Clinical Community Pharmacy Service

Service specification for the Clinical Community Pharmacy Service in Wales

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Key dates

Community Pharmacy Working Group agreed (virtual)	4 July 2025
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This service specification is ongoing and will be reviewed on the specified date (or earlier if needed) in consultation with stakeholders. If any revisions are made, commissioned pharmacy providers will be notified and revised a specification will be issued.

Version history

Version	Changes from previous version	Date
1.3	First approved version	23 Aug 2022
1.3	Inclusion of strong encouragement of submission of daily reports of service availability to support collaborative working with other service providers (section **Error! Reference source not found.**) Updated to clarify restrictions around provision of services to individuals with a close personal relationship (clause 6.1) Addition of explicit requirement for equipment and connectivity in the consultation area to allow access to the Choose Pharmacy system (Clause 9.2.7)	27 Mar 2022
1.5 (unpublished)	Updated to include Urinary Tract Infection Service as non-mandatory element of the Common Ailments Service (sections 21 and 22). Also updated sections 2.1 and 4 to add specific reference to the Urinary Tract Infection Service	Oct 2023
2.0 (includes changes from v1.5)	Update to clause 5.1 to include care home residents with footnote. Update of Contraception Service component, combining emergency contraception and bridging and quickstart service elements (clauses 23 to 29) Some terminology amendments to clarify provision of service by eligible providers (clauses 6, 13, 30, 37) Other minor amendments to aid clarity or make existing requirements explicit (clauses 7, 9, 16.9, 21, 31, 33,37, 41)	8 Mar 2024

Version	Changes from previous version	Date
2.1	Updated to remove the Seasonal Influenza Service component from the CCPS and all references to seasonal influenza vaccination service requirements Clauses removed: 1.6, 1.19, 3.3, 9.12 and 37-43 Clauses amended: 2.1, and 3.2 Updated to include clauses relating to review, variation and termination of the service: Section 13 Updated links in clauses 9.1 and 12.1 Updated definitions of 'service provider' for each component of the CCPS: clause 1.21,14.1, 24.1, 31.1. Addition of clause 31.3 to the Emergency Medicines Service referring to professional guidance	23 August 2024
2.2	Updated to enable pharmacy technicians to provide the Contraception Service element of the CCPS Clauses amended: 1.21.2, 24.1 Updated clause 26.1 to clarify patient eligibility criteria for accessing emergency contraception or bridging/quickstart contraception.	6 November 2024

Version	Changes from previous version	Date
2.3	Updated to reflect changes to the CAS- Sore Throat Service where the Sore Throat Test and Treat Service will become a mandatory element of CAS when managing patients presenting with sore throat. From 4 June 2025 all service providers must have completed Sore Throat Test and Treat Training as part of the NCSA accreditation process and the assessment of sore throat must be undertaken in accordance with the nationally agreed All Wales Common Ailments Service Formulary clinical monographs published on the All Wales Medicines Strategy Group website.[1] The following sections have been updated: 17.4.2, 17.5, 20.1. 21.3, 22.1.1 The following section has been removed Section 18, and consequential renumbering of paragraphs 19-23 have been made. The definition of '*GP practice'* has been updated (1.7) Significant changes are highlighted	March 2025

[1] https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/all-wales-common-ailments-service-formulary/

Version	Changes from previous version	Date
2.4	Updated to reflect changes to the CAS- Urinary Tract Infection (UTI) Service which will become a mandatory element of CAS. From 1 October 2025 all service providers must have completed Urinary Tract Infection Training as part of the NCSA accreditation process and the assessment of UTI must be undertaken in accordance with the nationally agreed All Wales Common Ailments Service Formulary clinical monographs published on the All Wales Medicines Strategy Group website.[2] The following sections have been updated: 1.21.1, 2.1, 16.2, 17.1.17.2. 18.1. 18.2, 18.4.1, 18.4.2. 18.5, 18.6, 21.1.1 The following sections have been removed: Section 18, and 19– noting there is no longer a requirement to complete service evaluation for the UTI element and consequential renumbering of subsequent paragraphs has been made. The following sections have been added: Re-inserted requirements 15 (aims and objectives), 17.8 (incentives and inducements) and additional requirement 19.4 (responsible use of medicines). Significant changes are highlighted	August 2025

[2] https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/all-wales-common-ailments-service-formulary/

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Overarching requirements

1. Interpretation

1.1. The definitions set out in The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 (or subsequent iterations of this document) apply to this specification.

1.2. *All Wales Pharmacy Database* means the database held by the NHS Wales Shared Services Partnership that contains details of the clinical services that each Pharmacy is commissioned to provide and of the services that individual Service Providers are accredited to provide. This definition includes any subsequent databases that replace the AWPD in the future.

1.3. *Bridging Contraception* means desogestrel tablets, supplied following a supply of emergency contraception to provide contraceptive cover until a regular supply can be arranged.

1.4. *CCPS* means the Clinical Community Pharmacy Service, or one of the component services included within it.

1.5. *Choose Pharmacy* means the software system developed and managed by Digital Health and Care Wales, where clinical records for this service are maintained, with consultation records being used to generate data for service payment.

1.6. *Contractor* means a person lawfully conducting a retail pharmacy business.

1.7. *GP Practice* means a provider of a general medical services contract under section 42 of the National Health Service (Wales) Act 2006 (general medical services contracts: introductory).

1.8. *Local Health Board (LHB)* means the Local Health Board that the pharmacy in which the service is being provided is located.

1.9. *National Extended Services Management Board (NESMB)* means the Board that has been established by LHBs to facilitate national discussion around community pharmacy extended services. In the event that the name of this board changes, this definition will be taken to mean the replacement board.

1.10. *National Clinical Services Accreditation (NCSA)* system means the section of the Health Education and Improvement Wales (HEIW) website (Y Ty Dysgu) where training requirements and packages are made available to individuals working in community pharmacies.

1.11. *Patient* means any person in receipt of one or more components of the service.

1.12. *Pharmacist* means a person who is listed in Part 1 of the Register held by the General Pharmaceutical Council under the Pharmacy Order 2010.

1.13. *Pharmacist Independent Prescriber* means a Pharmacist who is listed in the NHS Wales approved list of Pharmacist Independent Prescribers.

1.14. *Pharmacy* means any premises included on a health board pharmaceutical list where a Pharmacist provides drugs or services as part of pharmaceutical services.

1.15. *Pharmacy Professional* means any Pharmacist or Pharmacy Technician

1.16. *Pharmacy Staff* means any person or persons employed or engaged by a Contractor, who provides, or has an ancillary role in respect of, any part of the service.

1.17. *Pharmacy Technician* means a person registered in Part 2 of the Register of pharmacists and pharmacy technicians established and maintained under article 19(1) and (2) of the Pharmacy Order 2010

1.18. *QuickStart Contraception* means desogestrel tablets, supplied on request to provide contraceptive cover until a regular supply can be arranged.

1.19. *Relevant Prescriber* means - a doctor, dentist, supplementary prescriber, community practitioner nurse prescriber, nurse independent prescriber, optometrist independent prescriber, or Pharmacist independent prescriber registered in the UK or an EEA or Swiss doctor or dentist.

1.20. *Service Availability Tool* means the Choose Pharmacy Service Availability function of NECAF or such nationally agreed replacement that allows pharmacies to report the availability of key components of CCPS and PIPS in their premises

1.21. *Service Provider* means a suitably trained individual providing the relevant component of this service, defined as

1.21.1. A pharmacist for the Common ailment service

1.21.2. A pharmacist or pharmacy technician for the Contraception Service

1.21.3. A pharmacist for the Emergency Medicines Supply Service

1.22. *Temporary Resident* means a patient who is away from home and temporarily resident in Wales for at least the next 24 hours and needs to access one or more components of this service.

2. Scope

2.1. This service specification relates to provision of the Common Ailments Service, Emergency Medicines Supply, and Contraception Service, components of the Clinical Community Pharmacy Service.

3. Service Aims

3.1. To deliver prudent healthcare using a 'community pharmacy first' model of care, for patients who can be appropriately managed in the community pharmacy setting, thereby increasing access to timely care from an appropriate healthcare professional.

3.2. To help tackle health inequalities through increasing access (both temporally and geographically) to services that meet patient need for unplanned care contraception, or advice on sexually transmitted infections

4. CCPS Consultation Availability

4.1. Contractors, and their teams, are **strongly encouraged** to report the availability (or otherwise)[3] of the EMS, EC, and CAS components of the service via the national Service Availability Tool on each day that the pharmacy is open.

5. Eligibility

5.1. Patients who are eligible to receive NHS services, and are resident (including Temporary Residents, care home residents,[4] and those of no fixed abode), or registered with a GP practice located, in Wales.[5]

5.2. Patients may self-refer to the service or be referred to the service by a member of staff in the pharmacy, or another healthcare provider.

6. General Principals

6.1. Service Providers will not provide any component(s) of this service to themselves, under any circumstances.

6.2. Where a Service Provider is asked to provide a service to an individual with whom they have a close personal relationship (e.g., family members, friends, or colleagues), best practice guidance should be followed, as set out by the GPhC in section 4.1 of *In practice: Guidance for pharmacist prescribers*.[6]

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[3] In this context, 'available' means that the pharmacy is able to receive referrals from other providers, or can provide the service to a walk-in patient within a reasonable timeframe (see clause 9.11).
[4] Care home residents are eligible to receive the service where appropriate, but providers should be mindful that these individuals may be more complex in terms of their co-morbidities and polypharmacy. Providers must ensure they have sufficient information available to be able to safely provide this service to these individuals.
[5] In exceptional circumstances, where the pharmacist is satisfied that the patient would be unable to access care in a timely manner, the service may be provided to other patients who are entitled to NHS services.
[6] https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-for-pharmacist-prescribers-february-2020.pdf

6.3. Where the patient's clinical circumstances are outside of the scope of the relevant component of this service, the Service Provider will provide an alternative service in the pharmacy or refer patients to an appropriate service provider who is able to meet their needs.

6.4. All care will be as part of NHS Wales and all consultations, and any products supplied under the terms of this service shall be made at no cost to the patient.

6.5. The Contractor and individuals employed or engaged by them will offer a user-friendly, non-judgmental, patient-centred, and confidential service.

6.6. All care provided to patients who are less than 16 years of age will be provided in accordance with principals of assessment of Gillick Competence and any other relevant guidance issued by the Welsh Government.

7. Consultation records

7.1. Details of all consultations provided under this service will be recorded in the relevant module of the Choose Pharmacy system during, or immediately following, the consultation with the patient.

7.2. Where the Choose Pharmacy system is temporarily unavailable owing to reasons beyond the control of the Contractor, details of the consultation will be recorded on paper forms and transferred to the relevant module as soon as possible, and where this would be later than the next working day, the Local Health Board must be notified.

7.3. With the exception of Emergency Contraception consultations, an electronic summary will be automatically forwarded to the patient's GP following each entry consultation that is entered in the Choose Pharmacy system.

7.4. Where the Choose Pharmacy system is unable to transmit the electronic summary, (such as where the patient is registered with a GP in England), details of the consultation must be printed and forwarded as soon as practicable, and in all cases within 5 working days, to the person with whom the patient is registered for General Medical Services.

8. Training and accreditation requirements

8.1. Before providing any component of this service, Service Providers will ensure that they:

8.1.1. have completed the required modules set out on the HEIW National Clinical Services Accreditation (NCSA) platform for each of the service components they are providing, including any requirements for refresher training; and

8.1.2. have successfully completed the Disclosure and Barring Service (DBS) check process with NHS Wales Shared Services Partnership, including any approvals required where the check returns a record entry; and

8.1.3. have their name included in the All-Wales Pharmacy Database for the relevant component(s) of the service; and

8.1.4. Meet any additional requirements listed under the relevant service component below.

8.2. Service Providers must be competent to assess a patient's capacity to understand the nature and purpose of the treatment they will be offered/receive and that they have the capacity to give or refuse consent to treatment.

9. Contractor responsibilities

9.1. Contractors wishing to provide this service will indicate this through submission of a CCPS Premises Listing Form to the NHS Wales Shared Services Partnership.

9.2. Other than with prior agreement of their Local Health Board, the Contractor will ensure that the service is provided from a consultation area of the pharmacy which:

9.2.1. is a clearly designated area for confidential discussion which is distinct from the general public areas of the pharmacy; and

9.2.2. is an area where both the patient receiving the service and the Service Provider can sit down together and talk at normal speaking volumes without being overheard by any person, including Pharmacy Staff; and

9.2.3. is an area which ensures the dignity and privacy of the patient is maintained; and

9.2.4. is of an appropriate size and layout to facilitate the provision of all aspects of the service being provided in accordance with accepted standards of safe clinical practice including the management of any potential adverse effect, including provision of basic life support and anaphylaxis management where relevant;[7] and

9.2.5. has suitable facilities to ensure adequate hand hygiene can be maintained; and

9.2.6. has suitable arrangements in place with their Local Health Board for the safe disposal of sharps and clinical waste; and

9.2.7. has a network connection that meets the requirements to be able to access the Choose Pharmacy system, and

[7] Where the consultation area itself is not of a size or layout to allow BLS to be administered, arrangements must be in place to ensure that this can be done in the immediate vicinity of the consultation area, whilst considering the dignity and privacy of the Patient

9.2.8. has appropriate computer equipment that can be used to access the Choose Pharmacy system from within the consultation area.

9.3. Where clinically appropriate, the service may be provided remotely to a patient, via a telephone or video consultation conducted by the Service Provider. In such cases, any remote provision must be from the pharmacy premises and the Service Provider must ensure that they cannot be overheard by any person, including pharmacy staff.

9.4. The Contractor will ensure that pharmacy staff involved in delivery of this service have knowledge of, and/or relationships with, other appropriate service providers such that patients with ongoing needs can be referred effectively.

9.5. Notwithstanding exceptional circumstances where the system is not available owing to circumstances beyond the control of the Contractor, the Contractor will ensure that the Choose Pharmacy system is accessible to all service providers, such that they can maintain contemporaneous records for each consultation.

9.6. The Contractor must ensure that appropriate infection prevention and control policies are in place, including cleaning between patients, where appropriate.

9.7. The Contractor will ensure that appropriate indemnity insurance arrangements are in place for any staff providing the service, pursuant to their individual roles and responsibilities.

9.8. The Contractor will ensure that a standard operating procedure is in place at the pharmacy for the provision of each component of the service.

9.9. The Contractor will ensure that all standard operating procedures and any guidance or instructions issued align to the provisions in this service specification and that there are no additional restrictions, limits, or directions preventing service providers from exercising their professional autonomy in delivering this service.

9.10. The Contractor will have appropriate business continuity arrangements in place to maintain service continuity and take all reasonable steps to ensure that patients are able to access this service in the event of temporary suspension of pharmaceutical services in the pharmacy.

9.11. When a patient requests a component of this service:

9.11.1. the service will be provided at a mutually agreeable time, normally within 24 hours of the request, but not more than 48 hours[8] after the request was made; and

[8] Pharmacy Staff must consider the clinical implications of delayed access to any component of the service and, where this is potentially significant, take all reasonable steps to ensure the patient is able to access the service in a timely manner.

9.11.2. where the service cannot be provided within 48 hours (or other mutually agreeable time) of the request (e.g., no accredited service provider available, insufficient capacity, etc.), the pharmacy staff will support the patient to access care at another pharmacy locally; and

9.11.3. where there is no local pharmacy able to provide the service, the pharmacy staff will support the patient to access care via another service provider (e.g., GP practice, sexual health clinic, etc.).

9.11.4. in this context, supporting the patient to access care will involve ensuring that any referral to another provider (whether a pharmacy or other service provider) is only done after the pharmacy staff have taken all reasonable steps to confirm that the service will be available from that provider to the patient within a reasonable timeframe, based on clinical need and urgency at the time of presentation.

9.12. All pharmacy staff will be fully informed and competent in relation to their involvement in the service.

9.13. The Contractor will have awareness of, and ensure the service is provided in accordance with, any relevant nationally or locally agreed standards this will specifically include, but not be limited to, having in place procedures for dealing with needle stick injuries, syncope and resuscitation.

9.14. The Contractor will participate in any reasonable publicity of the service required by the Local Health Board or Welsh Government.

9.15. Where publicity material not directly supplied by the Health Board or Public Heath Wales is used to promote the service, such materials as are developed by a Contractor must clearly state that the service is funded by NHS Wales, include the NHS Wales logo, describe the service accurately, and adhere to all relevant professional standards. Where a Local Health Board believes that contractor-produced materials do not conform to these requirements, the contractor must cease using them.

9.16. Unless explicitly stated within the individual component details, Contractors are responsible for procuring all consumables and equipment required for service provision.

9.17. All equipment or tests used in provision of this service must be used in accordance with the manufacturer’s instructions.

9.18. Where required, maintenance, and quality assurance/validation of equipment or tests must be undertaken in line with the manufacturer’s instructions and all relevant statutory and regulatory requirements relating to equipment and tests must be adhered to.

9.19. Contractors will co-operate with, and support their staff to participate in, any reasonable review of the service required by their Local Health Board, or Welsh Government.

9.20. Contractors will report any clinical incidents that occur through the provision of this service via the Once for Wales Concerns Management System (Datix Cymru).

9.21. Suspected adverse events will be reported using the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card Scheme, where appropriate.

9.22. Contractors will ensure that the service is provided only by service providers who meet the requirements specified in Section 8, are competent to provide the component they are providing, and have met all legal and accreditation requirements pertinent to provision.

10. Service Provider responsibilities

10.1. When conducting consultations, patients must be offered a chaperone in line with the Contractor's Chaperone Policy.

10.2. Service Providers will ensure that indemnity insurance is in place that covers their roles and responsibilities with respect to provision of the service.

10.3. Where necessary, Service Providers should take steps to confirm the identity of individuals wishing to register with a service.

10.4. Service Providers will use their professional judgement to consider and, where appropriate, act on any child protection and or safeguarding issues coming to their attention in the course of providing the service.

11. Monitoring and review

11.1. Monitoring and review of service delivery will be undertaken during contract monitoring visits and at other times, where deemed necessary by the Local Health Board.

11.2. Post Payment Verification (PPV) will also be undertaken by health board officers, or its representatives as required to meet external audit requirements and ensure proper use of public funds.

11.3. Where such monitoring and review activity identifies discrepancies, further steps may be taken as set out in The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020.

12. Fees

12.1. Details of all fees payable under this service are set out in Part VIE of the Drug Tariff.

13. Review Variation and Termination

13.1. Variation to the service specification will be made in consultation with Community Pharmacy Wales.

13.2. Contractors will be notified of any variations to the service specification in writing. No variation to the specification will be made until 30 days after that notice is received, other than where it is clinically or legally necessary to do so.

13.3. Contractors, as signatories to the Premise Listing Form may cease to provide the service by informing NWSSP by email nwssp-primarycareservices@wales.nhs.uk giving 90 days' notice. The service will be terminated 90 days after that notice is received

Common Ailments Service

14. Service Providers and Legal authority to supply medicines

14.1. For this component of the service, '*Service Provider'* is defined as a **Pharmacist** who meet the requirements set out in clause 8 and who has signed the authorised PGD as detailed in clause 14.2.

14.2. Supply of prescription only medicines, or medicines outside of their licensed indications, under this service component will only be offered where an authorised PGD suite has been issued by the Local Health Board in which the pharmacy is located, and the Service Provider has signed this PGD suite for that LHB area.

15. Aims and Objectives

15.1. The aim of the Common Ailment Service (CAS) is to make community pharmacy the first port of call for the provision of advice and where necessary treatment of common illnesses, where patients require NHS care and are unable to self-care.

15.2. The objectives of CAS are to:

15.2.1. Improve access to healthcare: provide consultations, advice and where appropriate medicines for the management of common ailments where patients are not able to self-care.

15.2.2. Promote Self-Care and Responsible Medicine Use – service providers must provide advice and support to help people manage common ailments themselves, encouraging self-care and reducing dependency on prescriptions, CAS and NHS care in the future. Medicines should be supplied where indicated and clinically appropriate for the proper treatment of the patient.

16. Patient eligibility

16.1. Patients presenting with symptoms indicative of a condition listed in the current edition of the NHS Wales Common Ailments Formulary[9] are eligible for the Common Ailments Service (CAS) component of this service.

16.2. Where a patient is willing and able to self-care for their ailment without advice, and indicates an intention to purchase medication over-the-counter, they should not be encouraged to access the service.

[9] http://cas.inform.wales.nhs.uk/IndexAMG.aspx

17. Patient Registration

17.1. Patients must register with a community pharmacy of their choice in order to receive assessment and appropriate management under the CAS component.

17.2. Patients (or their representative, where under 16) must provide informed consent to be registered for the CAS: patients (or their representative) should read and understand the relevant patient information leaflet[10] before the Service Provider attempts to register them.

17.3. Individuals may register with only one pharmacy at any one time and registering at a (new) pharmacy will automatically withdraw the individual from the pharmacy where they were previously registered for CAS.

17.4. Individuals may transfer to another pharmacy at any time. Where they choose to do so, the patient will be required to register with the (new) pharmacy.

17.5. Patients who have not accessed the service for a period of 12 months will cease to be registered with any pharmacy until such a time as they access the service again.

17.6. Registration will only be undertaken at the time the service is being provided, and patients must not be registered in advance of them requiring the service.

17.7. On receipt of informed consent, patients will be registered by performing an NHS patient demographic database trace using patient details and their record annotated to confirm that they have consented to the service terms and conditions as set out in the relevant patient information leaflet[10].

17.8. The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of his registration with the service.

18. Consultations

18.1. Care provided through the CAS component includes the presentation, assessment, and management of symptoms typical of common ailments.

18.2. Patients will normally present themselves (in person or via phone/video call) with symptoms seeking assessment. Occasionally someone will present on behalf of someone else, for example, a parent or guardian may present with child, or a carer may present with someone that they care for.

18.3. Where the patient is acutely unwell, referral to other appropriate services for further assessment or care should be considered.

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[10] This will be the current DHCW Choose Pharmacy leaflet that sets out how data is used and/or the pharmacy privacy notice that sets out use of that data.

18.4. All patients must be assessed by a Service Provider, who then considers the most appropriate course of action, which may include:

18.4.1. provision of advice and reassurance alone; this must support the patient in managing the current episode and appropriate actions should the condition reoccur, which should include self-care advice. or

18.4.2. provision of advice and reassurance alongside medicines from the formulary (see section 21) which alleviate symptoms or address the underlying cause of illness; advice must support the patient in managing the current episode and appropriate actions should the condition reoccur, which should include self-care advice. or

18.4.3. provision of another service in the pharmacy that is more suited to the patient's needs; or

18.4.4. referral to an alternative healthcare professional where indicated.

18.5. In providing CAS, the Contractor must make available to service providers the necessary equipment and consumables[11].

18.5.1. Point of Care Tests should only be used to support clinical assessment where patients meet the clinical criteria for testing set out in the All Wales Common Ailment Service Formulary monograph for the relevant ailment.

18.6. The Service Provider will assess the symptoms in order to determine the cause and severity of the presenting clinical circumstances.

18.7. Where it is appropriate to manage the ailment under the CAS, the Service Provider will advise the patient (or their parent, guardian or carer) of:

18.7.1. the nature of the ailment that will be managed under the service; and

18.7.2. any further symptoms, related to the ailment, that they may experience; and

18.7.3. any requirement for follow up, including safety netting advice;[12] and

18.7.4. any steps that can be taken to alleviate the symptoms; and

18.7.5. how to care for themselves should the ailment reoccur.

18.8. Where it is not appropriate to manage the ailment under the CAS, the Service Provider will:

18.8.1. arrange for an alternative service to be provided in the pharmacy; or

18.8.2. support the patient to access care via an alternative service provider.

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[11] set out in *List of Equipment and Consumables for the Common Ailment Service – management of sore throat and management of urinary tract infections [published on the CPW website]*

[12] In this context, safety netting advice would include any red flag symptoms to watch out for and what action should be taken if these, or other symptoms develop, or if the patient deteriorates.

18.9. When a referral is indicated, this should be supported with written or verbal referral information, where appropriate.

18.10. A record of the consultation will be made, whether or not medicines have been supplied following the consultation.

19. Supply of medication

19.1. Where the Service Provider decides that a supply of one or more medicine(s) is indicated to manage the patient's ailment, medicine(s) supplied under this service will be selected from the national formulary (see section 20).

19.2. Where, during a CAS consultation, the patient expresses a preference for a product that is not listed in the formulary and the Service Provider considers that the medicine(s) would be appropriate, the Service Provider may sell the patient that product. In such circumstances, the consultation will still be considered to be within the terms of the CAS where a record of the consultation is made in line with this specification.

19.3. Where a medicine is supplied, it will be appropriately labelled, and the Service Provider will counsel the individual regarding its safe and effective use.

19.4. A service provider will not supply drugs, medicines or appliances whose cost or quantity, in relation to any patient, is, by reason of the character of that drug, medicine or appliance, in excess of that which was reasonably necessary for the proper treatment of that patient.

20. Formulary & Monographs

20.1. The Common Ailments formulary includes selected Pharmacy (P) and General Sales List (GSL) and Prescription Only (POM) medicines and appliances from Part VIIIA and Part IXA of the Drug Tariff, where there is an evidence base for their use in management of the listed ailment.

20.2. The formulary can be accessed via the Choose Pharmacy application or via the following link http://cas.inform.wales.nhs.uk/IndexAMG.aspx.

20.3. Service providers must provide the Common Ailments Service (including any additional service elements set out in clause 18) in accordance with the nationally agreed All Wales Common Ailments Service Formulary clinical monographs published on the All Wales Medicines Strategy Group website.[13]

[13] https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/all-wales-common-ailments-service-formulary/

21. Training and accreditation

21.1. In addition to the requirements set out in clause 8.1, Service Providers of this component must submit a declaration confirming they have signed a copy of the current PGDs for the relevant elements of this service component to the NHS Wales Shared Services Partnership.

21.1.1. From 1 October 2025, all service providers providing the CAS must have successfully completed sore throat and urinary tract infection e-learning and competency assessment as part of the NCSA process.

Contraception Service

22. Service Providers and Legal authority to supply medicines

22.1. For this component of the service, Service Provider is defined as a **Pharmacist or Pharmacy Technician** who meets the requirements set out in clause 8 and who have signed the authorised PGD as detailed in clause 22.2.

22.2. This component will only be provided where an authorised PGD has been issued by the Local Health Board in which the pharmacy is located, and the Service Provider has signed this PGD for that LHB area.

23. General Principles

23.1. The Service Provider will provide general advice and support to those seeking advice on contraception and signposting to specific services where appropriate. However, the Service Provider must be responsive to service users who do not fulfil the criteria for the Contraception Service and assist them in obtain support via an appropriate NHS service provider, e.g. General Practitioner or local Sexual Health clinic.

24. Patient Eligibility

24.1. Patients are eligible to receive this component of the service if they either

24.1.1. aged 13 years or over, are of childbearing potential[14] and have had unprotected sexual intercourse in the past five days: or

24.1.2. aged 13 to 54 years, are of childbearing potential[10], and wish to use a progestogen-only contraceptive as Bridging or QuickStart contraception

24.2. Where the patient is aged 13, 14, or 15 years of age, the service will be offered in accordance with Gillick competence, Fraser guidance and any guidance issued by the Welsh Government in relation to the provision of confidential sexual health advice and/or treatment for patients aged 13 years or over.

[14] We acknowledge in line with RCOG and FSRH that, in addition to women, other people (such as transgender men and non-binary people) may have childbearing potential. In this service specification, the gender-neutral term of 'patient' is used to denote any individual who accesses the service

25. Consultations

25.1. All consultations where Emergency Contraception is provided will include assessment for the appropriateness of emergency contraception, based on the timing of UPSI, the date of the last menstrual period, the patient's usual cycle length, and the patient's BMI / weight. This assessment is to determine both the risk of adverse effects and the likely effectiveness of emergency hormonal contraception, or other methods of emergency contraception.

25.2. All consultations where Bridging or QuickStart Contraception are provided will include:

25.2.1. measurement and assessment of blood pressure; and

25.2.2. assessment of Body Mass Index; and

25.2.3. assessment of inclusion and exclusion criteria for the PGD to ascertain the appropriateness of supply.

25.3. As clinically appropriate, the Service Provider will:

25.3.1. supply 84 desogestrel 75 microgram film-coated tablets, which is sufficient for 3 months' supply (see also clause 26.3) – where the Patient meets the inclusion and exclusion criteria of the PGD; and

25.3.2. provide appropriate contraceptive information, including the advantages of long-acting reversible contraception, and the role of condoms in preventing sexually transmitted infections; and

25.3.3. Provide advice on sexually transmitted infections and associated health promotion advice/literature provided by the LHB or Public Health Wales. This will include information on other primary care providers, such as GPs and local sexual health services provided by the LHB; and

25.3.4. signpost patients to services that provide diagnosis and treatment for STIs where appropriate.

25.4. The service will normally be provided as a confidential face-to-face consultation. However, the Service Provider may conduct a consultation by telephone call or remote consultation via Video Consultation Service (VCS), where they consider it is appropriate to do so, and this would be in the Patient's best interest. In such circumstances consultations will be provided from within the pharmacy providing the service.

25.5. Where the Patient provides consent, the Patient's GP practice will be notified of the provision of Bridging or QuickStart contraception. Notification will either be via a summary of the consultation being electronically transferred via Choose Pharmacy (by selecting the relevant option within the module), or a paper copy will be printed by the Service Provider and sent to the GP practice.

25.6. Further information on ‘QuickStart Contraception is available at https://www.fsrh.org/standards-and-guidance/documents/fsrh-clinical-guidance-quick-starting-contraception-april-2017/.

25.7. Where provided by the Local Health Board, condoms will be offered to service users where appropriate.

25.8. The Service Provider will provide advice on the avoidance of pregnancy including the use of contraception and will offer Bridging Contraception, or signpost patients to services that provide ongoing contraception support, to all patients using this service component.

25.9. The Service Provider will provide advice on the prevention of STIs through safer sex and use of condoms and will signpost patients to services that provide diagnosis and treatment for STIs, where appropriate.

25.10. Patients excluded from the PGD, or those for whom emergency hormonal contraception is unlikely to be effective will be referred to appropriate local NHS services that are able to meet their needs.

25.11. The Service Provider will be aware of local sexual health services to facilitate referrals, where appropriate.

26. Supply of medication

26.1. Where assessment determines that it is appropriate to supply emergency contraception, the relevant medicine will be supplied to the service user, via a patient group direction, for immediate consumption on the premises.

26.2. Where supply of Bridging or QuickStart contraception is made:

26.2.1. the medicine will be appropriately labelled, and the Service Provider will counsel the individual regarding its safe and effective use; and

26.2.2. the supply recorded in the patient medication record; and

26.3. Supplies made under this service will be as a one–off 3-month supply. However, in exceptional circumstances, where a client has been unable to secure an ongoing supply in that first 3-month period the Service Provider may provide one further 3-month supply. A maximum of 6-month supply in total can be given to an individual patient under this service.

27. Pharmacy Professionals unwilling to provide this component of the service[15]

27.1. The following considerations must be made where a Pharmacy Professional is unwilling to provide the Contraception Service component of this service for reasons of religion, personal values, or beliefs.

27.1.1. Before arranging a locum booking or employing a Pharmacy Professional, both the Contractor and Pharmacy Professional who is unwilling to provide this service must consider the ease with which a user of the pharmacy would be able to access advice and contraception from another service provider locally. For example, in locations that are more rural, or in pharmacies that are open in the evening, or at weekends, other services are less likely to be available and there is an increased risk that an individual requesting the service would not be able to access it in a timely manner.

27.1.2. Pharmacy Professionals who receive a request for contraception under this service and are unwilling to supply must:

27.1.2.1. treat the matter sensitively and non-judgementally; and

27.1.2.2. support the patient to access an alternative source of supply, which is available within an appropriate timeframe for emergency contraception to be effective (where applicable), in line with the requirements set out in clause 9.11.

28. Training and accreditation

28.1. In addition to the requirements set out in clause 8.1, Service Providers of this component must submit a declaration confirming that they have signed a copy of the current PGDs for this service.

[15] These clauses should be read in conjunction with the current guidance from the GPhC on Religion, personal values and beliefs

Emergency Medicines Supply

29. Service Providers and Legal authority to supply medicines

29.1. For this component of the service: *Service Provider* is defined as a **Pharmacist**: s*upplies of Prescription Only Medicines under this component must only be made by a* ***Pharmacist****.*

29.2. Regulations 225 and 226 of the Human Medicines Regulations (2012)[16] enable supply, without a prescription, of Prescription Only Medicines at the request of a patient and this component of the service makes use of this enabler. All supplies of prescription only medication made must be made in accordance with these regulations.

30. Service provision

30.1. The Emergency Medicines Supply component will normally only be provided where the Service Provider believes that it would not be practicable for the patient to obtain the previously prescribed medicines they require in a clinically appropriate timeframe via the usual route.

30.2. The service should not be provided where a prescription is anticipated to be available in sufficient time to meet the needs of the patient, or where there is adequate time available for a prescription to be requested via the usual route.

30.3. Pharmacists should refer to relevant professional guidance, for example[17] to support decision making.

31. Patient Eligibility

31.1. Patients who have had one or more medicines prescribed in the past by a relevant prescriber and who require an urgent supply of medication where no prescription is available are eligible for the Emergency Medicines Supply component of this service.

32. Service summary

32.1. Regulations 225 (and 226) of the Human Medicines Regulations (2012),[16] set out the legal framework for the emergency supply of medicines by a Pharmacist at patient's request.

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[16] https://www.legislation.gov.uk/uksi/2012/1916/part/12/chapter/3
[17] 3.3.10 Exemptions: sale and supply without a prescription (rpharms.com)

32.2. To meet the requirements of this regulation and enable a legal supply of a prescription only medicine without a prescription, the Service Provider must interview the patient and be satisfied:

32.2.1. that there is an immediate need for the medicine supplied; and

32.2.2. that it is impracticable to obtain a prescription without undue delay; and

32.2.3. that treatment with the medicine has on a previous occasion been prescribed by a relevant prescriber[18] for the person requesting it; and

32.2.4. as to the dose which in the circumstances it would be appropriate for that person to take.

32.3. Where the criteria in clause 32.2 have not been met, a supply cannot be made under this service and the patient should be advised to request a prescription for the medication via the usual route.

32.4. Where available, the Service Provider should access the patient's Welsh GP record via the Emergency Medicines module of the Choose pharmacy system as an aid to establishing the medicines, dosage, and frequency that has previously been prescribed and to aid reaching satisfaction regarding clauses 32.2.1 to 32.2.4.

32.5. Where the Welsh GP Record is not available (e.g., a patient registered in England), the Service Provider should take all reasonable steps to satisfy themselves of the appropriateness of a supply before considering referral to other services.

32.6. The Service Provider, having regard for the medicine being requested and its clinical indication, shall satisfy themselves that is advisable to supply the medicine given the likely clinical consequences of the dose(s) being delayed or omitted.

32.7. Where appropriate the Service Provider shall remind the patient of the importance of ordering medicines in a timely manner.

32.8. The Service Provider must not supply:

32.8.1. Any prescription only medicine, drug or other substance specified in Schedule 1, 2 or 3 of the Misuse of Drugs Regulations 2001 as amended except for phenobarbital or phenobarbital sodium supplied for use in the treatment of epilepsy; or

[18] In line with the Human Medicines Regulations 2012, the Relevant Prescriber must be registered as a prescriber in the UK, or from one of the Approved Professions and registered in one of the Approved Countries published by the Department for Health and Social Care (https://www.gov.uk/guidance/prescriptions-issued-in-the-eea-and-switzerland-guidance-for-pharmacists) and eligible to legally prescribe the medicine in that country

32.8.2. Any prescription only medicine that consists or contains a substance specified in Schedule 18 to the Human Medicines Regulations 2012 as amended.

32.9. Where a request does not meet the requirements of regulations 225 or 226 (as set out in clause 32.2), the Service Provider will make a judgement as to the urgency of need for the medication and, where appropriate, refer the patient to their GP, or the NHS 111 service to obtain an urgent prescription.

32.10. The quantity of a medicine, detailed in column 1, to be supplied must not exceed that shown in column 2 for that medicine:

Column 1 - Medicine	**Column 2 - Maximum quantity**
A prescription only medicine that- (a) Is a preparation of insulin, an aerosol for the relief of asthma, an ointment or cream; and (b) Has been made up for sale in a package elsewhere than at the place of sale or supply	The smallest pack that the pharmacy has available for sale or supply. *e.g., For insulin cartridges the smallest pack constitutes 1 cartridge – not the outer of 5*
An oral contraceptive	A quantity sufficient for a single treatment cycle
An antibiotic for oral administration in liquid form	The smallest quantity that will provide a full course of treatment
A controlled drug within schedule 1, 2 or 3 of the Misuse of Drugs Regulations 2001 (see phenobarbital below)	**No supply can be made**
A controlled drug within the meaning of Schedule 4 or 5 of the Misuse of Drugs Regulations 2001 or Schedule 4 or 5 of the Misuse of Drugs Regulations (Northern Ireland) 2002.	**Five days'** treatment.
Phenobarbital or Phenobarbital sodium for the treatment of epilepsy	**Five days'** supply
Any other medicine that the Service Provider establishes is prescribed regularly for the patient.	A maximum of 30 days' supply

32.11. The quantity supplied shall, within the limits described above, be at the discretion of the Service Provider, by consideration of:

32.11.1. the potential benefits of supplying a medicine in its original pack; and

32.11.2. the cost of the medicine; and

32.11.3. the potential for the medicine to be misused or misdirected; and

32.11.4. any relevant national or local guidance.

33. Labelling

33.1. The Service Provider shall ensure that any medicine supplied is labelled with the following:

33.1.1. The date on which the medicine was supplied; and

33.1.2. The name, quantity and (unless apparent from the name) the pharmaceutical strength of the medicine; and

33.1.3. The dose and frequency that the medicine should be used; and

33.1.4. The name of the person requesting the medicine; and

33.1.5. The name and address of the registered pharmacy from which the medicine is supplied; and

33.1.6. The words “Emergency Supply”.

34. Records

34.1. The Service Provider will ensure that an entry in respect of the emergency supply is made in the record that each pharmacy is required to keep of the supply of prescription only medicines in respect of regulation 253 of the Human Medicines Regulations 2012.

34.2. The Service Provider shall ensure that the entry is made on the day of supply or if that is not reasonably practicable, on the following day, and that it contains the following:

34.2.1. The date on which the prescription only medicine was supplied; and

34.2.2. The name, quantity and (unless apparent from the name) the pharmaceutical form and strength of the prescription only medicine; and

34.2.3. The name and address of the person requiring the prescription only medicine; and

34.2.4. The nature of the emergency.

34.3. The Service Provider shall ensure that details of the supply are recorded in the pharmacy’s Patient Medication Record system.

35. Provision of the service during a pandemic

35.1. During periods when a disease is pandemic, or it is anticipated that a disease is imminently pandemic and there is a serious or potentially serious risk to human health, regulation 226 may be used to enable a supply. In such circumstances, the Pharmacist need only be satisfied that:

35.1.1. that treatment with the medicine(s) has on a previous occasion been prescribed by a relevant prescriber for the person to be treated with it; and

35.1.2. the dose(s), which in the circumstances it would be appropriate for that person to take.