

Service Level Agreement
and
Service Specification
for Community Pharmacy

Greater Manchester Minor Ailments Service
(GM MAS)

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1. Service Objectives

To integrate Community Pharmacy into the self-care support, offer for the Greater Manchester population. Also, to increase the utilisation of Community Pharmacy as the first port of call for the management / treatment of self-limiting, minor illness. Leading to improved use of urgent care pathways and ensuring people are treated in the most appropriate care setting.

The service will allow people to effectively self-care for minor, self-limiting conditions through Community Pharmacy, freeing up GP capacity to manage more complex medical needs.

2. Service Overview

Under the national Community Pharmacy Contractual Framework, Community Pharmacies support people to manage minor ailments and self-limiting conditions by the provision of advice and where appropriate, the sale of medicines. This service will support eligible people (as outlined in Appendix 2) to access support for self-care and when required supply of evidence-based medicines from Community Pharmacy.

This service is commissioned as an Enhanced Service as defined by Part 4 paragraph 14(1)(j) under the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended).

3. Community Pharmacy Contractor Requirements & Responsibilities

3.1. Suitable Area

The Community Pharmacy contractor must provide a suitable area in which to undertake the GM Minor Ailments Service and give advice. The area must meet the following requirements:

- Patient and Pharmacist can sit down together if required
- They can talk at normal speaking volumes without being overheard by staff or customers
- Patient and Pharmacist can have a confidential conversation
- Area must be clean, tidy and professionally presented

The availability of a suitable area can be reviewed as part of any service Commissioner quality or performance review.

3.2. Training & Accreditation

The Community Pharmacy contractor has a duty to ensure that all Pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

Pharmacists and registered technicians involved in the provision of the service should complete a Declaration of Competence (DoC) to self-assess their competence to provide the Minor Ailment Service and this should be reassessed and updated at least every two years. Paperwork to support this can be found by visiting the CPPE website <https://www.cppe.ac.uk/services/declaration-of-competence>. Evidence of a valid DoC must be provided upon request.

Community Pharmacy contractors are responsible for ensuring that staff remain alert to any developments in national guidance and providers must ensure that up to date evidence, best practice guidance and professional standards are followed at all times.

Staff whom are involved in delivery of the service must have received adequate training in the management of minor ailments and be aware when to refer to the Pharmacist.

3.3. Standard Operating Procedure (SOP)

The Community Pharmacy Contractor must have appropriate and up to date Standard Operating Procedures (SOPs) to support the delivery of the service. These must always be available in the Community Pharmacy and all Pharmacy Team members delivering elements of the service must be familiar with their contents. SOPs must also be made available to the Commissioner or appointed agent upon request.

The Community Pharmacy contractor has a duty to ensure that Pharmacists and staff involved in the provision of the service are aware of and operate within the Standard Operating Procedures.

Service provision must be under the direction of a Pharmacist. If the Pharmacist is to delegate aspects of service provision to other members of staff the SOP must make reference to their role and responsibilities, highlighting steps in the procedure where referral to the Pharmacist is necessary.

Community Pharmacy contractors will review their Standard Operating Procedures for the service when there are any major changes in the law affecting the service or in the event of any incidents. In the absence of any of these events they will be reviewed every two years.

3.4. Service Availability and Equality & Diversity

Community Pharmacy contractors must ensure that the service is available throughout all of the pharmacy's NHS contracted hours (i.e. core and supplementary). If the Community Pharmacy contractor is unable to deliver the service owing to exceptional circumstances outside of their control, the pharmacy team must make arrangements with the patient for the consultation to be conducted at the next available opportunity within an appropriate time frame; or signposted to another provider if appropriate. The community pharmacy contractor must also ensure that local GP practices are informed in the event that exceptional circumstances render them unable to deliver the service.

The Pharmacy Contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patients shall be excluded or experience difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity or age and in doing so comply with the requirements of the Equality Act 2010. It is the responsibility of the service provider to make reasonable adjustments to meet the individual needs of its patients.

The service should be provided according to the terms of Accessible Information Standards (July 2016).

3.5. Professional Indemnity Insurance

The Community Pharmacy contractor, Pharmacists and staff participating in this service must ensure they have appropriate insurance cover and maintain adequate cover for their participation in this service.

3.6. Freedom of Information

The Community Pharmacy contractor and The Commissioner recognise that this service specification and/or associated recorded information may be subject to Freedom of Information requests (FOI). Each party shall comply with any such Freedom of Information requests received, in accordance with the Freedom of Information Act 2000 legal obligations.

A copy of the service specification is to be kept by the service provider and available for reference by all staff.

3.7. Health & Safety

In addition to the specific health and safety requirements for staff providing this service, the service provider shall comply with the requirements of the Health and Safety at Work Act 1974, the management of health and safety at work regulations 1999 and any other acts, regulation, orders or rules of law pertaining to health and safety.

3.8. Professional Responsibility & Continuing Professional Development

This service specification does not remove inherent professional obligation or accountability. All Pharmacists and registered Technicians involved in providing this service must adhere to their professional code of conduct and at no point does this service abrogate their professional responsibility. Professional judgement must be used at all times.

It is the professional's responsibility to practice only within the bounds of their own competence.

The Responsible Pharmacist on each given day has overall responsibility for ensuring the service is delivered in accordance with this service specification.

Where there are concerns regarding individual poor performance in the delivery of this service, these will be addressed as a clinical governance matter.

3.9. Safeguarding

Community Pharmacy teams are reminded of their existing obligations to comply with local and national guidance relating to vulnerable adult procedures.

When dealing with all patients, Pharmacy teams have a responsibility to consider if there is a potential safeguarding issue (e.g. repeated requests for analgesia for similar or unrelated conditions), including raising awareness with the patient's GP if appropriate.

The Pharmacy team shall actively work to protect service users and their families from abuse and ensure that local multiagency safeguarding procedures are followed where there are any concerns of abuse in relation to any children or adults.

4. Service Description

4.1. Patient Eligibility

Any patient who meets the eligibility criteria outlined in Appendix 2 and can present to the Pharmacy and access the service for treatment of a current self-limiting condition covered by the minor ailment formulary. The patient or a suitable representative must present at the pharmacy or the pharmacy can arrange a suitable remote consultation if appropriate.

Patients can receive treatment for up to 2 conditions per consultation. The pharmacy must only provide a maximum of two medicines per symptom and one pack of each medication supplied (unless the formulary indicates more than one pack).

The Community Pharmacy contractor will have a system to check the person's eligibility for receipt of the service.

Pharmacists and staff participating in this service must have system in place to identify any clinical exclusion criteria, recognise red flag symptoms and when patients should be referred.

The service is intended for treatment of acute, self-limiting minor ailment conditions only. Community Pharmacy contractors are not to convert a patient interaction, whereby the patient / representative is purchasing a medicine for self-care into a supply under the service.

This service must not be used for the treatment of:

- repeated treatment of the same condition (with the exception of seasonal hay fever which can be managed under the service), if a patient presents on multiple occasions with the same symptoms this should be considered for referral to GP as appropriate. (Referral via local arrangements).
- patients presenting to the pharmacy for multiple conditions in short space of time. (e.g. more frequently than monthly).
- long-term management of conditions, e.g. chronic pain conditions
- patients with symptoms not indicative of any of the minor ailments included in the service
- service formulary is contraindicated
- lost medicine
- medicine requested ‘just in case’
- medicine requested to take on holiday
- medicine requested in lieu of uncollected repeat prescription
- medicine requested to stock up medicine cabinet
- patient or carer unwilling to complete service documentation
- patient or carer unwilling to accept medication or quantity of medication available from the service

4.2 Patient Recruitment & Service Promotion

The Commissioner will be responsible for the promotion of the service locally, including the development of publicity materials, which Pharmacies will be required to use to promote the service to the public where locally agreed. Any commissioner publicity materials will be uploaded to PharmOutcomes for pharmacies to download and display. Please contact The Commissioner if these materials are required in an alternative format. Community Pharmacies should only utilise promotional materials provided by the commissioner to promote the service. Community Pharmacy can promote that they are participating in the service via the nhs.uk website and their own websites or at the pharmacy premises.

4.3 Service Delivery

This service cannot be provided solely by trained pharmacy staff. At all times a Pharmacist must be involved, present and accountable for service delivery. Overall accountability and responsibility will remain with the Responsible Pharmacist.

The service can be delivered either face to face at the pharmacy premises or remotely via telephone or appropriate digital methods. If the service is to be delivered remotely the pharmacist must ensure that an appropriate consultation / clinical review takes place and the patient is seen face to face if required. Remote consultations must be conducted in a manner that ensures necessary patient confidentiality.

In the case of Distance Selling Pharmacies (DSPs), the service should routinely be delivered remotely, unless in the pharmacist’s professional judgement a face to face consultation is required. To participate in the service the DSP must have an appropriate consultation room available for patient

consultations if required. DSPs must ensure if a face to face consultation is required that no NHS essential pharmaceutical services are delivered at the pharmacy premises or within the vicinity of the premises.

If the service is provided remotely medicines must be able to be accessed by the patient / representative and supplied in a timely fashion, usually on the same day as the consultation and within 24 hours.

The necessary knowledge and skills to provide the service are core competencies for all Pharmacists and their healthcare trained staff, but Pharmacists will want to ensure that all staff providing the service:

- are able to communicate with and advise patients appropriately and effectively on minor conditions;
- are able to assess the clinical needs of patients, including the identification of Red Flags (which are detailed in NICE Clinical Knowledge Summaries);
- are able to make appropriate referrals and signpost to other NHS services and healthcare professionals;
- are able to explain the service to patients and carers.

The Pharmacy will:

- provide advice on the management of the ailment, or;
- provide advice and a medicine from the local formulary, supported by advice on its use, or;
- provide advice on the management of the ailment plus a referral to an appropriate healthcare professional (e.g. Dentist, Podiatrist, GP, Walk-In Centre or Emergency Care Department), or;
- signpost to another pharmacy delivering the service if unable to provide the service themselves.

Medication supplied should be in original packs which must contain a patient information leaflet. Pharmacies are legally required to ensure that any information given to patients is available in an accessible information format if required.

Where appropriate the Pharmacy may sell additional OTC medicines to the person to help manage the minor ailment.

The Pharmacy will operate a triage system and will refer to other health and social care professionals where appropriate.

If the patient presents with symptoms indicating the need for a GP consultation the Community Pharmacy contractor should attempt to contact the surgery and make an appointment for the patient within the appropriate time frame. If the surgery is closed and/or the symptoms are sufficiently severe, the patient should be advised to contact the appropriate urgent care setting.

Pharmacy staff should be alert to potential overuse of medication by patients who attend for repeat supplies or who make requests for multiple unrelated conditions and ensure that referral to other healthcare professionals when repeat supply of medication for a condition would be considered clinically inappropriate and unsafe.

Community Pharmacy contractors will provide / direct patients to self-care materials when necessary.

At the end of every consultation, the Pharmacist could give a closing statement to the patient as appropriate:

“If your symptoms do not improve or become much worse, then either come back to see me or seek advice from your GP. You can call NHS 111 or 999 if the matter is urgent and a Pharmacist or GP is not available.”

4.4 Supporting Materials

The Community Pharmacy will be provided by the Commissioner as appropriate, with relevant referral points which pharmacy staff can use to signpost service users who require further assistance. Any commissioner publicity materials will be uploaded to PharmOutcomes for pharmacies to download and display.

4.5 Significant Event Reporting

The Pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for Pharmacies.

The Community Pharmacy contractor will directly report any incidents relating to the service to the Commissioner and if serious to NHS England in line with the Community Pharmacy Contractual Framework requirements. In response to incidents or near-misses the Pharmacy will reflect on current practice and, if appropriate, implement changes to reduce the risk of a similar event and improving the quality of care provided. The Pharmacy team will consider and respond to the recommendations arising from any audit, Serious Untoward Incident report or Patient Safety Incident report produced by NHS England. The pharmacy team consents to the sharing of patient anonymised service activity data with the Commissioner and a commissioner representative (where appropriate) for the purpose of auditing the quality of the service, evaluating the service and making service payments.

4.6 Complaints

The Pharmacy will effectively manage any complaints using the Community Pharmacy’s own internal complaints procedures which must be consistent with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, as amended.

The Pharmacy team will inform The Commissioner of any complaint relating to the service. The Pharmacy team will manage any incidents in line with the requirements of the NHS Contractual Framework for Community Pharmacy.

5 Data & Records

5.1 PharmOutcomes

The Community Pharmacy contractor must agree to use PharmOutcomes® to collect all data and claim fees associated with this service.

PharmOutcomes® is a web-based system which helps Community Pharmacies provide services more effectively and makes it easier for the Commissioner to audit and manage these services. By collating information on pharmacy services, it allows local and national level analysis and reporting on the effectiveness of commissioned services, helping to improve the evidence base for community pharmacy services

PharmOutcomes® will be used in this service as a tool to:

- capture data about the service delivered to each client

- facilitate the transfer of patient information to the GP where appropriate
- arrange payment for the delivery of the service

Pharmacy Teams must ensure that they have the log in details for PharmOutcomes. Pharmacy staff should be familiar with the service on PharmOutcomes® and the information that is required to complete a record before the system is used. NB adding a test client will trigger a false claim.

It is best practice to complete the consultation form electronically at the time of the consultation. Patient consent must be documented, and eligibility captured. This can either be electronically via the PharmOutcomes module or via printing the consultation and having the patient sign during the consultation. If the pharmacy makes the declaration electronically on behalf of the patient and it is later established that the patient is not eligible, the service fees will be recovered.

5.2 Data to record

The Pharmacy will maintain a record of the consultation and any medicine that is supplied using the minor ailment service consultation form. These consultation forms must be fully completed and kept for a minimum of two years to ensure effective ongoing service delivery and audit.

If a patient presents with multiple conditions one consultation form should be completed for all conditions i.e. one form should be completed per consultation not per condition. A maximum of 2 conditions can be treated per consultation. All conditions must be current and acute, presenting with more than 2 conditions could indicate a more complex or serious underlying issue.

All data for this service should be recorded on PharmOutcomes® and some of the details are summarised below:

Forename & Surname		
Address		
Postcode		
Date of Birth		
Ethnicity		
Eligibility		
GP Practice		
Record of consent including sharing info with GP		

5.3 Data Protection

All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care.

Equipment used to store records should provide storage that is safe and secure from unauthorised access and which meets health and safety, and fire regulations, but which also allow maximum accessibility of the information commensurate with its frequency of use.

The Community Pharmacy team will treat as confidential and restrict access to records and documents containing information relating to individual patients managed under the terms of the service to personnel authorised to participate in the service and, in the appropriate circumstances, other health care professionals and agencies, in line with local confidentiality arrangements, including where appropriate, the need for the permission of the client to share the information.

All parties will comply with the Data Protection Act 2018 and other legislation covering access to confidential client information. The requirement for confidentiality will be balanced with the needs of the service user.

5.4 Confidentiality

All data will remain the property of The Commissioner.

Each participating contractor must have in place and follow a comprehensive confidentiality policy and comply the Data Protection Act 2018. This must be shared with the Commissioner upon request.

Where for the purposes of delivering the agreed services, it is necessary for the Community Pharmacy contractor to hold patient identifiable information i.e. that is subject to NHS Rules on protection and disclosure under the supervision of a named "Caldicott Guardian" / Information Governance Lead on behalf of the partners, it shall not disclose such information without the prior consent in writing of the Caldicott Guardian / Information Governance Lead of the Commissioner. It may then disclose patient identifiable information for proper purposes under procedures supervised by the Caldicott Guardian / Information Governance lead of the Host organisation.

This consent may be given in general or specific terms but cannot authorise any greater degree of disclosure than would be permitted under the Caldicott / information governance arrangements of either party.

All parties will endeavour to maintain appropriate confidentiality regarding information that is proprietary to each of the partners within the context of shared working.

6 Quality

6.1 Quality Standards

The Community Pharmacy team agrees to comply with the following quality standards:

- Promotional materials provided to support the service will be fully utilised to drive awareness and uptake, where locally agreed.
- Health promotion, lifestyle and self-care materials are in place in the Community Pharmacy and will be utilised to support the service
- Active participation in any Commissioner post-payment verification of service provision
- Co-operation with any Commissioner assessment of patient experience
- All clinical advice provided is in line with national/local guidelines

Applicable National Standards (e.g. NICE)

NICE Quality Standard for Acute Kidney Injury (QS76)

- Statement 1: People who are at risk of acute kidney injury are made aware of the potential causes

NICE Quality Standard for Meningitis (bacterial) and Meningococcal Septicaemia in Children and Young People (QS19)

- Statement 1: Parents and carers of children and young people presenting with non-specific symptoms and signs are given 'safety netting' information that includes information on bacterial meningitis and meningococcal septicaemia

NICE Quality Standard for Constipation in Children and Young People (QS62)

- Statement 1: Children and young people with constipation receive a full assessment before a diagnosis of idiopathic constipation is made

NICE Quality Standard for Dyspepsia and Gastro-oesophageal Reflux Disease in Adults (QS96)

- Statement 1: Adults with dyspepsia or reflux symptoms who present to community pharmacists are given advice about making lifestyle changes, using over the counter medicines and when to consult their GP

NICE Quality Standard for Feverish Illness in Childhood (QS64)

- Statement 1: Infants and children under 5 years with unexplained fever have their risk of serious illness assessed and recorded using the traffic light system.
- Statement 4: Parents and carers who are advised that they can care for an infant or child under 5 years with unexplained fever at home are given safety net advice, including information on when to seek further help.

NICE Quality Standard Headaches in young people and adults (QS42)

- Statement 2: People with a primary headache disorder are given information on the risk of medication overuse headache.

Applicable Standards set out in Guidance and/or issued by a Competent Body (e.g. Royal Colleges)

- General Pharmaceutical Council Standards for Pharmacy Professionals
- General Pharmaceutical Council Standards for Registered Pharmacies
- Royal Pharmaceutical Society Interim Statement of Professional Standard. Supply of Over the Counter (OTC) medicines
- Royal Pharmaceutical Society Bowel Cancer - Quick Reference Guide
- Royal Pharmaceutical Society Chloramphenicol - Quick Reference Guide
- Royal Pharmaceutical Society Cough and Cold Products for Children - Quick Reference Guide
- Royal Pharmaceutical Society Lung Cancer - Quick Reference Guide
- Royal Pharmaceutical Society Oesophago-gastric Cancer - Quick Reference Guide
- Royal Pharmaceutical Society Pseudoephedrine and Ephedrine - Quick Reference Guide
- Royal Pharmaceutical Society Protecting Children and Young People - Quick Reference Guide
- Royal Pharmaceutical Society Protecting Vulnerable Adults - Quick Reference Guide
- Royal Pharmaceutical Society Raising Concerns, Whistleblowing and Speaking up Safely in Pharmacy

6.2 Performance Monitoring

The service provider will have an NHS dispensing contract with NHS England Greater Manchester and must fully comply with its Terms of Service under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, for delivery of Essential Services.

The Commissioner or appointed agent retains the right to audit any part of the service at any time to ensure continued quality.

The Commissioner or appointed agent reserves the right to ask for evidence from the Pharmacy that it is following the procedures outlined in this specification.

The service provider will co-operate with any Commissioner-led assessment of service user experience or audit of the service in order to evaluate service provision and identify areas for service improvement.

The Commissioner or appointed agent reserves the right to evaluate other health professionals' perception of the overall quality of the service

Changes to the level or quality of the service will not be introduced without prior agreement with The Commissioner. Changes will be communicated and authorised in writing to all service providers.

7 Payment & VAT

It is the responsibility of the individual Pharmacy contractor to inform The Commissioner of any change in ownership or account details which may affect payments for Locally Commissioned Services.

Prior to the provision of the service, the Community Pharmacy contractor must ensure that both their premises and Pharmacist(s) meet the requirements outlined in this Service Specification.

Payments will only be made to those Community Pharmacy contractors who have signed up to the Service Specification.

All payments will be made based on the data recorded and submitted through PharmOutcomes®.

It is the responsibility of the Community Pharmacy contractor to ensure all service data is entered onto PharmOutcomes® in line with the detail laid out in this Service Specification document, in order to ensure payments will be made promptly.

Community Pharmacy contractors are encouraged to input consultations live or within 5 working days. Consultations inputted more than one month later than the date of consultation may not be accepted for payment.

The localities will make the payments to Pharmacies via SBS once the invoice has been agreed by The Commissioner.

The Commissioner and appointed agent reserve the right to verify claims by, but not limited to, inspecting paper and computer records in accordance with ethical guidelines.

All payments will be made on a monthly basis.

Consultation Fee - A fee of £3.40 will be paid for each consultation

A consultation consists of an interaction with a single patient. Only one consultation fee will be paid regardless of the number of items supplied.

Drug Costs - Drug cost reimbursement will be at current Drug Tariff cost. If the drug is not within the Drug Tariff the cost will be the current Chemist and Druggist cost. The formulary will be reviewed annually.

VAT - Exempt

Payments are made to the Pharmacy Contractor, not individual Pharmacists.

8 Contract Duration & Termination

Community Pharmacy contractors MUST inform The Commissioner immediately if they are unable to provide the minor Ailments Service due to any circumstances.

Community Pharmacy contractors and The Commissioner will give at least one months' notice of either party's desire to terminate the service. Community Pharmacy contractors will give notice by email to gmhcp.gmtop@nhs.net

The Commissioner should give one months' notice of any change to the terms of service.

Next review date: March 2025

Appendix 1: GM MAS Formulary Update March 2024

Indication	Medication	Pack Size	Age Range/Notes
Allergy	Cetirizine 10mg tablets	30	6 years and over
	Cetirizine 5mg/5ml oral solution SF	200m	2 years and over
	Chlorphenamine 4mg tablets	30	6 years and over
	Chlorphenamine 2mg/5ml oral solution	150ml	2 years and over
	Sodium Cromoglicate 2% eye drops	10ml	6 years and over
	Beclometasone 50mcg/metered dose nasal spray	100 dose	18 years and over
Athletes Foot	Clotrimazole 1% cream	20g	6 months and over
	Miconazole 2% cream	30g	6 months and over
	Terbinafine 1% cream	15g	12 years and over
	Hydrocortisone 1% cream	15g	10 years and over
Atopic Eczema	ZeroAQS cream	500g	6 months and over
	Oilatum cream	150g	6 months and over
	Hydromol ointment	125g	6 months and over
	Hydrocortisone 1% cream	15g	10 years and over
	Clobetasone 005% cream	15g	12 years and over
Constipation	Ispaghula Husk 3.5g sachets	10	18 years and over
	Bisacodyl 5mg EC tablets	10	18 years and over
Contact Dermatitis	ZeroAQS cream	500g	6 months and over
	Hydrocortisone 1% cream	15g	10 years and over
	Clobetasone 005% cream	15g	12 years and over
Diarrhoea	Oral rehydration sachets	6	1 year and over
	Loperamide 2mg capsules	6	18 years and over
Dry Eyes	Hypromellose 0.3% eye drops	10ml	For ages 12 years and over
Ear Wax	Olive oil ear drops	10ml	For ages 12 years and over
Otitis Externa	Acetic acid 2% spray	5ml	For ages 12 years and over
Fever	Paracetamol 500mg tablets	32	12 years and over
	Paracetamol 500mg soluble tablets	24	12 years and over
	Paracetamol 120mg/5ml oral suspension sugar-free	200ml	2 months - 6 years

	Paracetamol 250mg/5ml oral suspension sugar-free	100ml	6 years and over
	Ibuprofen 200mg tablets	24	12 years and over
	Ibuprofen 400mg tablets	24	12 years and over
	Ibuprofen 100mg/5ml oral suspension sugar-free	100ml	3 months and over
Head Lice	Dimeticone 4% lotion (<2 years)	50ml	6 months and over
	Dimeticone 4% lotion (2 years+)	2 x 50ml	6 months and over
	Bug buster kit	1	6 months and over
Indigestion and Heartburn	Peptac liquid	500ml	18 years and over
	Gaviscon Advance liquid	150ml	18 years and over
Insect Bites and Stings	Cetirizine 10mg tablets	30	6 years and over
	Cetirizine 5mg/5ml oral solution SF	200ml	2 years and over
	Chlorphenamine 2mg/5ml oral solution	150ml	1 year and over
	Chlorphenamine 4mg tablets	30	6 years and over
Mouth Ulcers	Benzydamine spray 0.15%	30ml	5 years and over
	Chlorhexadine gluconate 0.2% mouthwash	300ml	12 years and over
	Anbesol liquid	10ml	1 year and over
Nappy Rash	Conotrane cream	100g	For ages 1month - 4 years
Pain including teething	Paracetamol 500mg tablets	32	12 years and over
	Paracetamol 500mg soluble tablets	24	12 years and over
	Paracetamol 250mg/5ml suspension sugar-free	100ml	6-12 years old
	Paracetamol 120mg/5ml suspension sugar-free	200ml	3 months - 6 years
	Ibuprofen 200mg tablets	24	12 years and over
	Ibuprofen 400mg tablets	24	12 years and over
	Ibuprofen 100mg/5ml oral suspension sugar-free	100ml	3 months and over
Threadworm	Mebendazole 100mg tablets	2 x 1	2 years and over
Oral Thrush	Miconazole 2% oral gel	15g	4 months and over
Vaginal Thrush	Fluconazole 150mg capsule	1	Females aged 16yrs - 60yrs
	Clotrimazole 500 mg pessary (where fluconazole is contraindicated)	1	Females aged 16yrs - 60yrs
	Clotrimazole 2% cream	20g	Females aged 16yrs - 60yrs

Appendix 2: Eligibility to access the service.

From 1st April 2024, any resident registered with a GP Practice within all of GM localities, who are eligible to claim an exemption from NHS Prescription charges we be able to access this service free at the pint of use. This will be reviewed March 2025.

Bury, Bolton, Oldham, Manchester, Rochdale, Salford, Stockport, Trafford, Tameside and Wigan locality area are using the exemption criteria below

- is under 16 years of age
- is 16, 17 or 18 and in full-time education
- is 60 years of age or over
- has a valid maternity exemption certificate
- has a valid medical exemption certificate
- has a valid prescription exemption certificate issued by Ministry of Defence
- is named on current HC2 charges certificate
- gets Income Support or income related ESA
- gets income-based Jobseeker's Allowance
- is entitled or named on valid NHS Tax Credit Exemption certificate
- receives Pension Credit Guarantee Credit (including partners)
- Universal Credit and meets the criteria. Find out more at www.nhsbsa.nhs.uk/UC