

# Leeds Pharmacy Access to Self-Care (ASC) for Socially Vulnerable Patients

## A Locally Commissioned Community Pharmacy Service Service Specification

### Background

Support for self-care is included in the Community Pharmacy Contractual Framework as an Essential Service and is defined as *the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.*<sup>1</sup>

Self-care is recommended as the first line option as per national guidance on the prescribing of over the counter (OTC) medicines<sup>2</sup>. However, it is also recognised that cost can be a barrier to treatment for some people and they may therefore request OTC medicines to be prescribed by the GP practice, or urgent care provider, or go without treatment altogether.

This service is commissioned by the Leeds Office of West Yorkshire ICB to provide patients who might be socially vulnerable due to low income, access to advice from a pharmacist, and where necessary, a supply of OTC medication free of charge. It is not intended to divert all patients presenting in the pharmacy with a minor ailment onto the service; **patients who usually purchase OTC medication should continue to do**. The Leeds ASC service is meant for patients where cost is a barrier to treatment and who might use their GP or Out of Hours services when they have a minor ailment rather than purchase the medicine over the counter.

The service maximises use of the community pharmacy whilst ensuring that the most deprived sections of the population receive the advice and treatment they require.

### Aims of the Service:

To provide timely access to advice, and if necessary, the supply of OTC medicines for the management of minor ailments for socially vulnerable patients who are unable to afford to purchase OTC medicines. The service will:

- Release capacity in general practice.
- Provide socially vulnerable patients with rapid access to a pharmacist who can advise and treat where necessary, on a range of minor ailments.
- Be an appropriate alternative to the use of general practice or other health care environment (i.e. A&E, Out of Hours Urgent Care).
- Allow for improved promotion of self-care.
- Reduce health inequalities as per national Core20PLUS priority groups.

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<sup>1</sup> <https://cpe.org.uk/national-pharmacy-services/essential-services/support-for-self-care/>

<sup>2</sup> <https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/>

## Objectives of the Service:

- To provide a service to patients who might have otherwise attended their GP or A&E for the treatment of minor ailments.
- To provide a service outside of normal GP opening hours to reduce the use of GP OOH services.
- To be a cost-effective provider to allow for the redeployment of resources more appropriately in other areas of the wider health economy.

### 1. Service Description

- 1.1. The agreement is for the pharmacy to provide self-care advice and support, including printed information, to patients on the management of specified minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment.
- 1.2. **Patients who receive free prescriptions in categories relating to income will be eligible for the service** (see appendix 1). The only additional categories not based on income that are eligible for the service are:
  - young people aged 16, 17, or 18 in full-time education or undertaking an accredited apprenticeship.
  - People over 60
  - People with a current medical exemption certificate
  - People with a maternity exemption.

***Children must have at least one parent who qualifies for an income-based prescription exemption to be eligible for the service.***

- 1.3. Patients that are not eligible for this service should be provided with advice, (as per Support for Self-Care Essential Service), and can be sold OTC medicines by the pharmacy to help manage the minor ailment or directed to a supermarket to purchase.
- 1.4. Only patients registered with a Leeds GP are eligible to receive advice and treatment under this service, however, the service may be provided if a patient presents who is not registered with any GP. Patients registered with a GP from outside the NHS Leeds ICB area are not eligible for this service.
- 1.5. The pharmacy will operate a triage system, including referral to other health and social care professionals, where appropriate.
- 1.6. The patient should usually be in attendance (for children under 16, the parent or guardian must also be present).
- 1.7. Patients must be suffering from a minor ailment to be eligible for the service; the service must not be used to supply medicines for "just in case" use.
- 1.8. It is not intended to divert patients presenting in the pharmacy with a minor ailment onto the ASC Service. Patients who usually manage their own minor ailments through self-care and purchase of OTC medication should continue to self-manage and treat their minor ailments.
- 1.9. The Leeds ASC service is an opt-in service for patients. Those who wish to consult their GP for a minor ailment are free to do so.

## 2. Duration

- 2.1. This agreement shall take effect for a period from 1<sup>st</sup> January 2026 to 31<sup>st</sup> March 2027.
- 2.2. Thereafter this agreement will be reviewed annually.

## 3. Patient Eligibility Criteria

- 3.1 All patients must be registered with a Leeds GP practice. The **only** exception is patients who are not registered with a GP practice and who are either:

- Homeless, OR
- Asylum seekers, OR
- Refugees

*(When entering the patient's details on PharmOutcomes, use the "not registered" option for their GP).*

- 3.2 The Leeds ASC service is available to patients at risk of health inequalities due to low income. Patients must fall into one of the categories below to be eligible for the service:

- Patients under 16 years, who have at least one parent who would be eligible for this service.
- Patients who are 16, 17 or 18 years old and in full-time education or undertaking an accredited apprenticeship.
- All young people who are under the care of the Local Authority.
- Young care leavers, aged 16–25 years old.
- Patients who are receiving Universal Credit and whose income level makes them eligible for free prescriptions.
- Patients receiving other low-income related benefits which entitle them to free prescriptions, including:
  - NHS Low Income Scheme (valid HC2 certificate).
  - Income Support (IS) or Income-Related Employment and Support Allowance (ESA).
  - Income-Based Jobseeker's Allowance (JSA).
  - Tax Credit exemption certificate.
  - Pension Credit (Guarantee Credit).

(Please refer to appendices 1 & 2 for further information).

- Patients who are homeless, asylum seekers or refugees.
- Patients over 60
- Have a current medical exemption certificate.
- Have a maternity exemption.

- 3.3 Pharmacists should aim to confirm patient eligibility with physical evidence, where possible, but absence of evidence should not be a barrier to patients receiving any urgent treatments required. Eligibility may also be confirmed using Real Time Exemption Checking (RTEC), where appropriate.

- 3.4 It is recognised that evidencing proof of eligibility is not straightforward for some of the patient cohorts (homeless, asylum seekers, refugees, young people under the care of the local authority, and young care leavers). For such patients, self-declaration is considered sufficient for confirmation of eligibility.

#### 4. Premises

- 4.1. The pharmacist will consider the part of the pharmacy used for provision of the service, which should provide a sufficient level of privacy and safety for patients accessing the service.
- 4.2. If a consultation room is available, then the pharmacist should consider offering the patient the option of the consultation taking place within the consultation room.

#### 5. The Service

- 5.1. Only patients registered with a GP practice in the NHS Leeds ICB area are eligible to receive advice and treatment under this service. (*Note; there are exceptions to this – see patient eligibility criteria above*).
- 5.2. Patients must also meet the eligibility criteria (appendix 1) to receive treatment under the Leeds ASC Service. **Note: Patients who are exempt from prescription charges will not necessarily be eligible.**
- 5.3. Patients will either self-refer into the service or will be referred by their GP or the OOH provider.
- 5.4. The consultation must be conducted by a pharmacist.
- 5.5. This service can be used if the pharmacist has seen a patient under the Pharmacy First Service and a medicine is required (if they fulfil the eligibility criteria for this service). A smaller consultation fee is payable in this case as the Pharmacy First fee can also be claimed and will cover the information / support / advice provided by the pharmacist.

#### Consultation

- 5.6. The pharmacy will gain patient consent to share the details of the consultation with the patient's GP. Patients who do not consent to sharing details cannot access the service.
- 5.7. The consultation will usually be face-to-face but may be conducted remotely if this is clinically appropriate for the individual and their presenting condition, and the patient consents to this.
- 5.8. The pharmacist will assess the patient's condition using a structured approach to responding to symptoms.
- 5.9. If the pharmacist has undertaken the consultation remotely and was unable to collect all the information they require or they feel that they need to see the patient before making a decision on their condition, the pharmacist must conduct a face-to-face consultation<sup>3</sup>.
- 5.10. The emphasis of the consultation must be on advice and information. Self-care advice may include referring the patient to sources of information to support self-care on the management of the condition.
- 5.11. If the management of the minor ailment falls outside of this service the patient can either be offered advice and purchase of OTC medicines to help manage their condition, (as described in Support for Self-Care Essential Service), or referred to their GP.
- 5.12. The pharmacist will identify any concurrent medication or medical conditions, which may affect the treatment of the patient.

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<sup>3</sup> Distance selling pharmacies (DSPs) cannot provide consultations face-to-face with patients present at the pharmacy premises. Pharmacists working at a DSP can undertake the consultation via a live video link of sufficient quality to be able to examine the patient or signpost to another pharmacy

- 5.13. The pharmacist will consider past medication supplied for the minor ailment to assess appropriateness of further supply.
- 5.14. The pharmacist will provide relevant written information about the minor ailment.
- 5.15. The pharmacist will provide medication from the formulary where there is a definite need for the medicine and the patient cannot afford to pay (in line with eligibility criteria). The patient must be exhibiting symptoms of the condition e.g. this service cannot be used for patients requesting medicines on a "just in case" basis.
- 5.16. The pharmacist should always follow the latest advice in terms of the most recent evidence-based practice.<sup>45</sup>All pharmacists providing this service must keep up to date with national alerts and guidance to inform best practice.
- 5.17. The pharmacist who carried out the consultation will complete the required sections of the ASC consultation form which will include a declaration of the advice and treatment provided.
- 5.18. Patients will complete the ASC consultation form which includes a record of the treatment supplied, reason for prescription charge exemption, and consent to sharing consultation details with the GP and Leeds office of WY ICB for fraud prevention and a prescription exemption declaration.
- 5.19. Before the initial consultation the pharmacy must check the evidence that the patient is eligible for free prescriptions in one of the categories which qualify for eligibility for this service (see appendix 1). People who are claiming universal credit can usually confirm their eligibility online or some will have paper confirmation. If the patient is unable to provide evidence, the pharmacy can accept a self-declaration by the patient.
- 5.20. When managing head lice, scabies or threadworms the treatment should be issued and recorded under one presenting patient on behalf of the family/ household. Only patients eligible for this service can be supplied free medication.
- 5.21. Where head lice are being managed each patient to be treated should provide a sample to confirm active head lice infection.
- 5.22. The pharmacy will record the consultation on PharmOutcomes ideally at the time of supply and within 48 hours of service provision.

**Information to be provided.**

- 5.23. Every patient who accesses the service will be provided with oral advice and written information relevant to their minor ailment. This information will be supplied whether treatment is supplied or not.
- 5.24. Oral advice will include self-care messages, expected symptoms, the probable duration of symptoms, and when and where to go for further advice/ treatment if needed.
- 5.25. Patients should also be informed that the product supplied can be purchased over the counter from any pharmacy and in some cases from most supermarkets.
- 5.26. Where the minor ailment is linked with possible antibiotic supply, (e.g. Upper Respiratory Tract Infections including cough, cold, runny nose), antibiotic stewardship advice and information will be provided.
- 5.27. The agreed information leaflets will be downloaded and printed by the pharmacy.

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<sup>4</sup> <https://cks.nice.org.uk/>

<sup>5</sup> <https://www.nhs.uk/conditions/>

## **Supply of medication**

- 5.28. Only medicines from the Leeds ASC formulary will be used, as specified in the formulary (p7). These products can be used for any of their licensed indications at licensed doses.
- 5.29. The pharmacist will provide medication from the formulary where there is a definite need for the medicine, and the patient cannot afford to pay (in line with eligibility criteria – see appendix 1). The patient must be exhibiting symptoms of the condition e.g. this service cannot be used for patients requesting medicines on a “just in case” basis.
- 5.30. The pharmacist is professionally accountable for the treatment decisions made.

## **Records**

- 5.31. The pharmacy will maintain a record of the consultation and any medicine that is supplied. This will be recorded on PharmOutcomes and the ASC consultation form.
- 5.32. Pharmacists must record information onto PharmOutcomes within 48 hours of the consultation.
- 5.33. Details of the consultation will be sent to the patient’s GP via the reporting function within PharmOutcomes.
- 5.34. The paper consultation records will be kept in the pharmacy for 6 months to allow for Post Payment Verification checks to be carried out by the Leeds office of WY ICB.
- 5.35. The record on PharmOutcomes will be the enduring record of the consultation.
- 5.36. There is no requirement to label the product although pharmacies may wish to record the supply on the PMR in line with good practice.

## **Referral procedures**

### ***Referral for urgent appointment***

- 5.37. If the patient presents with symptoms indicating the need for an immediate consultation with the GP, the pharmacist should refer the patient back to their GP (within surgery hours) or advise the patient to contact the Out Of Hours Service, or advise the patient to attend A & E immediately (as appropriate).
- 5.38. The pharmacy should contact the patients GP / Out of Hours service and arrange an appointment for the patient.
- 5.39. This process should only be used when referral is deemed urgent, e.g. a red flag symptom.

### ***Referral for non-urgent appointment***

- 5.40. If the patient presents with symptoms indicating the need for a non-urgent consultation with the GP, the pharmacist should advise the patient and refer the patient back to their GP. The pharmacy should not contact the GP surgery to arrange an appointment for the patient.
- 5.41. If a patient presents more than twice within any month with the same symptoms and there is no indication for urgent referral, the pharmacist should consider referring the patient to their GP.
- 5.42. If the patient presents with symptoms outside the ASC service, the patient should be treated in line with usual practice.
- 5.43. If the pharmacist suspects that the service is being misused/ abused, they should alert the service commissioner.

- 5.44. The pharmacist should use their clinical judgement to decide the urgency, route and need for referral as they are professionally accountable for their actions.
- 5.45. When referring patients to their GP practice, pharmacists should not give patients the expectation of any specific treatment i.e. antibiotics or length of time until patients can expect GP appointment (unless booked directly by pharmacy).

## 6. Formulary

- 6.1. The pharmacy will hold adequate stocks of the products required for the ASC service to ensure that patients can immediately access the necessary treatment.
- 6.2. The formulary products can be used for any of their licensed indications at licensed doses. The pharmacist is professionally accountable for the treatment decisions made.

Formulary
Acetic acid 2% ear spray (5ml)
Beclometasone 50 mcg nasal spray (200 sprays)
Cetirizine solution 5mg/5ml (200ml) SF
Cetirizine 10mg tablets (30)
Chloramphenicol eye drops (10ml)
Chloramphenicol 1% eye ointment (4g)
Chlorphenamine Syrup (150 ml)
Chlorphenamine Tablets 4 mg (30)
Clotrimazole 500mg pessary (1)
Clotrimazole cream 1% (20g)
Fluconazole 150 mg Cap (1)
Hedrin® Dimeticone 4% Lotion (50ml)
Hedrin® Dimeticone 4% Lotion (150ml)
Head lice detection comb
Hydrocortisone 1% Cream (15g)
Ibuprofen suspension 100mg/5ml (100ml) SF
Ibuprofen tablets 200mg (24)
Ibuprofen tablets 400mg (24)
Lidocaine alone or with Cetalkonium /Cetylpyridinium teething gel (10g)
Mebendazole 100mg tablet (1)
Mebendazole 100mg tablet (4)
Mebendazole suspension (30ml)
Olive oil ear drops (10ml)
Oral rehydration sachets (6)
Paracetamol Susp SF 120 mg / 5 ml (100ml) SF
Paracetamol Susp SF 250 mg / 5 ml (100ml) SF
Permethrin 5% cream (30g)
Pseudoephedrine hydrochloride 60 mg tablets (12)
Sodium chloride 0.9% nasal drops (10ml)
Sodium Cromoglicate eye drops 2% (10mL)
Urea hydrogen peroxide 5% ear drops (8ml)

- 6.3. Pharmacists can supply any brand of product if the active ingredients are the same and pack size is at least the size specified above (i.e. larger packs can be supplied).
- 6.4. Packs supplied by the pharmacy must NOT be a POM pack.
- 6.5. Each product must be supplied with a corresponding Patient Information Leaflet.

- 6.6. Reimbursement will only be made at the price listed in the formulary. This price will be based on Drug Tariff, Chemist and Druggist cost price or wholesaler's list price as appropriate. A list of drugs and current prices will be published at [www.cpw.org](http://www.cpw.org). If pharmacies cannot get a specific medicine at stated reimbursement price, they should inform the point of contact for the service.
- 6.7. Reimbursement for products will be inclusive of VAT. As a professional service the consultation fee will be zero rated VAT.

## 7. Conditions

- 7.1. The following conditions will be promoted to patients as being within the ASC service:

Cough*	Cold*
Sore throat*	Threadworms
Athletes foot	Vaginal Thrush
Fever	Oral Thrush
Dehydration	Hay fever
Earache	Sprain or Strain
Headlice	Blocked nose
Teething	Conjunctivitis
Scabies	

\*Self-care promotion

- 7.2. The formulary products can be used for any of their licensed indications at licensed doses and therefore pharmacists can also treat: self-limiting pain, fungal infections (Ringworm, Candida interigo), headache (list not exhaustive).

## 8. Accessibility

- 8.1. The service must be available throughout the pharmacy's opening hours (both core and supplementary) on all days that the pharmacy is open.
- 8.2. If the pharmacy is unable to meet this level of service delivery, they must inform the service lead within the Leeds office of WY ICB.
- 8.3. If due to unforeseen circumstances the pharmacy is unable to provide the service, the pharmacy should signpost patients to another pharmacy (convenient to the patient) who are able to provide the service to the patient. The pharmacy should ensure that the pharmacy to which the patient is being signposted is able to provide the service by phoning the pharmacy to check before the patient leaves the pharmacy.
- 8.4. Instances where a patient is signposted to another pharmacy because the ASC service is not available should be reported as an incident to the Leeds office of WY ICB.

## 9. Terms & Fees

- 9.1 Remuneration will be made to the pharmacy as follows:

Description	Consultation/Admin Fee	Medicines
Walk-in ASC consultation (with or without medicine supply)	£5.50	Treatments supplied will be reimbursed as per the formulary (+ VAT).
ASC supply following a Pharmacy First referral	£4 (+£15 which can be claimed separately under Pharmacy First (via MYS))	

- 9.2 Payment will be £5.50 per consultation plus reimbursement of the costs of medicines supplied as per the formulary (plus VAT).
- 9.3 The £5.50 consultation fee will be paid for each consultation, whether a medicine is supplied or not.
- 9.4 An administration fee of £4.00 will be paid for medicine supply to eligible patients referred to the pharmacy via Pharmacy First (a £15 consultation fee is payable under Pharmacy First which covers the consultation/advice element).
- 9.5 Payments will be made based on the information recorded on PharmOutcomes.
- 9.6 Payment will be made to pharmacies monthly.
- 9.7 Pharmacists must record information onto PharmOutcomes within 48 hours of the consultation. Consultations recorded onto PharmOutcomes over 48 hours may not be paid. **Claims submitted which relate to provisions over 1 month old will not be paid.**
- 9.8 The service needs to operate within a finite financial budget. Although there is no cap on the number of monthly consultations that can be provided it is expected that pharmacies should not provide more than 100 consultations per month. Pharmacies delivering more than 100 consultations in a month may be asked to provide post payment verification.
- 9.9 ASC consultation forms are not to be sent the ICB as part of the claim for payment as they contain patient identifiable information. The pharmacy must retain the consultation forms in line with the NHS guidance for record retention for at least 6 months following the consultation. The Leeds office of WY ICB may periodically request copies of the forms for specific months as part of their Post Payment Verification process. Any information supplied to the ICB must be anonymised and not contain any patient identifiable information.

## 10. Staff

- 10.1 The Leeds ASC Service can only be provided by a pharmacist who has demonstrated they are competent to provide a minor ailment service by completing the CPPE Declaration of Competence self-assessment and declaration statement for Minor Ailments.

### Core Competencies

- Able to communicate with, counsel and advise people appropriately and effectively on minor ailments.
- Able to assess the medication needs of patients.
- Able to act on referrals from, and make referrals to, other professions in healthcare and other sectors such as social care.
- Able to promote the service appropriately to the public.
- Able to explain the provision, range of conditions covered and features of the service to the public and other appropriate professionals.
- Understands the pharmacotherapy for the full range of available medication and appropriate clinical guidance.

## **11. Duty of Pharmacy Contractors**

- 11.1. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are competent to deliver the service, have relevant knowledge and are appropriately trained in the operation of the service.
- 11.2. The pharmacy contractor must hold evidence of competency to provide the service for each pharmacist who conducts ASC consultations (i.e. retain copies of the Declaration of Competence statements for each pharmacist) and make these available to the commissioner on their request.
- 11.3. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 11.4. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 11.5. The pharmacy contractor must have a standard operating procedure (SOP) for the service. This should be reviewed regularly and following any significant incident or change to the service. The pharmacy contractor must ensure that all pharmacy staff involved in the provision of the service are familiar with and adhere to the SOP.

## **12. Commissioner Responsibilities**

- 12.1. The Leeds office of WY ICB will provide the funding for PharmOutcomes for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 12.2. The Leeds office of WY ICB will be responsible for the promotion of the service locally and will provide materials which pharmacies can use to promote the service.
- 12.3. The Leeds office of WY ICB will provide details of relevant referral points which pharmacy staff can use to signpost patients who require further assistance.
- 12.4. When relevant, the Leeds office of WY ICB will obtain or produce health promotion material relevant to the service which will be made available to pharmacies. This will be provided to pharmacies to be used in addition to the information sheet printed and provided to by the pharmacy. Topics are likely to include use of antibiotics.

## **13. Quality Indicators**

- 13.1. The pharmacy contractor has appropriate health promotion and self-care material available for use whilst providing the service.
- 13.2. The pharmacy contractor reviews its standard operating procedures and the referral pathways for the service biennially and following any significant incident or change to the service.
- 13.3. The pharmacy contractor can demonstrate that pharmacists and staff involved in the provision of the service are competent to deliver the service.
- 13.4. The pharmacy contractor participates in an audit of service provision if requested by the Leeds office of WY ICB and after agreement with the LPC. To avoid disruption to the daily business of the contractor, reasonable written notice will be provided.
- 13.5. The pharmacy co-operates with any locally agreed ICB assessment, which has been agreed with the LPC, of patient experience of the service.

## **14. Governance**

- 14.1. The pharmacy will effectively manage any complaints using the pharmacy's internal complaints procedures which must be consistent with the NHS and Local Authority Social Services and National Health Service Complaints (England) Regulations.
- 14.2. The pharmacy will inform the Leeds office of WY ICB of any complaint relating to the ASC Service via email to [wycb-leeds.prescribingteam@nhs.net](mailto:wycb-leeds.prescribingteam@nhs.net)
- 14.3. The pharmacy will manage any incidents in line with the requirements of the NHS Contractual Framework for community pharmacy.
- 14.4. The pharmacy will directly report any incidents relating to the service to the Leeds office of WY ICB. In response to incidents or near-misses the pharmacy must reflect on current practice and, if appropriate, implement changes to reduce the risk of a similar event occurring. The pharmacy will consider and respond to the recommendations arising from any audit, Serious Untoward Incident report or Patient Safety Incident report produced by the ICB.
- 14.5. The pharmacy contractor consents to the sharing of patient anonymised service activity data with the Leeds office of WY ICB and Community Pharmacy West Yorkshire for the purpose of auditing the quality of the service, evaluating the service and making service payments.

## **15. Safeguarding**

- 15.1. Pharmacies and their staff are reminded of their existing obligations to comply with local and national guidance relating to child protection procedures.
- 15.2. When dealing with all patients' pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.
- 15.3. The pharmacy contractor shall actively work to protect users of the service and their families from abuse and ensure that local multiagency safeguarding procedures are followed where there are any concerns of abuse in relation to any children or adults.

## **16. Confidential Information**

- 16.1. The pharmacy will ensure that the storage of patient records/ paperwork containing patient details is as outlined in the NHS code of practice for records management and associated guidance. Equipment used to store records should provide storage that is safe and secure from unauthorised access, and which meets health and safety, and fire regulations, but which also allow maximum accessibility of the information commensurate with its frequency of use.
- 16.2. The pharmacy will treat as confidential and restrict access to records and documents containing information relating to individual patients managed under the terms of the service to personnel authorised to participate in the service and, in the appropriate circumstances, other health care professionals and agencies, in line with local confidentiality arrangements, including where appropriate, the need for the permission of the client to share the information.
- 16.3. All parties will comply with the Data Protection Act, Caldicott and other legislation covering access to confidential client information. The requirement for confidentiality will be balanced with the needs of the service user.

## **17. Termination**

- 17.1. Either party may terminate the agreement subject to providing three months' notice in writing.
- 17.2. The commissioner, Leeds office of WY ICB, shall be entitled, (without prejudice to our rights and remedies for any breach of this agreement and without prejudice to any continuing obligations you have under this agreement), to terminate this agreement immediately if the pharmacy seriously breaches the terms of this agreement including by any act or omission which prejudicially affects or is likely so to affect the interests of the commissioner.

Appendix 1

**Eligibility Criteria – Leeds Access to Self-Care Service**

Patients are eligible to receive this service if they receive free prescriptions in categories relating to income.

The only additional categories not based on income that are eligible for the service are:

- young people aged 16, 17, or 18 in full-time education or undertaking an accredited apprenticeship.
- People over 60
- People with a current medical exemption certificate
- People with a maternity exemption.

The CPE website has a useful list of evidence that can be used to confirm eligibility for the income-based exemption, click [here](#) for link.

Pharmacists should use their professional discretion to ascertain suitable evidence for young people in part-time education, apprenticeships or for homeless people.

<b>Eligible for Leeds Access to Self-Care Service</b>
Patients aged under 16 years who have at least one parent who would be eligible for this service
Patients who are receiving Universal Credit and whose income is at a level where they are eligible for free prescriptions.
Patients receiving any other benefits which give them eligibility for free prescriptions: <ul style="list-style-type: none"> <li>• NHS Low Income Scheme and are in possession of a valid HC2 certificate.</li> <li>• Income Support (IS) or Income-related Employment and Support Allowance (ESA)</li> <li>• Income-based Jobseeker’s Allowance (JSA)</li> <li>• Tax Credit exemption certificate</li> <li>• Pension Credit Guarantee Credit</li> </ul>
Young people aged 16,17 or 18 years and in full-time education or undertaking an accredited apprenticeship.
All young people who are under the care of the Local Authority
Young care leavers, aged 16–25 years old
Patients who are homeless, asylum seekers or refugees
People aged over 60
Maternity exemption
Current medical exemption certificate
<b>Not Eligible</b>
Patients under 16 years (unless they have a parent who qualifies for the service).
Current pre-payment certificates

Appendix 2

**Guidance for Confirming Patient Eligibility for the Leeds Access to Self-Care Service**

Patient Eligibility Criteria	Examples of Evidence
Patients under 16 years, who have at least one parent who would be eligible for this service.	Patient age can be confirmed using nationally recognised ID (e.g. birth certificate, passport).  Parent eligibility confirmed from below
Patients who are 16, 17 or 18 years old and in full-time education or undertaking an accredited apprenticeship.	Patient age can be confirmed using nationally recognised ID (e.g. birth certificate, passport, driving licence)  Proof of full-time education can be confirmed from student ID
All young people who are under the care of the Local Authority	Self-declaration – difficult to evidence.
Young care leavers, aged 16–25 years old	Self-declaration – difficult to evidence.
Patients who are receiving Universal Credit and whose income is at a level where they are eligible for free prescriptions	Universal Credit award notice.  Proof can also be confirmed using Real Time Exemption Checking (RTEC)
Patients receiving other low-income related benefits, which give them eligibility for free prescriptions.	Proof of an income-based benefit, e.g. <ul style="list-style-type: none"> <li>○ Income support</li> <li>○ Income-based Jobseeker’s Allowance</li> <li>○ Income-related Employment and Support Allowance</li> <li>○ Pension Credit Guarantee Credit</li> <li>○ NHS Tax credit exemption certificates</li> </ul> Proof can also be confirmed using Real Time Exemption Checking (RTEC)
Patients who are homeless, asylum seekers or refugees.	Self-declaration – difficult to evidence.
Patients eligible for full help (HC2 certificate) under the NHS Low Income Scheme (LIS). LIS eligibility also extends to the partner and any young dependants.	HC2 certificate  Proof can also be confirmed using Real Time Exemption Checking (RTEC)