

Community Pharmacy Minor Ailments Service

Frequently Asked Questions (FAQs)

12 Jun 2023

1. What is the Minor Ailments Service (MAS)?

It is a service that is provided by community pharmacies to consult on a range of minor health conditions and supply medicines and treatment aids if clinically indicated. Promoted as the 'Community Pharmacy Minor Health Conditions Service', the initiative aims to improve access for people who are unable to access care or afford care for these minor ailments. Consistent with the health sector principle in section 7(e)(i) of the Pae Ora (Healthy Futures) Act 2023, MAS also promotes people's health and wellbeing by helping to prevent, reduce, or delay the onset of health needs.

2. Who is eligible to receive the service?

A person is eligible to receive the service if they have a condition covered by MAS (set out under question 6 below), they are eligible for publicly funded health services in NZ, and they are one of the following:

- a child under 14 years of age;
- a whānau member (any age) of a child under 14 years of age, with the same symptoms;
- a holder of a Community Service Card (CSC), or the dependent child of a CSC holder and is 14 to 17 years of age; or
- a Māori and Pacific person.

3. Will I need to request evidence from the patient to determine eligibility?

No, pharmacy staff do not need to verify a patient's ethnicity or CSC status, however teams should consider how patient ethnicity can be determined in a sensitive manner to avoid difficult conversations for both the patient and your team.

4. What if a patient does not meet the eligibility criteria and presents to the pharmacy for MAS?

Pharmacists will follow their usual practice for advice, treatment and referral for any person who does not meet the Eligibility Criteria for MAS. The same applies for any person who presents to a Pharmacy outside of the areas commissioned to provide MAS.

5. Will people need to book an appointment for a consultation?

Pharmacies may offer bookable appointments for MAS, however the priority is that all participating pharmacies can also accept 'walk-in' patients in their usual manner.

6. What conditions are covered under the Minor Ailments Service?

- Acute diarrhoea, and Dehydration (e.g. due to vomiting or diarrhoea)

- Eye infections and inflammation
- Pain and fever
- Scabies
- Headlice
- Eczema/dermatitis
- Minor skin infections

7. Will medicines be funded when it is supplied under this service?

Yes, pharmacists may recommend a medicine funded under the service that can be supplied following a consultation. Medicines will only be supplied if clinically appropriate. Te Whatu Ora and Pharmac have agreed on a defined list of approved medicines to support the minor ailments.

8. How do I know which medicines are approved for funding under MAS?

The list of approved medicines will be provided in the agreement that a pharmacy has with Te Whatu Ora, and also available on the Te Whatu Ora website <https://www.tewhatauora.govt.nz/for-the-health-sector/community-pharmacy/community-pharmacy-minor-ailment-service/>. Pharmacies will be advised in writing of any changes to the list of approved medicines, and it is the pharmacies responsibility to remain familiar with the list. All medicines on the list are Pharmaceutical Schedule-listed medicines. Substitution is not permitted.

9. The approved medicines list includes treatment aids such as a lice comb and syringes. How will these be reimbursed?

Treatment aids may be supplied when necessary and reimbursement can be claimed via a portal nominated by Te Whatu Ora. Reimbursement is for the listed Pharmacodes at the price shown on the approved medicines list. Subsidy via pharmacy batch claim is not possible.

10. Will pharmacists need a standing order to supply these medicines?

No. The medicines on the approved list are classified as either General Sales, Pharmacy-Only or Pharmacist-Only medicines. Medicines that cannot be repacked without prescription, such as ibuprofen 200mg tablets, have been excluded from the approved medicines list.

11. Are pharmacies required to keep any hard-copy documentation of medicines dispensed?

Pharmacies are not required to keep hard-copy documentation for any dispensing and claiming of general-sales, pharmacy-only or pharmacist only medicines, provided that electronic records are kept.

12. Can one pharmacy carry out a MAS consultation, and another pharmacy dispense the funded treatment for that consultation?

No. Any medicine supplied pursuant to a MAS consultation must be dispensed by the pharmacy that provided the MAS consultation.

13. When will the programme start and end?

The initiative will start on 12 June 2023 and run until 30 September 2023.

14. Which districts will be making this service available?

- Northern Region: Northland, Waitematā, Auckland and Counties Manukau
- Te Manawa Taki Region: Bay of Plenty
- Central Region: MidCentral, Capital & Coast, Hutt Valley
- Te Waipounamu Region: Canterbury, Southern (NB: In Southern district, pharmacies in the geographic catchment areas for Invercargill ED will be invited to opt in).

15. How do pharmacies opt-in to deliver this service?

Pharmacy providers will be receiving onboarding information through their district Pharmacy Portfolio Manager. This will include the draft funding agreement, which will include the service specification, operational guidance, and onboarding instructions. If the authorised person for a pharmacy declares in the opt-in form that they agree with and can comply with the terms and conditions provided as part of the opt-in pack, they can begin providing MAS as soon as they have claiming portal access. Individual pharmacists do not register for the service.

16. Can a patient from an area where MAS is not available (e.g., Waikato) present to a pharmacy in an area where it is (e.g., Counties Manukau) to receive funded MAS?

Pharmacies may only provide MAS to people who are currently located within an area where MAS is available. It is inevitable that some patient movement will occur within and between districts and there is no expectation that pharmacists will need to check whether a patient lives within an area where MAS is available when they are physically present. Virtual MAS pharmacies, on the other hand, may only deliver MAS to people who are currently located within an area where MAS is available and will need to establish this before providing a funded MAS consultation. MAS should not be actively promoted to people from areas where MAS is not available.

17. Can a pharmacy from an area where MAS is not available (e.g., in Waikato) provide funded MAS to an eligible patient from an area where MAS is available (e.g., from Counties Manukau)?

No. Pharmacies outside of the approved areas will not be able to opt-in to deliver the MAS.

18. What is the funding model for service delivery?

Pharmacy providers will be reimbursed:

- Consultation fee - \$25+GST per patient, per consultation

- A Dispensing Transaction Fee (which includes medicine reimbursement cost) and a Case Mix Service Fee for each approved medicine supplied, calculated in the same way as per Schedule 1 of the ICPSA
- Reimbursement for any Treatment Aid provided at the price listed in the Approved Medicines list.

19. Can I claim for assessing eligibility?

No. There is no payment to assess the patient's eligibility. A consultation fee is only payable for a consultation held with a patient for one or more of the approved conditions.

20. Is there funding for after-hours consultations?

No. The consultation fee payable is the same, irrespective of when the consultation was carried out. Under the service agreement, a pharmacy may not charge an after-hours fee for a consultation held after-hours.

21. Can I claim for more than one consultation fee per patient?

You can claim only one consultation fee per person, per consultation, irrespective of whether they have more than one eligible condition or if you provide routine follow-up with the person.

You may claim for an additional consultation for the same condition in exceptional circumstances if that consultation is clinically essential, such as if the condition has worsened or failed to resolve as expected. You should document the clinical rationale for that additional consultation for audit purposes. If a person presents on an entirely separate occasion with a different condition, including in the unlikely event that this occurs on the same day as a prior MAS consultation, you may claim a consultation fee for that consultation.

22. Can I provide more than one medicine?

Yes. Provide treatment that is clinically appropriate to treat the patient's condition(s) as they present.

23. Can pharmacies claim for medicines provided using their usual claim mechanism?

Yes. Use your usual claiming mechanism for medicine cost and dispensing fee. For all dispensing claimed under MAS, the patient code must be 'C4' ('C1' for Community Services Card holder)

24. Are there limits on the amount of medicine I can provide?

- Pharmaceutical Schedule limits apply for any approved medicine provided as part of the service.
- Limits also apply for some medicines on quantities that can be repackaged without a prescription. For example:
 - Up to 20 loperamide 2 mg capsules or tablets may be supplied.
 - Up to 100 paracetamol 500 mg tablets may be supplied

- There are no further restrictions, however, you should use your clinical judgement to supply the most appropriate quantity necessary to treat the acute condition as it presents. **Treatment of long-term conditions is not within the scope of this service.**

25. How and when will pharmacies be reimbursed for service delivery?

A standardised web-portal patient consultation record form will be used for recording and claiming MAS consultation fees across all regions. Pharmacies will be paid monthly through their regional payment agent. Payment agents for each region are listed below:

Clinical Assessments Limited (POAC): accounts@poac.co.nz

- Northern Region
- Te Manawa Taki Region
- Te Waipounamu Region

Midcentral Community Pharmacy Group: carol@mcp.org.nz

- Central Region

Note: Pharmaceuticals and dispensing fees will be paid with the usual batch claim. A MAS Consultation stock-card has been created for pharmacies to record in their PhMS that a consultation has been provided, and to use for reconciliation against claims made through the MAS portal. This stock-card is not for claiming purposes.

26. Can MAS be documented and claimed through other platforms?

MAS consultations and treatment aids must be claimed via the Te Whatu Ora nominated claiming portal for the pharmacy's district and approved medicines via the pharmacy's usual batch claim using their PhMS. Platforms such as reCare Early Care are independent of this MAS and cannot be used to claim for MAS services.

27. Can pharmacies provide consultations virtually? And will there be reimbursement for home deliveries?

Yes, pharmacy providers who are equipped with telehealth capabilities can offer consultations virtually if clinically appropriate to people who are located within areas where MAS is available. Patients must be able to receive the same standard of care as an in-person consultation, including any necessary medicines being supplied in a timeframe appropriate for the condition being treated. Where it becomes evident that an in-person MAS consultation is necessary, and the pharmacy is unable to hold a full in-person consultation with the patient, a MAS consultation fee is not claimable. If the pharmacy is unable to hold a full in-person consultation with the patient, the patient should be referred to another pharmacy delivering MAS where they can attend in-person or, if that is not possible or appropriate, to their GP or other appropriate provider.

Note: Home deliveries of medicines are not funded by this service. Some providers may offer medicine delivery as part of their business-as-usual practice. Patients can also arrange for dispensed medicine (if clinically appropriate) to be collected by a friend and family member.

28. Do whānau members have to be present during the consultation to receive MAS?

In situations where multiple whānau members of an eligible child require MAS, there is no expectation that those whānau members are present at the time of consultation. It is acceptable to provide treatment for whānau members of an eligible child with the same condition(s) who are not present at the consultation, provided that a parent or guardian has participated in the consultation.

29. Can the MAS be delivered off-site, e.g., primary schools?

Pharmacies may provide MAS consultations and treatment off-site, provided they meet all legislative requirements for the custody, transport and provision of general-sales pharmacy and pharmacist-only medicines in those circumstances.

30. Can pharmacies advertise the minor ailments service?

Yes, pharmacies can advertise the service across their local communities and are in the best position to engage with people who are already receiving healthcare from the pharmacy team.

31. How will the community know about this service and which pharmacies are offering this?

A comprehensive communications strategy will be implemented with targeted messaging across Māori and Pacific communities. This will involve ensuring communication collateral are shared across Māori and Pacific health providers, pharmacies, general practices and urgent care clinics. The collateral will be editable to suit local needs and can be adapted to support providers with local community engagement.

Patients will also have visibility of pharmacy providers offering the service via Healthpoint. Pharmacies that have opted into MAS will have their Healthpoint profile updated automatically.

32. What support will be available for pharmacists if a diagnosis cannot be determined, or the condition is more severe?

Pharmacists can access the Whakarongorau clinical advice line (**0800 177 622**) if there are any clinical queries. Using this resource, pharmacists can also provide a handover through Whakarongorau, and a healthcare professional will contact the patient for further care if needed. This service is available between 8:00am and 8:00pm. (Please note this phone number is not publicly available and should not be given to the public). Patients can also be referred to their usual GP, urgent care, Healthline or other telehealth provider where appropriate.

33. Are there any training requirements for pharmacists to deliver the service?

There are no specific training requirements to deliver the minor ailments service. However, it is recommended pharmacy teams attend the online webinar that covers detailed information on service delivery, funding and clinical support.

There are resources available for the pharmacy team to access:

- He Ako Hiringa, Access, adherence and ailments - Māori experiences and solutions www.akohiringa.co.nz/education/access-adherence-and-ailments-maori-experiences-and-solutions
- He Ako Hiringa, Ideas on culturally safe consultation youtu.be/Gp9hd5pA7YE
- Pharmaceutical Society of NZ, Consultation in Pharmacy: [PSNZ Consultation in Pharmacy – On Demand](#).

34. Are there any pharmacy requirements?

- The pharmacy must have a suitably sized consultation room, where consultation can be conducted, ensuring privacy and confidentiality is maintained.
- Staff are recommended to review/complete staff training, online material, or refresher courses available to optimise consumers' experiences in accessing treatment and care for minor ailments (see question 33).

35. How will the service be evaluated?

A number of factors will be evaluated, such as:

How much service was delivered?

- Number of consultations – by district, age, ethnicity, rurality, enrolment status
- Number of medicines dispensed – by district, age, ethnicity, rurality, enrolment status
- Percentage of in-person consultations vs virtual
- Funding – in-year monitoring of actuals to budget

How much change was produced?

- Outcome following consultation – Advice/self-manage; referral to GP, urgent care clinic, emergency department, ambulance; other over-the-counter medicine purchased.

How well was the service delivered?

- Consultations by condition
- Consultation time
- Patient experience survey
 - Patient felt their health needs were met during the consultation (relevant to the condition or otherwise)
 - Were informed of possible side effects
 - Provided information to understand the condition and the treatment
 - Staff included family/whānau in discussion

- Patient knows where to go if their condition deteriorates

What quality of change was produced?

- Percentage of people who were referred to GP following a consultation
- Percentage of patients who were seen by a GP in the seven days after a consultation (related/not-related)
- Percentage of patients who presented to ED in the seven days after a consultation (related/not-related)
 - Percentage of patients who were admitted

The experience of patients, whānau, pharmacists and other health professionals, the impact on urgent care and general practice, and costs will be evaluated with a view to determine whether the service is commissioned more broadly and/or permanently. Data collected through the consultation records will be analysed and linked to other data sources to understand any correlation or impact to the health system.

Pharmacist consult forms were simplified because NHI data provided sufficient details to understand various areas of the evaluation.

36. Who can carry out minor ailments consultations?

Funded consultations must be carried out by a registered pharmacist, registered nurse or intern pharmacist under the supervision of a registered pharmacist. Pharmacist-only medicines may only be supplied by a registered pharmacist.

37. Can I claim a consultation fee if a medicine is not required?

Yes – a consultation fee can be claimed. A consultation fee is not linked to dispensing. Some minor ailments may be self-limiting with clinical advice and reassurance on how the condition can be managed with self-care and non-pharmacological treatment.

38. Can I claim a consultation fee if I referred the patient to the patient's usual GP or another health provider?

Yes. If a full consultation is completed and a diagnosis cannot be determined or the condition is outside the scope of the pharmacist or nurse, a consultation fee can be claimed when a referral is made to another health provider. The referral will be documented the MAS portal form. A MAS consultation fee cannot be claimed if the patient is referred to another MAS Provider (e.g. from virtual consultation to in-person).

39. Following a consultation and medicine supply, will I need to provide a clinical record to the GP?

There is no requirement for clinical notes to be sent to the patient's usual GP. If a medicine is supplied under this service, a dispensing record will be visible through the usual clinical repository (TestSafe, HealthOne etc).

40. How can I inform Te Whatu Ora with any feedback for the service and service-related issues, such as out of stock medicines on the Approved List?

Please send your feedback, queries and suggestions to <https://forms.office.com/r/5rDh9ZBQ3j> or QR Code:



Any supply issues with individual products will need to be managed in the same way as you do currently for schedule-listed medicines, however Te Whatu Ora teams will engage with Pharmac and suppliers on any reported out of stock issues.

41. Will there be alignment of the eligibility criteria to cover rangatahi 24 years and under, as announced in the Hawke's Bay district?

Hawke's Bay district commenced planning for this initiative in 2022. The eligibility criteria will not be aligned for the national MAS initiative.

42. Hutt Valley district has a different funding model than what is proposed under the national initiative. How will this be managed going forward?

The pharmacy portfolio manager will be in discussion with those providers in Hutt Valley regarding a transition process from their MAS pilot to the national model.

43. Is Hawke's Bay running its own MAS under the flooding?

Yes, Hawke's Bay district implemented their MAS initiative as a response to Cyclone Gabrielle and recovery.

44. Some districts have existing services that are similar to the proposed MAS initiative, eg. skin infection management, Childhood Skin Conditions Pilot, Head Lice and Scabies Assessment. How will this be managed going forward?

These services will continue to be available for existing contracted providers and pharmacists should determine the most appropriate service depending on patient need.

45. Has Te Whatu Ora anticipated workforce pressures?

Te Whatu Ora acknowledges that there are workforce pressures across the pharmacy sector and broader healthcare system. It is anticipated that the MAS initiative will cover some existing demand for services related to minor illnesses that would usually have resulted in an over-the-counter sale of medicines or a consultation with a GP for a prescription. The MAS initiative utilises existing workflows minimising additional administrative burden or training requirements.

46. Why are pharmacies in some districts not able to opt-in to deliver the service?

Priority areas were identified based on ED capacity and pressure at key hospital locations. These are:

- Whangarei
- Auckland
- Middlemore
- Tauranga
- Palmerston North
- Wellington
- Christchurch
- Invercargill

Waitemata and Hutt Valley districts were included due to patient movement across district boundaries.

47. Why won't MAS be available to all pharmacies in some districts?

Priority areas were selected based on hospital ED capacity and pressure. Consequently, the MAS opt-in process will not be available to pharmacies that serve communities who do not form part of the geographic or patient flow catchment for the priority hospitals. For example, in the Southern district, pharmacies in Invercargill, Southland and Gore TLAs will be invited to opt in, however those in Clutha, Queenstown Lakes, Central and Coastal Otago and Waitaki will not for this pilot.

48. Does there need to be a contracting process?

A letter of agreement will be issued by Te Whatu Ora for pharmacy providers who wish to opt into delivering the service. Payments will be made through regional payment agents in the same way as other pharmacy initiatives such as COVID Care in the Community.

49. How will Te Whatu Ora engage with other primary care providers (such as GPs, PHOs and urgent care) to raise awareness of pharmacists' capabilities to undertake consultations for minor ailments?

Te Whatu Ora leads are in discussions with other primary care representatives (including PHO/GP and urgent care) on the various winter pressure initiatives. Key messages during these forums include awareness that pharmacists are already managing these conditions through consultation with the patient and the recommendation of over-the-counter products. This

occurs as an unfunded service in most areas and the MAS supports funded consults for eligible patients.

50. How will Te Whatu Ora manage targeted marketing of this initiative when select districts are involved?

The communication plan will ensure that local districts have the resources and collateral to engage with local providers and communities. This will include editable collateral that can be shared across the health sector and discussions across local iwi, Māori and Pacific health providers and schools.

51. If a customer comes in to buy liquid paracetamol, for example, to stock up at home for future use, do we offer a funded MAS consultation and medicine?

No. A person is only eligible for MAS if they are someone who is eligible to receive the service AND they have an approved condition.

52. How do we determine if someone is eligible to receive publicly funded health services?

The guide to eligibility for publicly funded health services can be found here - <https://www.tewhatoru.govt.nz/our-health-system/eligibility-for-publicly-funded-health-services/guide-to-eligibility-for-public-health-services>

53. If the patient has a preferred brand that is not funded. Can we still claim for the consultation?

Yes. Provided that all other criteria are met, the consultation is funded. If a product is recommended, you may only charge the patient for their preferred brand if they have been made aware of a funded equivalent. You may not claim for a funded product if an unfunded one has been provided.

54. If the funded brand is out of stock, can we sell an alternative?

You will need to manage out of stock situations in the usual manner. For clarity, if a product is out of stock at your usual wholesaler, please discuss appropriate options with the patient. This may include selling an unfunded alternative.

55. Can medicines such as antihistamines and alternative dosage forms such as suppositories be added to the list?

MAS is a proof of concept, in part to gather evidence that the MAS benefits the broader health system. If MAS is extended, other conditions and medicine treatment options may be considered. If a person presents with a condition that is not covered by MAS, or a medicine not funded under the MAS would be more appropriate for the patient, the pharmacist should discuss options with the patient. These may include offering an unfunded medicine, or referral to another provider such as their GP or a telehealth clinician.