

<b>Service Specification: Ear Care</b>	
<b>Period:</b>	1 <sup>st</sup> April 2021 – 31 <sup>st</sup> March 2023 (Period extended April 2022 to include 2022/2023)
<b>Date of Review:</b>	October 2021
<b>Version Control:</b>	V2.0 2022/2023 (To include updated data schedule for 2022/2023)
<b>Introduction:</b>	
<p>This service specification details the service to be provided.</p> <p>The specification of this service is designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services.</p> <p>No part of the specification by commission, omission or implication defines or redefines essential or additional services.</p> <p>The Provider providing the service must fully comply with the NHS Pharmaceutical Services regulations (2013) for the delivery of Essential Services and be registered with the GPhC.</p> <p>All staff working for the Provider must conform to the NHS code of practice on confidentiality and to the Data Protection Act 2018.</p>	
<b>Service Outline &amp; Aims:</b>	
<p>The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of minor ear conditions and, where appropriate, can be recommended over the counter treatments or be prescribed appropriate treatment for the treatment of common ear infections. Patients can also be referred to their General Practice as required. In Tier 2 of the service patients can be treated for the removal of ear wax. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out of hours (OoH) provider, Same Day Health Centre, Urgent Treatment Centre or accident and emergency. The service will support the GP Community Pharmacy Consultation Service</p> <p>The service will be commissioned at two levels with coverage across the 5 PCN areas:</p> <p>Tier One – Otoscopy, diagnosis and treatment of common ear infections against relevant PGDs</p> <p>Tier Two – Irrigation of ear wax</p> <p><b>The service will:</b></p> <ul style="list-style-type: none"> <li>• Educate patients to seek advice and treatment from the most appropriate healthcare provider</li> </ul>	

- Improve patient access to advice and appropriate treatment for minor ear conditions via Community Pharmacy
- Reduce GP workload for these ailments allowing greater focus on more complex and urgent medical conditions
- Educate patients with the aim of reducing requests for inappropriate supplies of antibiotics
- Promote the role of the pharmacist and self-care
- Improve working relationships between doctors and pharmacists. The service is offered as a quicker alternative for patients to access healthcare. Patient may choose to refuse this service and continue to access treatments in the same way as they have done previously.
- This service should complement rather than replace the GP Treatment Room Aural care including ear syringing activity but may help facilitate recovery from COVID by providing an additional supportive pathway

**The Provider is required to:**

- Have received training through the Rotherham Primary Earcare & Audiology service
- Complete and return workbooks received on training days as instructed to Rotherham Primary Earcare Services by 15th May 2021.
- Book a full day clinic of patients for irrigation on an agreed Mentorship day where a highly trained nurse mentor will come to your place of work to observe your practice, document the session and sign you off as competent. The Mentorship day will be funded by the service and should be booked directly with Rotherham Primary Earcare and Audiology Services as soon as possible who will invoice the LPC and confirm completion of the course. Mentoring days should be completed by 31st May 2021.
- The service is to be delivered either by a pharmacist or by Pharmacy Support Staff (holding GPhC recognised qualification) under the supervision of an Earcare trained pharmacist
- Participate in any Doncaster CCG initiatives to promote the service as and when they arise
- Signpost to other providers if service is unavailable.
- Establish links with local GP practices.
- Provide the service to appropriate patients who either “walk in” or are signposted from another organisation including Care Navigation Pathway and GP surgeries, targeting patients who request over the counter (OTC) ear treatment.
- Ensure that all personnel engaged in the delivery of this service are aware of the requirements and content of this specification.
- There must be use of a consultation room such as those used for Medicine Use Reviews (MUR). This consultation room shall be such that patient confidentiality is maintained at all times.
- Obtain and review the patients practice details wherever possible.
- Obtain and record written patient consent for examination and to acknowledge all records can be shared with the patients GP practice.
- The assessment by the pharmacist, OTC supplies, outcomes, referrals and follow-up should be recorded on PharmOutcomes. If patient cannot be contacted after at least 2 attempts for follow-up then Pharmoutcomes should

be annotated with 'not contactable, withdrawn from follow-up' and the claim for payment made. For any occasions where PharmOutcomes is unavailable, the Provider is to complete Appendix 1 (Patient Feedback Form) and Appendix 2 (Ear Care Dataset) instead. If not recorded live, the details of the consultation should be entered onto PharmOutcomes as soon as possible after the consultation has taken place and in all cases before the end of the next working day. Patient feedback should also be recorded.

- Urgent referral to GP using 'Referral from Community Pharmacy' (Appendix 3) with the patient's details, reasons for the referral including assessment of urgency, and details of the pharmacist referring. This information will also need to be recorded within PharmOutcomes. The patient must be made aware that the form does not guarantee an instant GP appointment. If the patient's GP practice is closed and/or the symptoms are sufficiently severe to warrant a referral to a doctor, the patient must be advised to contact the Out-of-Hours service or attend A&E immediately. A referral form should still be completed in these cases, unless symptoms appear life-threatening, in which case the pharmacist must dial 999 and provide the attending Paramedics with any relevant information.
- Maintain all equipment and consumables necessary for the delivery of this service.
- All equipment provided should be maintained as per guidelines and returned to the LPC should the pharmacy be unable to continue the service.
- Please see appendix 6 for details of the protocols
- Tier 2 of the service must be delivered in accordance with Ear Irrigation Guidelines (2019) attached separately and referenced in Appendix 7.

#### **Patient Eligibility:**

This scheme is available to patients who are registered with a GP practice in Doncaster from a pharmacy participating in the pilot. Patients under the age of 16 must be accompanied by a parent/guardian when they visit a participating pharmacy.

Patients must consent to receiving the service and it is important for this pilot service that they understand that by accessing the service they are consenting to a short follow up interview 5 days after the initial consultation. It should be explained to the patient that this is a pilot service and it is very important that we get this follow up information, so that we can assess the service fully. A successful pilot may result in more pharmacies being able to offer the service and more conditions being treated in the pharmacy. Written consent should be collected on Appendix 4.

Patients will be asked by the pharmacy to confirm their registration with the GP Practice before the service is provided. Pharmacists are encouraged to use Summary Care Records (SCRs) to check the patient's GP practice if there is uncertainty or where they need to check the practice.

The use of the clinical emanation guide answer as knowledge gained during the pharmacist training session provides contraindications to examination.

Patients not registered with a GP practice as described above, should be advised appropriately and if antibiotic treatment or other Prescription Only Medicine (POM) is thought to be required, they should be signposted to an appropriate provider (this maybe their own GP, or if a temporary resident in the area advice given on how to access NHS services locally).

#### **Contractual Period:**

This agreement is for the period 1st April 2021 to 31st March 2023, however it is noted that the service is unlikely to fully commence until 1 June 2021. The funding is limited such that each pharmacy will be paid for activity until the funding runs out. The pharmacies will receive 28 days' notice when the funding levels fall to the point where the service will need to end.

#### **Termination of service:**

The pharmacy or CCG may terminate participation in the scheme by giving written notice of their intention at least 28 days before the service end date. No reason needs to be given for the termination of the agreement.

If for whatever reason, a pharmacy does not fulfil its obligation to provide all Essential Services under the pharmacy contractual framework then the pharmacy will become ineligible to provide this enhanced service.

In the event that a Contractor disputes the decision by the CCG to terminate the agreement on the grounds that the terms of the agreement have not been met and/or remedied within an appropriate time-frame, the Contractor shall make this known in writing without delay to the CCG.

Upon receipt, the process as set out in the NHS Standard Contract will be followed to reach resolution.

#### **Confidentiality:**

Both parties shall adhere to the requirements regarding data protection and freedom of information as set out in NHS Standard Contract

The pharmacy shall maintain adequate insurance for public liability and professional Indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to NHS England.

#### **Service Evaluation:**

As this is phase 2 of the ear care pilot it is expected that the evaluation will be an ongoing process but in order to influence commissioning plans from April 2022 a

formal review process should be in train by October 2021. The evaluation must include feedback from patients, pharmacies, GP practices and PCNs.

#### **Completion of signed agreement:**

In order to participate in the service, each contractor must complete the signed agreement (Appendix 5) and return to CCG as indicated. Once received, the pharmacy will be accredited for the Ear Care Examination Pilot and delivery of the service can commence.

**FOR BRANCHES OF MULTIPLE PHARMACY GROUPS, THIS AGREEMENT SHOULD BE COMPLETED BY AN AUTHORISED PERSON(S) AT HEAD OFFICE**

#### **Payment:**

Payment for this enhanced service is as set out below:

£15.00 per patient for consultation, otoscopy and supply against PGD

£30.00 per patient for single ear irrigation

£50.00 per patient for double ear irrigation

Payment will be made through PharmOutcomes by the CCG and the CCG will recoup funding from the LPC which holds the budget for this service.

#### **Data Reporting:**

Data for this will be reported monthly through the PharmOutcomes system: <https://pharmoutcomes.org/pharmoutcomes/> or in periods where PharmOutcomes is unavailable, via email to: [donccg.primarycare@nhs.net](mailto:donccg.primarycare@nhs.net).

Activity should be submitted within 14 days of month end for activity undertaken in the month. A three month grace period is allowed for data submission, at which point the activity is frozen, in line with the timetable below. Submissions outside of this window will not be considered.

<b>Activity month</b>	<b>First submission</b>	<b>Activity lockdown</b>
Jun-21	14/07/2021	14/09/2021
Jul-21	14/08/2021	14/10/2021
Aug-21	14/09/2021	14/11/2021
Sep-21	14/10/2021	14/12/2021
Oct-21	14/11/2021	14/01/2022
Nov-21	14/12/2021	14/02/2022
Dec-21	14/01/2022	14/03/2022
Jan-22	14/02/2022	14/04/2022
Feb-22	14/03/2022	14/05/2022
Mar-22	14/04/2022	14/06/2022
Apr-22	14/05/2022	14/07/2022

May-22	14/06/2022	14/08/2022
Jun-22	14/07/2022	14/09/2022
Jul-22	14/08/2022	14/10/2022
Aug-22	14/09/2022	14/11/2022
Sep-22	14/10/2022	14/12/2022
Oct-22	14/11/2022	14/01/2023
Nov-22	14/12/2022	14/02/2023
Dec-22	14/01/2023	14/03/2023
Jan-23	14/02/2023	14/04/2023
Feb-23	14/03/2023	14/05/2023
Mar-23	14/04/2023	14/06/2023

### **Quality Review Requirements:**

As part of ongoing quality assurance and service development processes NHS Doncaster CCG withhold the right to contact pharmacies in relation to conducting quality reviews on the information provided.

The purpose of the audits will be to:

- Provide assurance of the evidence of Clinical competencies
- Triangulate finance with activity submissions
- Gain a better understanding of trends across Doncaster
- Garner and share best practice across Doncaster GP practices
- Discuss notable deviation from Doncaster average activity based upon data analysis from NHS Doncaster CCG's Performance and Intelligence Team
- Discuss notable lack of submissions / activity compared with previous months/years

For the avoidance of doubt Tier 1 and Tier 2 services provided through this specification must adhere to relevant guidelines provided by the Rotherham Primary Earcare and Audiology Service including:

- Otoscopy Guideline
- Aural Toilet Guidelines
- Aural Instrumentation Guidelines
- Ear Irrigation Guidelines

## Appendix 1: Ear Care Service – Patient Feedback Form

The service provides examination and treatment for minor ear conditions and is being offered in selected pharmacies in Doncaster. It is hoped that the service will help patients get quicker access to appropriate treatment and reduce demand for GP appointments. Please answer the following questions as this will help us assess the service and ensure that it continues to be available to patients.

### ***How satisfied were you with the service you received in the pharmacy?***

Very satisfied  Satisfied  Unsatisfied  Very unsatisfied

### ***Would you use this service again in the future?***

Yes  No

### ***Would you recommend this service to your friends and family?***

Yes  No

### ***What did you like about this service?***

Close to home  No need for an appointment  Convenient opening times

Convenient location near work / shops?  Didn't have to wait for GP Appointment

### ***Please add any comments on the service here?***

### ***And finally:***

***Are you*** Male  Female  Trans  Prefer not to say

***Your Year of Birth:***

***First Part of Your Postcode:***

We would like to thank you for taking the time to complete it as your opinion is very important to the evaluation of this service. All answers will be anonymous.

**Appendix 2: Consultation and Follow-Up Proforma (use if no live connection to PharmOutcomes).**

*Please note: The service is only available to individuals who are registered with a GP in Doncaster and who give full, informed consent to the service.*

Date		Patient Name and DOB			
GP Practice		Patient Address including Postcode			
Informed Consent Form Signed	Obtained and		Consent given by	Patient	Parent / Guardian

**For this service the patient (or parent / guardian) must complete a consent form (to be retained in the pharmacy). Consent is to the service including a short follow up conversation with the pharmacist (in person at pharmacy or by telephone) approximately 5 days after this consultation. NB If no consent given do not proceed.**

Pharmacist Name:	Date:
Signature:	GPhC Number:

**Presenting problem:**

Ear	
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**Patient Assessment:**

**Consider review of the patients Summary Card Record (SCR) if appropriate to check medication**

**History Taking:**

Confirm history taken	YES/NO
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**Examination Carried Out:**

Ear	YES/NO
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**Provision of advice. Explain that many conditions resolve in without antibiotic treatment; this will help reinforce the message on the need to reduce antibiotic usage.**

**NB All patients should be given advice on likely timescale for illness and safety-netting info on return for more advice and what to do if condition worsens.**

**Outcome of Initial Consultation (please tick):**

Advice only		Advice and patient will purchase OTC product	
Patient needs onward referral – use referral letter and give patient appropriate advice		Advice and supply OTC product via Pharmacy Minor Ailments Service (only at patient request)	

**How did patient hear about service (please tick):**

<i>Pharmacist/Pharmacy staff</i>		<i>Surgery/Receptionist</i>		<i>Other healthcare professional</i>	
<i>Word of Mouth</i>		<i>Previously used this service</i>		<i>Previously used another pharmacy service</i>	
<i>OOH service/A&amp;E</i>		<i>NHS 111/NHS Choices</i>			

**If patient had not used Extended Care Service, where would they have gone (please tick):**

<i>Would have gone to GP</i>		<i>Gone to Walk-In Centre</i>		<i>Would have gone to OOH</i>	
<i>Would have gone to A&amp;E</i>		<i>Bought product OTC</i>		<i>Contacted 111</i>	
<i>Gone without treatment</i>		<i>Unsure/not known</i>		<i>Other</i>	

**5 Day follow up questions:**

<b>How are you feeling today compared to 5 days ago? Please Tick</b>	<b>Much better</b>	<b>Better</b>	<b>Same</b>	<b>Worse</b>	<b>Much worse</b>
<b>Did you follow the advice given by the pharmacist</b>				<b>YES/NO</b>	
<b>Have you taken the medication advised by the pharmacist?</b>				<b>YES/NO</b>	
<b>Have you contacted your GP or any other Health Care Professional since seeing me 5 days ago? If yes, who did you contact?</b>				<b>YES/NO</b>	
<b>If the answer to the above question is yes, please briefly explain why.</b>					
<b>Have you completed the patient questionnaire? If no please do- it is really important to the project</b>					

**Please ensure that the record is entered into the PharmOutcomes service module as soon as possible and within one working day of the consultation and one working day of follow up conversation [www.pharmoutcomes.org](http://www.pharmoutcomes.org)**

**Appendix 3 - Referral of feedback from Community Pharmacy**

Patient's name:.....

Patient's address:.....

.....  
 .....

Patient DOB: .....

**The patient named above has accessed the Doncaster CCG Pharmacy Ear Care Service and has been assessed by the pharmacist on duty. Result of examination (please tick):**

Advice only		Advice and patient will purchase OTC produce		Advice and supply of medicine via MAS	
Non urgent referral**		Urgent referral**		Other **	
** Please specify why a referral has been recommended in pharmacist comments section below					

**Pharmacist's comments:**

.....  
 .....  
 .....

**Indication of urgency (please tick):**

- Accident and Emergency
- Contact GP practice or other HCP within 24 hours
- Contact G ractice or other HCP within ..... days if symptoms do not resolve

**Pharmacist's name:** .....

**Pharmacist Signature:** .....

**Time of Referral:** .....

**Please ensure that this form is given to your GP or other Healthcare Professional**

Pharmacy Stamp

## Appendix 4 PATIENT CONSENT FORM

### Consent to participate in the: Ear Care Service.

I agree to take part in a short follow up conversation with the pharmacist which can be in person at the pharmacy or by telephone – this will be approximately 5 days after this consultation.

I agree that the pharmacist may access my SCR to help in the delivery of this service

Patient name and address	Bag label
<b>Patient's telephone No for follow up</b>	

I agree that the information obtained during the service can be shared with:

- My doctor (GP) to help them provide care to me
- NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy
- NHS England, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to make sure the pharmacy is being correctly paid by the NHS for the service they give me

Signature	
Date	

**Appendix 5 - Pharmacy Ear Care Service Pilot SIGNED AGREEMENT**  
**(Please complete 1 agreement for each branch who will provide services)**  
**On behalf of (Pharmacy Name and Address)**



.....  
 .....  
 .....

**Contractor Code (F Code)**.....

Services to be Provided:

Tier	Service	(Yes/No)
Tier 1	Otoscopy, diagnosis and treatment of common ear infections	
Tier 2	Irrigation of ear wax	

The service specification has been shared with the store pharmacy team and the contractor agrees to provide the standard of service specified\*.

**Signature**.....

**Print name**.....

**Designation**.....

**Date**.....

\*Please indicate which days of the week you intend to offer this service. The aim is to provide cover over all of your opening hours but where a regular shift cannot be covered by an ear care pharmacist it would be helpful for NHSE to know which days you will operate the service. State here:

.....  
 .....

On behalf of Doncaster CCG, I commission the above pharmacy to provide the service detailed in this service specification for the Ear Care Service.

**Signature (on behalf of Doncaster CCG)**.....

**Print name**.....

**Designation**.....

**Date**.....

Please return a signed copy of this form by email to [elizabeth.howlett@nhs.net](mailto:elizabeth.howlett@nhs.net) and copy to [lynn.murrie@nhs.net](mailto:lynn.murrie@nhs.net) to ensure timely access to PharmOutcomes.

## **Appendix 6 – Protocols**

All protocols are available for download on the Doncaster LPC website and also from within the PharmOutcomes modules.

### ***Acute Otitis Externa***

Protocol for use of Ear Calm [EarCalm Acute Otitis Externa Protocol FINAL](#)

## **Appendix 7 – Specific Guidelines:**

- **Aural Instrumentation The Rotherham NHS Foundation Trust 2017**
- **Aural Toilet The Rotherham NHS Foundation Trust 2017**
- **Ear Irrigation 2019**
- **Otoscopy The Rotherham NHS Foundation Trust 2016**
- **Doncaster CCG published Patient Group Directions as amended 2021**