

## SCHEDULE 2 – THE SERVICES

### Community Pharmacy Labelling OTC medication scheme

<b>Service Specification No.</b>	
<b>Service</b>	Labelling of OTC medication so that it can administered in schools or by care workers etc
<b>Commissioner Lead</b>	Stuart Lakin, Head of Medicines Management/Raz Saleem Prescribing Advisor.
<b>Provider Lead</b>	As signed
<b>Period</b>	1st April 2021 to 31 <sup>st</sup> March 2022
<b>Date of Review</b>	Annually

#### 1. Background

NHS Rotherham Clinical Commissioning Group (NHS RCCG) follows national NHS England self-care guidance<sup>(1)</sup> for minor or self-limiting conditions. The guidance states that for these conditions, patients (or their parents/guardians) are encouraged to self-care, and are expected to buy Over-The-Counter (OTC) medicines when appropriate. Therefore, GPs should not routinely prescribe these medicines.

OTC medicines (also referred to as “non-prescription medicines”) include those medicines on the General Sale List (GSL) that may be bought from retail outlets without medical supervision, or Pharmacy (P) medicines that can be purchased from registered pharmacies under the supervision of a pharmacist.

However, the majority of education providers insist that medication can only be administered in their establishment if it is appropriately labeled with the child’s name and dosage instructions. This results in parents requesting a GP appointment to access medication that is prescribed, that would otherwise be purchased, so that it can be labelled appropriately for use at school.

#### Early Years Providers

The Department of Education (DoH) 2017 document in Statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five <sup>(2)</sup> recommends that all providers must have, and implement a policy and procedures for, administering medicines.

#### Key points are:

(1) Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist.

(2) Medicines (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer”.

(3) Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day, or as soon as reasonably practicable.

The guidance makes no reference to the requirement of medicines to be labelled. However, many Early Year Providers will only accept medicines that have been labelled by a community pharmacy to include the patients name and the dosage.

### **Schools, Out of School, After School and Holiday Clubs**

In December 2015, the Department for Education produced the guidance Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (3).

This guidance is primarily related to policies and procedures required to be in place for children with medical conditions requiring an individual health care plan. It states that “no child under 16 should be given prescription or non-prescription medicines without their parent’s written consent” and also “schools should set out the circumstances in which non-prescription medicines may be administered”.

The guidance (3) section on managing medicines on school premises states “schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage”. Thus, labelling relates only to medicines that must be prescribed, not OTC medicines which may be bought. However most schools have interpreted, or actively made the decision, that all medicines must be labelled for their use.

### **Social Care**

NICE guidance Managing medicines for adults receiving social care in the community (4) states that social care providers have responsibilities for medicines support, they should have a documented medicines policy based on current legislation and best available evidence. The content of this policy will depend on the responsibilities of the social care provider, but it is likely to include processes for “supporting people to take their medicines, including over-the-counter medicines”. Most provider’s medicines policies state that medicines must be labelled for staff to aid in their administration on the basis that they are non-healthcare trained individuals.

### **SUMMARY**

Both DoE documents (Early Years Providers & Schools, Out of School, After School and Holiday Clubs) and NICE guidance (Managing medicines for adults receiving social care in the community) make clear that there are prescription medicines (POM) which must be prescribed and non-prescription medicines (GSL and P) which may be bought OTC.

Prescribed medicines must be dispensed by a NHS contracted pharmacy which automatically includes the process of labelling. Non-prescribed (OTC) medicines do not require labelling and therefore GPs and other prescribers should not be required to prescribe OTC medicines solely for the purpose to obtain a labelled medicine. In reality this is not the case, with many GPs reporting that appointments are being used up by parents/guardians requesting a NHS prescription to obtain dispensed labelled medicines.

The majority of Rotherham schools are academies and no longer under the direct control of the Local Authority. As a consequence each school interprets the relevant guidance in isolation and produces its own medication policy. It is not possible to discuss each schools policy with the relevant board of governors and it is not certain that each individual board would agree with how the CCGs Medicines Management Team interprets the guidance. Any local authority policy would also be unenforceable in the independent education establishments. It would also be unreasonable to expect education staff to be able to distinguish between “prescription only medication (POM) which clearly has to be labelled and OTC medication which perhaps it could be argued doesn’t require labelling.

## **2. Scope**

Commission community pharmacies to label OTC medicines that have been purchased in the circumstances detailed above to avoid unnecessary GP appointments for the purpose to obtain a NHS prescription solely so that such medicines are dispensed with a label. Payment will be made for

the process of labelling a bought OTC medicine. No additional consultation payment will be required as the sale of non-prescription medicines is covered under the national pharmacy contract payment "NHS Community Pharmacy Contractual Framework Essential Service – Support for self-care".

OTC Labelling Local Enhanced Service (OTCL LES) to be commissioned via NHS standard contract.

## **2. Outcomes**

### **2.1 NHS Outcomes Framework Domains & Indicators**

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	N/A
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	Yes
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	N/A
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	Yes
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	Yes

## **3. Scope**

### **3.1 Aims and objectives of service**

The aim of the LES is to enable patients or (their representative) to purchase self-care OTC medication and have it labelled so that it can be administered in schools or by care workers etc.

This scheme is also in accordance with the NHSE consultation on OTC medication, which recommends that OTC medication should not be routinely prescribed on an NHS prescription.

### **3.2 Service description/care pathway**

The community pharmacist will label the medication with:

- With the patients name
- Appropriate dosage directions
- Required cautionary labels
- The supplying pharmacy must also be identified on the label.

### **3.3 Activity reporting**

There will be no activity reporting, Pharmacies will receive an annual payment tiered to match the dispensing pharmacies activity and opening hours. They will be expected to offer the service all of the hours the pharmacy is open.

### **3.4 Patient satisfaction**

Any complaints that patients have been refused the service from a participating pharmacy will result in an investigation to understand the reasons why it has occurred. If it consistently occurs this could result in the pharmacy being suspended from the scheme.

### **3.5 Remuneration**

#### **PAYMENT**

Payment will not be made on a “per label” basis to avoid potential abuse of the service. Participating pharmacies will receive the annual fee at the end of the financial year.

Payment amounts will be tiered as low (£100/year), medium (£200/year) and high (£300/year) based on a point scoring system using the following criteria;

- Dispensing volume per year: < 50,000 items = 0 point, 50,000 to 100,000 items = +1 point and > 100,000 items = +2 points
- Community pharmacies opening after 18:30pm on weekdays = +1 point
- Community pharmacies opening on Saturday = +1 point
- Community pharmacies opening on Sunday = +1 point

TOTAL POINTS	PAYMENT FOR YEAR
0 or 1	£100
2 or 3	£200
4 or 5	£300

Should all eligible Rotherham community pharmacies sign-up to provide the OTCL LES, the total annual payment amount payable by NHS RCCG will be £12,100. Based on NHS England’s average GP consultation cost of £30/appointment, £12,100 equates to only requiring 1 consultation per practice per month to be prevented for the scheme to be cost neutral.

### **3.6 Termination of agreement**

All participating pharmacies shall provide the scheme throughout the full opening hours of the pharmacy. Any reports of non-compliance with the scheme will be a breach of contract terms and all future payments will cease.

Two months’ notice is required in writing by either party if they wish to terminate this agreement, unless the participating pharmacy is in breach of the service specification, in which case the service will be terminated immediately.

NHS RCCG have the option to request pharmacies to keep a running Year-To-Date (YTD) tally of medicines labelled under the scheme to review its viability and appropriate payment calculations.

#### **REFERENCES**

- 1) <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>
- 2) [https://www.foundationyears.org.uk/files/2017/03/EYFS\\_STATUTORY\\_FRAMEWORK\\_2017.pdf](https://www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf)
- 3) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)
- 4) <https://www.nice.org.uk/guidance/ng67/resources/managing-medicines-for-adults-receiving-social-care-in-the-community-pdf-1837578800581>