



# HERTFORDSHIRE LOCAL PHARMACEUTICAL COMMITTEE

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## **Weight loss before non-urgent surgery**

The LPC does not support the policy of not allowing those with a BMI over 30 or 40 to have surgery until they reduce their weight. The LPC considers this discriminatory and this is open to challenge. The NHS does not refuse to treat type 2 diabetes, hypertension or even the many cancers that are weight-related until the patient has lost weight.

The LPC is also concerned at the lack of support that is outlined to help the smoker/overweight person achieve the relevant goal in order to have their surgery. Before this policy can be implemented there must be proper supportive mechanisms put in place first to support these people achieve the relevant requirement. Community pharmacy in Hertfordshire could assist these people if given the right tools in support.

## **Gluten-free food on prescription**

This could be an opportunity for a collaborative delivery model where the service empowers all patients, community pharmacies, GPs and commissioners to work together that takes into account the patient yet is sensitive to the finances of the health economy.

The LPC is concerned that a blanket “no” to gluten free prescribing is discriminatory and would be open to challenge.

The current gluten-free list is too extensive and differs in CCG areas and we feel that this should be restricted to fewer approved products based around the basic needs of the patient.

We do not think the exception should just be learning disabilities but should also consider other certain groups of people eg. tax-credits, income support, babies and children, elderly, vulnerable and severely ill.

The LPC view mirrors that of our national organisation, Pharmaceutical Services Negotiating Committee that recently responded to the national gluten-free prescribing consultation. It is appropriate that a number of staple gluten-free foods continue to be available on prescription to cater for the needs of those patients who cannot afford to pay a premium for gluten-free foods or cannot buy them in the local food outlets they are able to access.

## **NHS prescriptions for medicines, treatments, food items and other items available to buy without prescription**

The consultation document is misleading in stating that a packet of 16 paracetamol tablets costs less than 25p. It does not consider the costs of soluble paracetamol for either the elderly or the young. This is one of the cheapest prices and the price will vary depending on the retailer and brand. This is also only aspect of over the counter medicines. Some over the counter medicines for example, creams for dry skin conditions, can be expensive for a person on a low income.



## HERTFORDSHIRE LOCAL PHARMACEUTICAL COMMITTEE

Whilst we agree with the statement that it is considerably cheaper than an NHS prescription we feel that the supporting information could be considered glib.

There is a risk with this policy that the public may start buying all their over the counter medicines from a supermarket shelf unless they are specifically directed to a pharmacy. This could then mean symptoms are ignored until it is too late eg. type 2 diabetes, cancer and hypertension all of which could mean unsupported self-care leading to late diagnosis with catastrophic consequences for the individual and increased NHS costs.

We are concerned at some of the generalised list of over the counter medicines included as some medicines may have certain license restrictions based on the age of the patient which may make them prescription only. The LPC would expect to be closely involved in the detail of which over the counter medicines are included along with clear advice to pharmacies.

We are pleased to see that pharmacists are included. Community pharmacy already supports healthcare and already saves vast levels of health and social care resource both financially and in terms of capacity. Community pharmacy is in a unique position where it is the first point of call in healthcare, supports primary prevention and is the final safety net before patients take their medicines.

However, in December 2016 a huge funding cut to the overall national community pharmacy contract was imposed which has had a profound impact on the capacity of community pharmacy to fully support patients eg. reduction in staff members.

Whilst the LPC support the general principle of the public taking more responsibility for their own health and wellbeing and seeking help from community pharmacy first, there are five areas that commissioners must consider before implementing this as a one size fits all policy:

1. There must be supportive printed and electronic information provided that can be given to the public.
2. There must be a self-care promotional campaign that involves all health and social care providers and commissioners across the STP geography.
3. Commissioners must provide the tools to community pharmacy in order to support the public ie. should someone regularly be seeking an over the counter medicine that they pay for that raises a red flag, there must be appropriate referral system in place for fast tracking that patient to the right place at the right time.
4. Commissioners are using the goodwill of community pharmacy to fund the NHS financial gap. Sending an even larger majority of the public to community pharmacy without resources for over the counter medicines advice will have a huge impact on community pharmacy's capacity to support patients. Selling an over the counter medicine in pharmacy often requires advice, support and time with pharmacy staff and is not just a case of increasing a pharmacy's revenue. 80% of a pharmacy's income comes from NHS prescriptions.
5. If commissioners truly wish to reduce GPs time and consultations for minor illnesses and common conditions then the LPC has for a long time suggested that there is common illnesses service commissioned locally. This is the only genuine way we can have an impact on the public perception of using community pharmacy first for common ailments and supporting them to self-care but have a safety net for red flag symptoms.



# HERTFORDSHIRE LOCAL PHARMACEUTICAL COMMITTEE

## **Female sterilization**

The LPC would like to query why this proposal is only being consulted upon in Hertfordshire and not West Essex. If it is evidence based then why is it not supported across the whole STP geography?

## **Vasectomy**

The LPC would like to query why this proposal is only being consulted upon in Herts Valleys CCG area. If it is evidence based then why is it not supported across the whole STP geography?