

TITLE OF REPORT: **NHS Clinical Commissioners and NHS England
 Consultation on prescribing over-the-counter medicines**

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on a proposed response to a public consultation on reducing the prescribing of over-the-counter medicines for some minor, short-term health concerns.

Background

2. NHS Clinical Commissioners and NHS England are currently undertaking a public consultation on reducing the prescribing of over-the-counter (OTC) medicines for minor, short-term health concerns such as coughs, cold sores, conjunctivitis, head lice, mild acne, mouth ulcers etc. (the full list of minor illnesses are set out at Appendix 1 and further information is also available within the [consultation document](#)).
3. The aim of the consultation is to provide information about the proposed national guidance and to seek views on the proposals.
4. In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets such as supermarkets. These prescriptions include items for a condition:
 - That is considered to be **self-limiting** and so does not need treatment as it will heal of its own accord;
 - Which lends itself to **self-care** i.e. that the person suffering does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an over the counter medicine.
5. Vitamins/minerals and probiotics have also been included in the consultation proposals as items of low clinical effectiveness which are of high cost to the NHS.
6. It is important to note, however, that the consultation will not affect the continued prescribing of items in a number of specific circumstances such as:
 - for chronic (long term) conditions e.g. regular pain relief for chronic arthritis;
 - for complex forms of minor illnesses e.g. severe migraines that are unresponsive to OTC medicines;

- where minor illnesses are symptomatic (or a side effect) of something more serious e.g. a cough lasting longer than 3 weeks;
 - to treat an adverse effect or symptom of a more complex illness;
 - treatment for complex patients e.g. immunosuppressed patients;
 - patients on treatments that are only available on prescription;
 - where the product licence does not allow the product to be sold over the counter to certain groups of patients (this could include babies, children and/or women who are pregnant or breast-feeding);
 - patients with a minor condition (suitable for self-care) that has not responded sufficiently to treatment with an OTC product;
 - where the prescriber believes that there are exceptional circumstances which warrant deviation from the recommendation to self-care;
 - patients where the clinician considers that their ability to self-manage is compromised due to social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be affected if left to self-care.
7. NHS England has partnered with NHS Clinical Commissioners to carry out the consultation after CCGs asked for a nationally co-ordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation. The intention is to produce a consistent, national framework for CCGs to use. However, the proposed guidance would not remove the clinical discretion of the prescriber in deciding what is in accordance with their professional duties.
8. Subject to the outcome of the consultation, which runs until 14th March, the commissioning guidance will need to be taken into account by CCGs in adopting or amending their own local guidance to GPs in primary care, ensuring they take into account their legal duties to advance equality and to reduce health inequalities. Ultimately, therefore, it will be for each CCG to make a decision on whether to implement the national commissioning guidance, having regard to both local circumstances and their own impact assessments.

The Financial Case

9. The consultation document states that ending routine prescribing for minor, short-term conditions, many of which will cure themselves or cause no long term effect on health, could free up funds for frontline care. By reining in prescriptions for such OTC products, it is estimated that up to £136 million could be diverted into frontline care at a time when the NHS is facing significant financial challenges.
10. Through the prescribing of OTC products, the NHS each year spends:
- £4.5m on dandruff shampoos – enough to fund a further 4,700 cataract operations or 1,200 hip replacements every year.
 - £7.5m on indigestion and heartburn – enough to fund nearly 300 community nurses.
 - £5.5m on mouth ulcers – enough to fund around 1,500 hip replacements.
11. If patients were to self-care for these three conditions alone, it is suggested that it would save the NHS £17.5 million, again allowing funds to be diverted to other areas.

12. The consultation document also states that some of the products can be purchased over the counter at a lower cost than that which would be incurred by the NHS – for example, a pack of 12 anti-sickness tablets can be purchased for £2.18 from a pharmacy whereas the cost to the NHS is over £3 after including dispensing fees, and over £35 when you include GP consultation and other administration costs. Similarly, paracetamol is an average of four times as expensive when provided on prescription by the NHS.
13. These potential savings form a key building block of the NHS's 10 point efficiency plan contained in the Next Steps on the NHS Five Year Forward View, published in March 2017, and support the ambition to ensure greater value from the NHS's £17.4 billion medicines bill, through improving health outcomes; reducing waste, over-prescribing and over-treatment; and addressing excessive price inflation by drug companies.

Over the Counter (OTC) Medicines - Proposals

14. The OTC medicines proposals for consultation include stopping the routine prescribing of products that:
 - **Have low clinical value and where there is a lack of robust evidence for clinical effectiveness**, such as probiotics, vitamins and minerals (the guidance does not apply to Healthy Start vitamins which are not prescribed on NHS prescription, but commissioned separately).
 - **Treat a condition that is considered to be self-limiting**, so does not need treatment as it will heal/be cured of its own accord, such as sore throat or coughs and colds.
 - **Treat a condition which could be managed by self-care**, i.e. that the person does not need to seek medical care or could visit a pharmacist, such as indigestion, mouth ulcers and pain relief.
15. NHS England and NHS Clinical Commissioners have worked closely with GPs, pharmacists and patient groups to develop and refine the list of conditions for which prescribing could be restricted, as well as where exceptions may apply.
16. Some OTC products currently prescribed are quickly and easily available in community pharmacies where the public can also ask for an NHS consultation with a pharmacist if they are unsure about what treatment they need for minor illnesses and need clinical advice.
17. Local pharmacies provide some NHS services in the same way as GP practices – and pharmacists train for five years in the use of medicines before they qualify as clinical health professionals. A pharmacist will assess symptoms and consider any long-term conditions, and the medicines that the person is taking, before providing a recommendation. They will either:
 - support/advise in the decision to self-care;
 - sell an OTC medicine (which doesn't need a prescription or visit to a GP) that will help relieve symptoms and make the person more comfortable;

- signpost to the right medical care if the pharmacist considers the condition is serious enough to warrant further medical help.

Key Considerations

18. Where it is being proposed that certain items should no longer be routinely prescribed in primary care due to limited evidence of their clinical effectiveness (such as probiotics and vitamins/minerals), it seems clear that this is the right thing to do, thereby allowing scarce resources to be diverted elsewhere towards frontline care.
19. On the face of it, the case put forward by the consultation document to stop the prescribing of OTC products that treat conditions that will either heal/cure of its own account (i.e. 'self-limiting' conditions) or could be managed through self-care also seems reasonable as this would free up resources to be invested elsewhere – especially if savings made can be kept for re-investment locally instead of going back to the national pot.
20. Although measures that can be taken to encourage people to manage conditions that will heal/cure of their own account or to self-care are laudable, it seems clear, however, that the proposals would be regressive in that they would impact disproportionately upon people on low incomes, people who currently do not pay for prescriptions (because they meet the relevant eligibility criteria) i.e. people from communities most likely to experience health inequalities.
21. The Equality and Health Inequalities Analysis that forms part of the suite of documents issued for the consultation exercise acknowledges that “all groups protected by the Equality Act 2010 and/or groups that face health inequalities are likely to be affected...” and “...the impact of the proposals on certain groups could lead to a widening in inequalities in health outcomes if patients in particular groups cannot access or afford items they may have to purchase.”
22. The Equality and Health Inequalities Analysis goes on to acknowledge that:
 - “there is evidence that children under 16 (and those under 18 and in full time education) and adults aged over 60 will be particularly affected by the recommendations to restrict prescribing of OTC items for minor conditions (children and those over 60 make up the largest groups of patients exempt from prescription charges – 18% and 50% nationally).
 - “those exempt from the prescription charge due to low income make up the third largest group, on average 15% of all patients.”
 - “the Family Resources Survey 2011 to 2012 found that a substantially higher proportion of individuals who live in families with disabled members live in ‘poverty’, compared to individuals who live in families with where no-one is disabled. Therefore, these patients may be impacted to a greater extent by the proposed guidance...”
 - “...evidence has shown that people from minority ethnic groups are statistically more likely to be in lower income brackets...therefore these patients may be impacted to a greater extent by the proposed guidance...”

- as many patients in the above groups (including those on low incomes) would previously have received an exemption from paying for prescriptions, “our proposals may require them to pay for an item they would have not previously paid for”.
 - A survey commissioned for Self-Care Week 2016 reported that “29% of people who qualified for free prescriptions would be willing to purchase an OTC medicine for a self-treatable condition, instead of visiting the GP for a prescription if they knew it would save the NHS money.” What about the remaining 71%?
 - “The Royal Pharmaceutical Society has indicated that principle 2 of the NHS Constitution clearly states that “Access to NHS services is based on clinical need, not an individual’s ability to pay” and that restrictions could fundamentally alter the principle that care is free at the point of delivery”.
 - HealthWatch England ran a survey to gather peoples’ views on NHS Prescriptions which “highlighted some concerns about how respondents felt they would be affected financially, if OTC items were no longer made available on NHS prescription”.
 - Although the Self-Care Forum indicated that they support the view that encouraging people to understand how to confidently treat their minor conditions is beneficial, “they also raised concerns that withdrawing prescriptions for products might adversely affect vulnerable groups, such as those on low income including people out of work and the elderly.”
23. As it stands, therefore, the proposals have the potential to widen health inequalities for the groups mentioned above (a point that was frequently made in responses/feedback from an earlier consultation last year on the ‘principles’ of restricting the prescribing of medicines which are readily available OTC).
24. Currently, these Groups can secure OTC medicines on prescription to relieve discomfort/speed up healing associated with the conditions covered by the consultation. However, if they will have to pay for these in the future, this will place them (and their families) in a more disadvantaged position and may mean that they do not have access to these medicines in the future i.e. families that would likely benefit the most from these medicines. In this connection, the ability of children to learn at school is more likely to be affected if they regularly have conditions such as head lice. On the other hand, people who are able to pay for OTC medicines will not notably be affected by the proposals within the consultation document.
25. This is a key concern which links directly to the Council’s new strategic approach which seeks to make Gateshead a place where everyone thrives, with a particular focus on supporting those who are ‘vulnerable’ or ‘just coping’ within our communities. It would seem that the proposals will impact specifically on these groups within our communities.
26. It also needs to be recognised, however, that encouraging self-care and reducing the prescribing of over-the-counter medicines for some minor, short-term health concerns should reduce GP time on administering prescriptions. This, in turn, should mean that more GP appointments become available to other patients for more serious conditions.

27. It is noted that there would be no requirement for CCGs to implement the proposed guidance (they would be required, however, to have regard to it in coming to a view on whether to adopt or amend their own local guidance to GPs in primary care). It would seem, therefore, that there would be scope for CCGs to make it clear to prescribers that specific consideration should be given to the particular circumstances of people and their families in coming to a view on whether a prescription should be given for OTC medicines for the conditions covered by the consultation. This would be over and above the existing clinical discretion of prescribers in accordance with their professional duties and, in fact, would be consistent with the legal duty of CCGs to advance equality and to reduce health inequalities. The Health Inequalities Analysis states that in considering local implementation plans, “CCG’s will need to identify the appropriate local actions to address inequalities...”
28. The local autonomy that would continue to be afforded to CCGs is to be welcomed which would help to ensure that decisions taken locally are in the best interests of those communities – in particular, those which continue to experience significant and entrenched health inequalities.

Other Considerations

29. There are some other issues linked to the proposals set out below which also warrant consideration.
30. OTC treatments that currently can be prescribed may ease discomfort and/or speed up the healing process - head lice, mild acne, mild burns/scalds cold sores, conjunctivitis, haemorrhoids, contact dermatitis, dry/sore eyes, mouth ulcers, nappy rash, teething, dental cavities, athlete's foot, threadworms, and other conditions associated with pain, discomfort and fever. Some of these ailments are also contagious/easily spread e.g. head lice, athlete's foot, threadworms etc.
31. Some of the treatments are specifically for babies and children e.g. nappy rash, teething (the consultation document acknowledges that “Teething can be distressing for some babies” and goes on to say that “there are ways to make it easier for them. Teething gels....can be purchased from a pharmacy”). However, babies and children from families who cannot afford items they may have to purchase could lose out.
32. The consultation document acknowledges that there is a risk that some care homes will still request prescriptions from GPs on the basis that they cannot practically administer the medicine to residents without a prescription.
33. Arguably, the consultation document ‘opens the door’ to other conditions being added to the list in time. It is noted that the current consultation was launched on the 20th December and runs for almost a three month period until 14th March. However, the consultation document states that, going forward, the joint clinical working group of NHS England and NHS Clinical Commissioners will continue to meet to review the guidance to ‘identify potential conditions to be retained, retired or added to the current guidance’. As part of this process, a draft list of conditions will be made available online through the NHS England website when comments will be sought from ‘interested parties’ (not defined) – however, this will be for a four week period only. This seems a very short timescale in comparison to that afforded to the current consultation exercise. As it has already been pointed out that the proposals will likely impact upon disadvantaged communities the most, it would

seem that a longer timescale for consultation and engagement would be appropriate.

'Think Pharmacy First' Minor Ailment Scheme

34. Finally, there is a local context that also needs to be considered. This relates to the 'Think Pharmacy First' (minor ailment scheme) which the CCG commissions from community pharmacies across Gateshead. The 'Think Pharmacy First' branding is also used by a number of other CCGs across the North East.
35. Community Pharmacies are highly trained competent professionals and are ideally placed to provide help and advice to patients with minor ailments and to address patient health needs through promotion of self-care. This serves to increase patient choice to access primary care in alternative settings.
36. Evidence suggests that patients in more deprived areas are less likely to purchase OTC medicines, but rely on charge-exempt prescriptions to obtain medicines. Equitable access to the Think Pharmacy First will help to meet the needs of a diverse population and address inequalities across the borough.
37. Patients with symptoms associated with a number of specified conditions may self-refer into this service and present to any participating pharmacy. Patients may also be signposted to the service from other healthcare providers such as GP practices and NHS 111.
38. The scheme is aimed at those who would normally access a GP, Walk in Centre or Accident & Emergency for their minor ailments and those who would not normally purchase medicines OTC. 'Think Pharmacy First' applies the same eligibility criteria for free medicines that are in place relating to prescription charges (i.e. all children under 16, children under 18 who are in full time education, people in receipt of income support etc.).
39. The intention of the scheme is to reduce pressure on appointments within general practices and provide a more convenient service for patients, by providing simple remedies directly by consultation with a pharmacist. The most common interventions are for head lice treatments and paracetamol suspension for infants.
40. The 2015 Pharmaceutical Needs Assessment (PNA) identified that only 11 pharmacies were providing the pharmacy minor ailment scheme and recommended that consideration be given to expanding this service. However, the findings of the 2017 survey is that 45 of the 49 registered pharmacies now provide the 'Think Pharmacy First' Minor Ailment Scheme. A map illustrating how these pharmacies overlap with disadvantaged areas of the borough is set out at Appendix 2.
41. Clearly, it is important that individuals and families who are disadvantaged, who are 'vulnerable' or 'just coping' are made aware of 'Think Pharmacy First' scheme, that they are encouraged to use it and that it is promoted accordingly within those communities. In particular, it will be important that the scheme continues for the benefit of those who need it the most, irrespective of the outcome of the national consultation on OTC medicines.

Proposal

42. It is proposed that the Board agree to a response being submitted to NHS Clinical Commissioners and NHS England that incorporates the points set out in paragraphs 18 to 33 above.
43. The Board is also asked to consider the importance of the local 'Think Pharmacy First' minor ailments scheme for local residents in light of the information set out in this report and, in particular, for those from disadvantaged communities where health inequalities persist.

Recommendations

44. The Health and Wellbeing Board is asked to consider the information and issues set out in this report and that they form the basis of the Board's consultation response to NHS Clinical Commissioners and NHS England.

Contact: John Costello (0191) 4332065

NHS Clinical Commissioners and NHS England Consultation on reducing the prescribing of over-the-counter medicines for some health concerns

Items of low clinical effectiveness identified by the consultation document where there is a lack of robust evidence for clinical effectiveness

- Probiotics
- Vitamins and minerals

Conditions identified by the consultation document as being self-limiting and do not require medical advice or treatment as they will clear up on their own

- Acute Sore Throat
- Cold Sores
- Conjunctivitis
- Coughs and colds and nasal congestion
- Cradle Cap (Seborrhoeic dermatitis – infants)
- Haemorrhoids
- Infant Colic
- Mild Cystitis

Minor Ailments Identified by the Consultation document as being suitable for Self- Care

- Contact Dermatitis
- Dandruff
- Diarrhoea (Adults)
- Dry Eyes/Sore (tired) Eyes
- Earwax
- Excessive sweating (Hyperhidrosis)
- Head Lice
- Indigestion and Heartburn
- Infrequent Constipation
- Infrequent Migraine
- Insect bites and stings
- Mild Acne
- Mild Dry Skin/Sunburn
- Mild to Moderate Hay fever/Seasonal Rhinitis
- Minor burns and scalds
- Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
- Mouth ulcers
- Nappy Rash
- Oral Thrush
- Prevention of dental caries
- Ringworm/Athletes foot
- Teething/Mild toothache
- Threadworms
- Travel Sickness
- Warts and Verrucae

Index of Multiple Deprivation 2010 and Pharmacies Providing Minor Ailments Scheme (Map from PNA 2018)

