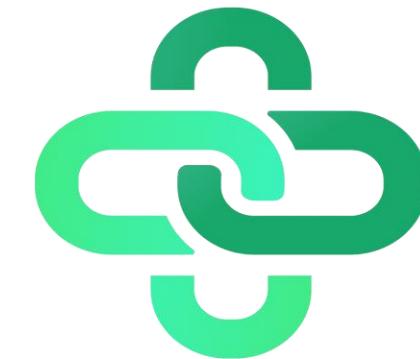


# Common Conditions Service – Establishing the Service

**Susan O'Dwyer**  
**Head of Professional Services**  
**Irish Pharmacy Union**



Common  
Conditions  
Service

# Register for the Service



## Pharmacy service listing request

Page 2 of 5

It is important to keep your Pharmacy details up to date on the HSE website. Please fill in the form below with as much detail as you want to make available.

We will aim to have your details updated within 3 - 5 working days. If you have additional information that you want to be included you can email us at [digital@hse.ie](mailto:digital@hse.ie).

**Please select ONE of the following to indicate how you require the HSE to process your information** Required

- UPDATING DETAILS** - To amend the pharmacy details on an existing pharmacy service listing and to add or remove a service from your pharmacies profile.
- PERMANENT DELETION** - Delete the pharmacy name and details currently recorded on all pharmacy services finders permanently.
- NEW LISTING** - To add a new pharmacy name, details and service if your pharmacy is not currently on any service directory.
- CHANGE OF NAME** - Change the pharmacy name on an existing pharmacy service listing. Please include the old pharmacy name in brackets after the new name.

- Email [CCS Opt-In Form](#) - [contract.national@hse.ie](mailto:contract.national@hse.ie)
- [Pharmacy Service Listing Request Form](#)  
Phase 1 CCS Pharmacies – 19 January 2026  
Phase 2 CCS Pharmacies – 23 February 2026  
Phase 3 CCS Pharmacies – 31 March 2026
- Any changes/amendments to be submitted using the online form

Previous

Next

# Getting Ready to Deliver the Service

- **Training**
  - Delivering the service
  - Supporting service delivery
  - Consider the needs of the entire team
- **Team Engagement**
  - Understanding the service
  - Understanding their role
  - Hearing opinions, suggestions, concerns

# Getting Ready to Deliver the Service

- **Workload Review**
  - Are any changes required to workflow
  - Consider time of day that tasks are completed
  - Prescription management
  - Other services
  - How many consultations will you deliver each day
  - Appointment, walk-in, both
  - Roles and responsibilities
  - Delegation and distribution of workload
  - Standard Operating Procedures
  - Staff profile
- **Insurance Considerations**
  - Contact insurance provider
  - Discuss insurance cover with employer

# Getting Ready to Deliver the Service

- **Patient Journey**
  - Awareness of the service
  - Queries – online, via telephone, email, in-pharmacy
  - Appointment, walk-in, both
  - Screening
  - Understanding of the service and providing consent
  - Waiting area – seating, duration, gathering data, information
  - Consultation area – chaperone policy, clinical environment, cleanliness, equipment
  - Consultation process and informed consent
  - Data collection
  - Time management
  - Outcome – advice, medication, signposting, referral
  - Provision of information
  - Prescription journey

# Reviewing the Service

- **Review post implementation and at regular intervals**
  - Patient experience
  - Team experience
  - Impact of implementation
  - Activity levels
  - What's working well
  - What could be better
  - Any unexpected consequences
  - Any changes required
  - Do any of the team need additional training
  - Conversations with local healthcare professionals

# Thank You

Professional support: [pharmacists@ipu.ie](mailto:pharmacists@ipu.ie)

Contractual support: [contract@ipu.ie](mailto:contract@ipu.ie)

IPU Tel: (01) 493 6401

Sinead Lanigan MPSI  
Community Pharmacist  
Pharmacy Prescriber in the UK for 7 years

## Prescribing Experience

- Standard Prescribing under Minor Ailment Scheme
- Advanced prescribing under NHS Patient Group Directives
- Prescribing qualifications for 32 medical conditions ranging from Aciclovir, Skin emollient treatment to Warfarin prescribing in conjunction with INR clinics

# Common Condition Scheme

First for pharmacists to enable writing of legal prescriptions

This is not our first experience of doing complex consultations or diagnosis or supplying advance medication – think of our current P items which are already complex – Sildenafil, Sumatriptan, Levonorgestrel

Consider how much of our current day to day work consists of fragmented aspects of the CCS

Professional satisfaction and Clinical efficiency in the process of a singular flow of patient interaction and providing a patient with an entire package of treatment

# Principles of Good Prescribing outlined by WHO/NHS

Define the problem stated by patient

Prescriber specifies diagnosis

Complete medication safety assessment

Choose treatment plan

Explain medication and plan of treatment to the patient

# Diagnosis

Training – IOP, IPU resources, Medicines.ie, HSE.ie/conditions

Patients want a clearly defined diagnosis

Defined Diagnosis as a practitioner ensures you can now follow HSE protocol for prescribing

Pharmacists limitation without diagnostic tools

Reassurance that protocols and prescribing guidelines are specifically developed knowing the limitations we face within in the confines of a community pharmacy consultation room

Inclusion and Exclusion Criteria

Legally following protocol

Can use these to give you confidence and reassurance of accurate diagnosis

Ask as many questions as you deem necessary if it aids in accurate diagnosis

Scope of practice is a limiting factor – complexity of diagnosis and referral process is not a failure on your behalf – limitations exist within the service itself as with all practitioners

# Explain medications and treatment plan

Why am I mentioning this – we do this already surely?!

Consider for the sake of this consultation I will be both prescribing and dispensing this medication

Change in previous safeguarding measures for patient – previously interactions with 2 healthcare professionals to reinforce information – now it will only be one

End of treatment plan / consultation – ask the patient a specific question that indicates understanding.

Expect follow up questions from patient not just at the time of consultation

Statistically the best patient outcomes result from a patient engaged in treatment and who actually use the medication at its therapeutic treatment dose and duration

Written or reference support materials can provide an improved patient understanding and outcome

Have you leaflets ready for information

Do you want to print any of the HSE.ie condition guides for patients who might not have good IT access?

Patient with language barrier or hearing difficulties support

Consider a label referencing your resources <https://www2.hse.ie/conditions/>

# Signposting and Safety netting

If you cannot complete medication supply have you considered what you will do?

Protocol is for referral – always ensure this is written

When creating or using a referral letter ensure you are writing specific reasons for referral

“Under the scope of practice I cannot complete consultation for this patient for X reason”

Reason as a match with our exclusion criteria

Most professional approach and it also eliminates the risk of miscommunication if the patient is providing information to GP

On every label dispensed we had a safety netting protocol

Specified duration of days e.g. our treatment of UTI is for 3 days only

“if your symptoms worsen or do not improve after this treatment please contact your GP”

# Complex Consultations

Concerns around dealing with polypharmacy issues (defined as 5 or more medications)

Concerns around patients with multiple medical conditions or risk factors

CCS is a long term project for pharmacy prescribing – it may take time for patients to view us as first call for complex issues

Polypharmacy or complex patients will naturally be the most concerning cohort to prescribe to

Personal experience is that they have a high frequent rate of GP visit, may attend specialised clinics and have nurse contacts for treatment. In 7 years experience the most complex patients were the ones I treated the least

Scope of practice in the service is crucial – referral letters and signposting as mentioned above are simply necessary for some patient groups

# Complex Consultation Aids

Give yourself time before entering the consultation room

Can you look up the patients PMR before consultation?

If you checked the PMR is there anything that would help you in your decision-making skills?

Consideration e.g. asthma , antibiotic last week?

Can be used as a tool for searching products you are about to prescribe e.g. trimethoprim/nitrofurantoin

What resources do you have that are clear and easy to access?

Breastfeeding, pregnancy, renal function, under 18 years use

Schedule 13 drugs are the list of drugs which we are allowed under CCS protocol

Simple A4 chart which had YES or NO box for each of the above considerations

Shingles treatment – print the chart for Renal Function assessment

Think of ease of access to this if you want a quick supportive answer that would give you confidence and clarity in your prescribing

# Practical Tips for Consultation

Organisation of your consultation room, forms, referral letters, leaflets and support information

Consider digital support as a priority

Can you have a laptop or tablet in your consultation room?

Easy access to information without having to leave the consultation room

Save each protocol or information source as a direct file or bookmark

Under the Community Pharmacy Agreement 2025 each pharmacy was given a €2k grant for CCS and an eHealth integration allowance of €1825

Consider if you have not done so already advocating for digital support in the consultation room

Stock Management for Schedule 13 items

List of items we prescribe

Dispensary staff are aware of potential new stock management levels

Stock shortages

Communication notes for Locums or other pharmacists in your store

Challenges of doubling your workload - re assessing treatment plan, informing patient of new treatment plans etc

Support of the Dispensary team for completing your process

# Conclusion

- Some helpful tips for a smooth consultation process
- Expanding clinical roles for pharmacists under CCS