



Dear Colleague

**PHARMACEUTICAL SERVICES  
EXTENDED MINOR AILMENT SERVICE PILOT IN  
INVERCLYDE HEALTH AND SOCIAL CARE  
PARTNERSHIP**

**Purpose**

1. This Circular encloses Directions and a service specification for the Extended Minor Ailment Service Pilot due to take place in the Inverclyde area of NHS Greater Glasgow and Clyde in 2017.

**Background**

2. The Programme for Government, published on 6 September 2016, included a commitment to test the feasibility of an expanded community pharmacy Minor Ailment Service, accessible to all patients. A pilot exercise will commence on 30 January 2017 in the Inverclyde Health and Social Care Partnership.

**Detail**

3. The pilot will involve the current MAS being extended to all patients registered with a GP practice in Inverclyde and augmented to include treatments for the most common, uncomplicated conditions normally requiring a GP prescription. This initiative will allow an extended MAS to be piloted and evaluated as part of a whole systems approach to primary care transformational change within the Inverclyde Health and Social Care Partnership area.

4. Directions providing the legal framework for the pilot and the service specification are attached as an Annex to this circular.

5. Patients in Inverclyde who are not eligible for the extended MAS pilot will be able to continue to access the national MAS, providing they meet the eligibility criteria for that service, which is unchanged.

18 January 2017

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**Addresses**

For action

Chief Executive, NHS Greater  
Glasgow & Clyde

For information

Chief Executive, NHS NSS  
Director of Practitioner Service,  
NHS NSS  
Directors of Pharmacy

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**Enquiries about pilot to:**

Email:  
[prescribing@ggc.scot.nhs.uk](mailto:prescribing@ggc.scot.nhs.uk)

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**General Enquiries to:**

Elaine Muirhead  
Pharmacy & Medicines  
Division  
1<sup>st</sup> Floor East Rear  
St Andrew's House  
EDINBURGH  
EH1 3DG

Tel: 0131-244-3433

Email:  
[Elaine.Muirhead@gov.scot](mailto:Elaine.Muirhead@gov.scot)

[www.gov.scot](http://www.gov.scot)

## **Key Principles**

6. In providing Extended MAS in Inverclyde, community pharmacy contractors are expected to give due regard to and apply the Key Principles for the provision and operation of MAS, as set out in Circular PCA(P)(2016(12), issued on 20 July 2016.

## **Funding arrangements**

7. Community pharmacy contractors who have agreed to participate in the extended MAS pilot will be entitled to a one-off start up payment of £500 and a monthly payment of £100 for the duration of the pilot, followed by a one-off final evaluation payment of £500. These payments are in addition to the existing payment and funding arrangements for MAS.

8. Community Pharmacy Scotland has been consulted on the terms of this circular and the Drug Tariff has been amended.

## **Action**

**9. NHS Greater Glasgow & Clyde is asked to note the contents of this Circular and to bring it to the attention of community pharmacy contractors, GPs, local pharmacy committees and Health and Social Care Partnerships.**

Yours sincerely,



**Rose Marie Parr**  
Chief Pharmaceutical Officer/  
Deputy Director Pharmacy & Medicines Division

**NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978**

**HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MINOR AILMENT SERVICE) (INVERCLYDE PILOT EXTENSION) (SCOTLAND) DIRECTIONS 2017**

The Scottish Ministers, in exercise of the powers conferred by sections 2(5), 27A, 27B, and 105(6) and (7) of the National Health Service (Scotland) Act 1978<sup>1</sup>, and all other powers enabling them to do so, give the following Directions.

**1. Citation, commencement and application**

1.1 These Directions may be cited as the Health Board Additional Pharmaceutical Services (Minor Ailment Service) (Inverclyde Pilot Extension) (Scotland) Directions 2017 and come into force on 30 January 2017.

1.2 These Directions apply to arrangements made between Greater Glasgow Health Board<sup>2</sup> and a provider listed in Schedule 5 for the provision of an Extended Minor Ailment Service as an additional pharmaceutical service.

1.3 Subject to paragraph 1.4, the Health Board Additional Pharmaceutical Services (Minor Ailment Service) (Scotland) Directions 2016 are dis-applied in respect of arrangements to which these directions apply.

1.4 The Health Board Additional Pharmaceutical Services (Minor Ailment Service) (Scotland) Directions 2016 continue to apply for the purpose of arrangements between Greater Glasgow Health Board and a provider listed in schedule 5 for the provision of a Minor Ailment Service to a patient who is not eligible for an Extended Minor Ailment Service.

**2. Interpretation**

2.1 In these Directions, unless the context otherwise requires:

“the 2009 Regulations” means the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009<sup>3</sup>;

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<sup>1</sup> 1978 c.29; section 2(5) was amended by the National Health Service and Community Care Act 1990 (c.19), section 66(1) and Schedule 9, para. 19(1); section 27A was inserted by the National Health Service (Primary Care) Act 1997 (c.46) (“the 1997 Act”), section 27(2); section 27B was inserted by the 1997 Act, section 28(2); section 105(7) was amended by the Health Services Act 1980 (c.53), section 25(3) and Schedule 6, paragraph 5(1) and Schedule 7, the Health and Social Services and Social Security Adjudications Act 1983 (c.41), section 29(1) and Schedule 9, Part I, paragraph 24 and by the 1999 Act, section 65 and Schedule 4, paragraph 60. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

<sup>2</sup> As constituted by the National Health Service (Constitution of Health Boards) (Scotland) Order 1974 (S.I. 1974/267).

“the 2011 Regulations” means the National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011<sup>4</sup>;

“the Act” means the National Health Service (Scotland) Act 1978;

“the Agency” means the Common Services Agency for the Scottish Health Service”;

“approved appliance” means an appliance which has been approved by the Practitioner Services Division of the Common Services Agency for provision under MAS;

“care home” means an establishment which provides a care home service as defined in paragraph 2 of schedule 12 to the Public Services Reform (Scotland) Act 2010<sup>5</sup>;

“consultation” means a consultation with a pharmacist under the Extended Minor Ailment Service;

“eligible person” means a person who in terms of paragraph 4.1 of schedule 4 to these directions is eligible for Extended MAS, and “eligible persons” shall be construed accordingly.

“Extended Minor Ailment Service” or “Extended MAS” has the meaning provided in paragraph 3.

“Extended MAS provider” means a person with whom Greater Glasgow Health Board has made arrangements, in accordance with these directions, for the provision of an Extended Minor Ailment Service’

“General Sales List (GSL) Medicine” has the meaning ascribed to “medicinal product subject to general sale” by regulation 5(1) of the Human Medicines Regulations 2012<sup>6</sup>;

“Minor Ailment Service” or “MAS” means a service provided in accordance with the MAS Directions;

“the MAS Directions” means the Health Board Additional Pharmaceutical Services (Minor Ailment Service) (Scotland) Directions 2016;

“Minor Ailment Service stationery” or “MAS stationery” means forms, approved by Scottish Ministers, on which -

(a) the details of a patient registered for extended MAS are recorded; or

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<sup>3</sup> S.S.I. 2009/183, amended by S.S.I. 2009/209, S.S.I. 2010/128, S.I. 2010/231, S.S.I. 2011/32, S.S.I. 2011/55, S.S.I. 2012/36, S.I. 2012/1916, S.I. 2012/1479, S.I. 2012/2041, S.I. 2013/235, S.S.I. 2014/73, S.S.I. 2014/148 and S.I. 2015/968.

<sup>4</sup> S.S.I. 2011/55, amended by S.S.I. 2012/74, S.S.I. 2013/191, S.S.I. 2014/115 and S.S.I. 2015/160.

<sup>5</sup> 2010 asp 8.

<sup>6</sup> S.I. 2012/1916.

(b) the details of a registered patient’s extended MAS transactions are recorded, including:

- (i) any consultation undertaken;
- (ii) any supply of medicine or appliance; and
- (iii) any referral to another healthcare practitioner;

“patient record” means a record maintained for each recipient of extended MAS in accordance with paragraph 4 of Schedule 2;

“patient group direction” or “PGD” has the meaning ascribed to it in regulation 213(1) of the Human Medicines Regulations 2012;

“pharmacist” means a person who is registered as a pharmacist in Part 1 or 4 of the register maintained under article 19 of the Pharmacy Order 2010<sup>7</sup> or the register maintained in pursuance of Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976<sup>8</sup>

“Pharmacy (P) medicine” has the meaning ascribed to “pharmacy medicine” in article 1 of the Medicines (Pharmacy and General Sale-Exemption) Order 1980<sup>9</sup>;

“the Pilot area” means the part of the area of Greater Glasgow Health Board which is within the area of Inverclyde Council<sup>10</sup>;

“registration” means registration for the Extended Minor Ailment Service in terms of paragraphs 3 to 5 of Schedule 2, and “registered” shall, except where the context otherwise requires, be construed accordingly ;

“Yellow Card reporting mechanism” means an arrangement set up for reporting adverse reactions to medicines to the Medicines and Healthcare products Regulatory Agency on pre-printed and postage paid yellow cards, or to [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk).

2.2 A person is registered on a permanent basis with a GP if that person is:

(a) a registered patient in terms of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004<sup>11</sup>;

(b) a registered patient in terms of the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004<sup>12</sup>; or

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<sup>7</sup> S.I. 2010/231

<sup>8</sup> S.I. 1976/1213 (N.I. 22)

<sup>9</sup> S.I. 1980/1924

<sup>10</sup> The area of Greater Glasgow Health Board is set out in schedule 1 to the National Health Service (Variation of Areas of Health Boards) (Scotland) Order 2013 (S.S.I. 2013/347). The area of Inverclyde Council is set out in schedule 1 of the Local Government (Scotland) Act 1994 (c 39) as read with section 2(1) of that Act.

<sup>11</sup> S.S.I. 2004/115. Regulation 2 defines “registered patient”.

<sup>12</sup> S.S.I. 2004/116. Regulation 2 defines “registered patient”.

(c) otherwise registered (other than as a temporary resident) to receive primary medical services in terms of the Act.

2.3 Other words and phrases used in these Directions have the same meaning as they have in the Act and in the 2009 Regulations.

2.4 Any reference in these Directions

- (i) to a numbered paragraph, is a reference to a paragraph bearing that number in these Directions;
- (ii) to a numbered Schedule, is a reference to the Schedule to these Directions bearing that number; and
- (iii) to a numbered paragraph of a numbered Schedule, is a reference to a paragraph bearing that number in the Schedule bearing that number.

### **3. Description of the Extended Minor Ailment Service**

3.1. The Extended Minor Ailment Service is a service for the provision of pharmaceutical care to persons who are registered to receive Extended MAS by a person who is authorised to provide Extended MAS in terms of paragraph 5 and, where appropriate, advice, treatment or onward referral by that person to another NHS healthcare practitioner.

3.2 The services which comprise Extended MAS are specified in Schedule 1 and Schedule 4.

### **4. Health Board authorised to arrange for provision of an Extended Minor Ailment Service**

4.1 Until otherwise directed, Greater Glasgow Health Board may arrange for the provision of Extended Minor Ailment Services (Extended MAS) for eligible persons in the pilot area as additional pharmaceutical services in accordance with these Directions.

4.2 Greater Glasgow Health Board must inform Extended MAS providers of the formulary or prescribing guidelines that apply to the provision of Extended MAS in their area. The products that the Health Board may include on the Extended MAS formulary are:

(i) Pharmacy (P) and General Sales List (GSL) medicines that are not listed in directions given by Scottish Ministers under section 17N(6) of the Act as to drugs, medicines or other substances which may or may not be ordered for a patient in the provision of primary medical services<sup>13</sup> (the “black list”);

(ii) dressings and appliances from Part 2 of the Drug Tariff;

(iii) approved appliances from Part 3 of the Tariff; and

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<sup>13</sup> Directions of the Scottish Ministers as to the drugs, medicines or other substances which may, or may not, be ordered for patients in the provision of primary medical services under a general medical services contract were issued on 9 February 2011.

(iv) any Prescription Only Medicines (POMs) that are detailed in a Patient Group Direction in relation to Extended MAS.

## **5. Persons authorised to provide the Extended Minor Ailment Service**

5.1 Greater Glasgow Health Board may only enter into arrangements for the provision of extended MAS with:

- (a) a pharmacist; or
- (b) a person other than a pharmacist who, by virtue of section 69 of the Medicines Act 1968<sup>14</sup>, is taken to be a person lawfully conducting a retail pharmacy business in accordance with that section;

and, in the case of both (a) and (b) who:

- (i) is on the pharmaceutical list maintained by the Health Board in terms of regulation 5 of the 2009 Regulations<sup>15</sup>;
- (ii) undertakes that all Extended MAS shall be provided either by or under the direct supervision of a pharmacist; and
- (iii) undertakes to provide Extended MAS only from premises within the Pilot Area .

## **6. Compliance and Conditions**

6.1 Arrangements made by Greater Glasgow Health Board in accordance with paragraphs 4 and 5 shall include the imposition of the terms and conditions specified in Schedule 2, with which the Extended MAS provider must comply.

6.2 Where an Extended MAS provider requires a pharmacist to provide Extended MAS, the Extended MAS provider has ultimate responsibility for ensuring that the Extended MAS is provided in accordance with these Directions.

## **7. Payment for the provision of an Extended Minor Ailment Service**

7.1. Remuneration for the provision of Extended MAS will be paid at nationally negotiated rates as set out in the Drug Tariff and in accordance with Schedule 3 of these Directions.

7.2. The prices and methodology for calculating reimbursements to an Extended MAS provider for any preparations or appliances that he or she may supply to patients registered for Extended MAS in connection with providing Extended MAS will be in accordance with the provisions set out in Part 1 of the Drug Tariff.

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<sup>14</sup> 1968 c.67. Section 69 was amended by the Pharmacists (Fitness to Practise) Act 1997 (c.19), section 1 and paragraph 5 of the Schedule, by the Statute Law Repeals Act 1993 (c.50), Schedule 1 (XII), para. 1 and by S.I. 2007/289, S.I. 2007/3101 and S.I. 2010/231.

<sup>15</sup> Regulation 5 was amended by S.S.I. 2011/32 and S.S.I. 2014/148

Signed by authority of the Scottish Ministers

Dr Rose Marie Parr  
A member of the Senior Civil Service  
17 January 2017



**NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978**

**HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MINOR  
AILMENT SERVICE) (INVERCLYDE PILOT EXTENSION) (SCOTLAND)  
DIRECTIONS 2017**

**SCHEDULE 1**

**SERVICE TO BE PROVIDED AS AN EXTENDED MINOR AILMENT SERVICE**

The service comprises a consultation with a pharmacist and advice on the condition(s) that the patient or patient's representative presents, information and advice about appropriate self-care measures in respect of the condition(s) and, where the pharmacist considers it appropriate, the supply of preparations or appliances for its treatment. Where the pharmacist considers the condition is one that requires to be considered by another member of the primary care team (e.g. a GP), the pharmacist will refer the patient to that person.

## **NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978**

### **HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MINOR AILMENT SERVICE) (INVERCLYDE PILOT EXTENSION) (SCOTLAND) DIRECTIONS 2017**

#### **SCHEDULE 2**

#### **TERMS AND CONDITIONS OF THE PROVISION OF AN EXTENDED MINOR AILMENT SERVICE**

1. An Extended MAS provider must not offer any incentives or inducements to the public to register for the Extended MAS; offer any incentives or inducements or set targets for employee pharmacists or staff to recruit people for the Extended MAS or for any other aspects of the Extended MAS.
2. An Extended MAS provider may only issue or display the publicity material and patient information leaflet made available by Scottish Ministers or by Greater Glasgow Health Board in respect of the Extended MAS and the provision of the Extended MAS to promote and raise public awareness of the service.
3. Where an eligible person wishes to register for the service, an Extended MAS provider must ensure that the registration process is undertaken in accordance the procedures set out in Schedule 4, and in particular that:
  - ;
  - (a) only MAS stationery approved by Scottish Ministers is used for the registration process;
  - (b) the patient's, or their representative's agreement to register has been obtained and recorded; and
  - (c) a patient record is established.
4. For the purposes of the Extended MAS the 'patient record' is a pharmacy retained record (paper and/or electronic) that as a minimum must include:
  - (a) the name and address of the patient;
  - (b) where relevant, the name and address of the person who gave consent to, or applied for, the registration and that person's relationship to the person who is registered;
  - (c) the GP practice at which the patient is registered;
  - (d) the date of each Extended MAS consultation; and
  - (e) the services provided to the registered patient as Extended MAS, to include:
    - (i) information on whether advice, treatment or onward referral was provided;
    - (ii) details of any treatment provided; and
    - (iii) the name, quantity, form and strength of any product supplied.
5. Extended MAS can be provided to a patient only from the premises at which the patient is registered for Extended MAS.

6. Subject to the provisions of any Regulations made under section 69 of the 1978 Act, all drugs, containers and appliances supplied for Extended MAS shall be supplied free of charge.

7. An Extended MAS provider is to use MAS stationery approved by Scottish Ministers to record details of a consultation where a patient registered for Extended MAS:

- (i) receives advice;
- (ii) is supplied with medicines and appliances for treatment purposes;
- (iii) is referred to another healthcare practitioner; or
- (iv) is no longer eligible for Extended MAS and registration must be withdrawn.

8. Where an Extended MAS provider supplies medicines, dressings and appliances he or she must have regard to the Extended MAS formulary applied by Greater Glasgow Health Board.

9. The products that may be supplied under Extended MAS are:

- (i) Pharmacy (P) and General Sales List (GSL) medicines that are not listed in directions given by Scottish Ministers under section 17N(6) of the Act as to drugs, medicines or other substances which may or may not be ordered for a patient in the provision of primary medical services (the “black list”);
- (ii) dressings and appliances from Part 2 of the Drug Tariff;
- (iii) approved appliances from Part 3 of the Drug Tariff; and
- (iv) any Prescription Only Medicines (POMs) that are detailed in a Patient Group Direction in relation to Extended MAS.

10. The supply of medicines, dressings or appliances is to be performed by or under the direct supervision of a pharmacist.

11. The pharmacist referred to in paragraph 10 must not be one:

- (a) who has been disqualified under section 29B(2) of the Act<sup>16</sup>, or
- (b) who is suspended by direction of the Tribunal, or
- (c) who is the subject of a corresponding decision in England, Wales or Northern Ireland.

12. In providing Extended MAS, an Extended MAS provider shall do so:

- (a) in compliance with all procedures and processes described in the service specification included at Schedule 4 of these Directions;

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<sup>16</sup> Section 29B was inserted by the 1999 Act, section 58, and amended by the Community Care and Health (Scotland) Act 2002 (asp 5), section 25 and Schedule 2, paragraph 2(6), the Primary Medical Services (Scotland) Act 2004 (asp 1), section 8 and Schedule 1, paragraph 1(13), and by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 26 and Schedule 3.

- (b) having regard to and, where required, in compliance with, stated standards and administrative guidance that is from time to time produced by Scottish Ministers; and
- (c) in conformity with the standards generally accepted in the pharmaceutical profession.

13. The provisions at paragraph 12 of Schedule 1 of the 2009 Regulations, as amended, with regard to and referred to as a “complaints procedure” shall apply to the provision of Extended MAS.

14. An Extended MAS provider must ensure that—
- (a) where that Extended MAS provider is an individual, that they provide Extended MAS in accordance with these Directions; and
  - (b) where an Extended MAS provider requires a pharmacist to provide Extended MAS, that the pharmacist provides the Extended MAS in accordance with these Directions.

**NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978**

**HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MINOR AILMENT SERVICE) (INVERCLYDE PILOT EXTENSION) (SCOTLAND) DIRECTIONS 2017**

**SCHEDULE 3**

**PAYMENT FOR THE MINOR AILMENT SERVICE**

1. Where an Extended MAS provider complies fully with these Directions, payment for the provision of an Extended Minor Ailment Service will be paid monthly in arrears at the rates set out in the Drug Tariff in respect of the Minor Ailment Service
2. Capitation payments will be calculated on the total number of patients registered with the Extended MAS provider for MAS and Extended MAS on the last day of each month.
3. (a) Where a person registered to receive Extended MAS is no longer an eligible person, the Extended MAS provider with whom that person is so registered must terminate that registration as soon as that change in status is known by the provider. In the event that the provider fails to do so, the Agency shall be entitled to refuse to make any payment in respect of Extended MAS to the provider in respect of that person.  
  
(b) Notwithstanding sub-paragraph (a) of this paragraph, in the event that the Agency is made aware that a person registered to receive Extended MAS is no longer eligible, the Agency will terminate that registration as soon as that change in status is known, and notify the relevant provider accordingly.
4. A registered person whose registration is deemed lapsed shall not be included in the number of registered patients on which the capitation payment is calculated.
5. A person whose registration for Extended MAS was deemed lapsed but whose registration is reactivated shall be included in the number of registered patients of an Extended MAS provider on which the capitation payment is calculated with effect from the last day of the month in which the reactivation occurs.
6. Confirmation of patient registration and withdrawal, and claims for reimbursement of any medicines or appliances supplied to a registered patient, are to be made on MAS stationery and submitted within every two months to Practitioner Services Division of the Common Services Agency (NHS National Services Scotland) by the dates it specifies.
7. Greater Glasgow Health Board will be entitled to take such reasonable steps as are necessary to ensure that Extended MAS providers are:
  - (a) providing Extended MAS as specified in Schedule 1 and complying with the provisions of Schedules 2 and 4; and

(b) only displaying the agreed patient information leaflets and publicity materials made available by Scottish Ministers or Greater Glasgow Health Board in respect of Extended MAS.

8. Payments made to Extended MAS providers for providing Extended MAS will be subject to post-payment verification checks and investigation by the Agency.

9. Where after suitable investigation Greater Glasgow Health Board is satisfied that an Extended MAS provider is not providing the services listed in Schedule 1 and/or complying with the provisions of Schedules 2 and 4, but is receiving payment in terms of this Schedule and the rates set out in the Drug Tariff, it may (without prejudice to any other action which may be open to it):

(a) write to the Extended MAS provider advising of the conclusion reached by the investigation;

(b) inform the Extended MAS provider that payments will be stopped with immediate effect;

(c) recover any payments made to the provider under this Schedule and the Drug Tariff in respect of any period(s) when the Extended MAS provider was not providing the services specified in Schedule 1 and/or complying with the provisions of Schedules 2 and 4.

(d) in exceptional circumstances, such as deliberate or repeated non-compliance with the provisions of Schedules 2 and 4, withdraw the service from the Extended MAS provider and notify the General Pharmaceutical Council.

# **NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978**

## **HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MINOR AILMENT SERVICE) (INVERCLYDE PILOT EXTENSION) (SCOTLAND) DIRECTIONS 2017**

### **SCHEDULE 4**

#### **EXTENDED MINOR AILMENT SERVICE: SERVICE SPECIFICATION**

##### **1. Introduction**

1.1 The Extended MAS provider and any pharmacist(s) providing Extended MAS on behalf of an Extended MAS provider must familiarise themselves with the requirements of these Directions.

1.2 The Extended MAS provider and any pharmacist(s) providing Extended MAS on behalf of an Extended MAS provider must provide the Extended MAS service in compliance with the requirements of these Directions.

1.3 The terms and conditions of the provision of Extended MAS apply to each Extended MAS provider in accordance with paragraph 6.1 of the Directions. The pharmacist also has a professional responsibility to ensure the ethical provision of the service and that it is provided in the best interest of the patient at all times.

##### **2. Service Aim and Objectives**

2.1 The aim of the Extended MAS is to support the provision of direct pharmaceutical care on behalf of the NHS by pharmacists to members of the public presenting with a minor illness or common clinical condition.

2.2. The core objectives for the Extended MAS are to:

- improve access to healthcare consultations, advice, medicines and appliances for minor illnesses and common clinical conditions;
- promote pharmaceutical care through the community pharmacy setting;
- assist in managing the demand on the time of other members of the primary healthcare team by shifting the balance of care from GPs and nurses to community pharmacists where appropriate;
- identify patients who need onward referral to other NHS services..

##### **3. Service Description**

3.1 Extended MAS allows eligible individuals to register with and use their community pharmacy as the first port of call for the consultation and treatment of minor illnesses or identified common clinical conditions. The pharmacist advises, treats or refers the patient according to their needs.

## **4. Service Components**

### **4.1 Eligibility**

4.1.1 Subject to paragraph 4.1.2, a person is eligible for Extended MAS where they are, at the time of initial registration, and at the time of any subsequent consultation, registered on a permanent basis with a GP practice within the pilot area (as listed in schedule 6 to the Directions).

4.1.2 A person whose main or usual residence is in a care homes is not eligible for extended MAS.

### **4.2 Registration for Extended MAS**

4.2.1 Individuals who are eligible for Extended MAS can register with a community pharmacy of their choice, within the area to which these directions apply, to receive Extended MAS.

4.2.2 Registration without direct contact from a patient or patient's representative is not permitted.

4.2.3 Once a patient has registered at a pharmacy, that patient may access the Extended MAS service at that pharmacy at any time provided that the patient remains an "eligible person" and has not withdrawn from the service.

4.2.4 If the patient wishes to access the Extended MAS service at a different pharmacy within the Pilot Area they must register with that pharmacy. Registration with a pharmacy automatically withdraws the patient from registration with any previous pharmacy.

4.2.5 An eligible person who, prior to the coming into force of these Directions, has registered for MAS with a provider listed in schedule 5 may be treated as being registered for Extended MAS with that provider.

4.2.6 Where a person treated as registered for Extended MAS under paragraph 4.2.5 accesses the service, the Extended MAS provider must ensure that the patient record is up to date and includes information about the GP practice with which the patient is registered.

### **4.3 The Registration Process**

4.3.1 A registration process which complies with this service specification must be used for all new Extended MAS registrations.

4.3.2 The registration process requires MAS Stationery to be completed by the pharmacist or trained staff under direct supervision of the pharmacist.

4.3.3 The pharmacist carrying out the registration must check that the person is eligible for Extended MAS.



4.3.4 The patient must complete the registration process in person except in the following circumstances:

- Where the patient is a child under 16. In that case, the patient's parent or guardian should complete the registration process on behalf of the patient. The patient may or may not be present during the registration.
- Where the patient is over 16 but is unable to make decisions about their own medical care due to an illness, impairment, or disability, and has formally appointed a proxy decision maker (for example using a Power of Attorney or a Guardianship). In that case, the patient's appointed decision maker should complete the registration process on behalf of the patient. The patient may or may not be present during the registration.
- Where the patient is unable to attend the pharmacy in person because of their symptoms or because they are housebound due to a disability or illness. In that case, they may authorise a relative or friend to attend the pharmacy and carry out the registration process.

#### ***4.4 Documenting registration***

4.4.1 Registration must be undertaken using only MAS stationery approved by Scottish Ministers. Registration using other documentation, for example materials produced by the Extended MAS provider, is not permitted.

4.4.2 A fundamental part of the MAS stationery is the requirement for signature to confirm the patient's consent to the registration. It is a requirement of the registration process that the pharmacist or member of staff carrying out a registration must ensure an appropriate signature is provided as follows:

- Where the patient is present in the pharmacy, or where a member of pharmacy staff visits the patient to complete the registration, the patient should sign the MAS stationery.
- Where the patient is a child, or an adult with a legally appointed guardian or attorney, the patient's parent, guardian or legal representative should sign the MAS stationery to confirm consent to the registration on the patient's behalf.
- Where the patient is not present and has authorised someone to complete the Extended MAS registration on their behalf, the authorised person should sign the MAS stationery. The form should be annotated to record why the patient has not signed the form themselves, and to record information about the person acting on behalf of the patient.
- Where the patient is physically unable to sign, explicit permission must be obtained from the patient and the MAS stationery should be annotated with the name of the signatory (in capitals) and the reason for the proxy signature.

4.4.3 The patient or patient's representative should mark the applicable eligibility category and sign the back of the MAS stationery. The pharmacist or member of staff carrying out the registration should sign the front of the form.

4.4.4 Pharmacy staff should not sign a form on behalf of the patient except in very limited circumstances, such as where the patient is present for the registration and is able to give consent to the registration, but is unable to physically sign the form. Instances of this are likely to be rare.

#### ***4.5 Registration of patients from residential schools***

4.5.1 Patient representatives seeking Extended MAS registration on behalf of patients from a residential school must have the appropriate authority to provide consent on behalf of the patient, in place of the patient's parent or guardian.

#### ***4.6 Lapsed Registration***

4.6.1 A patient's registration is deemed lapsed if they have not used Extended MAS for 12 months.

4.6.2 A lapsed registration may only be reactivated if the patient accesses the service. It should not be reactivated without the patient's consent or in advance of the patient accessing the service.

4.6.3 If a patient's registration has lapsed and they subsequently wish to access the Extended MAS, they will be required to declare that their eligibility for the service remains valid and then sign the appropriate MAS stationery form.

#### ***4.7 Electronic Recording of the Registration - eMAS***

4.7.1 A patient is registered for Extended MAS via the Patient Registration System (PRS) hosted at the Common Services Agency (NHS National Services Scotland) utilising the Community Health Index (CHI) number. This, in turn, triggers the printing of a paper MAS registration form in the pharmacy which the patient/patient's representative signs as set out at paragraph 4.2 above.

4.7.2 If access to the electronic registration system is not available, a blank MAS stationery form must be completed manually and signed by the patient or patient's representative. Manual registration for Extended MAS using this method is regarded as the exception; the normal route for registration is using electronic data exchange (eMAS).

4.7.3 In cases where manual registration has been necessary, the data must be entered electronically and electronic forms generated. The signed manual form should be attached to the associated electronic form and submitted to Practitioner Services Division.

## **4.8 Withdrawal**

4.8.1 Patients can choose to withdraw from Extended MAS at any point. In addition, pharmacists can withdraw a patient; this might be due to, for example, a change in their eligibility or other exceptional circumstances. The Patient Registration System (PRS) withdraws people automatically if they die or move into a care home. Registering at a different pharmacy automatically withdraws the individual from a pharmacy where they have been previously registered.

## **4.9 Extended MAS Consultation**

4.9.1 Care provided through Extended MAS includes the presentation, assessment and treatment of symptoms. The pharmacist confirms the eligibility of the patient for Extended MAS, assesses the patient and considers the most appropriate course/s of action, the counselling and advice needs and any requirements for follow up or referral. The consultation must be provided by the pharmacist in person or by trained staff under the direct supervision of the pharmacist.

4.9.2 A patient should normally present with a symptom(s) in person or, occasionally, a representative may present on their behalf. For example, a parent or guardian could attend an Extended MAS consultation on behalf of a child. If a registered adult patient is housebound due to an illness, frailty or disability, a relative or friend may attend a consultation on behalf of the patient.

4.9.3 Where the patient is not present, the pharmacist is to use their professional judgement to determine what, if any, advice or treatment can be provided without seeing the patient in person.

4.9.4 The pharmacist assesses the symptoms in order to ascertain and consider information which helps them to determine the cause and severity of the presenting condition and determine the most appropriate course of action. This includes the differentiation between common illness and major disease. This helps the pharmacist to decide on the most appropriate form of action. This can be advice only, treatment or referral.

4.9.5 In some instances the only course of action required is to provide advice to a patient. This may also include aspects of healthy lifestyle advice.

4.9.6 When the pharmacist decides that the most appropriate action is to treat the presenting condition(s) then they will then decide on the course of treatment they wish to recommend for the patient. The supply of a medicine or appliance should be in response to a patient consultation and only provided when it is the most clinically appropriate intervention.

4.9.7 The pharmacist will also establish the counselling and advice needs of the patient. This includes explaining what to expect from their condition, what treatment is being prescribed for them, how to use that treatment, any follow up and how to avoid future episodes. This process is underpinned by the CRAG *Counselling and Advice Guidelines*.

4.9.8 The requirement to refer a patient is, in most instances, obvious when assessing the condition. Pharmacists and GPs should agree locally the circumstances when and procedure

by which a patient requiring to be seen quickly can be referred and this should be supported using either a verbal or written referral request. Patients may also self-refer to their GP.

4.9.9 The Extended MAS consultation enables the pharmacist to identify and agree a shared outcome or a set of outcomes with the patient. This happens as a result of the systematic approach applied to Extended MAS.

4.9.10 The pharmacist also considers the requirement or need for any further follow up. Follow up involves looking for signs that the condition is improving and that there is no deterioration. This is carried out by the patient with any necessary information or support provided by the pharmacist or a member of their support staff.

## **5. Formulary**

5.1 The products that are recommended to be supplied under Extended MAS by the Pharmacist are listed in a formulary applied for that purpose by Greater Glasgow Health Board.

5.2 The applicable Health Board formulary may include any of the products which are available for provision under Extended MAS, as specified in paragraph 9 of schedule 2 to these Directions.

5.3 Where a pharmacist providing Extended MAS considers it appropriate to provide a product which is not listed on the applicable Health Board formulary, but is a product which may be provided under Extended MAS, the pharmacist may do so. This includes, wherever possible, prescribing on a generic basis. The supply of a medicine should be in response to a patient consultation and only when it is the most clinically appropriate intervention.

5.4 Extended MAS is subject to the same prescribing support as other clinical services.

## **6. Administration and record keeping**

6.1 The same MAS stationery must be used for each patient contact, recording whether they received a consultation, advice, a treatment or were referred to another health care professional.

6.2 Where appropriate, this information is to be annotated into the patient's medication record on the pharmacy patient medication record (PMR) system.

6.3 In the case of adverse reactions the pharmacist must consider whether there is a need to report any adverse drug reactions to the Committee on Safety of Medicines Scotland (CSM) through the Yellow Card reporting mechanism.

6.4 MAS stationery, for all interventions, including advice or referral, must be returned to Practitioner Services Division in accordance with the requirements set out in Schedule 3, paragraph 6 of the Directions.

### Deadline for Submission of Registration Forms

6.5 MAS stationery for registration must be submitted within two months of the date of registration. The electronic message will be matched to the associated form and registrations may be cancelled if no form has been submitted within two months of registration.

6.6 Incomplete registration forms must not be submitted to Practitioner Services Division.

6.7 Extended MAS providers must notify Practitioner Services Division when they enter registrations or activity by batch e.g. as a result of IT issues, and provide an estimate of registrations and consultations which have been delayed.

## **7. Remuneration**

7.1 The Extended MAS provider is remunerated for providing the Extended MAS using a banded capitation fee.

7.2 The Extended MAS provider is reimbursed for any product in line with the applicable formularies or prescribing policies. Section 7b of the Scottish Drug Tariff clarifies the pricing of certain items when prescribed generically.

### Post Payment Verification

7.3 As with all pharmacy payments, Extended MAS claims will be subject to scrutiny by Practitioner Services' Payment Verification (PV) team. Any anomalies or outliers will be investigated by PV and, where appropriate, will be referred to Greater Glasgow Health Board and to NHS Scotland Counter Fraud Services (CFS).

7.4 Extended MAS Providers who submit an unsatisfactory response to payment verification enquiries may be considered for onward referral.

7.5 Where after suitable investigation Greater Glasgow Health Board is satisfied that an Extended MAS provider has not provided the services in accordance with the MAS Directions it can suspend payments for Extended MAS and recover those made in respect of any appropriate period(s).

## **8. Training**

8.1 A pharmacist providing the Extended MAS must practise within their own competency.

8.2 It is the responsibility of the Extended MAS provider to ensure that the pharmacy is able to offer the Extended MAS as contracted at all times of opening. The Extended MAS provider must ensure that all staff providing the service on their behalf e.g. locums have the competencies to deliver the service.

8.3 The pharmacist and Extended MAS provider providing the service must be aware of and operate within the national service specifications and local guidelines, including local formularies.

8.4 The Extended MAS provider must ensure that any pharmacist (including the provider, if applicable) and other staff involved in providing Extended MAS for or on behalf of the provider undertake such training as Greater Glasgow Health Board may require. The Extended MAS provider must ensure that records are kept of all training completed for this purpose.

## **9. Information leaflets**

9.1 Local publicity initiatives and information leaflets prepared and/or approved by Scottish Ministers or Greater Glasgow Health Board are used to raise public awareness of the service.

**NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978**

**HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MINOR  
AILMENT SERVICE) (INVERCLYDE PILOT EXTENSION) (SCOTLAND)  
DIRECTIONS 2017**

**SCHEDULE 5**

**PROVIDERS OF EXTENDED MAS**

A A Hagan Ltd, Greenock  
A C Still Ltd, Greenock  
Your Local Boots Pharmacy, Kilmacolm  
Boots the Chemist, Greenock  
Clyde Pharmacy, Greenock  
David Wyse Ltd, 11/13 Fore Street, Port Glasgow  
David Wyse Ltd, 12 John Wood Street, Port Glasgow  
E R Mcanerney, Greenock  
Holmscroft H C Ltd, Greenock  
Wemyss Bay Pharmacy, Wemyss Bay  
James O Mcdade, Greenock  
Lloydspharmacy, Gourock  
Lloydspharmacy, Greenock  
Lloydspharmacy, Port Glasgow  
WELL Pharmacy, Greenock  
Pettigrew's Pharmacy, Gourock  
Tesco Pharmacy, Greenock  
TLC Gourock Pharmacy, Gourock  
TLC Inverkip Pharmacy, Inverkip

**NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978**

**HEALTH BOARD ADDITIONAL PHARMACEUTICAL SERVICES (MINOR  
AILMENT SERVICE) (INVERCLYDE PILOT EXTENSION) (SCOTLAND)  
DIRECTIONS 2017**

**SCHEDULE 6**

**LISTED GP PRACTICES**

Dr Kholhagen & Partners, Gourock

Orangefield Practice, Greenock

Dr Foster & Crawford, Greenock

Ardgowan Practice, Greenock

The Mount Pleasant Practice, Greenock

Dorema, Kilmacolm

The New Surgery, Kilmacolm

Dr Hogan and Partners, Greenock

Dr McCartney & Partners, Port Glasgow

Dr H Macdonald & Partners, Port Glasgow

Dr Bogan & Partners, Port Glasgow

Dr Wilkie & Partners, Port Glasgow

Dr Mutch & Partners, Port Glasgow

The Roxburgh Practice, Greenock

The Regent Practice, Greenock

Gourock Medical Practice, Gourock