official posters promoting the service where provided by the Area Team or Public Health   4. For patients under the age of 16 the parent/guardian can accept transfer into the scheme on behalf of the patient.   5. Patients under the age of one year old can be referred into the scheme but are treated at the Pharmacist’s discretion as long as the medication is licensed for a child less than one year of age.   6. GPs to ensure their staff are fully aware of and understand the Pharmacy First service and limitations of what can be referred into the scheme.   7. GP staff are to advise patients of a choice of local pharmacies operating the scheme and are reminded that directing patients to a specific pharmacy is not permitted under Regulation and Standards of Professional Conduct.   **Responsibilities of Participating Accredited Community Pharmacists**   1. The Contractor will ensure that the service is managed by an accredited pharmacist, working in the community pharmacy. In the absence of the accredited pharmacist due to holiday or sick leave, the service may be provided by the covering pharmacist provided there is a standard operating procedure (SOP) in place. If the accredited pharmacist leaves the pharmacy, the pharmacy must notify the Area Team in writing to [michelle.deenah@nhs.net](mailto:michelle.deenah@nhs.net) and the pharmacy must provide the name of the new accredited pharmacist to accredit themselves. 2. Patients presenting with identified symptoms at a pharmacy will be offered the option of using this service and an eligibility check and consent to the scheme will be undertaken at first registration. Subsequent visits to the same pharmacy will require confirmation of their identity and continued eligibility where the latter may have changed. If the patient’s usual pharmacy is closed on a bank holiday, they may access the scheme from another participating pharmacy as a one-off intervention following written consent and proof of eligibility as per appendices 1a and 1b. It is that pharmacy’s responsibility to verify the patient’s regular pharmacy is closed as well as identification and eligibility for the scheme. Failure to do so and to access Pharmoutcomes to check and record relevant details at the time of consultation may result in claims not being authorised for payment. 3. Provide a professional consultation service: communicate with, counsel and advise people appropriately and effectively on minor ailments and self –care; sign-posting all patients to self-care resources including [**www.selfcareforum.org**](http://www.selfcareforum.org) 4. **Patients must attend the pharmacy in person, non face-to-face consultations** are not permitted. Parents/guardian must also take their child to the pharmacy. If this is not possible then they must be referred back to their GP. 5. The appropriate pharmacy staff will assess the patient’s condition and the pharmacist is responsible for approving the advice. The consultation will consist of:    * 1. Patient assessment to determine the relevant person that needs to continue to support the patient where the necessary pre-requisites have been satisfied as per this specification (such as fully completed, signed consent and declaration of exemption).      2. Provision of advice (as per Pharmacy First protocols included in this scheme) and sign-post to self-care resources including   [**www.selfcareforum.org**](http://www.selfcareforum.org)   * + 1. Check that the maximum usage of the Pharmacy First service has not been exceeded, invalidating access to the service (exception is one-off intervention on Bank Holidays if patient’s pharmacy closed)     2. Provision of a medication, **only if necessary**, from the agreed formulary appropriate to the patient’s condition (as per Pharmacy First protocols included in this scheme). The professional fee can still be claimed where there is no supply of medications provided all other criteria within the specification are met.     3. Advise patient if they have exceeded the maximum usage of the scheme, and provide Self Care advice, recording “refusal” on PharmOutcomes     4. The patient should complete the patient declaration form if they are exempt from prescription charges. (Appendix 1b) If the patient is under 16 or over 60 years of age they do not need to fill out an exemption form and this should be automated in PharmOutcomes.     5. Rules of patient confidentiality apply.  1. Record the intervention or “refusal” on PharmOutcomes at the time of consultation and optionally in the Pharmacy’s PMR system; maintaining and retaining good quality records (including copies of signed patient consent forms) as per relevant professional and information governance standards. 2. Implement the referral process if symptoms meet agreed criteria. 3. If the pharmacist suspects that the patient and/or parent is abusing the scheme they should add an alert to PharmOutcomes which will automatically notify the appropriate person. 4. Contact the surgery if there are concerns regarding patient referrals e.g. inappropriate referrals to this scheme. 5. **Referral Procedure-** Referral for urgent appointment - If the patient presents with symptoms indicating the need for a consultation with the GP, the pharmacist should (within surgery hours) contact the patient’s GP by phone to arrange an appointment or if outside surgery hours to contact the on-call doctor, or advise the patient to attend A & E immediately. 6. Document referrals made to the GP and state the reason for the referral on the PharmOutcomes platform. 7. Explain the provision, range of conditions covered and features of the service to the public and other appropriate professionals; encouraging patients to self-care in the future. 8. An annual patient satisfaction survey will be undertaken as directed by the Area Team, the number of returns will be based on activity and will be confirmed by the Area Team on an annual basis. 9. Accredited pharmacists are expected to attend an annual training event as organised by the Area Team. 10. Any adverse incident that has happened in relation to this scheme must be reported to the Area Team via the following email address within 72 hours of occurrence: [**England.medsreporting@nhs.net**](mailto:England.medsreporting@nhs.net) 11. Inform locum pharmacist of local paperwork and SOP to provide service.   **3.3 Population Covered** Any patients registered to a participating GP within Birmingham, Sandwell, Dudley and Wolverhampton who are exempt from prescription charges and present face-to-face to the accredited pharmacy with any of the symptoms/conditions covered under this scheme may access the service.  **3.4 Exclusion Criteria**  Patients who have a) already attended a GP appointment or intend to take up a GP appointment for the same symptoms or b) accessed the maximum of 3 interventions in a 6 month period (commencing 1st October 2014) are not eligible for the scheme.  **4. Quality Indicators**  The scheme will be evaluated in terms of:   1. **Number of minor illness conditions dealt with by the pharmacies and uptake by postcode, day of week and time of intervention (as well as patient demographics) –** Analysis of the percentage of total pharmacy consultations dealing with minor illnesses and patient demographics of “frequent flyers” 2. **Number of patients accessing the scheme who would otherwise have a) booked an appointment to see their GP or b) accessed an urgent out of hours or emergency A&E appointment -** ie. Analysis of impact of capacity liberation 3. **Number of patients referred back to/subsequently seeking appointment with the GP after seeing the Pharmacist** **(including by condition)** – Analysis of effectiveness of intervention 4. **Number of inappropriate referrals (including self-referrals) into the scheme and refusals –** Analysis of potential “misunderstanding or abuse” of the scheme and adequacy of level of provision. 5. **Number of patients registered with the Pharmacy First scheme –** The total number of patients registered with the scheme will be monitored on a regular basis to analyse uptake of the scheme. 6. **Number of patients dealt with by the Pharmacists for each condition –** Analysis of the total consultations with the Pharmacists for each condition using the returns supplied by the Pharmacists to identify trends 7. **Number of items, quantities and costs of medications supplied under Pharmacy First –** Analysis of items etc by Pharmacy, GP, CCG and Area Team 8. **Analysis of patient satisfaction and number of patients feeling more empowered to self care** 9. **Analysis of GP/staff and Pharmacy/Staff satisfaction with the scheme** |
| **5. Applicable Service Standards & Accreditation** |
| * 1. **Applicable national standards**   The pharmacy must have demonstrated best practice in meeting or working towards achieving the standards as set out in the Community Pharmacy Assurance Framework (CPAF) by way of submission of a fully completed CPAF self-assessment template to the Area Team by **Tuesday 23rd September 2014** and implementation of improvements as per remedial action plan.  **5.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges): General Pharmaceutical Council standards-**   * [Standards of conduct, ethics and performance](http://www.pharmacyregulation.org/standards/conduct-ethics-and-performance) * [Standards for registered pharmacies](http://www.pharmacyregulation.org/standards/standards-registered-pharmacies) * [Standards for continuing professional development (CPD)](http://www.pharmacyregulation.org/standards/continuing-professional-development)   **5.3 Applicable local standards** Any adverse incidents reportable under this scheme must be notified within 72 hours of occurrence to [**England.medsreporting@nhs.net**](mailto:England.medsreporting@nhs.net)  **5.4 Accreditation**   * The Pharmacy must be approved as included on the Pharmaceutical List and be located within one of the participating CCG areas (Birmingham, Sandwell, Dudley or Wolverhampton). * The Contractor must ensure that they keep the NHS Choices website accurately updated of their opening hours and provision of the Pharmacy First LES. * The Contractor must have demonstrated best practice in meeting or working towards achieving the standards as set out in the Community Pharmacy Assurance Framework (CPAF) by way of submission of a fully completed CPAF self-assessment template to the Area Team by the 23rd September 2014. * There must be suitable access to a confidential patient consultation room on site to undertake the intervention should this be requested by the patient. * There are no significant concerns in regards to the way the Contractor has operated previous iterations of the Minor Ailments/Pharmacy First schemes. * The Responsible Pharmacist in a community pharmacy must complete the CPPE Minor Ailments: A clinical approach (2014) assessment using [Responding to minor ailments](http://www.cppe.manchester.ac.uk/bookings/Details.asp?TemplateID=RespMin%2DD%2D01&OnTab=0&Format=D) as a reference and submit a copy of the certificate to the Area Team within 3 months of commencing to provide the service. Assessments will need to be repeated every two years if the course is updated by CPPE. * The Contractor must maintain accurate and up-to-date training logs for each member of staff and ensure that the tailored SOP is available and understood by locum pharmacists.   There are also two **optional** CPPE distance learning programmes relating to Minor Ailments Services:   * **Minor Ailments Services: A starting point for pharmacists** * **Minor Ailments Services: Pharmacy technicians leading the way** * Local accreditation will take the form of the Responsible Pharmacist attending an annual training event. The Contractor must also self-certify to the Area Team that they have read and understood this document issued by the Area Team as per expression of interest form for providing the scheme. It is a mandatory requirement for the Responsible Pharmacist to attend the local training.   The Contractor must ensure that staff members, who are involved in the delivery of the service, receive appropriate training and fully understand how the scheme is to be operated.  **6. Service funding and payment mechanism**  6.1 The Pharmacy will be paid according to the following components:   1. Consultation fee: £ 3.50 2. Drug costs: at drug tariff price (automatically updated on PharmOutcomes)   Provided the Pharmacy/Contractor has ensured that PharmOutcomes is maintained and updated at the time of each patient intervention, the system will automatically extract the required information to generate the payment. **Handwritten or separate claims are no longer required and will not be accepted. Pharmoutcomes must be updated by the 1st of every month for upload on the 2nd.** Payments will be made to the participating pharmacy via the Prescription Pricing Authority, itemising the payment made for that month and the bank account. Contractors are advised to retain a copy of the reimbursement form.    6.2 **Claims will be processed and paid on a monthly basis.** Where Contractors fail to deliver the scheme in line with this specification or fail to ensure that PharmOutcomes is kept updated, they risk not being paid for those interventions.  6.3 Activity under the scheme will be monitored. Any activity deemed at odds with the LES or expected level of dispensing by the pharmacy may result in withholding of payment or ultimately (subject to investigation outcomes) termination of this agreement with immediate effect.  **7. Period of Service and Termination**  7.1 This Local Enhanced Service will run for a period of 6 months from 1st October 2014 – 31st March 2015. No further notice period will be required unless the scheme is terminated before the 31st March 2015 in which case the notice period will be 30 calendar days.  7.2 The exception to the above is where a Contractor fails to meet any of the obligations in this contract. In such circumstances they will be notified in writing of the nature of the breach. Where the breach is not remedied within appropriate time-frames or the Area team deems it is not capable of remedy, the Area Team will be entitled to terminate this agreement with immediate effect. |

**Appendix 1a**

**Pharmacy First Patient Consent Form**

To be completed when registering patient for the scheme

|  |  |
| --- | --- |
| **Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | **Bank Holiday? Y N** |
| **Patient’s Full Name** |  |
| **Patient’s Date of Birth** |  |
| **Patient’s NHS Number** |  |
| **Patient’s Address** | **Postcode:** |
| **Patient Gender**  **Male Female** | **Patient Age (years)**    **<1 1-12 13-59 >60** |
| **GP Name** |  |
| **GP Address** |  |
| **I am entitled to free prescriptions. The Pharmacy First Scheme has been explained to me and I have been made aware of the website** [**www.selfcareforum.org**](http://www.selfcareforum.org)  **I fully understand that I can only register at 1 Pharmacy and can only access the scheme up to 3 times in a 6 month period. I agree to join the Pharmacy First Scheme and to my information being shared with other Health/Government Professionals relevant to the management of this scheme.** | |
| **Patient Signature** |  |
| **Pharmacy name and address / Stamp** |  |

**This Copy Must Be Retained in the Pharmacy**

**Appendix 1b** **Pharmacy First Declaration**

To be completed each time the patient presents for an intervention under the scheme

To be completed by the patient or patient’s parent/guardian (if patient under 16):

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_/\_\_\_\_ NHS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am entitled to free prescriptions as detailed below (please tick):

|  |  |  |
| --- | --- | --- |
| A |  | **is under 16 years of age** |
| B |  | **is 16,17 or 18 and in full time education** |
| C |  | **is 60 years of age or over** |
| D |  | **has a maternity exemption certificate** |
| E |  | **has a medical exemption certificate** |
| F |  | **has a valid prescription prepayment certificate** |
| G |  | **has a valid War Pensions exemption certificate** |
| L |  | **is named on a current HC2 charge certificate** |
| H |  | **gets income support (IS) or income related Employment and support allowance** |
| K |  | **gets income based jobseeker’s allowance (JSA (IB))** |
| M |  | **is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate** |
| S |  | **has a partner who gets Pension Credit guarantee credit (PCGC)** |

* The information provided is true and complete to the best of my knowledge
* I understand that if it is not, appropriate action may be taken against me
* For the purposes of verifying entitlement to exemptions, I consent to the disclosure of relevant information about me, including to the Inland Revenue and Local Authorities

**I am the patient patient’s parent/guardian**

**I received** \_\_\_\_\_\_\_\_\_\_\_\_ **(insert number) medicines from this Pharmacist**

**Signed: …………………….……………………**

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Time:**\_\_\_\_\_\_:\_\_\_\_\_\_ am / pm  *(circle as relevant)*

To be completed by the Pharmacy:

Print Pharmacist Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPhC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was evidence of exemption seen? Yes No PMR No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS COPY MUST BE RETAINED IN THE PHARMACY**

**Formulary**

|  |  |
| --- | --- |
| **Product List** | **Pack Size** |
| Aciclovir cream | 2g |
| Anbesol Teething Gel | 10g |
| Aqueous Cream | 100g |
| Aqueous Cream | 500g |
| Asilone Liquid \* | 200ml |
| Aspirin 300mg dispersible tabs | 32 |
| Beclomethasone nasal spray 50mcg\* | 100 dose |
| Calamine cream (aqueous) | 100g |
| Canesten Combi (Clotrimazole) | 1 |
| Canesten cream (Clotrimazole 2%) | 20g |
| Cetirizine liquid | 70ml |
| Cetirizine tabs 10mg | 7 |
| Choline salicylate gel | 15g |
| Chlorphenamine syrup s/f 2mg/5ml | 150ml |
| Chlorphenamine tabs 4mg | 30 |
| Corlan Pellets (Hydrocortisone) | 20 |
| Conotrane cream | 100g |
| Derbac- M Liquid (Malathion) | 50ml |
| Derbac- M Liquid (Malathion) | 200ml |
| Diarolyte sachets | 6 |
| E45 cream | 125g |
| E45 Cream | 500g |
| Emulsifying ointment | 100g |
| **Product List** | **Pack Size** |
| Emulsifying ointment | 500g |
| Fybogel Hi-Fibre | 10 |
| Gavison Advance liquid | 250ml |
| Hedrin Lotion (dimeticone) | 50ml |
| Hedrin Lotion (dimeticone) | 150ml |
| Hydrocortisone 1% cream | 15g |
| Ibuprofen 100mg/5ml s/f suspension | 100ml |
| Ibuprofen 200mg tabs | 24 |
| Lactulose | 300ml |
| Loperamide caps 2mg | 6 |
| Loratidine syrup 5mg/5ml | 100ml |
| Loratidine tabs 10mg | 7 |
| Mucogel suspension | 500ml |
| Paracetamol 500mg tablets | 32 |
| Paracetamol soluble tabs | 24 |
| Paracetamol 120mg/5ml s/f suspension | 100ml |
| Paracetamol 250mg/5ml s/f suspension | 100ml |
| Peptac Liquid | 500ml |
| Simple Linctus paediatric s/f | 200ml |
| Simple linctus s/f | 200ml |
| Pseudoephedrine linctus 30mg/5ml | 100ml |
| Pseudoephedrine tabs 60mg | 12 |
| Quellada M Liquid (Malathion) | 50ml |
| Quellada M Liquid (Malathion) | 200ml |
| Ranitidine 75mg (Zantac) tablets | 6 |
| **Product List** | **Pack Size** |
| Senokot tablets | 20 |
| Sudocrem | 60g |
| Tyrozets lozenges | 24 |
| Zerobase | 50g |
| Zerobase | 500g |
| Zeroderm | 125g |
| Zeroderm | 500g |

**Quick Reference**

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| --- | --- | --- |
|  | **Presenting Condition / Symptoms** | **Page Number** |
| 1 | Acute Fever | 16 |
| 2 | Acute Headache | 22 |
| 3 | Bites & Stings | 25 |
| 4 | Cold & Flu | 27 |
| 5 | Cold Sores (on lips only) | 30 |
| 6 | Constipation | 31 |
| 7 | Diarrhoea | 34 |
| 8 | Dry Skin (simple eczema) | 37 |
| 9 | Dyspepsia | 40 |
| 10 | Earache | 43 |
| 11 | Hayfever | 46 |
| 12 | Headlice | 48 |
| 13 | Mouth Ulcers | 50 |
| 14 | Nappy Rash | 52 |
| 15 | Sunburn | 53 |
| 16 | Sore Throat | 54 |
| 17 | Vaginal Thrush | 57 |
| 18 | Acute Cough | 59 |
| 19 | **Wolverhampton Patients & Pharmacies ONLY**  Primary Eyecare Assessment & Referral (PEARs) | 62 |

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| --- | --- | --- | --- |
| ACUTE FEVER | | | |
| **Definition** | **Feeling of hotness in the body and temperature in excess of the normal (over 38°C /100.4F. Symptoms may include flushing and feeling sweaty.** | | |
| **Criteria for Inclusion** | * Child or adult presenting with feeling of hotness, flushing or feeling sweaty.Children under 1 yr can be treated at the pharmacist’s discretion. * Children under 5 years – refer to NICE guidance   **SEE BELOW FOR FURTHER GUIDANCE FOR FEVER IN CHILDREN** | | |
| **Criteria for Exclusion** | **General:**   * Shortness of breath or difficulty in breathing * Concomitant rash that does fade on pressing, e.g. with glass * Severe headache or continuous vomiting * Ibuprofen C/I in patients with hypersensitivity to aspirin or other NSAID, during pregnancy and breast-feeding, and in coagulation defects * NSAIDs should not be given to patients with active peptic ulceration * Worsening of asthma symptoms with NSAID previously * Aspirin C/I if under 16 yrs of age, breast-feeding, GI ulceration, haemophilia or history of hypersensitivity to aspirin or other NSAID.   **Children:**   * A body temperature over 38°C in children age 0-3 months or over 39°C in children age 3-6 months. * A child brings up dark-green vomit. * If a child looks pale, ashen, mottled or blue. * Premature child - Child born prematurely and less than 3 months of age * Response - Child does not respond normally and wakes only with difficulty, appears ill or does not smile * Unusual crying - Cries in an unusual way – weak, high pitched or continuous cry * Breathing - Breathing much faster than usual, flared nostrils, skin between the ribs or the area just below the rib cage moves abnormally during breaths * Abnormal grunting * Hydration - Child does not eat or drink much and does not pass much urine, nappies remain dry, fontanelle is bulging or sunken * Non-blanching rash – rash that does not fade on pressure * Other signs - Neck stiffness (not being able to touch chin to chest), cold limbs or fitting, other unexplained or unusual symptoms * As per NICE guidelines enclosed for children under 5 years | | |
| **Action for Excluded patients:** | **Refer to GP or NHS 111** | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | **Route** | **Class** | **Dose** |
| **Paracetamol suspension s/f 120mg/5ml (100ml)** | **po** | **P** |  |
| **3months – 6 months** |  |  | **60mg qds prn** |
| **6-24months** |  |  | **120mg qds prn** |
| **2-4 years** |  |  | **180mg qds prn** |
| **4-6 years** |  |  | **240mg qds prn** |
| **Paracetamol suspension s/f 250mg/5ml** | **po** | **P** |  |
| **6-8 years** |  |  | **250mg qds prn** |
| **8-10 years** |  |  | **375mg qds prn** |
| **10-12 years** |  |  | **500mg qds prn** |
| **Paracetamol tablets 500mg (32 tabs)** |  | **GSL** | **1-2 tabs qds prn**  ***MAXIMUM 4 DOSES IN 24 HOURS*** |
| **Ibuprofen oral suspension s/f 100mg/5ml (100ml)**  **1-3 years**  **4-6 years**  **7-9 years**  **10-12 years** | **po** | **P** | **100mg 3 times daily**  **150mg 3 times daily**  **200mg 3times daily**  **300mg 3times daily** |
| **Ibuprofen tabs 200mg (32)** | **po** | **P** | **1-2 tabs tds** |
| **Aspirin 300mg soluble tablets (32)**  ***(OVER 16s ONLY)*** | **po** | **GSL** | **1 qds** |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| * Use regular analgesic to reduce the temperature * Increase fluid intake * Wear light clothing * Make sure that the room temperature is not too warm * Check your child at night for signs of serious illness | | * Very rare with paracetamol but rashes and blood disorders reported. If affected patients should stop paracetamol immediately and contact their GP. * Ibuprofen – refer to C/I listed in exclusion criteria. Side effects include GI irritation, hypersensitivity reactions (rashes, bronchospasm or angiooedema), fluid retention (caution in patients with heart failure, hypertension and in patients with oedema for any other reason. If side effects occur advise patient to stop ibuprofen and contact their GP or pharmacist. * Aspirin – Side –effects include GI irritation, bronchospasm and skin reactions in some patients – stop aspirin use and consult GP or pharmacist. | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * General aches and pain, sore throat, sneezing or runny nose – probably a viral infection * Earache (refer to management of earache protocol) * Diarrhoea (refer to management of acute diarrhoea protocol) * Tender swellings around jaw and neck – probably swollen glands (analgesic + plenty of cool drinks) | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| * Patient is difficult to wake, not keeping fluids down or light hurts the eyes * Fever has lasted more than 5 days * Difficulty in breathing * Patient has recently travelled abroad * Severe headache or continuous vomiting * New symptoms develop or existing symptoms worsen | | | |
| **Rapid Referral** | | | |
| * Concomitant rash that does not fade on pressing, e.g. with glass | | | |
| **Feverish illness in children – Refer to NICE guidelines enclosed in conjunction with below** | | | |
| **Initial management in children younger than 5 years** | | | |
| Antipyretic agents do not prevent febrile convulsions and should not be used specifically for this purpose.  **Physical interventions to reduce body temperature**  Tepid sponging is **not** recommended for the treatment of fever.  Children with fever should not be underdressed or over-wrapped.  **Drug interventions to reduce body temperature**  Consider using either paracetamol or ibuprofen in children with fever who appear distressed.  Do not use antipyretic agents with the sole aim of reducing body temperature in children with fever.  When using paracetamol or ibuprofen in children with fever: continue only as long as the child appears distressed consider changing to the other agent if the child's distress is not alleviated.  Do not give both agents simultaneously, only consider alternating these agents if the distress persists or recurs before the next dose is due.  Advise parents or carers looking after a feverish child at home:  -Check the child’s temperature In children aged between four weeks and five years, use either an electronic or chemical dot thermometer in the child’s arm pit, or an infra-red tympanic thermometer in the ear canal.  -To offer the child regular fluids (where a baby or child is breastfed the most appropriate fluid is breast milk)  -How to detect signs of dehydration by looking for the following features:   * sunken fontanelle * dry mouth * sunken eyes * absence of tears * poor overall appearance * to encourage their child to drink more fluids and consider seeking further advice if * they detect signs of dehydration   -How to identify a non-blanching rash  -To check their child during the night for signs of serious illness  -To keep their child away from nursery or school while the child's fever persists but to notify the school or nursery of the illness.  Following contact with a healthcare professional, parents and carers who are looking after their feverish child at home should seek further advice if:   * + The child has a fit   + The child develops a non-blanching rash   + The parent or carer feels that the child is less well than when they previously sought advice   + The parent or carer is more worried than when they previously sought advice   + The fever lasts longer than 5 days   + The parent or carer is distressed, or concerned that they are unable to look after their child. | | | |



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| ACUTE HEADACHE | | | |
| **Definition** | **Pain experienced in the head caused by dilation of cerebral arteries, muscle contraction or by exposure to drugs, e.g. overuse of analgesics, excessive caffeine use. Pain is subjective and will vary considerably from patient to patient.** | | |
| **Criteria for Inclusion** | * Adult or child presenting with onset of acute, uncomplicated headache within the last 48 hours.Children under 1 yr may be treated at the pharmacist’s discretion. | | |
| **Criteria for Exclusion** | * Fever, hot flushes (refer to acute temperature protocol) * Light hurts the eyes * Pain behind one eye or visual disturbance * Hepatic impairment * Recent blow to the head * Concomitant stiff neck or drowsiness or vomiting or confusion * Concomitant rash that does not fade on pressing, e.g. with glass * Change in speech or personality. * Develop weakness, numbness or other odd sensations anywhere on body, or feel unsteady on feet. * Develop a sudden severe headache, like ‘being hit with a hammer’   • A migraine lasting longer than 24 hours or unresponsive to treatment  • New onset of migraine with women who are taking the oral  contraceptive pill, as this may be an early warning of cerebrovascular changes  Note:   * Aspirin and ibuprofen C/I in patients with hypersensitivity to aspirin or to other NSAID, during pregnancy and breast-feeding, and in coagulation defects or worsening of asthma symptoms with NSAID previously | | |
| **Action for Excluded patients:** | * Refer to GP or call 999 * Can consider supply where the pharmacist considers this appropriate, providing there is no delay in seeking further treatment (see below) | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | **Route** | **Class** | **Dose** |
| **Paracetamol suspension s/f 120mg/5ml (100ml)** | **po** | **P** | ***Maximum 4 doses in 24 hours*** |
| **3months – 6 months** |  |  | **60mg qds prn** |
| **6-24months** |  |  | **120mg qds prn** |
| **2-4 years** |  |  | **180mg qds prn** |
| **4-6 years** |  |  | **240mg qds prn** |
| **Paracetamol suspension s/f 250mg/5ml** | **po** | **P** | ***Maximum 4 doses in 24 hours*** |
| **6-8 years** |  |  | **250mg qds prn** |
| **8-10 years** |  |  | **375mg qds prn** |
| **10-12 years** |  |  | **500mg qds prn** |
| **Paracetamol tablets 500mg (32 tabs)** | **po** | **GSL** | **1-2 tabs qds prn *Maximum 4 doses in 24 hours*** |
|  |  |  |  |
| **Aspirin 300mg soluble tablets (32)** | **po** | **P** | **1-3 qds (*OVER 16s ONLY)*** |
| **Ibuprofen oral suspension s/f 100mg/5ml (100ml)**  **1-3 years**  **4-6 years**  **7-9 years**  **10-12 years** | **po** | **P** | **100mg 3 times daily**  **150mg 3 times daily**  **200mg 3times daily**  **300mg 3times daily** |
| **Ibuprofen tabs 200mg (32)** | **po** | **P** | **1-2 tabs tds** |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| * Avoid any aggravating factors if possible. * Warm towel around the neck can help tension headaches * Cold flannel can help soothe pain * Drink plenty of fluids – will help if patient is dehydrated e.g. after excessive alcohol intake * Lifestyle Try to get plenty of rest and sleep, and use every opportunity to relax. * Check use of analgesics/NSAIDs | | * Very rare with paracetamol but rashes and blood disorders reported. If affected patient should stop paracetamol immediately and contact their GP. * Aspirin and ibuprofen – refer to C/I listed in exclusion criteria. Side effects include GI irritation, hypersensitivity reactions (rashes, bronchospasm or angioedema), fluid retention (caution in patients with heart failure, hypertension and in patients with oedema for any other reason. If side effects occur advise patient to stop aspirin or ibuprofen and to contact their GP or pharmacist. | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * Presence of visual patterns/– consider migraine * Headache worse during stress or anxiety – stress headache | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| * New symptoms develop, headache gets worse or does not go away seek further advice from NHS 111 or GP * Headaches become more and more frequent. * Headache prevents sleep or wakes patient. * Headache is worse on coughing, straining, bending, lying flat or laughing. * Symptoms such as muscle pains, pain on chewing, a tender scalp, or feel unwell. | | | |
| **Rapid Referral** | | | |
| * Development of rash that does not fade when you press a glass tumbler against the rash. Suspect meningitis if patient is also very ill and advise patient to go to A&E if they cannot get to a GP in the next 10 minutes. * Recent blow to the head – can sometimes take > 24 hours to affect the person * Any change in vision, hearing or vomiting occurs * Development of drowsiness or confusion | | | |

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| Bites and Stings | | | |
| **Definition** | **Irritation and inflammation where the skin has been bitten, small extremely itchy popular lesions usually seen** | | |
| **Criteria for Inclusion** | Patients bitten or stung by small insects, displaying localised minor irritation to the skin | | |
| **Criteria for Exclusion** | * Children under 10 years old * Bites or stings around the eyes or on the face * Bites or stings which have become infected * Pregnancy * Patients exhibiting systemic effects, e.g. wheezing, shortness of breath, major swelling & redness | | |
| **Action for Excluded patients:** | **Refer to GP** | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | Route | Class | Dose |
| Hydrocortisone 1% cream (15g) | Topical | P | Adults and children over 10years- apply sparingly once or twice a day for seven days |
| Chlorphenamine / Chlorphenamine s/f syrup 2mg / 5ml (150ml) | Oral | P | 10-12 years 2mg every 4-6 hours – Maximum 12mg daily |
| Chlorphenamine /Chlorpheniramine tablets 4mg (30 tabs) | Oral | P | 4mg every 4-6 hours – Maximum 24mg daily |
| Cetirizine tablets 10mg (7 tablets) | Oral | P | Adults and children over 10 years 10mg daily or 5mg b.d. |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| A cold compress can reduce pain and swelling  Wash the affected area frequently with soapy water to prevent infection  In future  Avoid insect bites by wearing loose clothing with long arms and legs  Educate children to avoid unknown insects  For bee stings, scrape out the sting | | Hydrocortisone cream should not be applied to the face, anogenital region, broken or infected skin.  Sensitivity to hydrocortisone cream - discontinue treatment  Drowsiness more of a problem with chlorphenamine – if affected do not drive or operate machinery and avoid alcohol. Drowsiness may diminish after a few days of treatment. Other side-effects include antimuscarinic effects (urinary retention, dry mouth, blurred vision and GI disturbance) – caution in patients with prostatic hypertrophy, urinary retention, glaucoma and pyloroduodenal obstruction. See BNF for more details.  [Non-sedating antihistamines e.g. cetirizine may still cause drowsiness in some patients] | |
| **When to refer** | | | |
| If symptoms persist for more than 7 days  Patients exhibiting systemic reactions.  Patients experiencing severe allergic reactions must be referred to A&E.  **Patients should be advised to seek further assistance from NHS 111 or GP if symptoms worsen** | | | |

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| COLD AND FLU | | | |
| **Definition** | **Nasal congestion, sneezing, mild temperature, sore throat, general aches and pains are associated with the common cold. Refer to other relevant protocols as appropriate.** | | |
| **Criteria for Inclusion** | Children or adults presenting with cold or flu-like symptoms.Children under 1 yr can be treated at the pharmacist’s discretion. | | |
| **Criteria for Exclusion** | * Concomitant rash that does not fade under pressing e.g. with glass * Patient is breathless * Light hurts the eyes * It is painful to bend the neck * Raised temperature - Persistent raised temperature - (39°C and above) for longer than 3 days * Severe headache with vomiting or severe earache * Hearing - Problems develop with hearing * Confusion - Experiencing confusion or is disorientated * Coughing blood - Coughing up blood/blood stained mucus on more than one occasion * Chest pain * Severe difficulty swallowing or breathing difficulties * Swelling of lymph nodes in neck and/or armpits * Particular care should be taken in those who have diabetes, heart disease, respiratory problems including COPD, kidney disease, and those with a compromised immune system | | |
| **Action for Excluded patients:** | **Refer to GP or NHS 111** | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | **Route** | **Class** | **Dose** |
| **Paracetamol suspension s/f 120mg/5ml (100ml)** | **po** | **P** |  |
| **3months – 6 months** |  |  | **60mg qds prn** |
| **6-24months** |  |  | **120mg qds prn** |
| **2-4 years** |  |  | **180mg qds prn** |
| **4-6 years** |  |  | **240mg qds prn** |
| **Paracetamol suspension s/f 250mg/5ml** | **po** | **P** |  |
| **6-8 years** |  |  | **250mg qds prn** |
| **8-10 years** |  |  | **375mg qds prn** |
| **10-12 years** |  |  | **500mg qds prn** |
| **Paracetamol tablets 500mg (32)** | **po** | **GSL** | **1-2 tabs qds prn**  ***NOT MORE THAN 4 DOSES IN 24 HOURS*** |
|  |  |  |  |
|  |  |  |  |
| **Pseudoephedrine s/f linctus 30mg/5ml (100ml)**  **6-12 years** | **po** | **P** | **5ml qds prn**  ***NOT MORE THAN 4***  ***DOSES IN 24 HOURS*** |
| **Pseudoepherdrine tabs 60mg (12)** | **po** | **P** | **1 tabs qds prn**  ***NOT MORE THAN 4***  ***DOSES IN 24 HOURS*** |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| * Simple analgesics to bring temperature down * Maintain a good fluid intake * Encourage rest (if possible) * Warm soothing drinks * Common cold does not require antibiotics for effective treatment * Remind high risk patients of influenza vaccination programmes (over 65s, and those patients under 65 with CHD, respiratory disease or diabetes) * Protect yourself and others against cold and flu by taking the following actions: * Wash your hands regularly and properly especially after touching your nose or mouth and before handling food * Always sneeze and cough into tissues, use disposable paper towels to dry your hands and face rather than shared towels * Clean surfaces regularly * Drink – Drink plenty of fluids and get plenty of rest * Avoid smoking or being around smoky atmospheres | | Very rare with paracetamol but rashes and blood disorders reported. If affected patient should stop paracetamol immediately and contact their GP.  Sympathomimetics:   * MAOI – risk of hypertensive crisis. This interaction can occur up to 2 weeks after an MAOI has been stopped so need to establish any discontinued medication * Moclobamide – risk of hypertensive crisis | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * Patients with other chronic illness e.g. heart, kidney or lung disease, those with reduced immunity or patients living in long-stay institutions. These patients would benefit from influenza vaccination. | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| * New symptoms develop particularly in young children, the elderly or the infirm * Symptoms worsening * Patient becoming breathless * Painful to bend the neck or light hurts the eyes | | | |
| **Rapid Referral** | | | |
| * Development of a rash that does not fade when you press a glass tumbler against the rash | | | |

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| Cold sores (on lips only) | | | |
| **Definition** | **Tingling, itchy, numbing feelings followed by the development of a group small red fluid filled vesicles** | | |
| **Criteria for Exclusion** | Patients receiving cytotoxic therapies | | |
| **Action for Excluded patients:** | Monday – Friday 9am – 5pm refer to chemotherapy unit;  Outside of these hours, ring emergency contact numbers given for their cancer centre | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | Route | Class | Dose |
| Aciclovir cream (2g) | topical | P | Apply 5 times a day at the earliest stage possible for 5-10 days |
|  | | | |
| **Follow Up and Advice** | | | **Side effects and Management** |
| * Early recognition of symptoms may be a tingling sensation after which scabs appear and typically fall off after 8 to 10 days. * Treatment should begin as soon as possible. * In children, the virus can infect the mouth and throat and can be accompanied by fever, aches and pains. * Cold sores should not be touched as this can spread infection therefore hands should be washed before and after each application of the cream. Do not share face cloths and towels. | | |  |
| **When to refer** | | | |
| * Patient is immunocompromised * Patients receiving cytotoxic therapies * Infection of mucous membranes, eye or vagina * Pregnancy * Children under 12 should be referred automatically if intra oral and not just the lips.   **Patients should be advised to seek further assistance from NHS 111 or GP if symptoms worsen** | | | |

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| Constipation (Adults and Children over 16 only) | | | |
| **Definition** | **A reduced frequency of stools compared to the patient’s normal bowel habits/ difficulty in passing stools or a sense of incomplete emptying after a bowel movement and abdominal discomfort** | | |
| **Criteria for Inclusion** | Significant variation from normal bowel evacuation which has not improved following adjustments to diet and other lifestyle activities (see below) | | |
| **Criteria for Exclusion** | * New or worsening constipation with no explanation * Nausea/vomiting * Rectal bleeding with change in bowel habit * Rectal bleeding persisting for 6 weeks or more without a change in bowel habit and over 60 yrs old * Change in bowel habit to looser stools, or more frequency of stools to 6 weeks or more without rectal bleeding and over 60 yrs old * Severe abdominal pain * Unintentional weight loss * Co-existing diarrhoea * Tenesmus (continuous feeling of the need to defecate without production of significant amounts of faeces) * Patients taking medication with recognised constipating effects * Failure of previous medicines | | |
| **Action for Excluded patients:** | **Refer to GP** | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage  If constipation is confirmed, and underlying conditions are reasonably excluded, the first step in the management of constipation should be appropriate dietary and lifestyle changes. If this is ineffective or impractical, a short course of laxatives may relieve symptoms and restore normal bowel function The use of laxatives in children should be discouraged unless prescribed by a doctor. | | | |
| **Drug** | Route | Class | Dose |
| Fybogel (ispaghula) Sachets (10) | oral | P | 1 sachet or 2 level 5-mL spoonfuls in water twice daily preferably after meals. |
| Lactulose (300ml) | oral | P | Adults- 15mls twice a day adjusted to patient’s need.  **Caution in lactose intolerant patients** |
| Senna tablets (20) | Oral | P | Adults-two to four tablets, usually at night-start at low dose. |
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|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| Drink plenty of water (8 glasses)  Eat food rich in fibre e.g. fruit, vegetables,  Take regular exercise  Both lactulose and ispaghula may take several days to reach maximum effect. | | Fybogel  -Not suitable for frail elderly patients with poor fluid intake. Or if patient has difficulty in swallowing, intestinal obstruction, faecal impaction or immobile.  -Swallow carefully with water and do not take immediately before going to bed  Senna  - Avoid in intestinal obstruction and can cause abdominal cramps  -May colour the urine yellow or red;  Lactulose  -Can cause flatulence, cramps and abdominal distension.  **-Advise patient that Lactulose may take up to 48hrs to work** | |
| **When to refer**   * Constipation in Children * Pregnancy and breastfeeding * Elderly * Laxative dependence * Non responsive to treatment | | | |
| **Conditional referral** | | | |
| * If constipation persists beyond one week, consult the GP * If more than one request per month | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| * Patients taking medication with recognised constipating effects   Patients should be advised to seek further assistance from NHS 111 or GP if symptoms worsen | | | |

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| DIARRHOEA | | | |
| **Definition** | **Loose and/or watery motions occurring more than three times over 24 hours with or without fever or abdominal pain** | | |
| **Criteria for Inclusion** | * Children or adults presenting with signs and symptoms of diarrhoea. Children under 1 yr can be treated at the pharmacist’s discretion. | | |
| **Criteria for Exclusion** | * Dehydration   - drowsiness or confusion  - passing little urine  - dry mouth and tongue  - sunken eyes  - weakness  - cool hands or feet  - sunken fontanelle in babies/young infants   * Child appears very poorly with or without high fever * Bloody diarrhoea with or without mucus * Recent travel * Frequent episodes of diarrhoea | | |
| **Action for Excluded patients:** | * Refer to GP or NHS 111 * Where applicable, continue breast feeding * Continue to offer as much fluids or oral rehydration fluids as possible * For older children, avoid solid foods until appetite returns * Avoid cows milk until diarrhoea settles down * Refer to GP where new medicines have been started in last two weeks and are suspected to be causing diarrhoea | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | Route | Class | Dose |
|  |  |  |  |
| **Dioralyte sachets** | **po** | **GSL** | **Contents of one sachet added to 200ml boiled and cooled water PRN** |
| **Paracetamol suspension s/f 120mg/5ml (100ml)** | **po** | **P** |  |
| **3months – 1 yr**  **1-5 years** |  |  | **60mg – 120mg**  **120-250mg qds prn** |
| **Paracetamol suspension s/f 250mg/5ml** | **po** | **P** |  |
| **6-12 years (100ml)** |  |  | **250mg-500mg qds prn** |
| **Paracetamol tablets 500mg (32)** |  | **GSL** | **1-2 tabs qds prn**  ***NOT MORE THAN 4 DOSES IN 24 HOURS*** |
| **Loperamide Capsules (12 caps)**  **Over 12 yrs only** | **po** | **P** | **Two capsules immediately and then one after each loose motion** |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| * Simple analgesics to bring temperature down * Maintain a good fluid intake * Encourage rest (if possible) * If a high temperature develops and persists, or there is dehydration, or the condition deteriorates then refer to GP or contact NHS 111 * Avoid cows milk until diarrhoea settles down * Eat as normally as possible. Ideally include fruit juices and soups, which will provide sugar and salt, and also foods that are high in carbohydrate, such as bread, pasta, potatoes, or rice. There is little evidence to support the advice which used to be the given to avoid solid food for 24 hours. * Always wash your hands after going to the toilet (or changing nappies). * Regular cleaning of the toilet, including the flush handle and toilet seat is advisable. | | * Very rare with paracetamol but rashes and blood disorders reported. If affected patient should stop paracetamol immediately and contact their GP. * Loperamide – can cause abdominal pain and cramps. Occasionally skin reactions, drowsiness, dizziness. If affected, refer to GP. | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * Bloody diarrhoea with or without mucus * Poorly child | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| * Where patient is becoming dehydrated, showing high temperature, provide Electrolade sachets and advise on additional fluids and rest * If diarrhoea has lasted over 48 hours and appears to be getting worse * Poorly child * Recent travel * Frequent episodes of diarrhoea | | | |
| **Rapid Referral** | | | |
| * If child is very ill then refer to GP or Paediatric Assessment Unit * Pregnancy * Adults where symptoms have lasted five days | | | |

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| DRY SKIN / SIMPLE ECZEMA | | | |
| **Definition** | **Common dry skin conditions include simple eczema (dermatitis). Eczema is used to describe an inflammation of the skin, which causes dry, flaky skin. There is often itching which causes scratching leading to redness, breaking of the skin and soreness. Severe eczema may begin to weep where the epidermis is severely damaged. Emollients reduce water loss from the epidermis and make the skin softer and suppler. Regular use of emollients may reduce flare-ups of eczema and the need for topical cortisosteroids.** | | |
| **Criteria for Inclusion** | * **Children or adults presenting with symptoms of dry skin or simple eczema.** Children under 1 yr can be treated at the pharmacist’s discretion. | | |
| **Criteria for Exclusion** | * Cracking, weeping and painful skin may suggest infection. | | |
| **Action for Excluded patients:** | Refer to GP | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | **Route** | **Class** | **Dose** |
| **Zerobase 50g,500g** | **topical** | **GSL** | **The cream should be applied to the dry skin areas as often as is required.** |
| **Zeroderm 125g,500g** | **topical** | **GSL** | **As an emollient: Apply to the affected area as often as required. Smooth gently into the skin, following the direction of the hair growth. As a bath additive: Melt about 4g in hot water in a suitable container then add to the bath. As a soap substitute: Take a small amount of the ointment and lather it under warm water and use as required when washing or in the shower. Pat skin dry.** |
| **Emulsifying ointment 100g, 500g** | **topical** | **GSL** | **Generally the more oily the preparation, the better the emollient effect. Emulsifying ointment may be used as a bath emollient – here it must be mixed well with hot water before adding to the bath. Emulsifying ointment may also be used as soap substitute.** |
|  |  |  | NB **Warn patients about the potential fire risks with paraffin based skin products-see NPSA** [www.npsa.nhs.uk/health/alerts](http://www.npsa.nhs.uk/health/alerts) |
| **E45 cream 125g, 500g** | **topical** | **GSL** | **Ideally emollients should be applied 3-4 times a day, but if this is not possible, at least twice a day. Emollients should be applied in the direction of hair growth (if the skin is severely excoriated).** |
|  |  |  | **If a large part of the body has dry skin, 500g per week of emollient may be needed for adults (250g per week for children)** |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| * Emollients should be applied as liberally and as frequently as possible * Emphasise regular emollient use after skin washing and instead of soap * Avoid or minimise the use of soap and detergents as they remove lipids from the skin and may exacerbate dry skin conditions * Advise patients to avoid irritants if possible - common irritants include water (e.g. wet work), soaps, detergents, solvents, metal-working fluids, dust and friction. * Advise patients to avoid allergens if possible - common allergens include metal (e.g. nickel, chromate), perfumes, rubber, latex and preservatives. * Advise patients to keep nails short and avoid scratching * Avoid excessive heat * Further information can be obtained from the National Eczema Society([www.eczema.org](http://www.eczema.org)) * Also see NICE guidance on Atopic Eczema in Children ([www.nice.org.uk](http://www.nice.org.uk)) | | * Certain ingredients found in emollients can rarely cause problems for individual patients – see BNF for list. * E45 cream contains purified lanolin – avoid in patients with known contact sensitivities * Preservatives are more likely to be present in creams than in ointments. The actual preservative used may differ * If allergy to an excipient is suspected advise the patient to stop using the emollient concerned and contact their GP.   Patients should be made aware of the potential dangers of slipping in the bath if emulsifying ointment is used as a bath emollient – the use of a bath mat may reduce this risk. | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * Patients with physical signs of infection such as sore pus spots (Staph. Aureus may trigger or complicate eczema flare-up and may require a short course or oral antibiotics e.g. flucloxacillin) * Exacerbations of eczema – may require topical corticosteroids on an acute basis (3-7 days for acute eczema and up to 2-3 weeks to gain remission in chronic eczema) * If eczema is causing severe psychological or social problems e.g. school absenteeism | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| * Dry skin or simple eczema is not responding to emollients or condition is worsening. Investigate and encourage regular use of emollients**.** | | | |
| **Rapid Referral** | | | |
| * The development and rapid spread of vesicles, blisters and erosions- suggests eczema herpeticum (caused by dissemination of herpes virus in the skin) and requires treatment with a systemic antiviral agent. | | | |

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| Dyspepsia | | | |
| **Definition** | **Dyspepsia is a complex of symptoms of the upper gastrointestinal (GI) tract including upper abdominal pain or discomfort, heartburn, acid reflux, nausea or vomiting which usually occur shortly after eating or drinking** | | |
| **Criteria for Inclusion** | Patients who require relief from some of the symptoms in definition.  A new GI problem that has lasted less than 10 days | | |
| **Criteria for Exclusion** | * First symptoms of indigestion at 55 years old or over * Patients who:   -Received abdominal surgery  -Have a history of gastric ulceration  -Receiving NSAIDs, iron, bisphosphonates, corticosteroids or other medicines known to cause gastric irritation  -Pain in the chest indicative of another aetiology   * Indigestion accompanied by:   - gastro-intestinal bleeding (may present as ‘coffee grounds’ in vomit)  -Unexplained weight loss  -Blood in stool (fresh blood or black and tarry stools)  -Difficulty in swallowing, food ‘sticking’ in the throat  -Lump in the throat  -Severe epigastric pain  -Persistent vomiting   * Symptoms for more than 2 weeks * iron deficiency anaemia; * Unexplained fever, night sweats * Feeling faint | | |
| **Action for Excluded patients:** | **Refer to GP** | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | Route | Class | Dose |
| Co-magaldrox (Mucogel™)  (300ml) | oral | GSL | Adult and child over 12 years, 10–20 ml 3 times daily, 20–60 minutes after meals, and at bedtime or when require |
| Asilone ™ (contains dimethicone. 200mls) | oral | GSL | Adult and child over 12 years, 5–10 ml after meals and at bedtime or when required up to 4 times daily |
| Gaviscon Advance liquid  (250mls) | oral | GSL | Adult and child over 12 years:5-10 mls after meals and at bedtime |
| Peptac™ Liquid | oral | GSL | Adult and child over 12 years, 10–20 ml after meals and at bedtime |
| Ranitidine 75mg tablets | oral | GSL | Adults (including the elderly) and adolescents of 16 years of age and older:  One Ranitidine tablet 75mg should be taken when symptoms occur, day or night. Do not take more than two tablets in 24 hours.  If symptoms have improved but not fully resolved within TWO weeks, continue treatment for a further TWO weeks and add Gaviscon suspension for occasional breakthrough symptoms. If symptoms do not improve within FOUR weeks of treatment refer to the GP  (See BNF for full list of warnings/contra-indications) |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| Lifestyle advice is still important because healthy eating, weight reduction and smoking cessation offer additional general health benefits.  Patients should also be advised to avoid precipitants of dyspepsia (e.g. bending, fatty or spicy foods, etc.). Obesity, smoking, alcohol, coffee and chocolate can cause reflux symptoms because they reduce lower oesophageal sphincter pressure. Eat small regular meals  If experiencing indigestion symptoms at night, avoid eating for three to four hours before going to bed and raising the head of the bed may help patients who suffer from reflux episodes when lying flat.  Avoiding NSAID/aspirin-like drugs  Avoid stress | | **Antacids**   * These should not be taken at the same time (2hrs) as other drugs since they may impair the absorption of other drugs | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * If symptoms persist beyond one week the patient should consult the GP. * If symptoms not relieved by medication – especially patients with history of IHD | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| 1. Patients taking NSAIDs  * Recent / recurrent peptic ulcer disease * Second request within a month | | | |
| **Rapid Referral** | | | |
| * Bleeding PR (excluding haemorrhoids) i.e. black stools * Unexplained recent weight loss * Vomiting significant amounts of blood   **Patients should be advised to seek further assistance from NHS 111 or GP if symptoms worsen** | | | |

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| EARACHE | | | |
| **Definition** | **Common problem particularly in children caused by a viral or bacterial infection of the middle ear. Children can become irritable, experience pain or pressure in the ear and have problems sleeping, feeding and hearing. Other symptoms similar to those of a cold or runny nose may also occur.** | | |
| **Criteria for Inclusion** | * Children or adults presenting with symptoms of earache. Children under 1 yr can be treated at the pharmacist’s discretion. | | |
| **Criteria for Exclusion** | * Pain in the teeth or jaw * Pain after attempt to clean wax with finger or similar object * Discharge from the ear * Pain not helped by analgesics such as paracetamol when taken for 1-2 days | | |
| **Action for Excluded patients:** | Refer to GP or NHS 111 | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | **Route** | **Class** | **Dose** |
| **Paracetamol suspension s/f 120mg/5ml (100ml)** | **po** | **P** |  |
| **3months – 6 months** |  |  | **60mg qds prn** |
| **6-24months** |  |  | **120mg qds prn** |
| **2-4 years** |  |  | **180mg qds prn** |
| **4-6 years** |  |  | **240mg qds prn** |
| **Paracetamol suspension s/f 250mg/5ml** | **po** | **P** |  |
| **6-8 years** |  |  | **250mg qds prn** |
| **8-10 years** |  |  | **375mg qds prn** |
| **10-12 years** |  |  | **500mg qds prn** |
| **Paracetamol tablets 500mg (32 tabs)** |  | **GSL** | **1-2 tabs qds prn**  ***MAXIMUM 4 DOSES IN 24 HOURS*** |
| **Ibuprofen oral suspension s/f 100mg/5ml (100ml)**  **1-3 years**  **4-6 years**  **7-9 years**  **10-12 years** | **po** | **P** | **100mg 3 times daily**  **150mg 3 times daily**  **200mg 3times daily**  **300mg 3times daily** |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| * Maintain good fluid intake * Continue to encourage children to eat adequately. * Rest (if possible) * Dress children in light clothes (avoid overheating) * Keep children away from smoky environments * Encourage simple hygiene measures – wash hands regularly, use tissues and dispose of them after use * **Avoid sticking anything into the ear -** Do not ‘clean’ the ear out by sticking anything in it, i.e. cotton buds, pencils, fingers etc. as this may damage the ear further * Ear drops and decongestants have a limited value only * Antibiotics only help in a few patients and overuse leads to build up of resistance. Recent evidence suggests that children with high temperature or vomiting were more likely to benefit from antibiotics, although it is still reasonable to wait 24-48 hours as many children will settle anyway (BMJ 2002;325:22) | | Very rare with paracetamol but rashes and blood disorders reported. If affected patient should stop paracetamol immediately and contact their GP. | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * Children or adults with symptoms not responding to analgesics – within 1-2 days for children over 2 years * Children or adults with worsening symptoms * Children with high temperature or vomiting after 48 hours of symptomatic relief * Neck stiffness * Tinnitus (ringing) or vertigo (disrupted sense of movement**)** | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| * New symptoms develop (could also contact pharmacist or NHS 111) * Hearing becomes dull | | | |
| **Rapid Referral** | | | |
| * Pain in teeth or jaw – could be dental abscess or a bad tooth * Pain after attempt to clean ear – may have damaged lining of ear or possibly the eardrum * Very severe pain, vomiting or yellow discharge – could be middle ear infection | | | |

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| HAY FEVER | | | |
| **Definition** | **Seasonal allergic rhinitis characterised by nasal congestion, excessive sneezing, watery and itchy eyes. Itching can also occur in the nose, throat, mouth and ears. Congestion may interfere with sleep.** | | |
| **Criteria for Inclusion** | * Children over 1 years or adults presenting with symptoms of hay fever requiring symptomatic treatment | | |
| **Criteria for Exclusion** | * Children under 1 years * If symptoms occur in a particular place e.g. workplace or near animals (consider allergy to dust, animal droppings, plants, etc) * If symptoms develop when patient is at home (consider allergy to house dust mites | | |
| **Action for Excluded patients:** | **Refer to GP** | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | Route | Class | Dose |
| **Chlorphenamine / Chlorphenamine s/f syrup 2mg / 5ml (150ml)** | **oral** | **P** | **1-2 years – 1mg twice daily**  **2-5 years 1mg every 4-6 hours – Maximum 6mg daily** |
|  |  |  | **6-12 years 2mg every 4-6 hours – Maximum 12mg daily** |
| **Chlorphenamine /Chlorpheniramine tablets 4mg (30 tabs)** | **oral** | **P** | **4mg every 4-6 hours – Maximum 24mg daily** |
| **Loratidine syrup s/f 5mg / 5ml (70ml)** | **oral** | **P** | **2-5 years 5mg daily** |
| **Cetirizine tablets 10mg** | **oral** | **p** | **Adults and children over 6 years 10mg daily or 5mg bd** |
| **Cetirizine s/f liquid 5mg/5ml** | **oral** | **p** | **2-6 years 5mg daily or 2.5 mg bd** |
| **Loratidine tablets 10mg (7 tabs)** | **oral** | **P** | **Adults and child over 6 years 10mg daily** |
| **Beclometasone / Beclomethasone nasal spray 50mcg / spray** | **topical** | **P** | **Adults over 18 years – 2 sprays each nostril bd. Maximum 100mcg single dose per nostril, maximum 200mcg daily dose per nostril for 3 months maximum.** |
| **Follow Up and Advice** | | **Side effects and Management** | |
| * Not to exceed maximum doses * Pollen avoidance measures – watch out for pollen counts e.g. newspapers, TV weather reports * Possible drug interactions – check for any concomitant medication e.g. anti-arrhythmic drugs, sedative drugs including alcoholic drinks | | * Drowsiness more of a problem with chlorphenamine – if affected do not drive or operate machinery and avoid alcohol. Drowsiness may diminish after a few days of treatment. Other side-effects include antimuscarinic effects (urinary retention, dry mouth, blurred vision and GI disturbance) – caution in patients with prostatic hypertrophy, urinary retention, glaucoma and pyloroduodenal obstruction. See BNF for more details. * Local side-effects of beclometasone include dryness, nose / throat irritation, epistaxis and rarely ulceration. Headache, smell/taste disturbance and raised IOP (caution in glaucoma). Hypersensitivity reactions including bronchospasm reported. * If patients experience side-effects, discontinue treatment immediately and contact their GP | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * If treatment is ineffective or persists after the end of September (please note that hay fever can sometimes persist beyond September) * If patient is pregnant | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| * If new symptoms develop (could also contact NHS 111 or their pharmacist) that are worrying to the patient, e.g. epistaxis | | | |
| **Rapid Referral** | | | |
| * If the patient has difficulty in breathing | | | |

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| HEAD LICE | | | |
| **Definition** | **An infection by the head louse (Pediculus humanus capitis). A person must have a living, moving louse to be infected. Head lice can only be transmitted by direct, prolonged, head to head contact between individuals. Nits are the empty egg cases that stick to hair and do not indicate a current infection.** | | |
| **Criteria for Inclusion** | * Children or adults presenting with evidence of a living, moving louse seen on the scalp (most reliable method is detection combing). Children under 1 yr can be treated at the pharmacist’s discretion (medical supervision for children under 6 months). * All family members should be checked for head lice. Only those found to have a live, moving louse should be considered for treatment | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | Route | Class | Dose |
| **Hedrin Lotion**  **(Dimeticone)** | **Rub into dry hair and scalp, allow to dry naturally, shampoo after a minimum of eight hours (or overnight)** | **P** | **Careful application of dimeticone is effective** |
| **Quellada-M liquid or Derbac-M liquid (malathion 0.5% in an aqueous basis) 50ml, 200ml for patients with sensitive skin, eczema or asthma** | **Apply topically to scalp, ensuring full and adequate coverage** | **P** | **50ml will be needed for an average scalp to ensure good coverage. Thicker hair may require more than the recommended amount. For people with long hair, the hair should be tied in a pony-tail and treatment applied to the pony-tail ring.** |
| NB  Treatment must be repeated 7 days later using the same lotion or liquid. Lice that hatch from surviving eggs may be found after the first treatment. These will be small in appearance. The hair should be combed regularly to dislodge and remove any new lice. These will be killed after the second application.  Package inserts do not advise on a second application after 7 days. This needs to be brought to the attention of the patient(s) | | | |
| **Wet Combing**  -alternative to chemical application, but requires  Use any conditioner or vegetable oil-(caution with nut allergies). Mechanical removal of head lice by meticulous combing with a detection comb (for at least 30 minutes at a time) over the whole scalp, at four days intervals, for a minimum of two weeks until no lice are seen on three consecutive sessions**.** | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| * Check the head two or three days after the second treatment. If living, moving lice can still be found contact your GP, nurse or pharmacist. * Check pillow and collars for little black specks (lice droppings) and shed lice skins * Encourage patient or parent to contact close relatives and friends to ensure detection and treatment of further confirmed cases. | | * Skin irritation may occur. Most side-effects are due to the alcohol, mono-terpines or oils used in the formulations and rarely due to the insecticide.   Some asthmatics may find the fumes from alcohol based preparations can worsen their asthma – use Quellada-M or Derbac-M. | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * Genuine resistance suspected – e.g. if two different treatments have failed. Patient may require carbaryl treatment on GP prescription. | | | |
| **Rapid Referral** | | | |
| * If resistance is suspected e.g. if large numbers of lice of all sizes are found within days of the second treatment and treatment has been carried out correctly, resistance is likely. GP may consider use of carbaryl products. Inform Public Health department at Walsall Local Authority | | | |

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| **Mouth Ulcers** | | | |
| **Definition** | **A mouth ulcer is any ulcerative lesion affecting the oral mucosa, also called aphthous stomata and aphthous stomatitis; mostly occur on the inner cheek, inner lip, tongue, soft palate, floor of the mouth, and sometimes the throat. They are usually about 3-5mm in diameter** | | |
| **Criteria for Inclusion** | Patients requiring symptomatic relief | | |
| **Criteria for Exclusion** | * Ulceration that has persisted for more than 3 weeks or is very red, painful and swollen. * Patients taking DMARD’s, carbimazole * Patients receiving cytotoxic therapies * Immunocompromised pateints | | |
| **Action for Excluded patients:** | * Refer to GP * Monday – Friday 9am – 5pm refer to chemotherapy unit; outside of these hours, ring emergency contact numbers given for their cancer centre | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | Route | Class | Dose |
| **Corlan Pellets (hydrocortisone 2.5mg (20 tablets)** | **Oromucosal** | **P** | Dose adult and child over 12 years, 1 lozenge 4 times daily, allowed to dissolve slowly in the mouth in contact with the ulcer |
| **Anbsesol teething gel**  **(10g)** | **Topical** | **P** | **Apply a small amount to the affected area with a clean fingertip. Two applications immediately will normally be sufficient to obtain pain relief. Use up to four times a day. Use up to four times a day.** |
| **CholineSalicylateDentalGelBP15g** | **Topical** | **GSL** | **Adult and child over 16 yrs Apply ½ inch of gel not more often than 3 hourly, Max 6 applications daily** |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| Suggest the patient limits the use of sharp foods (e.g. crisps), spicy foods, hot fluids and carbonated drinks  Try not to touch the oral mucosa with the nozzles of topically applied products as this may cause contamination  Advise patients to wash hands before and after each application  Avoid excessive application or confinement under a denture – leave at least 30 minutes before re-insertion of dentures  Good oral hygiene may help in the prevention of some types of mouth ulcers or complications from mouth ulcers. This includes brushing the teeth at least twice per day and flossing at least daily.  Avoid precipitating factors, for example, by use of a softer toothbrush.  Suggest a visit to the dentist if a sharp tooth or filling is causing recurrent problems.  If there are obvious food causes, these should be avoided in the diet. | | Side effects are usually minor, there may be occasional stinging, excessive application of topical products under dentures can give irritate the mucosa and can itself cause ulceration. | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * If ulcer persists for more than 3 weeks then the patient should be referred to their doctor or dentist for further investigation. * Non painful lesions including any lump, thickening or red or white patches * Difficulty in swallowing or chewing not associated with a sore lesion * Any sore that bleeds easily * If there are any other symptoms other than the mouth ulcers * Patients receiving cytotoxic therapies   **Patients should be advised to seek further assistance from NHS 111 or GP if symptoms worsen** | | | |

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| Nappy Rash | | | |
| **Definition** | Sore and irritated skin in the area around the nappy, and covered in pink or red spots or blotches. | | |
| **Criteria for Inclusion** | Infants with uncomplicated nappy rash | | |
| **Criteria for Exclusion** | Infants with a fungal infection (characterised by a bright red rash which extends into the folds of the skin). Infants with a bacterial infection of the skin – may be accompanied by fever | | |
| **Action for Excluded patients:** | **Refer to GP** | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | Route | Class | Dose |
| **Sudocrem125g** | **Topical** | **GSL** | **Apply after nappy change** |
| **Conotrane 100g** | **Topical** | **GSL** | **Apply after nappy change** |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| Increase frequency of nappy changes  Expose skin to fresh air | |  | |
| **When to refer GP** | | | |
| * Persisting symptoms * Signs of infection   **Patients should be advised to seek further assistance from NHS 111 or GP if symptoms worsen** | | | |

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| Sunburn | | | |
| **Definition** | **After exposure to too much UV light, skin becomes red and painful and may later peel or blister** | | |
| **Criteria for Exclusion** | Severe sunburn in Children and babies  Suspect melanomas | | |
| **Action for Excluded patients:** | **Refer to GP** | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | Route | Class | Dose |
| Calamine aqueous cream 100g | Topical | GSL | Apply as necessary |
|  | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| Cover up in the sun  Seek shade, especially for the hottest part of day (11am-2pm)  Use sun cream with suitable SPF, apply generously and frequently  If affected, stay out of the sun and drink plenty of fluids to prevent dehydration | |  | |
| **When to refer** | | | |
| * Severe burns/ sunburn in babies and children * Suspected melanomas   **Patients should be advised to seek further assistance from NHS 111 or GP if symptoms worsen** | | | |

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| SORE THROAT | | | |
| **Definition** | **Painful, inflamed throat which makes swallowing difficult. Most sore throats are caused by viruses and symptoms can take 2-7 days to clear after they start** | | |
| **Criteria for Inclusion** | Children or adults presenting with symptoms of acute, uncomplicated sore throat. Children under 1 yr may be treated at the pharmacist’s discretion. | | |
| **Criteria for Exclusion** | * Presence of tender lumps below the ear or at the jaw angle * Severe difficulty in swallowing * Five or more episodes of sore throat in the last 12 months causing serious disruption of daily life * Suspicion of more serious disorder e.g. leukaemia, drug induced neutropenia * Breathing difficulties * If sore throat a persists for 10 to 14 days or gets worse and is associated with fatigue and swollen glands * Patients who are at risk of immunosuppression e.g. HIV, undergoing chemotherapy, taking immunosuppressive medicines * Patients taking carbimazole * The voice becomes muffled not just hoarse * Severe pain that does not respond to OTC painkillers. * Persistent raised temperature above 38°C, which is not reduced by medication | | |
| **Action for Excluded patients:** | **Refer to GP**  Can consider supply where the pharmacist considers this appropriate providing there is no delay in seeking further treatment (see below) | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage  Please note: Aspirin C/I if under 16 yrs of age, breast-feeding, GI ulceration, haemophilia or history of hypersensitivity to aspirin or other NSAID. | | | |
| **Drug** | **Route** | **Class** | **Dose** |
| **Paracetamol suspension s/f 120mg/5ml (100ml)** | **po** | **P** |  |
| **3months – 6 months** |  |  | **60mg qds prn** |
| **6-24months** |  |  | **120mg qds prn** |
| **2-4 years** |  |  | **180mg qds prn** |
| **4-6 years** |  |  | **240mg qds prn** |
| **Paracetamol suspension s/f 250mg/5ml** | **po** | **P** |  |
| **6-8 years** |  |  | **250mg qds prn** |
| **8-10 years** |  |  | **375mg qds prn** |
| **10-12 years** |  |  | **500mg qds prn** |
| **Paracetamol tablets 500mg (32)** |  | **GSL** | **1-2 tabs qds prn** |
| **Paracetamol soluble tablets 500mg (32)** | **po** | **GSL** | **1-2 tabs qds prn**  ***MAXIMUM 4 DOSES IN 24 HOURS*** |
| **Tyrozets lozenges® (24)**  **Adults**  **Children over 3 years** | **Slowly**  **Dissolve in mouth** | **GSL** | **One lozenge to be dissolved slowly every 3 hours (Max. 8 in 24 hrs)**  **One lozenge to be dissolved slowly every 3 hours (Max. 6 in 24 hours)** |
| **Aspirin 300mg soluble tablets (32)**  ***(OVER 16s ONLY)*** | **Gargle** | **P** | **1 qds**  **Patient can swallow aspirin suspension –**  **Spit out if increased GI irritation occurs** |
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| **Follow Up and Advice** | | **Side effects and Management** | |
| * Maintain good fluid intake * Eat soft foods or warm soup * Encourage rest (if possible) * Avoid a smoky environment. * Regular pain relief * Advise on natural course of sore throat i.e. can take several days for symptoms to subside * PIL | | * Very rare with paracetamol but rashes and blood disorders reported. If affected patient should stop paracetamol immediately and contact their GP. * Lozenges can cause local sensitisation – advice regarding hot drinks. If sensitivity occurs with Tyrozets lozenges discontinue use. If sensitivity reaction does not subside then contact pharmacist or GP * Aspirin – Side –effects include GI irritation, bronchospasm and skin reactions in some patients – stop aspirin use and consult GP or pharmacist. | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * If symptoms persist more than one week * If tonsils are dotted with white or yellowish spots – possible tonsillitis or pharyngitis * Patients on immunosuppressants , oral steroids, drugs causing bone marrow suppression * Patient having reported five or more episodes of sore throat * Swelling of neck glands – common with sore throats | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| * Prolonged throat soreness, difficulty in swallowing or voice hoarseness * If new symptoms develop (could also contact pharmacist or NHS 111) | | | |
| **Rapid Referral** | | | |
| * Patient unable to swallow own saliva – call 999 or NHS 111 | | | |

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| VaginalThrush | | | | | |
| **Definition** | | | * Fungal infection of the lower female genital tract. * Presenting symptoms include thick, white vaginal discharge, pain or burning on urination, soreness and itching | | |
| **Criteria for Inclusion** | | | **Vaginal thrush occurring in adult females with a previous diagnosis of thrush who are confident it is a recurrence of the same condition.** | | |
| **Criteria for Exclusion** | | | * Is a first-time sufferer whose thrush has not previously been diagnosed by a physician * Is younger than 16 or older than 60 years of age * Has had at least two episodes of thrush in the past six months but has not consulted her GP about the condition for more than a year * Has a previous history of sexually transmitted disease or has been exposed to a partner with one * Is or might be pregnant * Has foul-smelling vaginal discharge * Has abnormal or irregular vaginal bleeding or blood-stained discharge * Has pain in the lower abdomen * Has experienced an adverse reaction to antifungal products * Has dysuria — pain on urination is rare with thrush, although external dysuria can occur * Have vulval or vaginal sores, ulcers or blisters. These are more commonly associated with herpes infections * Experiences no improvement after seven days’ empirical treatment. * Patients receiving cytotoxic therapies * Immunocompromised patients | | |
| **Action for Excluded patients:** | | | Refer to GP, Family Planning Clinic or GUM  Monday – Friday 9am – 5pm refer to chemotherapy unit; outside of these hours, ring emergency contact numbers given for their cancer centre | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | | | |
| **Drug** | | | **Route** | **Class** | **Dose** |
| **Clotrimazole combi pack** | **Topical and vaginal** | **P** | **Apply cream to anogenital area 2-3 times a day**  **Insert pessary at night as a single dose** | | |
| **Clotrimazole 2% Cream 20g**  **Follow Up advice** | **Topical** | **P** | **Apply cream to anogenital area 2-3 times a day** | | |
| Make aware sexual partners should be treated concurrently.  Advise if symptoms do not resolve within 7 days to make an appointment to see a GP.  Make aware of problems with vaginal deodorants scented soap etc.  Maintain good hygiene  Remind the doctor that they are prone to thrush if they are prescribed antibiotics or other medication.  Try to keep the genital area cool, thrush thrives in warm moist conditions.  Wear loose fitting cotton underwear  Raise awareness to 16-24 yr olds of National Chlamydia Screening programme and signpost | | | | | **Side Effects and Management**  Sensitivity to Imidazoles- discontinue use and refer to GP |
| **When to refer** | | | | | |
| **Conditional referral** | | | | | |
| * On 3rd occurrence | | | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | | | |
| 1. Post-menopausal women 2. Presence of loin pain. 3. Fever 4. If blood present in discharge   **Patients should be advised to seek further assistance from NHS 111 or GP if symptoms worsen** | | | | | |

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| ACUTE COUGH | | | |
| **Definition** | **A defensive reflex process that occurs to emit phlegm/mucus/food in response to irritation of the upper respiratory tract. Cough can occasionally be a symptom of an underlying disorder e.g. asthma, COPD, GORD or lung cancer. Treatment is only necessary if the cough becomes troublesome and there is no identifiable cause.** | | |
| **Criteria for Inclusion** | * Adult or child presenting with onset of cough within the last seven days.Children under 1 yr can be treated at the pharmacist’s discretion. | | |
| **Criteria for Exclusion** | * Children under the age of 1 years * Severe pain when coughing * Presence of blood in phlegm * Presence of green/rusty phlegm * Asthmatic or COPD patients reporting wheeze or shortness of breath or those with severe disease. Check for worsening symptoms of asthma or COPD. * If cough symptoms have persisted beyond 7 days No sign of improvement after 3 - 4 weeks or continual worsening of symptoms * Chest/shoulder pain * Breathing difficulty * Pain related to exertion * Possibility of drug induced cough e.g. after starting ACE Inhibitors * Moderate to severe hepatic or renal impairment. * Unexplained weight loss – Presenting over the previous 6 weeks * Voice changes – Hoarseness lasting from more than 3 weeks or continuing after the cough has settled * New lumps or swellings – Located anywhere in the neck or above the collarbone * Wheezing * Recurrent night time cough | | |
| **Action for Excluded patients:** | Refer to GP | | |
| Recommended Treatments, Route and Legal Status. Frequency of administration & Maximum dosage | | | |
| **Drug** | **Route** | **Class** | **Dose** |
|  |  |  |  |
|  |  |  |  |
| **Simple linctus s/f (200ml)** | **po** |  | **5ml three or four times daily when required** |
| **Simple linctus s/f paediatric (200ml) 6-12 years** | **po** |  | **5-10ml three times daily when required** |
| **Paracetamol** |  |  | **See Acute Fever protocol** |
| For patients with a history of drug abuse, simple linctus should be supplied | | | |
| **Follow Up and Advice** | | **Side effects and Management** | |
| * Maintain good fluid intake * Home remedies Try simple home remedies, such as ‘honey and lemon’ – just add freshly squeezed juice from one lemon and a teaspoon of honey to a mug of hot water. * Avoid a smoky atmosphere. * Rest(if possible) * Take paracetamol for associated symptoms e.g. temperature, aches and pains * Supply patient information leaflet * Advise on likely course of cough, i.e. it should get better over a few days but sometimes it may take longer * No need for antibiotics- antibiotics do not work against viral infections, which cause most acute coughs, and so they may do more harm than good. | | * **Paracetamol:**   -Metoclopramide and domperidone increase speed of absorption  -Colestyramine reduces absorption  -Do not take with any other product that contains paracetamol | |
| **When to refer** | | | |
| **Conditional referral** | | | |
| * General aches and pain , sore throat, sneezing or runny nose – probably a viral infection * Tender swellings around the jaw and neck – probably swollen glands (analgesic and plenty of cool drinks) * Fever (refer to acute fever protocol) | | | |
| **Consider supply, but patient should be advised to make an appointment to see a GP if:** | | | |
| * If the cough does not improve over a few days, gets worse, or they develop warning symptoms such as coughing up green/rusty phlegm or blood in the phlegm then they should seek further advice from NHS 111 or GP. | | | |
| **Rapid Referral** | | | |
| * Severe shortness of breath or a blue tinge to the lips or severe pain in the chest – Dial 999 * Toxic fumes such as ammonia or industrial chemicals have recently been breathed in – call NHS 111 or contact the GP * Fit of coughing due to obstruction of the airways ( e.g. after swallowing food) – call NHS 111 or contact the GP | | | |

**Primary Eyecare Assessment and Referral Service (PEARS)**

**Service Outline.**

**Introduction**

The Primary Eyecare Assessment and Referral Service (PEARS) will be set up in Wolverhampton as a gateway service for patients presenting with a range of eye conditions that could be treated in primary care.

**PEARS Pathway**

**Patient presents with eye condition**

GP

Optometrist

**PEARS EXAMINATION UNDERTAKEN**

**at local Optometrist**

Clinical tests determined by presenting conditions

Patient is referred back to GP

Patient is given advice and if appropriate referred to Community Pharmacy for treatment

Patient is referred to Eye Care Specialist

Patient is discharged with no treatment

One of the options open to optometrists working to the PEARS pathway is to refer to a community pharmacy to supply treatment for a number of self-limiting eye conditions.

Community pharmacy already has a well-established role in the management of minor ailments and involvement in the PEARS pathway will further utilise community pharmacy as an integrated part of the primary health care team and recognise their ability to help meet local health needs.

Community pharmacy teams have a great wealth of knowledge in counselling and advising patients on the treatment of minor ailments, supply of ‘over the counter’ medicines and signposting or referring patients to their GP or an appropriate healthcare professional when necessary

**Service Description**

The suitably trained member of the community pharmacy team will supply the appropriate medicine for a minor eye condition as diagnosed and recommended by an optometrist working within the PEARS pathway.

The supply of medicine will be in response to the diagnosis by the optometrist. The optometrist will refer the patient to a community pharmacy involved in the scheme by providing the patient with a PEARS Diagnosis and Medication form (appendix 1).

The community pharmacy team member (Pharmacist or trained assistant) will ensure that the medication is appropriate and provide counselling on how to use the medicine and what to do if the condition deteriorates or fails to improve.

**Aims**

* Improve access for people with minor eye conditions by:
  + Promoting self-care through the pharmacy, including provision of advice and where appropriate medicines without the need to visit the GP practice;
  + Supplying appropriate medicines only when necessary at NHS expense.
* Utilise the expertise and accessibility of community pharmacies
* Encourage patients to visit community pharmacy for the management of minor eye ailments.

To integrate community pharmacy into the local care pathways as an integral provider of care within the community

**Service Outline**

1. **Patient Referral**

Patients will be referred to a participating community pharmacy via an optometrist providing care under the PEARS pathway.

Parents or guardians of patients under 16 years of age may accept referral to the community pharmacy on behalf of the patient.

Pharmacies can only supply medication within three days of original date that medication was requested from the Optometrist.

1. **The PEARS supply process**

### Patient referred to Community Pharmacy by Optometrist as part of the PEARS pathway

### Pharmacist or trained assistant supplies appropriate medication based on optometrist recommendation

### Patient not exempt

### Patient exempt

### Pharmacist or trained assistant supplies medication OTC and charges the patient normal retail price.

### Pharmacist or trained assistant supplies medication free of charge and patient signs declaration of exemption on the back of Diagnosis & Medication form

### Community pharmacy submits monthly invoice

Each pharmacy should nominate a person who will act as Professional Lead on the scheme (usually the pharmacist in charge).

The pharmacy contractor must ensure that pharmacists and other staff involved in the provision of the service have relevant knowledge and are appropriately and continually trained in the operation of the service.

The pharmacy contractor must ensure that pharmacists and staff involved in the provision of the service are aware of and operate within the PEARS service outline.

The pharmacy must maintain appropriate records of the consultation and any medicine/s provided to ensure effective on-going service delivery and audit.

The pharmacy will provide advice and a medicine from the medication list on the PEARS Diagnosis and Medication form, supported by counselling on its use.

It is essential that all patients receive appropriate advice about symptom management, self-care and are advised to return if their condition deteriorates

Registered Optometrists are expected to recommend pharmacy medicines (P) or general sale list medicines (GSL) only as part of this service.

In making a recommendation or prescribing a treatment to the patient the optometrist must ensure:

* Sufficient medical history is obtained to ensure that the chosen therapy is not contra-indicated in the patient
* The patient has been fully advised on the method and frequency of administration of the product. Written instructions will be supplied to the patient and added to the documentation for pharmacy to supply

Optometrists are expected to choose from a locally agreed PEARS scheme formulary as set out below.

* Chloramphenicol 0.5% w/v eye drops10ml
* Chloramphenicol 1% w/w eye ointment 4g
* Sodium Cromoglicate eye drops 10ml
* Otrivine-Antistin eye drops 10ml
* Hypromellose 0.3% eye drops 10ml
* Carbomer 980 0.2% liquid gel eye drops 10g
* Carmellose sodium 0.5% preservative free eye drops 30 x 0.4ml
* Carmellose sodium 1% preservative free eye drops 30 x 0.4ml

The optometrist will not direct the patient to a specific pharmacy. The choice of pharmacy will be selected by the patient from the list of pharmacies contracted to supply medicines under this service.

The consultation will consist of:

* Provision of medication (under supervision of a pharmacist), from the PEARS formulary as selected by the optometrist, with instructions for its use.
* Completion of PEARS Diagnosis and Medication record form and confirmation of exemption status or charge for medication supplied
* Entry of medication provided onto patient’s PMR record

Only licensed GSL or P packs should be supplied. Under no circumstances should a POM pack be supplied. Medicines must not be packed down from bulk.

1. **Supply of treatment**

Treatment must be provided in the original pack as received from the manufacturer, including the patient information leaflet (PIL) where available.

Following the patient consultation – treatment choice **must** be based on cost effective treatment options from the PEARS medication list. Patients should only be given treatment for a single episode of illness. Treatment choices should focus on first line management options. Treatment choice will be monitored.

1. **Service funding and payment process**

Reimbursements and Fees:

* + Consultation fee - £3
  + Drug Cost Reimbursed (based on Drug Tariff or C&D cost price + VAT for various products available)
  + Chloramphenicol 0.5% w/v eye drops10ml
  + Chloramphenicol 1% w/w eye ointment 4g
  + Sodium Cromoglicate eye drops 10ml
  + Otrivine-Antistin eye drops 10ml
  + Hypromellose 0.3% eye drops 10ml
  + Carbomer 980 0.2% liquid gel eye drops 10g
  + Carmellose sodium 0.5% preservative free eye drops 30 x 0.4ml
  + Carmellose sodium 1% preservative free eye drops 30 x 0.4ml

**Each consultation is for an individual patient only.**

A consultation fee is paid to the service provider for each PEARS supply form completed, irrespective of whether a specific treatment has been supplied. The Diagnosis and Medication form is to be RETAINED at the community pharmacy.

Community pharmacies will be required to submit **monthly** invoices via Pharmoutcomes to Wolverhampton CCG.

Payments will be made to the participating pharmacy at the end of every month.

**Appendix 1 THIS FORM SHOULD BE RETAINED AT THE COMMUNITY PHARMACY.**

**PEARS Diagnosis & Medication Form**

|  |  |
| --- | --- |
| **Patients Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **NHS Number (if known)** |  |
| **GP’s Name & Address** |  |

**Diagnosis (Opticians use only)**

Name of Optometrist:

Ophthalmic List Number:

Date:

Contact Phone No:

Optometrist’s Stamp:

|  |  |
| --- | --- |
| **Diagnosis** | **Please select (✓)** |
| Allergic conjunctivitis | **** |
| Infective conjunctivitis | **** |
| Dry Eyes | **** |

**Additional Information (e.g. Smoking cessation advice needed)**

**Medication Requested by optometrist & Supplied by Pharmacy**

|  |  |  |
| --- | --- | --- |
| **Medication** | **Optometrist requested Please select (✓)** | **Pharmacy Supplied**  **Please select (✓)** |
| Chloramphenicol 0.5% eye drops 10ml | **** | **** |
| Chloramphenicol 1% eye ointment 4g | **** | **** |
| Sodium cromoglicate 2% eye drops 10ml | **** | **** |
| Otrivine-Antistin eye drops 10ml | **** | **** |
| Hypromellose 0.3% eye drops 10ml | **** | **** |
| Carbomer 980 0.2% liquid gel eye drops 10g | **** | **** |
| Carmellose sodium 0.5% preservative free eye drops 30 x 0.4ml | **** | **** |
| Carmellose sodium 1% preservative free eye drops 30 x 0.4ml | **** | **** |

Name of Pharmacist:

Date:

Pharmacy Stamp

**Patient Exempt from Prescription Charges. Yes  No **

**Client Exemption Status**

To the Client. Please tick the appropraite box. I do not have to pay because:

I am under 16 years of age 

I am 16,17 or 18 and in full time education 

I am 60 years of age or older 

I have a valid maternity exemption certificate 

I have a valid medical exemption certificate 

I have a valid prescription pre-payment certificate 

I have a war pension exemption certificate 

I am named on a current HC2 charges certificate 

I get income based jobsekers allowance 

I get income support or income related Employment & Support allowance 

I have a partner who gets PCGC 

I am entitled to, or named on a valid NHS tax credit exemption certificate 

I am the patient  Patients representative 

**Declaration.**

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Authority, the Department for Work and Pensions and Local Authorities.

Signed

Print Name &

Address

**THIS FORM SHOULD BE RETAINED AT THE COMMUNITY PHARMACY.**