



NHS England & Improvement Midlands Region Community pharmacy local enhanced service –

Community Pharmacy Extended Care Service (Tier 2)
2022/2023

Equalities and health inequalities statement

“Promoting equality and addressing health inequalities are at the heart of NHS England and NHS Improvement's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it
- given regard to the need to reduce inequalities between Patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.”

Equity of Access, Equality and Non-Discrimination

The parties must not discriminate between or against service users, carers or legal guardians on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or any other non-medical characteristics, except as permitted by Law (Equality Act 2010).

The Contractor must provide appropriate assistance and make reasonable adjustments for service users, carers and legal guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments).

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1.0 Agreement between the parties

Commissioner (NHSE)	NHS Commissioning Board (“NHS England”) Midlands Region
Pharmacy Contractor	<i>Insert Pharmacy Contractor name’s (as set out in the relevant pharmaceutical list), ODS code and address</i>
Local Enhanced Service (LES)	Community Pharmacy Extended Care Service (Tier 2) 2022/2023
Commencement Date	1 st April 2022
End Date	31 March 2023 unless terminated earlier in accordance with paragraph 1.6 or otherwise in accordance with this LES Agreement
Review Date	Prior to 31 st March 2023

1.1 Enhanced service terms

The following services are commissioned as Enhanced Services by NHS England and Improvement Midlands in accordance with [The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013 PART, Section 14\(1\)\(n\)\(as amended\)](#).

The Pharmacy Contractor shall provide the services in accordance with the terms of this LES Agreement and in full compliance with the Terms of Service or LPS contract terms that apply to the Pharmacy Contractor.

The Pharmacy Contractor must not use provision of this LES Agreement as an opportunity to attempt to influence or seek to persuade a Patient to change their choice of pharmacy, or to seek to change any prescription nominations the Patient may already have in place with other Pharmacy Contractors under the [Community Pharmacy Contractual Framework](#).

The Pharmacy Contractor must not use provision of this LES Agreement as an opportunity to attempt to influence or seek to persuade a Patient to

participate in, or obtain, a Patient-funded service provided by the Pharmacy Contractor.

The Pharmacy Contractor shall provide the LES fully in accordance with the terms of this LES Agreement.

In consideration of the Pharmacy Contractor's provision of the LES in accordance with the terms of this LES Agreement, the Commissioner (NHSE) will pay the Service Payment to the Pharmacy Contractor in accordance with the terms of this LES Agreement.

This LES Agreement is specific to the Pharmacy Contractor and the Pharmacy Contractor may not sub-contract, assign, novate or otherwise seek to transfer any of its rights or obligations under this LES Agreement to any other party without the prior written permission of the Commissioner (NHSE).

Except where it is expressly stated to the contrary, this LES Agreement does not give rise to any rights enforceable by any person who is not a party to it.

In order to participate in the service, each contractor must complete the signed agreement below and return to NHS England & Improvement Midlands as indicated. Once received, the pharmacy will be accredited, and delivery of the service can commence.

For branches of group pharmacies, this agreement should be completed by an authorised person(s) at Head Office.

1.2 Termination

The Pharmacy Contractor may terminate this LES Agreement by serving not less than 1 months' written notice on the Commissioner (NHSE). The Commissioner (NHSE) may, at their absolute discretion, agree a shorter notice period. Where, due to an emergency the Pharmacy Contractor is not able to provide this notice period, they should contact the Commissioner (NHSE) to agree an amended timeframe with them.

The Commissioner (NHSE) may terminate this LES Agreement by serving not less than 1 months' written notice on the Pharmacy Contractor.

This LES Agreement shall terminate automatically on termination of the Pharmacy Contractor's LPS contract, or removal of either the Pharmacy Contractor from the Pharmaceutical List.

Repeated failure to provide the service in accordance with the LES agreement during normal opening hours, could result in contractual sanctions or termination of this LES agreement.

1.3 Dispute Resolution

In the event that a Contractor disputes the decision by NHS England & Improvement Midlands to terminate the agreement on the grounds that the terms of the agreement have not been met and/or remedied within an appropriate time-frame, the Contractor shall make this known in writing without delay.

Upon receipt, local dispute resolution procedures will be followed in accordance with [*The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013*](#).

1.4 Governing Law and Jurisdiction

This Agreement will be considered as a contract made in England and will be subject to the laws of England. Subject to the provisions of Section 1.3 (Dispute Resolution), the parties agree that the courts of England have exclusive jurisdiction to hear and settle any action, suit, proceedings or dispute in connection with this Contract (whether contractual or non-contractual in nature).

1.5 Signatures of parties to the agreement

IF YOU INTEND TO SIGN UP TO ALL ELEMENTS OF TIER 2, PLEASE SIGN ALL PARTS BELOW.

Treatment of Impetigo


Signed for and on behalf of the Pharmacy Contractor	
Signature	
Name	
Job Title	
Date	

Treatment of Infected Insect Bites

Signed for and on behalf of the Pharmacy Contractor	
Signature	
Name	
Job Title	
Date	

Treatment of Infected Insect Eczema

Signed for and on behalf of the Pharmacy Contractor	
Signature	
Name	
Job Title	
Date	

Signed for and on behalf of the Commissioner	
Signature	
Name	Rebecca Woods
Job Title	Head of Primary
Date	30/03/2022

Once signed please submit to:

england.pharmacy-westmidlands@nhs.net

2.0 Service description

The Community Pharmacy Extended Care Service, Tier 2, aims to provide eligible patients who are registered with a GP practice contracted to NHS England Midlands Region with access to support for the treatment of the following:

- **Treatment of Impetigo**
- **Treatment of Infected Insect Bites**
- **Treatment of Infected Eczema**

The service will be provided through Community Pharmacies contracted to NHS England & Improvement Midlands Region who have signed this local enhanced service agreement to provide this service.

2.1 Aims of the scheme

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of a range of conditions, and, where appropriate, can be supplied with antibiotics or other prescription only medicines to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or Out of Hours (OHH) provider, walk in centre or accident and emergency.

- Educate patients to seek advice and treatment from the most appropriate healthcare setting
- Improve patient's access to advice and appropriate treatment for these ailments via Community Pharmacy
- Reduce GP workload for these ailments allowing greater focus on more complex and urgent medical conditions
- Educate patients with aim of reducing requests for inappropriate supplies of antibiotics
- Promote the role of the pharmacist and self-care
- Improve working relationships between doctors and pharmacists

The service is offered as a quicker alternative for patients to access healthcare. Patient may choose to refuse this service and continue to access treatments in the same way as they have done previously.

2.2 Patient eligibility

This scheme is available to patients who are registered with a GP practice contracted to NHS England & Improvement Midlands Region. Patients can access the scheme at a pharmacy participating in the service.

In addition, the scheme is also available to patients who are temporary residents in the NHS England & Improvement Midlands who are registered with a GP practice contracted to NHS England & Improvement. This is to

ensure, regardless of where the patient permanently resides, that they access the right care in the most appropriate setting whilst temporarily in the Midlands region.

The pharmacy will need to confirm on their payment system that these patients have been seen as a temporary resident.

Important note, this service is not intended to be delivered to patients who live outside the area and are only visiting for the day or reside just over the Midlands borders. Provision of services to out of area patients as temporary residents should be by exception.

Patients will be asked by the pharmacy to confirm their registration with the GP Practice before any supply is made.

Pharmacists are encouraged to use Summary Care Records (SCRs) to check the patient's GP practice if there is uncertainty or where they need to check the practice. Only where there is doubt, and with the consent of the patient, the pharmacist may check the registration with the GP practice (see point 4.1 below "checking GP Registration).

It is expected that the number of telephone calls to the GP practice to confirm patient registration will be minimal.

Patients not registered with a GP practice as described above, should be advised appropriately and if antibiotic treatment or other Prescription Only Medicine (POM) is thought to be required, they should be signposted to an appropriate provider (this maybe their own GP, or if a temporary resident in the area advice given on how to access NHS services locally).

2.3 Prescription Exemptions

Patients accessing the scheme who are entitled to free prescriptions will receive medication free of charge. All current NHS exemptions (including those with valid pre-payment certificates) are applicable, and the patient must be asked to provide evidence of their exemption. This declaration should be completed by the patient (Appendix 2) and the information recorded on PharmOutcomes.

Patients who are not exempt from prescription charges will pay a prescription charge for each item supplied under the protocols or PGDs in this service.

2.4 Scheme Requirements

The service can only be provided from community pharmacies contracted to NHS England & Improvement Midlands region that have been commissioned to deliver the service and that have appropriately trained staff (available at all times) to provide the service.

The Pharmacy must be compliant with and be able to demonstrate compliance with all Essential Services within the [Community Pharmacy Contractual Framework \(CPCF\)](#).

Pharmacies commissioned to provide this service must ensure that all pharmacists employed to work within the pharmacy, have the appropriate training to provide the service during all hours that the pharmacy is open. This includes all locums.

Only in exceptional circumstances should a patient be signposted to another provider if the pharmacy has been unable to provide the service to the patient, and the local practice(s) should also be notified.

The Pharmacy must have a Standard Operating Procedure (SOP) or follow its company SOP to cover the service which must be available to staff at all times.

Patients can access the scheme at any participating pharmacy.

Only in exceptional circumstances should a patient be signposted to another provider if the pharmacy has been unable to provide the service to the patient, and the local practice(s) should also be notified if this is likely to be an ongoing issue.

Pharmacies commissioned to provide this service are requested to register with Futures NHS where all documentation pertaining to the service will be maintained. Pharmacies will be provided a link once sign up is complete.

A list of pharmacies providing the service is available on the [Futures NHS Platform](#) website and shared with all GP Practices across the Midlands region.

2.5 Community Pharmacist training requirements

2.5.1 Treatment of Impetigo training requirements

The pharmacist will need to log in to the Centre for Pharmacy Postgraduate Education (CPPE) website and access the [Declaration of Competence \(DoC\)](#) section to download the DoC Self-Assessment Framework for Minor Ailments. (The impetigo service is a Level 2 Minor Ailments Service involving supply of POM medication under a PGD).

The DoC framework document allows the pharmacist to assess their readiness against the mandatory core competencies (consultation skills and safeguarding) as well as suggesting other training they may find useful regarding minor ailments and PGDs.

The pharmacist then needs to download their personalised Minor Ailments DoC (interactive PDF document).

Section 1 of the DoC will automatically contain details of all CPPE training and assessments they have undertaken and which are relevant to this service.

In section 2 the pharmacist will need to add details of the mandatory training they have completed. The requirements are;

- That they have worked through the NICE Clinical Knowledge Summaries (CKS) on impetigo.
- They must have satisfactorily completed the [Health Education England \(HEE\) e-learning for healthcare Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#) and are registered as an antibiotic guardian

- They must ensure that they have the correct clinical knowledge to provide the service and are familiar with NICE guidance on treating impetigo.
- The requirements of the LES agreement are understood and the PGD associated with the service are signed.

The pharmacist should then print their DoC and add the heading “NHSE&I Community Pharmacy Extended Care Service Tier2”. It must then be signed and dated to complete the process. The pharmacist must confirm on the CPPE website that they have completed and signed the DoC.

The accuracy of the DoC is the pharmacist’s professional responsibility.

All pharmacists working at participating pharmacies and providing the scheme should ensure that they continue, through continuing education and CPD, to keep up to date with guidance issued around of the treatment of impetigo.

In order to record the consultations on PharmOutcomes the pharmacist must complete a pharmacist enrolment form within the impetigo module. They must give the CPPE system permission to allow PharmOutcomes to access their CPPE record in order to confirm completion of the DoC for this service. If this was not done while on the CPPE website a link within the PharmOutcomes pharmacist enrolment module will take the pharmacist to the relevant part of the CPPE website.

2.5.2 Treatment of Infected Insect Bites training requirements

The pharmacist will need to log in to the CPPE website and access the DoC section to download the [DoC Self-Assessment Framework for Minor Ailments](#). (The infected insect bite service is a Level 2 Minor Ailments Service involving supply of POM medication under a PGD).

The DoC framework document allows the pharmacist to assess their readiness against the mandatory core competencies (consultation skills and safeguarding) as well as suggesting other training they may find useful in regard to minor ailments and PGDs.

The pharmacist then needs to download their personalised Minor Ailments DoC (interactive PDF document).

Section 1 of the DoC will automatically contain details of all CPPE training and assessments they have undertaken, and which are relevant to this service.

In section 2 the pharmacist will need to add details of the mandatory training they have completed. The requirements are;

- That they have worked through the NICE They must have satisfactorily completed the [Health Education England \(HEE\) e-learning for healthcare Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#) and are registered as an antibiotic guardian.

- They must ensure that they have the correct clinical knowledge to provide the service and are familiar with NICE guidance on treating insect bites and stings, and acute cellulitis.
- The requirements of the LES agreement are understood and the PGDs associated with the service are signed.

The pharmacist should then print their DoC and add the heading “NHSE&I Community Pharmacy Extended Care Service Tier2”. It must then be signed and dated to complete the process. The pharmacist must confirm on the CPPE website that they have completed and signed the DoC.

The accuracy of the DoC is the pharmacist’s professional responsibility.

All pharmacists working at participating pharmacies and providing the scheme should ensure that they continue, through continuing education and CPD, to keep up to date with guidance issued around of the treatment of insect bites and stings, and acute cellulitis.

In order to record the consultations on PharmOutcomes the pharmacist must complete a pharmacist enrolment form within the infected insect bites module. They must give the CPPE system permission to allow PharmOutcomes to access their CPPE record in order to confirm completion of the DoC for this service. If this was not done while on the CPPE website a link within the PharmOutcomes pharmacist enrolment module will take the pharmacist to the relevant part of the CPPE website.

2.5.3 Treatment of Infected Eczema training requirements

The pharmacist will need to log in to the Centre for Pharmacy Postgraduate Education (CPPE) website and access the [Declaration of Competence \(DoC\)](#) section to download the DoC Self-Assessment Framework for Minor Ailments. (The infected eczema service is a Level 2 Minor Ailments Service involving supply of POM medication under a PGD).

The DoC framework document allows the pharmacist to assess their readiness against the mandatory core competencies (consultation skills and safeguarding) as well as suggesting other training they may find useful in regard to minor ailments and PGDs.

The pharmacist then needs to download their personalised Minor Ailments DoC (interactive PDF document).

Section 1 of the DoC will automatically contain details of all CPPE training and assessments they have undertaken, and which are relevant to this service.

In section 2 the pharmacist will need to add details of the mandatory training they have completed. The requirements are;

- That they have worked through the NICE Clinical Knowledge Summaries (CKS) on infected eczema.
- They must have satisfactorily completed the [Health Education England \(HEE\) e-learning for healthcare Antimicrobial Stewardship for](#)

[Community Pharmacy e-learning and e-assessment](#) and are registered as an antibiotic guardian.

- They must ensure that they have the correct clinical knowledge to provide the service and are familiar with NICE guidance on treating infected eczema.
- The requirements of the LES agreement are understood and the PGDs associated with the service are signed.

The pharmacist should then print their DoC and add the heading “NHSE&I Community Pharmacy Extended Care Service Tier2”. It must then be signed and dated to complete the process. The pharmacist must confirm on the CPPE website that they have completed and signed the DoC.

The accuracy of the DoC is the pharmacist’s professional responsibility.

All pharmacists working at participating pharmacies and providing the scheme should ensure that they continue, through continuing education and CPD, to keep up to date with guidance issued around of the treatment of infected eczema.

In order to record the consultations on PharmOutcomes the pharmacist must complete a pharmacist enrolment form within the infected eczema module. They must give the CPPE system permission to allow PharmOutcomes to access their CPPE record in order to confirm completion of the DoC for this service. If this was not done while on the CPPE website a link within the PharmOutcomes pharmacist enrolment module will take the pharmacist to the relevant part of the CPPE website.

2.6 Duties of Community Pharmacies

2.6.1 Checking GP registration

Before proceeding to supply treatment under the scheme, the patient **MUST** be asked to confirm that they are registered with a GP practice within NHS England & Improvement Midlands Region or, if they are being treated as a temporary resident in the area, that they are registered with a GP practice in England.

This may be done by:

- checking the patient’s PMR, if the patient is already collecting prescriptions from that pharmacy;
- asking the patient to show the repeat prescription slip;
- knowing the patient to be registered with the GP practice;
- medical card
- checking the patient’s SCR

Confirmation of the patient’s registration at an eligible GP practice is only required if the above documentation is not available or if it is felt that a patient may be attempting to fraudulently use the scheme. Staff may telephone the patient’s GP practice for confirmation of registration with the consent of the patient.

The pharmacy should not expect the GP practice to offer any other patient information as they should already be in receipt of this from the patient.

2.6.2 Consent, Consultation and Follow-Up

2.6.2.1 Consent

The pharmacist must complete one consultation and Follow-Up record for every patient.

The consultation and follow-up should be recorded on PharmOutcomes, preferably live during the consultation or, if no live connection available the paper Proforma (Appendix 3) can be used.

It should be noted that due to the large number of PGDs involved in this service the Proforma has been designed to be used in conjunction with the relevant PGD to check the full list of inclusion and exclusion criteria (any other format would make the Proforma too long and impractical to use).

The service should be delivered with a live connection to PharmOutcomes.

If not recorded live, the details of the consultation should be entered onto PharmOutcomes as soon as possible after the consultation has taken place and in all cases before the end of the next working day.

Patient consent should be captured electronically on PharmOutcomes at the time of the consultation. A paper copy of the form can be used in exceptional circumstances, for example where the computer system is not available.

The consent process also clarifies that they are consenting not only to the service but also that the pharmacist will contact them in 7 days for a short follow-up conversation. In the case of deferred treatment, the follow up will be 7 days after actual supply. The patient's preferred contact details should be recorded on the Patient Consent form (copy of which is at Appendix 1).

The PharmOutcomes system will send a secure email to the patients' GP to inform them if there has been a supply made under a PGD so that the information can be added to the patients' medical record. Where a secure email address is not available for a practice the PharmOutcomes system will inform the pharmacy that they have to inform the practice using a different, secure method.

2.6.2.2 Children under 16 years of age

Patients under the age of 16 must be accompanied by a parent/guardian when they visit a participating pharmacy. Parent/guardian MUST always bring the child with them to the pharmacy in order for a full assessment to be carried out by pharmacist. The parent/guardian can consent to the patient receiving the service.

2.6.3 Consultation

All consultations must be carried out by an appropriately trained pharmacist.

The patient should attend the pharmacy in person in order receive a consultation and if appropriate a supply of medication.

The pharmacist should be familiar with the PGDs and protocol involved in this service (listed in Appendix 4).

The pharmacist must carry out a professional consultation with reference to the appropriate PGDs which should involve:

- Patient assessment
- Identify any concurrent medication or medical conditions, which may affect the treatment of the patient. This should involve access to the patient's SCR, where appropriate and with patient consent.
- Provision of advice. As part of the advice they must explain that many conditions resolve without antibiotic treatment, this will help reinforce the message on the need to reduce antibiotic usage.
- If appropriate, the patient may be supplied with an OTC product. In line with [NHS Guidance on OTC products](#), patients would be expected to purchase the OTC product. Patients exempt from prescription charges should NOT be referred to a GP to request a prescription as this would not be in line with NHS or CCG guidance.
- Supply of appropriate antibiotic medication, only if clinically appropriate, from the agreed formulary appropriate to the patient's condition
- The pharmacist may advise deferred antibiotic treatment; in this case they would complete the consultation and the data would be recorded on PharmOutcomes
- Inform the patient's GP of the supply within two working days from when the supply takes place. This will be done automatically via PharmOutcomes where the system has a valid NHS mail address for the practice.
- Where a pharmacy sees a message on PharmOutcomes to say that the notification cannot be sent electronically they must print out the notification and the information must be sent to the practice within two working days of the supply taking place (with due regard to information governance).
- If the GP practice is not able to receive PharmOutcomes notifications the pharmacist is advised to contact the practice to confirm the NHS mail address they wish to use and then inform their local NHSEI Pharmacy contracting team who will facilitate the update to PharmOutcomes.
- The patient should be asked to pay the prescription levy charge or declare the exemption applicable and sign the back of the patient exemption form (Appendix 2) in the same way as they sign a prescription.
- The person signing the form should have the declaration explained to them before they sign, especially if it is the first time they have accessed the service, and it should be highlighted that the information will be shared with their GP and NHS England & Improvement Midlands region.

- Where the patient is under 16 or is not competent to sign the form, then the patient's representative should sign the form, in the same way as they do for a prescription.
- The consultation and supply should be recorded on the pharmacy PMR system.
- The pharmacist should record if the patient was referred into the service by another health care system such as NHS111 or the patient's GP practice

2.6.4 Follow-Up

2.6.4.1 Deferred Antibiotic treatment

The pharmacist may advise deferred antibiotic treatment; in this case they would complete the consultation and the data would be recorded on PharmOutcomes.

If the patient agrees to defer treatment the pharmacist should determine that they could be treated under the service PGDs if they do return. If they are excluded from a PGD supply, they should be advised to see their GP if they need treatment after waiting the agreed timescale agreed in the deferment conversation.

If the patient could be treated via the service PGDs and returns after waiting the appropriate amount of time the pharmacist can then dispense the medication without having to repeat the consultation and the supply would be recorded on PharmOutcomes in the Tier 2 Deferred Treatment Module which then forms part of the PharmOutcomes patient record.

In the consultation module, where a patient agrees to defer treatment, that option should be selected and the PharmOutcomes module will then allow the original consultation to be saved and any deferred supply must be added to the Tier 3 Deferred Treatment Module to record the supply. The pharmacy may refer to the original consultation to re-check inclusion and exclusion criteria, but the actual supply must be entered in the Tier 3 Deferred Treatment Module. This ensures that the number of patients returning for deferred treatment can be monitored and also ensures that the pharmacy is paid for the drug supplied after the patient agreed to defer supply.

2.6.4.2 7 day Follow Up

The patient must be made aware that in order to access the service they must agree to having a follow up conversation with the pharmacist 7 days after the initial consultation or deferred supply.

The follow up will only consist of a small number of questions and will usually take place over the telephone (although if the patient prefers it could be face- to face in the pharmacy). In the case of deferred treatment, the follow up will be 7 days after actual supply.

The follow up should be recorded onto PharmOutcomes as soon as possible after the conversation has taken place and in all cases before the end of the next working day.

It is completion of a 7-day follow up which generates the invoice for that patient. It is understood that some patients may not be contactable, but because the pharmacist should have explained to the patient that this is a requirement of the service and also have confirmed the appropriate contact telephone number and best time to call, this should be the exception. Pharmacists are required to try to contact the patient 3 times, at least one of these should be an evening and one of them a weekend day. If after 3 attempts they have been unable to contact the patient, they are able to record this as “Lost to follow up” within the PharmOutcomes 7-day follow-up module and this will then generate payment of the consultation fee.

2.7 Urgent referral to GP or other healthcare professional

In a situation where a patient presents with a symptom(s) that requires referral to their GP or other healthcare professional (urgent or otherwise), the pharmacist must complete the ‘Referral from Community Pharmacy’ (Appendix 5) with the patient’s details, reasons for the referral including assessment of urgency, and details of the pharmacist referring. An electronic referral message should be sent to the patients GP practice via the agreed referral pathway or alternatively the ‘Referral from Community Pharmacy’ template can be completed manually and given to the patient.

This information will also need to be recorded within PharmOutcomes.

The patient must confirm that they understand the urgency with which they need to seek healthcare support.

The patient must be made aware that the referral does not guarantee an instant GP appointment.

If the patient has been referred to the pharmacy service via a Care Navigation or CPCS Pathway and is symptomatic, but is excluded under the PGD, the pharmacist must make all reasonable attempts to contact the patients GP practice to arrange for an appointment.

If the patients GP practice is closed and/or the symptoms are sufficiently severe to warrant a referral to a doctor, the patient must be advised to contact 111 or attend A&E immediately if required.

A referral form should still be completed in these cases, unless symptoms appear life-threatening, in which case the pharmacist must dial 999 and provide the attending Paramedics with any relevant information.

2.8 Record Keeping and Labelling Requirements

A record of every consultation with or without PGD supply, any deferred treatment supplies and all follow-ups must be made on PharmOutcomes.

Only consultations and any supplies recorded on PharmOutcomes will comply with record keeping requirements and follow-ups recorded on PharmOutcomes will be used to measure activity and will result in payments being made for the service).

The log-on details for PharmOutcomes are pharmacy specific, if pharmacists move between pharmacies, they cannot use the same PharmOutcomes log-on.

Within the PharmOutcomes Community Pharmacy Extended Care module there is a pharmacist enrolment module which must be completed by the supplying pharmacist the first time that they access this module.

Once completed, this pharmacist enrolment will be recognised at all pharmacies offering the Community Pharmacy Extended Care service in the Midlands Region where the pharmacy.

(NB Wherever the pharmacy is located you are able to treat a patient with a GP anywhere in the NHS Midlands Region)

If, after completing the patient examination, the pharmacist considers that no treatment is required they should give the patient appropriate advice and record on PharmOutcomes that they have done so.

If the pharmacist considers that the most appropriate treatment for the patient is advice and supply of an OTC medication, they should record the consultation on PharmOutcomes and select the correct consultation outcome from the drop-down list in the module.

If the pharmacist considers that the most appropriate treatment for the patient is advice and supply of an antibiotic, they should record the consultation on PharmOutcomes and select the correct condition from the drop-down list in the module. This will then provide questions relating to the PGDs for that condition and this part of the module must be completed.

If the pharmacist considers that the most appropriate treatment for the patient is advice with a deferred antibiotic supply, they should record the consultation on PharmOutcomes and select the correct condition from the drop-down list in the module. This will then trigger questions relating to the PGDs for that condition and this part of the module must be filled in at this time.

The final part of the PGD questions, which relate to the actual supply of the antibiotic, would not be completed until the patient returns after the appropriate waiting period to collect their antibiotic.

The PharmOutcomes module will allow the consultation to be saved and it should be noted that the patient has agreed to defer treatment. Details of the deferred supply may be added later using the Tier 2 Deferred Treatment Module. It is important that the correct process is followed if/when the patient returns for the antibiotic in order that the deferred supply is recorded, and the correct invoice produced. If a pharmacy goes back into the original consultation record and adds the later supply of deferred meds, the system may not pick this up for invoicing purposes.

For some patients it may be appropriate to give them advice and recommend an OTC product as well as to supply an antibiotic (either on first consultation or a deferred supply).

The consultation and antibiotic supply must be completed in the Extended Care Module and the OTC sale would take place in the normal manner.

A record of any medication supplied as part of the Extended Care Service should be documented in the Patients Medication Record (PMR) on the pharmacy IT system.

All supplies must be labelled in line with the labelling requirements for a *dispensed medicine* as stated within [The Human Medicine Regulations 2012](#).

In addition to the above, the label must also state the words “Supplied under a PGD” to help with audit purposes.

All records electronically or otherwise must be kept in accordance with NHS record keeping and Community Pharmacy Information Governance requirements. Recommendations for the retention of pharmacy records for minor clinical interventions are 2 years. This includes the patient consent record

3.0 Incident reporting & complaints

All incidents should be recorded as part of the pharmacy’s clinical governance procedures.

Pharmacies will also be expected to follow appropriate complaints procedures in accordance with NHS policy, where issues arise so that improvements can be made following significant events or errors.

Pharmacies should also note that by signing up to participate in this scheme they are entering into an agreement to offer a service with NHS England & Improvement Midlands. Pharmacies will therefore be subject to the right of inspection by NHS England & Improvement and/or Healthwatch England representatives in line with NHS guidance.

4.0 Duties of NHS England & Improvement Midlands region

NHS England Midlands will be responsible for production, approval and updating the LES agreement and PGDs for this service.

NHS England will be responsible for ensuring timely payments are made to community pharmacies for any consultations and supplies under this service and will be responsible for dealing with payment based queries for this aspect of the service.

NHS England & Improvement, will undertake regular audits of the scheme, including review of consultation data and budget analysis. Post payment verification checks may also be made.

5.0 Payments

5.1 Submission of claims

Pharmacies must enter consultations and any supplies via PGD onto the relevant PharmOutcomes modules.

PharmOutcomes will automatically generate claims for the relevant service payments. Invoices are generated as follows:

Medication cost (drug tariff price + 20% VAT) when supply saved during first consultation or if supplied as a deferred treatment when the deferred treatment record is completed.

Consultation fee is invoiced when the 7-day follow up is recorded.

Payments will be made monthly, as a Local Payment via the NHS Business Services Authority and will therefore appear on the monthly FP34c statement. All payments will be made at the end of the month following under Local Scheme 6 for PGD services.

5.2 Service payments

The pharmacy will be paid according to the following schedule.

Activity payments will be made when patients have been seen and the consultation plus the 7-day follow-up entered onto the system – regardless of whether any medication was supplied.

Activity will be invoiced by the system when the 7-day follow-up module has been completed for a patient seen under the service.

Fee per consultation £20.00 (where medication is supplied)

Medication costs at Drug Tariff prices plus VAT at the prevailing rate.

Fee for full consultation where either no antibiotic is supplied, or rapid referral occurs £17.00

Invoices for activity will be generated by PharmOutcomes and supplied to NHSE Midlands who will add any payments due to the local payment scheme. Any payments due will appear on the FP34 statement as Local Payment 6 within the 'Details of local amounts authorised' section.

Medication costs are reimbursed at Drug Tariff prices plus 20% VAT and will be paid by NHSE Midlands and they will be seen on the monthly statement as part of local scheme payment. Please note, any patient levy's due will be deducted from the invoice total.

5.3 Consumables

Consumables that may be used within this service are to be provided by the contractor, and the costs of these consumables are included within the overall consultation fee.

6.0 Contractual period

This agreement is for the period 1st April 2022 until 31st March 2023.

The service will be automatically renewed at the end of the contractual period, unless terminated in accordance with Clause 1.6 or the service is decommissioned.

7.0 Confidentiality

Both parties shall adhere to the requirements of the [Data Protection Act 2018](#) and the [Freedom of Information Act 2000](#).

8.0 Indemnity

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to NHS England & Improvement Midlands region.

9.0 Service Evaluation

Towards the end of the financial year the service will be evaluated to consider its usefulness with a view to extend the service (both to a wider number of pharmacies and potentially to a greater range of conditions).

Pharmacy Stamp

Consent to participate in the: Community Pharmacy Extended Care Service for Impetigo/Infected Insect Bites/Infected Eczema (DELETE AS APPROPRIATE) .

I agree to take part in a short follow up conversation with the pharmacist which can be in person at the pharmacy or by telephone – this will be approximately 57days after this consultation.

I agree that the pharmacist may access my SCR to help in the delivery of this service

Patient name and address	Bag label
Patient's telephone No for follow up	

I agree that the information obtained during the service can be shared with:

- my doctor (GP) to help them provide care to me
- NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy
- NHS England, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to make sure the pharmacy is being correctly paid by the NHS for the service they give me

Signature	
Date	

Appendix 2

Declaration of exemption



To be completed by the patient if they are exempt from prescription fees

..... e Of Birth

Patient does not pay because:

- A is 60 years of age or over or is under 16 years of age
- B is 16, 17 or 18 and in full-time education
- D has a valid maternity exemption certificate
- E has a valid medical exemption certificate
- F has a valid prescription prepayment certificate
- G has a prescription exemption certificate issued by Ministry of Defence
- L has a HC2 (full help) certificate
- H entitled to Income Support or Income-related Employment and Support Allowance
- K entitled to income based jobseeker's allowance
- M has a Tax Credit Exemption Certificate
- S has a Pension Credit Guarantee (including partners)
- U entitled to Universal Credit and meets the criteria

* Name Date of birth NI number

I am the patient patient's representative

Signed: Date:

To be completed by the Patient/patients representative

I received(insert number) medicine(s) from this pharmacy

Was evidence of exemption seen?
Yes

No

Appendix 3

Proforma for use in case of IT Failure only

Appendix 2 - Extended Care Impetigo Service Tier 2

Date		Patient Name and DOB	
GP Practice		Address including Postcode	

Please note: This service is available to patients who are registered with a GP in NHSE&I Midlands Region

Consent: All patients who access this service must give consent for information to be shared with their GP. If patient under the age of 16 years - must attend with a parent / guardian who must give consent.

Was this patient referred to you for this service?

No	Yes, referred by NHS111	Yes, referred by their GP practice	Other please note:
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Inclusion Criteria

Lesions that begin as vesicles or pustules, that rapidly evolve into gold-crusts plaques (typically up to 2cm in diameter)	
Generally painless, but sometimes itchy	
Affecting areas of the face, typically around the mouth and nose	
Single localised lesion – topical treatment required	
More than one localised lesion – oral treatment required	

Exclusion Criteria – patient not to be treated under PGD

Bullous impetigo	Age less than 1 year
Patients who are systemically ill must be referred to GP	Significant inflammation around lesions - possible cellulitis. Requires urgent referral
Lesions that are painful	Renal and/or hepatic impairment
Recurrent impetigo infection treated within previous 4 weeks	
More than 2 episodes of impetigo treated under this PGD within previous 12 months	

Pharmacist to give the following advice to all patients with Impetigo

Care should be taken to avoid contagious spread of impetigo. It is generally suggested that advice to families should recommend:

Wash the affected areas with soapy water	
Wash hands after touching a patch of impetigo	
Avoid scratching affected areas, and keep fingernails clean and cut short	
Avoidance of sharing towels, flannels and so on until the infection has cleared	
Children and adults should stay away from school or work until the lesions are dry and scabbed over, or, if the lesions are still crusted or weeping, for 48 hours after antibiotic treatment has started.	

Treatment Options under PGD.

Single lesion to be treated topically: treatment duration is maximum 5 days

Where treatment under PGD is indicated: Which of the following apply?

First line is hydrogen peroxide cream and this should be supplied unless hypersensitive to H ₂ O ₂	Second line – fusidic acid cream, only use if patient is unable to use hydrogen peroxide
--	--

Pharmacist Advice to be given to all patients who receive topical treatment:

Before the initial application of the cream, advise the person (or parent) to remove crusted areas by soaking them in soapy water, as long as this does not cause discomfort.
Apply the cream gently and sparingly to the lesion.
Reassure the patient that impetigo usually heals completely without scarring, and that serious complications are rare
If symptoms have not improved after 5 days, advise patient to contact a Primary Care Clinician.
Provide the patient with the manufacturer's Patient Information Leaflet and discuss as necessary.

Hydrogen Peroxide 1% Cream (1st line treatment for single lesion) – see PGD

Supply 1x25g Hydrogen Peroxide 1% cream, apply 2-3 times daily for a maximum of 5 days

Hydrogen peroxide cream counselling:

A dry film will appear on the skin after application, but this can be washed off with water once the cream has soaked into the skin.

Advise that hydrogen peroxide can bleach fabric so care is needed when applying the cream

Fusidic Acid 2% Cream (2nd line treatment for single lesion) – see PGD

Supply 1x15g Fusidic acid 2% cream, apply 3 times daily for a maximum of 5 days

Patient with more than one localised lesion to be treated orally for 7 days

Where treatment under PGD is indicated: Which of the following apply?

Where patient can take penicillin? Use flucloxacillin	Penicillin allergy/sensitivity Use clarithromycin
---	---

Pharmacist Advice to be given to all patients who receive oral treatment:

Take doses regularly and finish the course
Reassure the patient that impetigo usually heals completely without scarring, and that serious complications are rare
If symptoms have not improved after 7 days, advise patient to contact a Primary Care Clinician.
Provide the patient with the manufacturer's Patient Information Leaflet and discuss as necessary.
Severe adverse reactions to antibiotics are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment.

Flucloxacillin Supply (1st line in patient with more than 1 localised lesion) – see PGD

Exclusion Criteria

Allergy/hypersensitivity to Penicillins	Renal or Hepatic impairment
Taking medication with clinically sig interaction. The following list is not exhaustive. - Anticoagulants - Methotrexate – Probenecid. Check BNF and/or SPC	

Use oral capsules for all age groups providing they can be swallowed. Doses should be administered on an empty stomach at least half to one hour before meals

Usual children's dosage: Dosage is dependent on age, weight and severity of infection. Refer to cBNF and BNF

Aged 1- 2 years; 62.5mg–125mg four times a day* Aged 2-9 years; 250mg four times a day

Aged 10-12 years; 250mg-500mg four times a day* **Usual adult dosage (12 yrs+):** 500mg four times a day

* Use the higher dosage in each age range unless judged necessary to use lower cBNF dose

Note: In children, sugar-free versions of Flucloxacillin suspension may have a poor taste leading to reduced compliance. In discussion with parent/guardian consider sugar-containing preparation.

Counselling for Flucloxacillin

Take doses at regular six hourly intervals if possible, on an empty stomach,	The most common side effects associated with Flucloxacillin use include - Diarrhoea, Nausea, Vomiting, Skin rash
Store capsules below 25 degrees	Store syrup in refrigerator and shake before each use

FSRH no longer advises additional precautions when using Flucloxacillin with combined hormonal contraception. NB If antibiotic (+/or the condition itself) causes vomiting or diarrhoea in patient on CHC, additional precautions required

Clarithromycin Supply (2nd line in patient with more than 1 localised lesion) - see PGD

Exclusion Criteria

Allergy/hypersensitivity to Clarithromycin	Renal and/or hepatic impairment
History of QT prolongation or ventricular cardiac arrhythmia	Hypokalaemia
Pregnancy	Breastfeeding
Concomitant use of medication that has a clinically significant interaction with Clarithromycin. Check BNF/SPC This list is not comprehensive: Drugs metabolised by cytochrome P450 system - includes: oral anticoagulants, ergot alkaloids, phenytoin, ciclosporin and valproate. Also HMG-CoA reductase inhibitors such as Simvastatin	

Use oral tablets for all age groups providing they can be swallowed.

Children aged 1 to 12 years, dosage by weight. Refer to cBNF and BNF

Body weight up to 8kg: 7.5mg/kg twice daily 8-11kg: 62.5mg twice daily 12-19kg: 125mg twice daily

20-29kg: 187.5mg twice daily 30-40kg: 250mg twice daily

Usual adult dosage for impetigo (12 yrs+): 250mg twice daily

Note: Granules of the oral suspension can cause a bitter aftertaste when remaining in the mouth. This can be avoided by eating or drinking something immediately after the intake of the suspension

Counselling for Clarithromycin

Store tablets and syrup below 25°C	Take doses at regular twelve hourly intervals
------------------------------------	---

The most common side effects include - Diarrhoea, Nausea, Vomiting, Abdominal Pain, Metallic or bitter taste, Indigestion, Headache	If person develops severe diarrhoea during or after treatment with Clarithromycin, consider pseudomembranous colitis and refer immediately.
---	---

Medication Supply Information:

Drug

Presentation

Quantity given

Where a supply was made, the following must also be completed:

PMR entry completed	Medication labelled "Supplied under PGD"	Patient consent collected?
Levy collected?	Exemption form signed? NB retain in pharmacy in case requested by NHSE&I	

For consultations carried out *without* a live PharmOutcomes connection the patient must sign the declaration. Otherwise consent is recorded electronically.

7 Day follow up questions:

How are you feeling today compared to 7 days ago?	Much better	Better	Same	Worse	Much worse
Did you follow the advice given by the pharmacist					
Have you taken the medication advised by the pharmacist?					
Have you taken the antibiotics provided by the pharmacist?					
If you needed to come back to collect deferred antibiotics, how long did you wait?					
Have you contacted your GP or any other Health Care Professional since seeing me 7 days ago? If yes, who did you contact?					
If the answer to the above question is yes, please briefly explain why					

Please ensure that the record is entered into the PharmOutcomes service module as soon as possible and within one working day of the consultation and one working day of follow up conversation www.pharmoutcomes.org

Client's Signature:	Date:
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Pharmacists Name:	GPhC number:	Signature:	Date:
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Appendix 4

Proforma for use in case of IT Failure only

Extended Care Infected Insect Bites Service Tier 2 (Patients Age 1 year and above)

Date		Patient Name and DOB	
GP Practice		Address including Postcode	

Please note: This service is available to patients who are registered with a GP in NHSE&I Midlands Region

Consent: All patients who access this service must give consent for information to be shared with their GP. If patient under the age of 16 years - must attend with a parent / guardian who must give consent.

Was this patient referred to you for this service?

No	Yes, referred by NHS111	Yes, referred by their GP practice	Other please note:
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Inclusion Criteria

Treat patients presenting with superficial infection of the skin following an insect bite with the following symptoms that are indicative of Eron Class 1 Cellulitis. Symptoms may include; Redness of skin; Pain or tenderness to the area; Swelling of skin; Skin may feel hot in the area surrounding the bite; Blistering	
Patient has no signs of systemic toxicity	
Patient has no uncontrolled co-morbidities and can be managed with oral antimicrobials.	
Treatment via this PGD should only be initiated where there is clear evidence of infection, indicated by cellulitis that is present or worsening at least 24 hours after the initial bite(s).	

Exclusion Criteria – patient not to be treated under PGD

No clear evidence of infection. Initial swelling/inflammation around the site of the bite should be managed in accordance with self-care guidance outlined in the 'Advice to patients' section of the PGD.	
Signs of sepsis such as: patches of discoloured skin indicative of haemorrhagic (purpuric) rash; decreased urination ; changes in mental ability; problems breathing; abnormal heart functions; chills due to fall in body temperature; unconsciousness .	
Cellulitis that has progressed beyond Eron Class 1	Patient aged under one year
Signs of systemic illness such as: Fever; Headache; Chills; Weakness	A very large area of red, inflamed skin
Rapidly spreading erythema and fulminant sepsis seen with necrotising fasciitis.	If the area affected is causing numbness, tingling, or other changes in a hand, arm, leg, or foot
If the skin appears black	Facial cellulitis
Animal (dogs, cats etc.) or human bites	Pregnancy and breastfeeding
More than 2 episodes of infected insect bites treated under this PGD within previous 12 months	Moderate to severe renal and/or hepatic impairment

Pharmacist to give the following advice to all patients with Insect Bites

Initial pain and swelling as a result of an insect bite should be managed with appropriate OTC pain relief such as paracetamol or ibuprofen, and the use of a cold compress (flannel or cloth cooled with cold water) over the affected area. There is little good evidence to support the use of oral antihistamines or topical corticosteroids.

Hygiene measures are important to aid healing It is recommended that the patient:

Wash the affected areas with soapy water	
Keep hands clean before and after touching the skin	
Avoid scratching affected areas, and keep fingernails clean and cut short, wear cotton gloves if necessary	

Treatment Options under PGD. *Patient to be treated for 7 days*

Where treatment under PGD is indicated: Which of the following apply?

Where patient can take penicillin? Use flucloxacillin	Penicillin allergy/sensitivity Use clarithromycin
---	---

Pharmacist Advice to be given to all patients who receive PGD treatment:

Take doses regularly and finish the course
If symptoms have not improved after 7 days, advise patient to contact a Primary Care Clinician.
Provide the patient with the manufacturer's Patient Information Leaflet and discuss as necessary.
Severe adverse reactions to antibiotics are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment.

Flucloxacillin Supply (1st line) – see PGD

Exclusion Criteria

Allergy/hypersensitivity to Penicillins	Renal or Hepatic impairment
Taking medication with clinically sig interaction. The following list is not exhaustive. - Anticoagulants - Methotrexate – Probenecid. Check BNF and/or SPC	

Use oral capsules for all age groups providing they can be swallowed. Doses should be administered on an empty stomach at least half to one hour before meals

Usual children's dosage: Dosage is dependent on age, weight and severity of infection. Refer to cBNF and BNF

Aged 1- 2 years; 62.5mg–125mg four times a day* Aged 2-9 years; 250mg four times a day

Aged 10-12 years; 250mg-500mg four times a day* **Usual adult dosage (12 yrs+):** 500mg four times a day

* Use the higher dosage in each age range unless judged necessary to use lower cBNF dose

Note: In children, sugar-free versions of Flucloxacillin suspension may have a poor taste leading to reduced compliance. In discussion with parent/guardian consider sugar-containing preparation.

Counselling for Flucloxacillin

Take doses at regular six hourly intervals if possible, on an empty stomach,	The most common side effects associated with Flucloxacillin use include - Diarrhoea, Nausea, Vomiting, Skin rash
Store capsules below 25 degrees	Store syrup in refrigerator and shake before each use

FSRH no longer advises additional precautions when using Flucloxacillin with combined hormonal contraception. NB If antibiotic (+/or the condition itself) causes vomiting or diarrhoea in patient on CHC, additional precautions required

Clarithromycin Supply (2nd line) - see PGD

Exclusion Criteria

Allergy/hypersensitivity to Clarithromycin	Renal and/or hepatic impairment
History of QT prolongation or ventricular cardiac arrhythmia	Hypokalaemia
Pregnancy	Breastfeeding
Concomitant use of medication that has a clinically significant interaction with Clarithromycin. Check BNF/SPC This list is not comprehensive: Drugs metabolised by cytochrome P450 system - includes: oral anticoagulants, ergot alkaloids, phenytoin, ciclosporin and valproate. Also HMG-CoA reductase inhibitors such as Simvastatin	

Use oral tablets for all age groups providing they can be swallowed.

Children aged 1 to 12 years, dosage by weight. Refer to cBNF and BNF

Body weight up to 8kg: 7.5mg/kg twice daily 8-11kg: 62.5mg twice daily 12-19kg: 125mg twice daily

20-29kg: 187.5mg twice daily 30-40kg: 250mg twice daily

Usual adult dosage (12 yrs+): 500mg twice daily

Note: Granules of the oral suspension can cause a bitter aftertaste when remaining in the mouth. This can be avoided by eating or drinking something immediately after the intake of the suspension

Counselling for Clarithromycin

Store tablets and syrup below 25°C	Take doses at regular twelve hourly intervals
The most common side effects include - Diarrhoea, Nausea, Vomiting, Abdominal Pain, Metallic or bitter taste, Indigestion, Headache	If person develops severe diarrhoea during or after treatment with Clarithromycin, consider pseudomembranous colitis and refer immediately.

Medication Supply Information:

Drug

Presentation

Quantity given

Where a supply was made, the following must also be completed:

PMR entry completed		Medication labelled "Supplied under PGD"		Patient consent collected?	
Levy collected?			Exemption form signed? NB retain in pharmacy in case requested by NHSE&I		

For consultations carried out *without* a live PharmOutcomes connection the patient must sign the declaration. Otherwise consent is recorded electronically.

7 Day follow up questions:

How are you feeling today compared to 7 days ago?	Much better	Better	Same	Worse	Much worse
Did you follow the advice given by the pharmacist					
Have you taken the medication advised by the pharmacist?					
Have you taken the antibiotics provided by the pharmacist?					
If you needed to come back to collect deferred antibiotics, how long did you wait?					
Have you contacted your GP or any other Health Care Professional since seeing me 7 days ago? If yes, who did you contact?					
If the answer to the above question is yes, please briefly explain why					

Signature of patient's parent / guardian:	Date:
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Pharmacists Name:	GPhC number:	Signature:	Date:
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Proforma for use in case of IT Failure only

Extended Care Infected Eczema Service Tier 2 for patients aged 1 year and above

Date		Patient Name and DOB	
GP Practice		Address including Postcode	

Please note: This service is available to patients who are registered with a GP in NHSE&I Midlands Region

Consent: All patients who access this service must give consent for information to be shared with their GP. If patient under the age of 16 years - must attend with a parent / guardian who must give consent.

Was this patient referred to you for this service?

No	Yes, referred by NHS111	Yes, referred by their GP practice	Other please note:	
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Inclusion Criteria

Treat patients presenting with superficial infection of the skin with the following symptoms that are indicative of infected mild to moderate eczema	
Mild to moderate eczema with associated bacterial infection. Infection should be suspected if there is crusting, weeping, erythema, cracks, frank pus or multiple excoriations and increased soreness and itching which may suggest bacterial infection. A common causative organism is Staphylococcus aureus.	
Infection is localised – topical treatment required	
Infection is widespread rather than localised – oral treatment required	

Exclusion Criteria – patient not to be treated under PGD

Systemic illness including fever and malaise	Patient aged under one year
Significant inflammation around lesions – consider cellulitis and refer	Lesions that are painful
More than 2 episodes of infected insect bites treated under this PGD within previous 12 months	Pregnancy and breastfeeding
Herpes simplex infected eczema (herpes simplex complicating atopic eczema (eczema herpeticum) may be misdiagnosed as a S. aureus infection. Secondary viral infection caused by herpes simplex virus (HSV) is characterized by a sudden onset of grouped, small white or clear fluid filled vesicles, satellite or "punch out" lesions, pustules, and erosions. It is often tender, painful and itchy. The presence of punched-out erosions, vesicles, or infected skin lesions that fail to respond to oral antibiotics should raise suspicion of a herpes simplex infection.)	

Pharmacist to give the following advice to all patients with Infected Eczema

Hygiene measures are important to aid healing and stop infection. It is recommended that: Antiseptic shampoos and products that combine an antiseptic with an emollient, or with a bath emollient, are available. These may reduce the bacterial population colonising the lesional and non-lesional skin. Give guidance that daily baths are a treatment for eczema and help to clean and remove the bacterial load from the skin, add moisture and decrease inflammation and itch.	
Make sure they understand when to begin flaring treatment (as soon as the flare begins and cease flaring treatment when symptoms decrease).	
Seek medical attention immediately if condition deteriorates and/or patient becomes systemically unwell	

Treatment Options under PGD.

Localised infection to be treated topically with Fusidic Acid 2% Cream for 5 days

Pharmacist Advice to be given to all patients who receive topical treatment:

Apply the cream gently and sparingly to the lesion.
If symptoms have not improved after 5 days, advise patient to contact a Primary Care Clinician.
Provide the patient with the manufacturer's Patient Information Leaflet and discuss as necessary.
Avoid using combined corticosteroid / antibiotic preparations on a regular basis as this will increase risk of antimicrobial resistance

Fusidic Acid 2% Cream for localised infection– see PGD

Supply 1x15g Fusidic acid 2% cream, apply 3 times daily for a maximum of 5 days

Please note, if fusidic acid cream is not suitable for patients with localised infection they cannot be treated under this service and need to be referred to a primary care physician.

Widespread infection to be treated with oral antibiotic for 5 days
(Oral treatment is only authorised for widespread infection NOT for localised infection)

Where treatment under PGD is indicated: Which of the following apply?

Where patient can take penicillin? Use flucloxacillin	Penicillin allergy/sensitivity Use clarithromycin
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Pharmacist Advice to be given to all patients who receive oral treatment:

Take doses regularly and finish the course
If symptoms have not improved after 5 days, advise patient to contact a Primary Care Clinician.
Provide the patient with the manufacturer's Patient Information Leaflet and discuss as necessary.
Severe adverse reactions to antibiotics are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment.

Flucloxacillin Supply (1st line for widespread infection) – see PGD

Exclusion Criteria

Allergy/hypersensitivity to Penicillins	Renal or Hepatic impairment
Taking medication with clinically sig interaction. The following list is not exhaustive. - Anticoagulants - Methotrexate – Probenecid. Check BNF and/or SPC	

Use oral capsules for all age groups providing they can be swallowed. Doses should be administered on an empty stomach at least half to one hour before meals

Usual children's dosage: Dosage is dependent on age, weight and severity of infection. Refer to cBNF and BNF

Aged 1- 2 years; 62.5mg–125mg four times a day* Aged 2-9 years; 250mg four times a day

Aged 10-12 years; 250mg-500mg four times a day* **Usual adult dosage (12 yrs+):** 500mg four times a day

* Use the higher dosage in each age range unless judged necessary to use lower cBNF dose

Note: In children, sugar-free versions of Flucloxacillin suspension may have a poor taste leading to reduced compliance. In discussion with parent/guardian consider sugar-containing preparation.

Counselling for Flucloxacillin

Take doses at regular six hourly intervals if possible, on an empty stomach,	The most common side effects associated with Flucloxacillin use include - Diarrhoea, Nausea, Vomiting, Skin rash
Store capsules below 25 degrees	Store syrup in refrigerator and shake before each use

FSRH no longer advises additional precautions when using Flucloxacillin with combined hormonal contraception. NB If antibiotic (+/or the condition itself) causes vomiting or diarrhoea in patient on CHC, additional precautions required

Clarithromycin Supply (2nd line for widespread infection) - see PGD

Exclusion Criteria

Allergy/hypersensitivity to Clarithromycin	Renal and/or hepatic impairment
History of QT prolongation or ventricular cardiac arrhythmia	Hypokalaemia
Pregnancy	Breastfeeding
Concomitant use of medication that has a clinically significant interaction with Clarithromycin. Check BNF/SPC This list is not comprehensive: Drugs metabolised by cytochrome P450 system - includes: oral anticoagulants, ergot alkaloids, phenytoin, ciclosporin and valproate. Also HMG-CoA reductase inhibitors such as Simvastatin	

Use oral tablets for all age groups providing they can be swallowed.

Children aged 1 to 12 years, dosage by weight. Refer to cBNF and BNF

Body weight up to 8kg: 7.5mg/kg twice daily 8-11kg: 62.5mg twice daily 12-19kg: 125mg twice daily

20-29kg: 187.5mg twice daily 30-40kg: 250mg twice daily

Usual adult dosage for infected eczema (12 yrs+): 500mg twice daily

Note: Granules of the oral suspension can cause a bitter aftertaste when remaining in the mouth. This can be avoided by eating or drinking something immediately after the intake of the suspension

Counselling for Clarithromycin

Store tablets and syrup below 25°C	Take doses at regular twelve hourly intervals
The most common side effects include - Diarrhoea, Nausea, Vomiting, Abdominal Pain, Metallic or bitter taste, Indigestion, Headache	If person develops severe diarrhoea during or after treatment with Clarithromycin, consider pseudomembranous colitis and refer immediately.

Medication Supply Information:

Drug

Presentation

Quantity given

Where a supply was made, the following must also be completed:

PMR entry completed		Medication labelled "Supplied under PGD"		Patient consent collected?	
Levy collected?		Exemption form signed? NB retain in pharmacy in case requested by NHSE&I			

For consultations carried out *without* a live PharmOutcomes connection the patient must sign the declaration. Otherwise consent is recorded electronically.

7 Day follow up questions:

How are you feeling today compared to 7 days ago?	Much better	Better	Same	Worse	Much worse
Did you follow the advice given by the pharmacist					
Have you taken the medication advised by the pharmacist?					
Have you taken the antibiotics provided by the pharmacist?					
If you needed to come back to collect deferred antibiotics, how long did you wait?					
Have you contacted your GP or any other Health Care Professional since seeing me 7 days ago? If yes, who did you contact?					
If the answer to the above question is yes, please briefly explain why					

Signature of patient's parent / guardian:	Date:
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Pharmacists Name:	GPhC number:	Signature:	Date:
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Referral from Community Pharmacy

Patient's name:.....

Patient's D.O.B:.....

Patient's address:.....

.....
The patient named above has accessed the Community Pharmacy Extended Care Service for Impetigo/Infected Insect Bites/Infected Eczema (DELETE AS APPROPRIATE) and following assessment by the pharmacist on duty a referral has been recommended based on the following information.

Pharmacist's comments:.....

.....

.....

Indication of urgency (please tick):

- Accident and Emergency
- Contact GP practice or other HCP within 24 hours
- Contact GP practice or other HCP within days if symptoms do not resolve

Pharmacist's name (PRINT).....

Pharmacy telephone number.....

Pharmacy address.....

.....

Date and time.....

Pharmacist signature.....

Please ensure that this form is given to your GP or other Healthcare Professional

Appendix 7

List of Conditions and PGDs / Protocols

All PGDs and protocols are available for download on the [Futures NHS platform](#) and also from within the PharmOutcomes modules.

Treatment of Impetigo

First line treatment – Flucloxacillin is considered as a first-line treatment for widespread areas of impetigo.

Second line treatment - Clarithromycin is considered as a second-line treatment for widespread areas of impetigo for patients with hypersensitivity to penicillin.

Treatment for Infected Insect Bites

First line treatment – Flucloxacillin is considered as first line treatment for infected insect bites.

Second line treatment - Clarithromycin is considered as second line treatment for infected insect bites.

Treatment for Infected Eczema

First line treatment - Flucloxacillin is considered as first-line treatment for widespread areas of infected eczema.

Second line treatment - Clarithromycin is considered as second-line treatment for widespread areas of infected eczema for patients with hypersensitivity to penicillin.

