



City of Westminster

Vulnerable Adults, Health and Communities Policy and Scrutiny Committee

Date of meeting:	Tuesday 16 July 2014
Classification:	General Release
Title:	Community Pharmacy Provisions – Access to Medicines for the Socially Vulnerable
Report of:	Hitesh Patel, Chief Officer Community Pharmacy KCW
Cabinet Member Portfolio	Deputy Leader and Cabinet Member for Adult Social Care, Public Health and the Voluntary Sector
Wards Involved:	All
Policy Context:	The Community Pharmacy KCW represents local Community Pharmacies in Westminster, Kensington and Chelsea and are consulted on local matters affecting the pharmacies, act as the voice for raising concerns that are faced by the pharmacies, and in turn, local residents.
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1. Executive Summary

- 1.1. Community Pharmacies provide three types of services. The first is Essential Services which includes Dispensing and healthy living advice. The second is Advanced services such as Pharmacy First, Vaccination services, Blood Pressure measurement services etc. The third is Local Enhanced services as determined by the ICS or Local Authority such Needle Exchange, Supervised Consumption service. Community Pharmacy KCW have very few Enhanced services compared to the rest of the country. There are 118 Community Pharmacies in KCW currently. In 2022, there were 122 Community Pharmacies, so the access for residents to Community Pharmacies has reduced in certain areas.

- 1.2. Community Pharmacy is providing more to face consultations to patients than ever before. Many patients walk into pharmacies and get high quality health information and medication at point of care. Increasingly many patients are referred from either General Practice or NHS111.
- 1.3. Whilst the advice is given free at point of care, many patients must pay for their medication. The concern is that socially vulnerable patients in deprivation and on low incomes may not be able to afford to buy the medication they require.
- 1.4. The result is they either go without medication or resort to another provider in the system, for example, Urgent Care where they are likely to get the medication free of charge. The cost of getting treatment for minor ailments in Urgent Care Settings can be about £75. The same minor ailment can be treated in Community Pharmacy for £15 to £20. Therefore, it is far better for the local health economy for patients with minor ailments to be treated in Community Pharmacies.
- 1.5. This puts extra pressure on Urgent Care services, but also costs the local health economy a lot more. Therefore, this group of people have inadequate access to local healthcare and have a poor patient experience. This group of residents must travel to urgent care centres and wait for a long time to be seen.
- 1.6. There are other Integrated Care Boards (ICB) in London where a pharmacy service is in place to provide free medication to socially vulnerable patients. The committee is invited to consider suggesting to the ICB to provide a service where low-income, vulnerable, residents can get access to free advice and medication for low acuity conditions.

2. Key Matters for the Committee's Consideration

- 2.1. The Committee is asked to provide recommendations on the stage of the delivery of the Community Pharmacy provision to provide support to socially vulnerable residents and make recommendations in consideration of the following:
 1. Socially Vulnerable patients generally cannot get free medication from a pharmacy in NWL after a consultation with a pharmacist or a trained pharmacy assistant. The consultation may be a Pharmacy First consultation or a walk-in consultation. Certain Pharmacy First medicines which fall under seven conditions (as highlighted in this report) are free, but only if the patient is exempt from prescription charges. They are unlikely to use a pharmacy service again if they need to pay for their medication/s. The purpose of the Pharmacy First Service is to relieve pressure from GP surgeries for low acuity conditions. Resident on low incomes will not use the service if they cannot get free medication. They will carry on visiting GP surgeries and urgent treatment centres to get free medication.

2. Socially vulnerable patients are unlikely to access pharmacy services if they need to pay for medication which they will get free of charge if they get a prescription from a GP or attend an urgent care provider. Pharmacy services are easily accessible, and care is provided quickly. Pharmacy services are more cost effective for the local health economy.
3. GPs have national guidance which recommends NOT prescribing medicines which can be bought over the counter (OTC medicines). Some GPs may choose to prescribe OTC medicines for socially vulnerable patients, but not always.
4. The committee is invited to ask why the NWL ICB has not considered implementing a pharmacy service that provides free medications to socially vulnerable patients.
5. Socially vulnerable people with Universal Credit are exempt from paying for prescriptions. The same people have to pay for medication for minor ailments when it is recommended by a Community Pharmacist under the Pharmacy First Service (unless it is a medicine supplied under a PGD).
6. For the 7 conditions in the Pharmacy First service where medication is provided under a Patient Group Direction, patients who are socially vulnerable get it free of charge. For all other consultations under the Pharmacy First Service where medication is required, patients must pay for it. National policy should be that all medication provided in the Pharmacy First Service should be free of charge to socially vulnerable people.

3. Background, including policy context

- 3.1. On 31 January 2024, the Government and NHS England launched the 'Pharmacy First' scheme which aimed to give patients quick and accessible care while easing the pressure on GP services (see Appendix A).
- 3.2. The key initiative introduced through the Pharmacy First scheme was to enable community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need to visit a GP. The seven conditions are:
 - Sinusitis
 - Sore throat
 - Earache
 - Infected insect bite
 - Impetigo (a bacterial skin infection)
 - Shingles
 - Uncomplicated urinary tract infections in women.
- 3.3. Since January 2024, Pharmacy First has been supporting community pharmacists to work alongside primary care teams to accept referrals for

common conditions and reduce pressure on GP services. This aims to free up 10 million GP appointments a year across England and Wales by next winter that can be reserved where a more complex diagnosis is required.

- 3.4. 102 Community Pharmacies in KCW signed up to provide Pharmacy First, 90% of all community pharmacies in the two boroughs. There are 71 pharmacies (out of a total of 79) in Westminster that provide the Pharmacy First Service.
- 3.5. Local people can access care directly or can be referred by their GP, and both video and face to face consultations are available. The Pharmacy First service is only four months old and the referral/activity is not available in full detail. We are awaiting this data from NHSE (National Health Service England).
- 3.6. Public messaging promoting the service started on 19 February and will run until the 31 March 2025. The LPC is not aware of any communication aimed specially at aiding the elderly, Learning Disabled, digitally excluded, blind or other types of vulnerability.
- 3.7. Patients that were already exempt from prescription charges will still be exempt. For the seven conditions of Pharmacy First where medication is supplied on a PGD, patients who are exempt from prescriptions charges, do not have to pay. All other medication recommended by a pharmacist must be paid for by everyone.
- 3.8. Improving access to care, Pharmacy First will replace the Community Pharmacy Consultation Service (CPCS). Government policy is to improve same day access to patient care. As part of this policy, the government has invested £645m over two years for the Pharmacy First Service. GPs can continue to refer patients with a minor illness to community pharmacies through electronic referrals, relieving pressure on primary care and urgent care facilities.
- 3.9. Self-Care Medicines Scheme in NCL ICS From May 2024, people, and families on low incomes in Barnet, Camden, Enfield, Haringey, and Islington who struggle to afford medicines may be able to receive selected free non-prescription medicines from local pharmacies. The Self Care Pharmacy Scheme is a continuation of an existing Minor Ailments pharmacy scheme which had been running for several years. This has now been re-badged and re-launched with a new name.
- 3.10. Community Pharmacies taking part in the new North Central London Self-Care Medicines Scheme (which replaces the Self-Care Pharmacy First Pilot Scheme in Camden, Haringey and Islington), can provide eligible patients with selected free medicines for common minor ailments like allergies, earache or minor injuries. This service is specially aimed at providing medication for the socially vulnerable under the Pharmacy First scheme.
- 3.11. Who is eligible? If a GP or healthcare professional thinks the patient or their child might be eligible to receive free over the counter medication, they can

tell them about the scheme. Residents can also ask about it at their local Community Pharmacy, who will be able to check if they meet the criteria and are registered with a North Central London (NCL) GP practice.

3.12. To obtain medicines under the scheme you will need to provide ID and evidence of your eligibility e.g. a Universal Credit or Income Support letter. Please note that being exempt from prescription charges does not mean that you automatically qualify for the Self-Care Medicines Scheme.

3.13. Self-Care Medicines Scheme in NEL ICS (North East London Integrated Care Strategy) – A scheme similar to NCL has recently been launched in NEL. This will be of a huge positive benefit to socially vulnerable.

4. Financial Implications

4.1. The financial considerations which relate to this report will be for the ICB (Integrated Care Board) to consider.

5. Legal and Governance Implications

5.1. There are no identified legal implications resulting from the delivery of work outlined in this report.

6. Carbon Impact

6.1. There are no identified carbon impact implications resulting from the delivery of work outlined in this report.

7. Equalities Impact

7.1. The ICB should seek to carry out an analysis of the number of socially vulnerable patients that need free medication in Westminster at the point of care.

8. Consultation and Engagement

8.1. There has been no identified consultation or engagement carried out to date.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Report Author,

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APPENDICES:

APPENDIX A - The Pharmacy First Service