

Service Specification for NHS Community Pharmacy Pharmacy First – Minor Ailments Scheme



1. This agreement is between

**NHS England North Midlands (Derbyshire/
Nottinghamshire only)** (the Commissioner)

Birch House, Southwell Road West, Rainworth, Nottinghamshire, NG21 0HJ

And the Provider: (“the pharmacy”)
Trading as:
Address:

Contractor ODS code: F

2. Purpose

The aim of the service is to deliver a minor ailment service through Nottinghamshire Community Pharmacies for patients registered with a NHS Nottingham City CCG, NHS Mansfield & Ashfield CCG, NHS Nottingham North & East CCG, NHS Newark & Sherwood CCG and NHS Nottingham West CCG GP Practice. The Pharmacy will provide an accessible minor ailments service wholly acceptable to patients, releasing GP appointments and using pharmacist’s skills to their full potential. For 16 minor self-limiting ailments patients will see a pharmacist rather than a GP or practice nurse.

Eligible patients will be given free advice and treatment, if appropriate from the defined formulary. Eligible patients are those who are exempt from paying NHS prescription charges (including patients with a valid prescription prepayment certificate) who are registered with a GP practice in Nottinghamshire County.

Pharmacies are reimbursed the cost of the medication plus VAT on cost and a professional fee.

The objectives of the service are to afford patients 24/48 hour access to a Primary Healthcare Professionals; achieve better patient experience and choice; release capacity for GP practices in saved appointment times and bookings; utilise Community Pharmacists skills and to achieve a reduction in A&E attendances for minor ailments

The service will be commissioned, under the Directions, as an enhanced pharmaceutical service.

3. Period

This agreement is for the period from 1 April 2017 until 31 March 2019.

4. Termination

Three months' notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

NHS England may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

5. Obligations

The pharmacy will provide the service in accordance with the specification (Appendix 1).

NHS England will manage the service in accordance with the specification (Appendix 1).

6. Payments

Fee: £2.60 (per consultation) (reviewed annually)
Drug Costs: Over-the-counter Packs only to be supplied at cost price.
Head lice combs will be supplied free of charge by NHS England

7. Standards

The service will be provided in accordance with the standards detailed in the specification (Appendix 1).

8. Confidentiality

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to NHS England

9. 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.

Appendix 1

Service Specification – Pharmacy First Minor Ailments Scheme

1. Introduction

- 1.1. This service is available for patients registered with a NHS Nottingham City CCG, NHS Mansfield & Ashfield CCG, NHS Nottingham North & East CCG, NHS Newark & Sherwood CCG and NHS Nottingham West CCG GP Practice who are exempt from prescription charges. Patients are at liberty to refuse this service.
- 1.2. The service is only available for the minor ailments identified in Appendix 2.
- 1.3. All patients wishing to use the Pharmacy First services must first register to provide the names and dates of birth of eligible members of the household, and provide the name of their GP practice.
- 1.4. Only Community Pharmacies who are committed to making staff available to provide the service and who have undertaken the necessary training in the implementation of the scheme will be included in the service. (Appendix 3.)
- 1.5. Only Community Pharmacists who complete within three months of the start date of the scheme, or have already completed Manchester University's CPPE distance learning pack on minor ailments will be eligible to conduct patient consultations under the Pharmacy First scheme. Successful enrolment and declaration of competency must be undertaken as part of the accreditation process. (Appendix 3).
- 1.6. Pharmacies should be aware of the requirements for training in minor ailments required by the Pharmacy First scheme when recruiting locum staff to work in the pharmacy.

2. Duties of participating Community Pharmacists

- 2.1. Any patient registered with a NHS Nottingham City CCG, NHS Mansfield & Ashfield CCG, NHS Nottingham North & East CCG, NHS Newark & Sherwood CCG and NHS Nottingham West CCG GP Practice may be accepted into the scheme by the Pharmacist. The patient does not have to produce evidence of registration to access the Pharmacy First scheme services.
- 2.2. All patients who wish to join the Pharmacy First scheme will undertake a registration process and provide the details of name, address, postcode, date of birth, and the name of the GP surgery where they are registered.
- 2.3. All participating Pharmacists will provide a professional consultation service for patients requesting access to the Pharmacy First scheme, presenting with one of the specified conditions. (Appendix 2.)
- 2.4. The Pharmacist will assess the patient's condition. The consultation will consist of:
 - Patient assessment by Pharmacist
 - Provision of advice as laid out in the protocol for the appropriate minor ailment
 - Provision of medication, only if necessary, from the agreed formulary appropriate to the patient's condition.

- If the Pharmacist considers it necessary following the consultation, the Pharmacist may wish to refer the patient to their GP practice for an appointment with an appropriate healthcare professional, including the provision of a 'Referral to surgery' form detailing the reasons for the referral.
- The Pharmacist will complete the online registration (stage 1) and consultation process (stage 2) via PharmOutcomes as outlined in the Service Guide.
- The Pharmacist will be paid for each consultation undertaken whether medicines are supplied or not, with the exception of those consultations which result in an over the counter sale to patients who normally pay for their prescriptions.
- The Pharmacist should ensure that evidence of exemption from prescription charges is provided before medicines are provided to the patient without charge.
- In the event of the consultation under this scheme not leading to the supply of a product, the Pharmacist should indicate this via PharmOutcomes during the consultation process by leaving the medicine field blank thereby confirming that no medicine supply has been made.

2.5. Normal rules of patient confidentiality apply.

2.6. If, in the opinion of the Pharmacist, the patient presents with symptoms outside the scheme, they should be referred to their GP.

2.7. If a patient presents more than twice within any month with the same symptoms, the patient should be referred to their surgery. The referral form should be completed and given to the patient to take to the surgery.

2.8. If the patient presents with symptoms which are outside the Scheme, they should be advised to refer back to their GP (within surgery hours), or to contact the on-call doctor, telephone 111, or to attend at a Walk in Centre, as appropriate, outside surgery hours).

2.9. If the Pharmacist suspects that the patient and/or parent is abusing the Pharmacy First Scheme, they discuss their concerns with the patient and refer them to their GP practice if appropriate.

3. Service Funding and Payment Mechanism

The Pharmacy will be paid according to the following schedule:

Fee: £2.60 (per consultation) (reviewed annually)
Drug Costs: Over-the-counter Packs only to be supplied at cost price.
Head lice combs will be supplied free of charge by NHS England

The Pharmacist should complete the online registration (stage 1) and consultation process (stage 2) online via PharmOutcomes which is a live site. Claims will automatically be stored within the system as consultations are undertaken and will be extracted automatically to NHS England on the 1st day of the following month.

NHS England reserve the right to implement post payment verification (PPV) which is a retrospective examination of claims which demonstrates that consultations are appropriately made and allows incorrect or improper claiming to be identified and rectified.

4. Responsibilities of the GP Practice

The patient's GP practice will make an appropriate response to any patient provided with a 'referral to surgery' form by the Pharmacist.

Responsibilities of NHS England

NHS England shall be responsible for:

- Providing all stationery associated with the Pharmacy First process
- Providing, free of charge, head lice combs for issue under the Pharmacy First scheme.
- Paying a fee of £2.60 per consultation to the Pharmacist for all consultations carried out under the Pharmacy First scheme with the exception of those over the counter consultations which result in the sale of medicines to patients who are not exempt from prescription charges, and who shall pay in full for the medicines supplied.
- Providing support in the processes associated with the administration of the Pharmacy First scheme.
- Providing continuing support to pharmacies in all aspects of the service throughout the life of the scheme.
- Periodic review of the processes involved with the Pharmacy First Scheme.
- Periodic review of the consultation payment in line with the terms and conditions set out in the Service Level Agreement.

6. Role of the Pharmacy First Lead

Overall responsibility for co-coordinating and managing the scheme

- Managerial leadership
- Processing payments
- Payment of fees due
- Data entry
- Coordinating and evaluation
- Production of regular reports
- Maintaining contact with the participating pharmacies
- Providing ongoing support in all aspects of the processes of the Pharmacy First scheme to all participating stakeholders.

7. Monitoring and Evaluation

The scheme shall be evaluated periodically, in terms of:

- Number of items
- Total quantities and quantities
- Total costs and cost

An on-going comparison will be made between these parameters for the period the scheme is operating and with the similar period for the previous year.

- Number of items
- Quantities
- Costs
- Indications/Actions taken

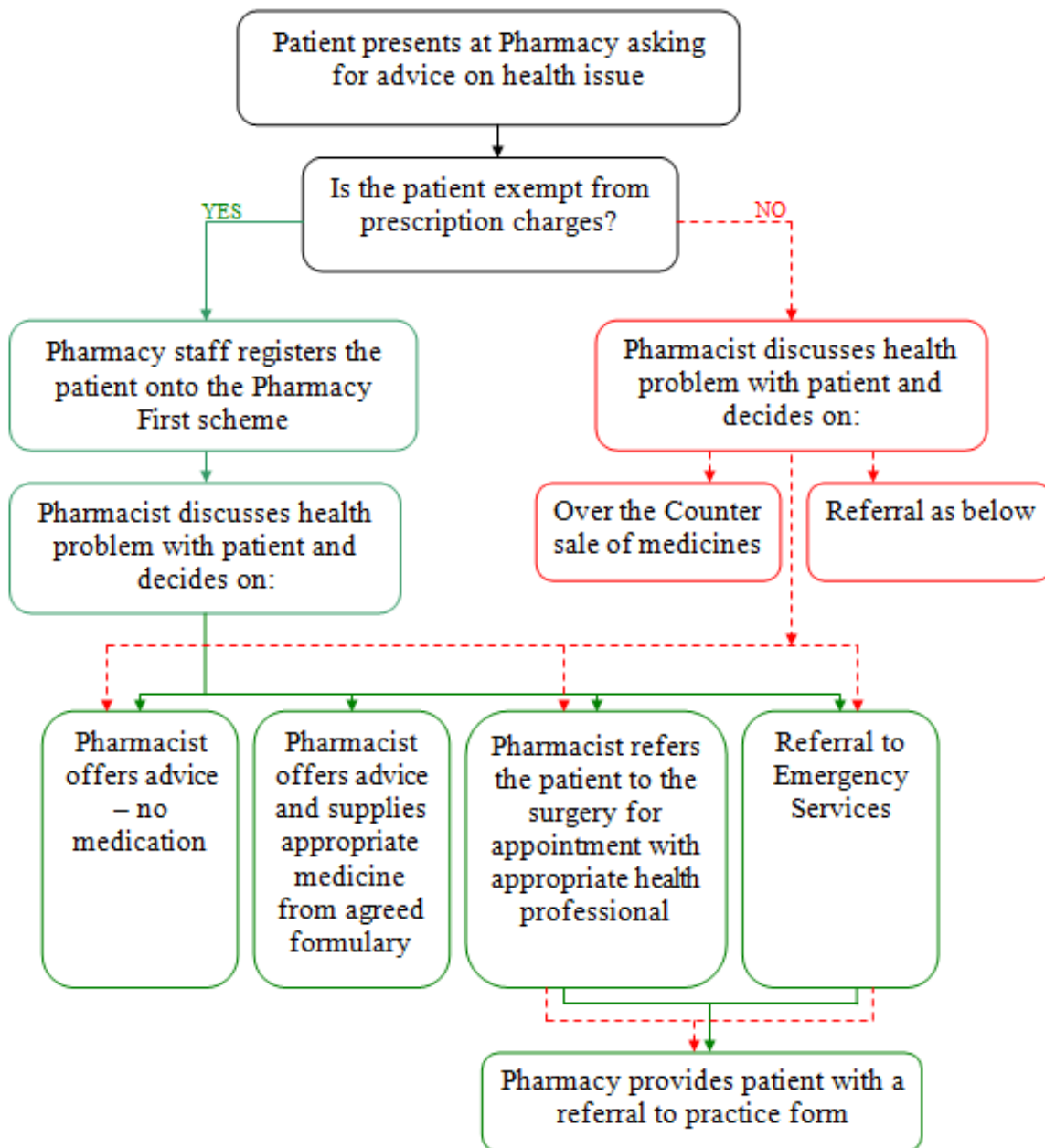
These will be evaluated on an individual Pharmacy basis and in terms of an overall service.

Quantitative survey of:

- Measurement of patient activity at participating Community Pharmacies

- Measurement of repeat patient activity at participating Community Pharmacies
- Measurement of activity at Community Pharmacies
- Measurement of count of prescriptions issued
- Measurement of activity by postcode

The Process



NHS Nottingham City and Nottinghamshire County GP Practices & Community Pharmacies

A list of GP surgeries in Nottingham City and Nottinghamshire County can be found at www.nhs.uk

A list of pharmacies in Nottingham City and Nottinghamshire County can be found at www.nhs.uk

**Minor Ailments
Currently covered by the Pharmacy First Scheme
As at 1st January 2017**

- **Athlete's Foot**
- **Bacterial Conjunctivitis**
- **Constipation**
- **Diarrhoea**
- **Earache**
- **Haemorrhoids**
- **Hay fever**
- **Head lice**
- **Insect bites and stings**
- **Sore Throat**
- **Teething**
- **Temperature**
- **Threadworm**
- **Toothache**
- **Vaginal Thrush**
- **Warts and verrucas**

This list will be periodically reviewed for the inclusion of other minor ailments.

Review date: January 2017

Appendix 3

The University of Manchester CPPE Distance Learning course for Pharmacists

It is a condition of the agreement between NHS England – North Midlands and the Pharmacy, that the Pharmacist's and any locum pharmacy staff should complete, within three months of commencement of the scheme, the CPPE pack for minor ailments.

The CPPE distance learning pack is available from:

The Centre for Pharmacy Postgraduate Education
Manchester University

<https://www.cppe.ac.uk/>

Email: info@cppe.ac.uk

Telephone: +44 (0)161 778 4000

**Pharmacy First
Minor Ailments Scheme
FORMULARY**

Formulary for Pharmacy First					
Indication	Drug Name	Further description / preferred product brand	Strength	Type	Pack size /Quantity of issue (No split packs)
Athletes Foot	Clotrimazole	Clotrimazole	1%	Cream	20g
Bacterial Conjunctivitis	Chloramphenicol	Optrex Infected	0.5%	Eye drops	10ml
Constipation (Adults)	Ispaghula husk	Fybogel Hi-Fibre	3.5g	Sachets	10
Constipation (Children)	Lactulose	Duphalac	3.35g/5ml	Liquid	200ml
Diarrhoea	Oral Rehydration Salts	Dioralyte Sachets		Oral Rehydration Salts	6 sachet pack
Fever /Temperature, Sore Throat, Earache	Paracetamol	Paracetamol	500mg	Tablet	32 tablets
	Paracetamol	Paracetamol	120mg/5ml	Suspension SF	100ml
	Paracetamol	Paracetamol	250mg/5ml	Suspension SF	100ml
Hayfever	Cetirizine	Zirtek Allergy	1mg/ml	Syrup	150ml
	Cetirizine	Cetirizine	10mg	Tablets	30 tablets
	Beclamethasone	Beconase Allergy	50 microgram	Nasal Spray	180 dose
	Sodium Cromoglicate	Opticrom Allergy	2%	Eye Drops	10ml
	Malathion Aqueous	Derbac M		Lotion	100ml
Haemorrhoids	Bismuth oxide/zinc oxide	Anusol		Cream	23g
	Bismuth oxide/zinc oxide	Anusol		Suppositories	12 suppositories
Insect bites & stings	Hydrocortisone	HC45 cream	1%	Cream	15g
	Crotamiton	Eurax	10%	Cream	30g
Teething Pain	Paracetamol	Paracetamol	120mg/5ml	Suspension SF	100ml
Threadworm	Mebendazole	Ovex	100mg	Tablet	1

Toothache / Dental Pain	Paracetamol	Paracetamol	500mg	Tablet	32 tablets
	Paracetamol	Paracetamol	120mg/5ml	Suspension SF	100ml
	Paracetamol	Paracetamol	250mg/5ml	Suspension SF	100ml
Vaginal Thrush	Clotrimazole	Canesten 500 soft gel pessary	500mg	Pessary	1
	Clotrimazole	Clotrimazole	1%	Cream	20g
Warts & Verrucas		Salactol		Topical paint	10ml

Disclaimer: Information correct as of January 2017. Pharmacists are responsible for ensuring that the products provided under the Pharmacy First protocols have the appropriate licensing and legal status, as these may change or be updated periodically by the manufacturer.

When there is a genuine supply problem with any of the products on the Pharmacy First formulary, (for example due to a manufacturing problem or discontinuation) then pharmacists need to identify another suitable product which is comparable in price to the usual product on the formulary. The product must be licensed, must be a GSL or P medicine & have a Patient Information Leaflet. Once the availability issue has been resolved, supply should revert to the product specified in the formulary.

Pharmacy First Protocol

ATHLETE'S FOOT (tinea pedis) – Guidance for Treatment

Definition: A cutaneous fungal infection, commonly affecting the inter-digital space of the fourth and fifth toes, that causes the skin to itch, flake, and fissure.
Criteria for INCLUSION: <ul style="list-style-type: none">• Symptoms of fungal infection confined to the skin between the toes and other nearby areas of the foot, e.g. inflamed and sensitive to the touch; persistent itching of the skin; sweaty-smelling, milky-white peeling, sore and cracked skin.
Criteria for EXCLUSION: <ul style="list-style-type: none">• Infection that has spread to the toenails or to other areas of the body• Secondary bacterial infection• Any patient presenting with symptoms of cellulitis (e.g. spreading redness, pain and tenderness)• Blistering or wet and weeping rash• Treatment failures
Action for Excluded Patients: Refer to GP
Rapid referral: <ul style="list-style-type: none">• Any patient presenting with symptoms of cellulitis, who is showing signs of being unwell, should be referred immediately
Recommended Treatment: Clotrimazole 1% cream, 20g
Dosage and Route: Apply topically to the affected area and surrounding skin two or three times a day for 28 days (or at least 7 to 14 days after the rash has healed).
Advice and Follow up: <ul style="list-style-type: none">• Continue to use the cream for two weeks after the infection appears to have cleared
General Advice: <ul style="list-style-type: none">• Keep feet as dry as possible• Wash and dry feet thoroughly, especially between the toes• Patients should use separate towels and washcloths from other family members• Patients should avoid going barefoot and never share footwear• Athlete's foot is more common in people that wear artificial soles and especially trainers and sports shoes – avoid plastic lined shoes/trainers• Anti-fungal sprays and powder may be purchased for direct application to inside of shoes and socks• Wearing clean wool or cotton socks and changing them at least once daily allows the skin to breathe• Where possible, it can help to expose feet to the air• Alternate shoes to allow "airing"

Pharmacy First Protocol

DIARRHOEA – Guidance for Treatment

<p>Definition: An acute increase in the normal frequency of bowel movements with the passage of abnormally soft or watery faeces. Abdominal cramps, flatulence, weakness and malaise may be also be present.</p>
<p>Criteria for INCLUSION:</p> <ul style="list-style-type: none">• Patients experiencing symptoms of acute diarrhoea (sudden and recent onset)• 5 or more watery or loose stools in the past 24 hours
<p>Criteria for EXCLUSION:</p> <ul style="list-style-type: none">• Children under one year of age• Patients who have symptoms persisting for more than 48 hours• Patients who pass blood (red or black) in motion or are vomiting blood• Patients with a persisting high fever and severe malaise• Patients who are severely ill or dehydrated• Patients with diabetes• Patients who have recently been to countries with poor hygiene (need stool sample)• Patients with a history of bowel disease, especially ulcerative colitis, Crohns or diverticular diseases.• Patients with chronic diarrhoea problems (recurrent episodes or persisting)• Persisting trickling diarrhoea suggestive of overflow, especially with constipation risk factors• Patients who are immunocompromised
<p>Action for Excluded Patients: Refer to GP</p> <p>Rapid referral:</p> <ul style="list-style-type: none">• Adults, where symptoms have lasted more than 5 days• Children, where symptoms have lasted more than 2 days and are not starting to settle or who look ill or dehydrated• Pregnant women <p>Consider supply, but patient should also be advised to see their GP:</p> <ul style="list-style-type: none">• Patients taking medication where diarrhoea is a recognised effect
<p>Recommended Treatments: Oral Rehydration Salts (6 sachet pack)</p>
<p>Dosage: <i>Oral Rehydration Salts:</i> The contents of a sachet should be dissolved in 200ml of fresh drinking water (for infants and, where drinking water is unavailable, the water should be freshly boiled and cooled). <i>Child between 1 and 2 years:</i> One to one and a half times the usual 24 hour feed volume. <i>Child:</i> One sachet after every loose motion. <i>Adult:</i> One or two sachets after every loose motion. More may be required initially to ensure early and full volume repletion.</p>
<p>Advice and Follow up:</p> <ul style="list-style-type: none">• Patient should drink plenty of fluids (at least 1.5 litres daily and more if hot weather).• Adults and older children should avoid dairy products and fruit juice for the duration of the symptoms.• After 12 hours, patient can start high calorie, low fibre, milk free diet (e.g. jelly, bread or toast and honey, boiled rice, water porridge and honey/sugar, arrow root/rich tea biscuit).• See GP if symptoms do not resolve within 48 hours.
<p>General Advice:</p> <ul style="list-style-type: none">• Hand washing and general hygiene after using toilet facilities and before eating• Whilst ill, patient should not to prepare food for other people unless absolutely necessary• Food handlers should not work until symptoms have subsided

Pharmacy First Protocol

HAEMORRHOIDS – Guidance for Treatment

Definition: A varicose condition of the external or internal rectal veins causing painful swellings at the anus.
Criteria for INCLUSION: <ul style="list-style-type: none">• Patients over 16 with previously diagnosed haemorrhoids
Criteria for EXCLUSION: <ul style="list-style-type: none">• Children under 16• Patients not previously diagnosed with haemorrhoids• Patients re-presenting within 6 months of a previous Pharmacy First consultation for haemorrhoids• Patients reporting anal bleeding (other than small amount of bright red on tissue only with local irritation)
Action for Excluded Patients: Refer to GP Rapid referral: <ul style="list-style-type: none">• Profuse bleeding• Extreme pain• Irregular anal swelling• Severe thrombosed haemorrhoids• Diagnostic uncertainty Routine referral: <ul style="list-style-type: none">• Persistent or severe or dark bleeding• Severe prolapse• Moderately severe pain• Haemorrhoids affecting daily living Conditional referral: <ul style="list-style-type: none">• Pregnancy – patient could discuss with midwife
Recommended Treatments: Anusol Cream, 23g and/or Anusol Suppositories, 12
Dosage and Route: <i>Anusol Cream:</i> Apply topically to the affected area morning and night, and after bowel movements. <i>Anusol Suppositories:</i> Insert into the rectum morning and night, and after bowel movements.
Advice and Follow up: <ul style="list-style-type: none">• One Pharmacy First treatment for haemorrhoids in any period of 6 months. If symptoms persist, the patient should see their GP.• Apply cream to thoroughly cleansed and dry skin• Patients should be given advice that the most common cause of haemorrhoids is straining during bowel movements, often associated with constipation.• Patients should eat a high-fibre diet with plenty of fluids as part of treatment and prevention. This means eating more fruit and vegetables (stimulant fruits, such as prunes, are particularly useful), more cereals (e.g. whole meal bread), and drinking at least 8 glasses (12 cups) of caffeine-free fluid a day.• Fibre supplements (e.g. bran) or lactulose are options, if a high fibre diet has not helped constipation or stools are particularly hard.
General Advice: <ul style="list-style-type: none">• Haemorrhoids in pregnancy usually resolve after the baby is born.

Pharmacy First Protocol

THREADWORM – Guidance for Treatment

<p>Definition: Infestation by the threadworm parasite resulting in symptoms of peri-anal itching, especially at night. Confirmed by presence of cotton-like threadworms in the faeces or around the anus, e.g. adhesive tape test (or warm wet wad of cotton wool held by mother on anus of nappy age child for 1 minute, 20 minutes after bedtime).</p>
<p>Criteria for INCLUSION:</p> <ul style="list-style-type: none">• Affected individuals with definite sighting of threadworms.
<p>Criteria for EXCLUSION:</p> <ul style="list-style-type: none">• Pregnancy or breastfeeding• Children under 2 year old• Recent tropical travel (due to risk of other parasitic infections)
<p>Action for Excluded Patients:</p> <ul style="list-style-type: none">• Pregnant women – good hygiene to break life cycle <p>Refer to GP:</p> <ul style="list-style-type: none">• Children under 2 years old• Patients who have recently returned from tropical travel• Patients with renal or hepatic problems or epilepsy <p>Conditional referral:</p> <ul style="list-style-type: none">• Pregnant women and breastfeeding mothers who have failed to eradicate after 6 weeks of hygiene. <p>Consider supply, but patient should also be advised to see their GP:</p> <ul style="list-style-type: none">• Regular treatments required (may need more intensive advice on hygiene measures – referral to health visitor may be more appropriate).• If there is a risk of a secondary infection due to intense scratching of the peri-anal skin.• In persistent or heavy cases of infection where patient has suffered loss of appetite, weight loss, insomnia and irritability.
<p>Recommended Treatments: <i>Patients over 2 years: Ovex 100mg tablet x 1</i></p>
<p>Dosage: Ovex: 1 tablet. If re-infection occurs, a second dose can be taken after 14 days.</p>
<p>Advice and Follow up:</p> <ul style="list-style-type: none">• All other members of household over 2 years old should be treated simultaneously.• Hygiene measures should be taken for 14 days after treatment:<ul style="list-style-type: none">⇒ Wash hands and scrub nails first thing every morning, after using the toilet or changing nappies, and immediately before eating (even snacks) or preparing food⇒ Have a bath or wash around the anus each morning immediately on rising⇒ Keep fingernails short⇒ Change and wash underwear, nightwear, and bed linen the morning after treatment⇒ Vacuum all carpets and clean bathroom surfaces daily⇒ Wear clean underwear daily⇒ Children can wear cotton underwear at night to help prevent scratching or spreading eggs
<p>General Advice:</p> <ul style="list-style-type: none">• Avoidance of re-infection = personal hygiene

Pharmacy First Protocol

VAGINAL THRUSH – Guidance for Treatment

<p>Definition: Fungal yeast infection of the lower female genital tract. Presenting symptoms include thick, white or creamy vaginal discharge, external stinging or burning (pain) on urination with soreness and itching.</p>
<p>Criteria for INCLUSION:</p> <ul style="list-style-type: none">• Women with a recurrence of symptoms previously diagnosed as vaginal candidiasis (thrush) who are confident that it is a recurrence of the same condition.
<p>Criteria for EXCLUSION:</p> <ul style="list-style-type: none">• Men• Girls under 16 years• Women over 60 years• Pregnant women• Women unsure if it is thrush• Women with green, yellow or offensive discharge, or watery discharge• Women reporting blistering, ulcerative genital rash (some erythema, cracking & fissuring is common)• Women with no previous diagnosis• Women with symptoms in addition to those of vaginal candidiasis (Abdominal pain, fever, irregular bleeding)• Women allergic to treatment options• Women representing within 2 weeks of initial treatment
<p>Action for Excluded Patients: Refer to GP</p> <p>Rapid referral:</p> <ul style="list-style-type: none">• Presence of loin pain.• Fever• Urethral or bladder dysuria (i.e. not just external)• If blood present in discharge• Vaginal bleeding, pain or blistering <p>Conditional referral:</p> <ul style="list-style-type: none">• On third occurrence• Patients re-presenting within 2 weeks• Possible treatment failure or resistance (may require alternative agent or longer course)• Pregnancy – patient could discuss with midwife <p>Consider supply, but patient should also be advised to see their GP:</p> <ul style="list-style-type: none">• Post-menopausal women• Recurrent thrush + high risk of diabetes (e.g. obesity)• Patients suffering more than 4 episodes in 12 months – refer to GP but provide symptomatic relief.
<p>Recommended Treatments: Caneston 500mg soft gel pessary and (if required) Clotrimazole 1% cream, 20g</p>
<p>Dosage and Route: <i>Clotrimazole 500mg pessary:</i> Insert into the vagina. <i>Clotrimazole 1% cream:</i> Apply topically to affected area twice a day for up to two weeks.</p>
<p>Advice and Follow up:</p> <ul style="list-style-type: none">• Pessary treats the infection; cream is used to reduce itching.• Pessary best used last thing at night (to aid retention); advise that it will likely cause a slight white “chalky” residue.• See GP if symptoms do not resolve within 7 days.• Sexual partners should be reminded of hygiene and see their GP if sore glands and/or foreskin

General Advice:

- Avoid tight clothing, especially synthetic, and, for example, wearing tights under trousers; use cotton underwear
- Make aware of problems with using vaginal deodorants, scented soap etc.
- Hygiene methods to prevent re-infection (water mostly, no internal washing/douching, avoid bubble bath)
- If ever prescribed antibiotics or other medication (e.g. steroids, chemotherapy), patient should remind the doctor that they are prone to thrush.

**Pharmacy First Protocol
HEAD LICE – Guidance for Treatment**

Definition / Criteria Infestation with head lice
Criteria for INCLUSION Patients who are proven to be infested with head lice.
Criteria for EXCLUSION <ul style="list-style-type: none"> • Family / siblings of patient, who are not proven to be infested (note: infestation is not indicated by the presence of nits (hatched and empty eggshells). • Children under the age of six months. • Liquid should not be used or applied by pregnant women. • A further request for medicated treatment within one week i.e. request for third bottle after initial supply of 2 bottles for complete treatment.
Action for excluded patients & non-complying patients Referral to Practice
Recommended Treatments and Route AT ALL TIMES REINFORCE CORRECT USE OF COMB Head Lice Comb Physical insecticide: <ul style="list-style-type: none"> • Dimethicone 4% lotion (Hedrin lotion®) 50ml x 2 topically • Isopropyl myristate and cyclomethicone (Full Marks Solution®) 100ml topically Traditional insecticides <ul style="list-style-type: none"> • Malathion 0.5% aqueous (Derbac-M®) 100ml topically <i>If treating more than one family member complete separate patient records and make separate supplies.</i>
Dosage and Criteria Appointment 1 - Patients to be issued with a head lice comb, leaflet and verbal advice. Regular “wet combing” (two times a week) with a head lice comb after using hair conditioner mechanically removes lice. Continue until no full-grown lice are seen for three consecutive sessions. This ‘bug-busting’ method has been advocated as an alternative to insecticides. Appointment 2 - Check previous medication and head lice history Issue one course of product = 2 bottles (1 bottle of Full Marks), second for repeat application 7 days later. Reinforce verbal advice and encourage repeated combing throughout follow up treatment. Encourage regular combing to prevent re-infestation. Use the Mosaic policy of alternative drug treatment if infestation persists Frequency of administration & maximum dosage The same chemical should not be used for the next re-infestation (i.e. alternate treatments).
Follow-up & advice

- Shampoo out any conditioner prior to use and dry hair.
- Apply liquid to scalp and hair, which should be allowed to dry naturally. Do not use hair dryers. Remove by washing after 12 hours.
- Broad comb, then wet comb well-conditioned hair to remove dead lice & eggs with fine-toothed head lice comb.

Dimeticone 4% Solution (Hedrin lotion®) -

Rub sufficient lotion evenly into dry hair ensuring that the scalp is fully covered and leave for a minimum of 8 hours (or overnight). Wash hair with normal shampoo, rinse thoroughly with water and dry. A repeat application is necessary after 7 days to deal with any lice which may hatch in that time. Failure to repeat treatment may result in the return of a louse infection.

Isopropyl myristate and cyclomethicone (Full Marks Solution®)-

Apply to dry hair, leave for 10 minutes. Comb through hair with comb provided to remove the remains of lice and eggs. Retreat 7 days later

Malathion 0.5% aqueous (Derbac-M®)

Rub the liquid into the scalp until all the hair and scalp is thoroughly moistened. Leave the hair to dry naturally in a warm but well ventilated room. After 12 hours, or the next day if preferred, shampoo the hair in the normal way. Repeat after 7 days

Advise patient to seek further advice if symptoms persist or worsen.

General Advice

- Regular detection combing as treatment will not prevent re-infestation from classmates.
- Not suitable for prevention. Encourage parent to notify the school.
- If there is any doubt – the patient should telephone the pharmacy or NHS Direct (tel. 0845 4647)

Side effects and their management

- Side effects are experienced rarely.
- Refer patient to individual product literature.
- There may be residual scalp irritation following application which could be inadvertently mistaken for re-infestation.

Pharmacy First Protocol

Temperature/Fever with URTI (Upper Respiratory Tract Infection) – Guidance for Treatment

<p>Definition / Criteria: Normal body temperature is 36.8C, 98.4F, taking the temperature under the arm. Fever occurs with all the infectious diseases. (Check which site the temperature was taken for variation in fever threshold).</p>							
<p>Criteria for INCLUSION: Patients with a fever associated with obvious upper respiratory tract infections and temperature over 36.8C.</p>							
<p>Criteria for EXCLUSION:</p> <ul style="list-style-type: none"> • Children under the age of 3 months. • Alcohol dependency, known renal or liver disease, known hypersensitivity to Paracetamol, recent history of taking Paracetamol containing medicines. • Fever due to cause other than obvious URTI. 							
<p>Action for excluded patients and non-complying patients Referral to GP Practice.</p>							
<p>Recommended Oral Treatments</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Paracetamol 500mg tabs (32)</td> <td style="width: 60%;"></td> </tr> <tr> <td>Paracetamol Susp SF 120mg/5ml (100ml)</td> <td>Dose; Age 3-6 months - 2.5ml 4 times daily Age 6-24 months - 5ml 4 times daily Age 2-4 years - 7.5ml 4 times daily Age 4-6 years - 10ml 4 times daily</td> </tr> <tr> <td>Paracetamol Susp SF 250mg/5ml (100ml)</td> <td>Dose; Age 6-8 years - 5ml 4 times daily Age 8-10 years - 7.5ml 4 times daily Age 10-12 years - 10ml 4 times daily Maximum of 4 doses in 24 hours</td> </tr> </table>		Paracetamol 500mg tabs (32)		Paracetamol Susp SF 120mg/5ml (100ml)	Dose; Age 3-6 months - 2.5ml 4 times daily Age 6-24 months - 5ml 4 times daily Age 2-4 years - 7.5ml 4 times daily Age 4-6 years - 10ml 4 times daily	Paracetamol Susp SF 250mg/5ml (100ml)	Dose; Age 6-8 years - 5ml 4 times daily Age 8-10 years - 7.5ml 4 times daily Age 10-12 years - 10ml 4 times daily Maximum of 4 doses in 24 hours
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<p>Follow up and advice</p> <ul style="list-style-type: none"> • Enquire about concurrent analgesic use. • Lack of effect from treatment doses of Paracetamol. • Combination of Paracetamol + Ibuprofen (OTC) in children with fever is not recommended. • This protocol does not support protracted use (more than 7 days) of these agents without GP intervention if symptoms develop. • Patients should be advised to: <ul style="list-style-type: none"> - Drink plenty of fluids / offer children regular fluids (if breastfeeding continue as normal) - Monitor for signs of dehydration - Check children during the night - Keep children away from school / nursery while fever persists - Do not overheat home - Rest, avoid going outside in very cold weather - Do not over or under dress a child with fever 							
<p>Side effects and their management Side effects are rare with occasional use of Paracetamol.</p> <p>Rapid Referral: A patient with any of the following, particularly if a child:</p> <ul style="list-style-type: none"> • If fever is severe – more than 38.2C (101F) or 37.5C (100F) if under 6 months (from under arm measurement). • If child not responding to social cues / not easily roused / or if roused does not stay awake • Vomiting. • Severe headache / stiff neck. • Photophobia. • Sore throat or earache unless mild. • Poor feeding in infants • Limb or joint swelling • Rash which does not blanch to the 'glass' test. • If fever does not lessen after 48 hours despite analgesia or rapid increase of temperature over a 12 hour period. • Patients who have an infected wound. • People who have recently been abroad especially to countries where malaria occurs. • Any other symptoms giving cause for concern – patient appears very unwell. • Unexplained fever lasting longer than 5 days. • Fitting. 							

**Pharmacy First Protocol
Analgesia for Sore Throat – Guidance for Treatment**

Definition / Criteria A painful throat, which is often accompanied by viral symptoms.	
Criteria for INCLUSION Sore throat which requires soothing.	
Criteria for EXCLUSION <ul style="list-style-type: none"> • Symptoms lasting longer than 7 days. • Signs of severe infection. • Suspected ADRs. • Immuno compromise due to drugs or illness. • Child very sick, drooling, cannot swallow. • Large swelling around one tonsil (Quinsy). • Baby under 3 months. • Corticosteroids or carbimazole. • Altered immunity (in diabetes, leukemia, AIDs). • Alcohol dependency, known renal or liver disease, known hypersensitivity to Paracetamol, recent history of taking Paracetamol containing medicines. 	
Action for excluded patients or non-complying patients Referral to GP Practice.	
Recommended Oral Treatments	
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Follow-up & Advice <ul style="list-style-type: none"> • Patients should avoid smoky or dusty atmospheres and reduce or stop smoking. • Patients who find swallowing painful should take a light fluid diet. • Paracetamol daily dose – caution with other products containing Paracetamol particularly any prescribed medicines. 	
Side effects and their management There are unlikely to be any side effects.	
When and How to refer to GP	
Conditional referrals: If symptoms persist for more than one week, the patient should consult the GP. If less than 3 out of 4 criteria as listed below – likely to make it a bacterial infection and referral would be beneficial. If symptoms develop or intensify ring NHS Direct (Tel. 0845 4647). <ul style="list-style-type: none"> • History of fever. • Absence of cough. • Swollen, tender anterior cervical lymph nodes. • Tonsillar exudate. 	
Consider supply, but patient should be advised to make an appointment to see the GP: <ul style="list-style-type: none"> • Symptoms suggesting oral candidiasis / tonsillitis. • Patients on immunosuppressants / oral steroids / drugs causing marrow suppression. • The condition has persisted more than one week. • A second request within one month. 	

Rapid Referral:

- Patients known to be immunosuppressed accompanied by other clinical symptoms or blood disorders.
- Suspected ADRs – which may have fever and rash accompanying sore throat.

Pharmacy First Protocol

EARACHE – Guidance for Treatment

<p>Definition / Criteria Pain in the ear which can occur after a cold. Pain is a subjective experience, the nature of which can vary considerably.</p>							
<p>Criteria for INCLUSION Patients requiring relief of earache of less than 3 days duration.</p>							
<p>Criteria for EXCLUSION</p> <ul style="list-style-type: none"> • Severe earache. • Earache accompanied by fever or sore throat. • If there is a hearing problem after an ear infection. • Children under the age of 3 months. • Discharge from the ear. • Alcohol dependency, known renal or liver disease, known hypersensitivity to Paracetamol, recent history of taking Paracetamol containing medicines. 							
<p>Action for excluded patients and non-complying patients Referral to GP Practice.</p>							
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<p>Follow-up & Advice</p> <ul style="list-style-type: none"> • Enquire about concurrent analgesic usage. • Ear drops are not recommended for children. • Go to the GP if condition worsens or does not get better in 2-3 days. • This protocol does not support protracted (more than 7 days) use of these products without GP intervention. • Lack of effect from treatment doses of analgesics. 							
<p>Side effects and their management Side effects are rare with occasional use of Paracetamol.</p>							
<p>When & How to refer to GP Conditional referrals:</p> <ul style="list-style-type: none"> • If moderate symptoms persist for more than one week, the patient should consult the GP. • If symptoms change – telephone the pharmacy or NHS Direct (Tel; 0845 4647) for advice. <p>Rapid referral:</p> <ul style="list-style-type: none"> • Severe earache. • Earache accompanied by fever or sore throat. • If there is a hearing problem after infection. • If there is a yellow discharge after head injury. • Persistent fever. • Hearing problem persisting 2 weeks after infection. 							

Pharmacy First Protocol

Bacterial Conjunctivitis – Guidance for Treatment

Definition / Criteria: Patients with superficial eye infections thought to be bacterial	
Criteria for Inclusion: Superficial eye infections characterised by red, sore, painful (burning or gritty) conjunctiva and green/yellow discharge. These symptoms indicate a high probability of the infection being bacterial in origin.	
Criteria for Exclusion: <ul style="list-style-type: none"> • Women who are pregnant or breast-feeding • Children under 2 years old • Known hypersensitivity to chloramphenicol or any other ingredient in the product. • Visual disturbances other than simple blurring caused by discharge • Foreign body in the eye • Severe pain within the eye • Patients known to have neutropenia or patients on drugs known to cause neutropenia i.e. cytotoxins • Patients with recurrent eye infections i.e. > 2 per months or >4 per year • Patients who feel unwell • Patients with liver disease • Allergic and viral conjunctivitis (these generally have a more watery discharge than bacterial conjunctivitis, and allergic will also often involve itching) • Photophobia • Eye inflammation associated with a rash on the scalp or face • The eye looks cloudy • The pupil looks unusual, i.e. torn, irregular, dilated or non-reactive to light • Family history of aplastic anaemia • Patients with glaucoma • Patients with previous eye disease • Patients who have had eye surgery or laser treatment in the past 6 months • Patients with dry eye syndrome • Contact lens use (can refer to optician) • Associated pain, swelling or redness on the face or around the eye. • Patients who have experienced myelosuppression during previous exposure to chloramphenicol • Patient is already using other eye drops or eye ointment • Eye movement is restricted • Personal or family history of bone marrow problems • Patient has recently returned from abroad • Penetration or chemical eye injury • Reduced visual acuity • Shingles/herpes simplex suspected 	
Action for excluded patients Referral to GP.	
Rapid referral to GP: <ul style="list-style-type: none"> • Patients with associated vesicular rash which may indicate herpes zoster infection • Patients with affected vision or severe pain in the eye • Patients with glaucoma or dry eye syndrome • Patients who have had eye surgery or laser treatment in the past 6 months • Features of a serious cause of “Red eye” e.g. photophobia, irregular pupil shape, severe pain • Copious discharge (that re-accumulates after being wiped away), which may indicate hyperacute conjunctivitis. 	
Conditional referral: <ul style="list-style-type: none"> • If no improvement within 48 hours or worsening symptoms 	
Consider supply, but patient should be advised to make an appointment so see the GP: <ul style="list-style-type: none"> • Unilateral conjunctivitis of more than a few days 	
Recommended treatment	Frequency of administration & maximum dosage

Chloramphenicol 0.5% eye drops (10ml)	<p>Use one drop in the affected eye(s) every 2 hours for first 48 hours then four times a day thereafter, for a total of 5 days.</p> <p>Tilt the head back and gently pull the lower eyelid out to form a pouch. Squeeze the bottle to release one drop into the lower eyelid. Blink several times to help spread the drug.</p> <p>Sleep need not be interrupted in order to administer eye drops.</p> <p>Do not share bottles if more than one family member is affected.</p>
<p>Advice & Follow up:</p> <ul style="list-style-type: none"> • Discuss side-effects and administration with patient and provide a manufacturers Patient Information Leaflet (PIL) • Advise patient that the infection can spread therefore need to wash hands before and after touching eyes and not to share towels, pillows etc. Patient should dispose of any eye cosmetics that may be contaminated • Do not touch the eye or lashes with the tube or nozzle as this may contaminate the medicine • Blurring of vision can occur with the drops and patients should be warned not to drive or operate machinery unless their vision is clear • Do not use contact lenses during treatment and for 24 hours afterwards (N.B. all contact lens wearers should be referred) • Store eye drops in the fridge. Discard 5 days after opening. • Consult your GP if there is no improvement within 48 hours of treatment 	
<p>Side effects:</p> <p>Local transient irritation, burning, stinging, itching, dermatitis can occur</p> <p>Serious side effects include hypersensitivity reactions, and treatment must be discontinued in such cases. Aplastic anaemia has been reported.</p>	
<p>Interactions:</p> <p>This medication should not be used simultaneously with bone marrow suppressant drugs</p>	

Pharmacy First Protocol

CONSTIPATION IN ADULTS – Guidance for Treatment

Definition / Criteria: <ul style="list-style-type: none">Increased difficulty and reduced frequency of bowel evacuation compared to normal.
Criteria for INCLUSION: <ul style="list-style-type: none">Significant variation from normal bowel evacuation, which has not improved following adjustment to diet and other lifestyle activities.
Criteria for EXCLUSION: <ul style="list-style-type: none">Patients currently receiving laxatives as part of their regular medication.Constipation is associated with vomiting and/or previous abdominal operation.Constipation associated with drugsSudden change in bowel habit, weight loss or rectal bleeding in adults.Patients <12 years old or >75 years
Action for excluded patients & non-complying patients: Referral to Practice
Recommended Treatments and Route: Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free (Fybogel Hi-Fibre®)
Dosage and Criteria: Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free (Fybogel Hi-Fibre®) – one sachet or two level spoonful's morning and evening (10 sachets)
Follow up & Advice: <ul style="list-style-type: none">If constipation persists beyond one week patient should be advised to consult the GP.Patients taking medication with recognised constipating effects should consult their GP.Time to effect is 2-3 days.Do not take immediately before bed.Adequate fluid intake is important to prevent intestinal obstruction.
Side effects and their management: <ul style="list-style-type: none">Flatulence and bloating are a common side effect. Advise patients to start at the lowest dose and, if necessary, increase it every few days until one or two soft, formed stools are produced each day
General Advice and Follow up: <ul style="list-style-type: none">Patients should be advised to include more fluid in diet and to include more high-fibre items (fruit and vegetables, bran cereal, wholemeal bread)Patients should be advised to increase exercise.Avoid excessive doses of laxatives, or inadequate fluid intake as this can lead to intestinal obstructionIf there is any doubt – patient should telephone the pharmacy or NHS 111 Tel: 111

Pharmacy First Protocol

CONSTIPATION IN CHILDREN – Guidance for Treatment

Definition / Criteria: <ul style="list-style-type: none">Increased difficulty and reduced frequency of bowel evacuation compared to normal.
Criteria for INCLUSION: <ul style="list-style-type: none">Significant variation from normal bowel evacuation, which has not improved following adjustment to diet and other lifestyle activities.
Criteria for EXCLUSION: <ul style="list-style-type: none">Patients currently receiving laxatives as part of their regular medication.Constipation is associated with vomiting and/or previous abdominal operation.Constipation associated with drugsSymptoms persist or treatment is still necessary after one weekChildren < 1 years of age
Action for excluded patients & non-complying patients: Referral to Practice
Recommended Treatments and Route: Duphalac 3.35g/5ml (200ml)
Dosage and Criteria: Children 1 to 6 years: The usual dose is 5-10ml daily. Children 7 to 14 years: The starting dose is 15ml daily. After this the dose can be adjusted to 10-15ml daily.
Follow up & Advice: <ul style="list-style-type: none">If constipation persists beyond one week patient should be advised to consult the GP.Patients taking medication with recognised constipating effects should consult their GP.Time to effect is 2-3 days. After this time the dose can be reduced according to the needs of the child.Lactulose should be taken from a spoon or measuring cup.It can be mixed with fruit juice or water. It is recommended that the child drinks plenty of fluids (approximately 6-8 glasses throughout the day)The dose should be swallowed immediately. It should not be kept in the mouth as the sugar content may lead to tooth decay over longer periods of time.
Side effects and their management: <ul style="list-style-type: none">Flatulence may occur during the first few days of treatment. As a rule it disappears after a couple of days.
General Advice and Follow up: <ul style="list-style-type: none">Patients should be advised to include more fluid in diet and to include more high-fibre items (fruit and vegetables, bran cereal, wholemeal bread)Patients should be advised to increase exercise.Avoid excessive doses of laxatives, or inadequate fluid intake as this can lead to intestinal obstruction.If there is any doubt – patient should telephone the pharmacy or NHS 111 Tel: 111

Pharmacy First Protocol

Insect Bites & Stings – Guidance for Treatment

<p>Definition / Criteria:</p> <ul style="list-style-type: none">• Insect bites and stings are painful but they are rarely serious.• A red and/or inflamed spot or area identified by the patient as being caused by an insect bite or sting.
<p>Criteria for INCLUSION: Pain and irritation at the site of the bite or sting.</p> <p>Precipitating factors: Walking in areas of long grass, with skin exposed.</p>
<p>Criteria for EXCLUSION:</p> <ul style="list-style-type: none">• Patients over 75 years old• Pregnancy and lactation• Hydrocortisone cream should not be used in children under 10 years old.• Patient has swelling of lips or tongue.• Patient has symptoms of anaphylactic shock (extremely rare).• Patients with epilepsy, hepatic or renal impairment
<p>Action for excluded patients & non-complying patients: Referral to Practice.</p> <p>Referral to GP:</p> <ul style="list-style-type: none">• If sting is in the mouth suck on an ice cube, or sip cold water and seek <u>immediate medical attention</u>.• If have known allergy to bites and stings <u>seek medical attention</u>.• Medical attention should be sought if the bite becomes larger in size and the redness spreads.• If the patient experiences shortness of breath or fever.• Symptoms of a severe allergic reaction are:<ul style="list-style-type: none">- swollen lips and eyelids.- difficulty in breathing (wheezing)- becoming pale and fainting- increased generalised itchiness- aches/pains, feeling unwell.• <u>IF ANY OF THE SYMPTOMS ARE FELT THE PATIENT MAY BE HAVING A SEVERE ALLERGIC REACTION AND AN AMBULANCE SHOULD BE CALLED</u> <p>Consider referral:</p> <ul style="list-style-type: none">• Child under 6 years.• Bites or stings on mucous membranes or very close to the eye.
<p>Recommended Treatments and Route: Hydrocortisone 1% cream 15gm Crotamiton (Eurax®) cream 30g</p>
<p>Dosage and Criteria: Hydrocortisone (HC45) 1% cream. Apply 1-2 times daily sparingly for maximum of 7 days. Crotamiton (Eurax) cream . Apply 2-3 times a day. For children under 3 years apply crotamiton once a day only.</p>
<p>Follow up & Advice:</p> <ul style="list-style-type: none">• Apply a cold compress.• Use of insect repellent products for future potential exposure.• Advise symptoms that may indicate local or systemic infection. It may be difficult to distinguish allergy from infection which usually develops 24 hours after being bitten and becomes progressively worse.
<p>Side effects and their management:</p> <ul style="list-style-type: none">• Hydrocortisone should not be used for more than 7 days without consulting a GP.

- Topical antihistamines may cause irritation and should be avoided.

General Advice and Follow up:

- Recurrent bites on the legs are usually due to dog or cat fleas in carpets or rugs.

**Pharmacy First Protocol
WARTS & VERRUCAS – Guidance for Treatment**

Definition/Criteria A wart is a small (often hard) benign growth on the skin caused by a virus, usually occurring on the face, hands, fingers, elbows and knees. Verrucas (Plantar warts) occur on the sole of the foot, usually painful and may be covered by a thick callus.
Criteria for INCLUSION Symptoms and signs suggestive of a wart or verruca.
Criteria for EXCLUSION <ul style="list-style-type: none">• Warts on face, ano-genital region or large areas• Diabetes mellitus• Impaired peripheral blood circulation• Broken skin or redness around area of wart / verruca• Single warts in the elderly (over 60) - may be a squamous carcinoma.
Action for excluded patients & non-complying patients Referral to Practice.
Recommended Treatments, Route and Legal status. Frequency of administration & maximum dosage Salactol apply topically daily. Remove dead skin with an emery board.
Follow-up & advice <ul style="list-style-type: none">• Warts usually disappear spontaneously in time, but may take years• Advice on hygiene, for example not sharing towels, as warts spread rapidly in communities, especially schools.• Patients do not need to avoid swimming• Rub wart surface with file or pumice stone once weekly• Removal can take several weeks and treatment may need to be continued for up to 12 weeks.• Avoid healthy skin• Do NOT apply to face or ano-genital warts
Side effects and their management Stinging, dryness and peeling.
When & how to refer to GP See exclusion criteria. Conditional referral: Consider supply, but patient should be advised to make an appointment to see the GP. Rapid referral Single warts in the elderly (may be a squamous carcinoma).

**Pharmacy First
Protocol / Guidance for treatment**

Guidelines for consultations for: Hay fever (Oral medication)

Definition / Criteria:

Symptomatic treatment of seasonal allergic rhinitis in adults and children aged two years and over.

Criteria for INCLUSION:

Adults and children over 2 years of age presenting with symptoms of allergic rhinitis previously diagnosed as hay fever requiring symptomatic treatment.

Criteria for EXCLUSION:

- Patients under 2 years of age.
- Pregnancy.
- Breast feeding.
- Hypersensitivity to antihistamines or any of the ingredients.
- Patients with epilepsy, hepatic or renal impairment

Action for excluded patients & non-complying patients:

- Patients should be referred to their GP if the treatment is ineffective or the symptoms persist for longer than 3 months.
- Patients who are not eligible for treatment under this protocol should be referred to their GP

Special considerations/Concurrent medication:

- Increased sedative effect when antihistamines given with anxiolytics & hypnotics

Recommended Treatments:

- Cetirizine hydrochloride 10mg tablets (30) *P
- Cetirizine hydrochloride 1mg/ml oral solution (150ml) *P (Zirtek Allergy Solution)

Dosage and Frequency of administration:

- Adults and children 6 years and above: one (10mg) tablet daily.
- Children aged between 6 to 11 years: Either one 5ml spoonful (5mg) twice daily or two 5ml spoonful's (10mg) once daily.
- Children aged between 2-5 years: one 5ml spoonful (5mg) daily.

Follow up & Advice:

- Explain treatment and course of action.
- Advise patient not to exceed recommended dose.
- Advise patient not to drive or operate machinery if they experience any transient drowsiness.
- Advise patient to seek further advice if symptoms persist or worsen.
- Avoid allergen contact as much as possible e.g. long grass, fragrant flowers and newly mowed lawns.
- There is no evidence to support the standard advice to sleep with windows closed.
- Avoid excess alcohol intake while taking antihistamine.

Side effects and their management:

Transient side-effects such as headache, dizziness, drowsiness, agitation, dry mouth and gastrointestinal discomfort can be reduced by dividing the dose, 5mg in the morning and 5mg in the evening.

General Advice and Follow up:

Advise patient to seek medical advice if symptoms persist or worsen.

**Pharmacy First
Protocol / Guidance for treatment**

Guidelines for consultations for: Hay fever (Beconase Nasal Spray)

Definition / Criteria:

- Symptomatic treatment of seasonal allergic rhinitis in adults 18 years of age and over.

Criteria for INCLUSION:

- Adults 18 years of age and over presenting with symptoms of allergic rhinitis (sneezing, itchy nose, runny nose and eyes, congestion) previously diagnosed as hay fever requiring symptomatic treatment.

Criteria for EXCLUSION:

- Patients under 18 years of age.
- Not to be used in the presence of an untreated nasal infection.
- Not to be used after nasal surgery (until healing has occurred).
- Hypersensitivity to any of the components of the nasal spray.
- Pregnancy
- Breast feeding

Action for excluded patients & non-complying patients:

- Patients should be referred to their GP if the treatment is ineffective or the symptoms persist for longer than 3 months.
- Patients who are not eligible for treatment under this protocol should be referred to their GP.

Special considerations/Concurrent medication:

- Systemic effects of nasal corticosteroids may occur, particularly at high doses when used for a prolonged period of time.

Recommended Treatments:

- Beclometasone dipropionate 50 microgram/ metered spray *P (Beconase Allergy Nasal Spray 180 doses).

Dosage and Frequency of administration:

- 100 micrograms (2 sprays) into each nostril twice daily; max. total 400 micrograms (8 sprays) daily.

Follow up & Advice:

- Explain treatment and course of action.
- Advise patient not to exceed recommended dose.
- Advise patient to seek further advice if symptoms persist or worsen.
- Avoid allergen contact as much as possible e.g. long grass, fragrant flowers and newly mowed lawns.
- There is no evidence to support the standard advice to sleep with windows closed.

Side effects and their management:

Local side-effects include dryness, irritation of the nose and throat. Headaches, smell and taste disturbances may also occur.

General Advice and Follow up:

Advise patient to seek medical advice if symptoms have not improved after 14 days.

Pharmacy First

Protocol / Guidance for treatment

Guidelines for consultations for: Hay fever (Opticrom Allergy Eye Drops)

Definition / Criteria:

- Symptomatic treatment of seasonal allergic rhinitis in adults and children aged two years and over.

Criteria for INCLUSION:

Adults and children over 2 years of age presenting with symptoms of allergic rhinitis (red, watery, itchy and puffy eyes) previously diagnosed as hay fever requiring symptomatic treatment.

Criteria for EXCLUSION:

- Patients under 2 years of age.
- No nose symptoms.
- Only one eye is affected.
- Patient's eyesight is affected.
- Pregnancy.
- Breast feeding.
- Hypersensitivity to any of the ingredients of the eye drops.

Action for excluded patients & non-complying patients:

- Patients should be referred to their GP if the treatment is ineffective or the symptoms persist for longer than 3 months.
- Patients who are not eligible for treatment under this protocol should be referred to their GP.

Special considerations/Concurrent medication:

- Do not use the eye drops within 2 hours of applying any other eye drops or ointment.

Recommended Treatments:

- Sodium cromoglycate 2% eye drops (10ml) *P. (Opticrom Allergy Eye Drops).

Dosage and Frequency of administration:

- Adults and children 2 years of age and above: apply one drop four times daily.

Follow up & Advice:

- Explain treatment and course of action.
- Advise patient not to exceed recommended dose.
- Advise patient to seek further advice if symptoms persist or worsen.
- Avoid allergen contact as much as possible e.g. long grass, fragrant flowers and newly mowed lawns.
- Soft contact lenses should not be worn while using these eye drops.
- Temporary blurring of the vision can occur after application, wait until the vision is clear before driving or operating machinery.
- There is no evidence to support the standard advice to sleep with windows closed.

Side effects and their management:

- Transient burning and stinging of the eye may occur. If stinging is severe or lasts for a long time seek medical advice.

General Advice and Follow up:

Advise patient to seek medical advice if symptoms get worse or are no better after 2 days of using the eye drops.

Pharmacy First Contact Details

NHS England
North Midlands
Birch House
Southwell Road West
MANSFIELD
NG21 0HJ

e.derbyshirenottinghamshire-pharmacynotts@nhs.net

tracey.phillips6@nhs.net

sianrowbotham@nhs.net

Agreement to provide a Minor Ailment Service (Pharmacy First) as a local enhanced service

SLA Period: 1st April 2017 – 31st March 2019

The agreement will be signed by representatives from both the Provider and NHS England, In signing this agreement the Provider and responsible Pharmacist agree to provide the above service as per the service level agreement. Copies to be signed by both parties. One copy to be retained by the Provider, the other copy to be retained by NHS England

Provider Name (Chemist Contractor)
F Code:

Address from which service will be provided
Email address:

Declaration: I / we agree to provide a Minor Ailment Service as outlined within this service level agreement.

Signature on behalf of the Provider: (Chemist Contractor)

Signature Provider / Contract Holder	Name	Date

Signature of Pharmacist with Responsibility for Service Delivery:

Signature	Name	Date

Signature on behalf of NHS England, North Midlands

Signature	Name	Designation	Date
	Joe Lunn	Head of Primary Care	
	Oliver Newbould	Locality Director	
	Mick Cawley	Director of Finance	
	Wendy Saviour	Director of Commissioning for North Midlands	

Upon completion please return this form to: Sian Rowbotham, Primary Care Support, NHS England, North Midlands, Birch House, Ransom Wood Business Park, Southwell Road West, Mansfield, Nottinghamshire NG21 0HJ or by email to: sianrowbotham@nhs.net