

**WOLVERHAMPTON CCG**

**GOVERNING BODY**  
**13 FEBRUARY 2018**

**Agenda item 7**

<b>TITLE OF REPORT:</b>	<b>NHS England Consultation on conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs.</b>
<b>AUTHOR(s) OF REPORT:</b>	Hemant Patel, Head of Medicines Optimisation
<b>MANAGEMENT LEAD:</b>	Hemant Patel, Head of Medicines Optimisation
<b>PURPOSE OF REPORT:</b>	<p>This report advises Governing Body that NHS England have begun a consultation on conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs.</p> <p>The report seeks Governing Body views on what response the CCG should provide to the consultation.</p>
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	Public. The outcome will be uploaded to the consultation website.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>NHS England have begun a consultation exercise on conditions for which over the counter items should not routinely be prescribed in primary care:</li> <li>The guidance aims to reduce unwarranted variation by providing clear guidance to CCGs on items that should not be prescribed to ensure that best value is obtained from prescribing budgets.</li> </ul>
<b>RECOMMENDATION:</b>	<p>That the Governing Body</p> <ol style="list-style-type: none"> <li>1) give their views on the CCG response to the consultation on conditions for which over the counter items should not routinely be prescribed in primary care.</li> <li>2) Note that the responses received from GP members at members meeting (attached) regards to their obligations to patients, their contract and GMC. Dealing with patient complaints, support from CCG. Local public consultation and campaign and possible widening health inequalities.</li> </ol>
<b>LINK TO BOARD</b>	



<b>ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	The report seeks to gain Governing Body views on potential patient engagement on the consultation response to ensure they are effectively taken into account.
2. Reducing Health Inequalities in Wolverhampton	[INSERT TEXT/ DELETE AS RELEVANT]
3. System effectiveness delivered within our financial envelope	The consultation will result in guidance to the CCG on prescribing which will aim to support the management of the prescribing budget and support the self-care agenda.

## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. NHS England have begun their second national consultation on conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs.
- 1.2. The consultation is taking place for twelve weeks from 20th December 2017 until 14th March 2018 and is available on the NHS England website <https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/>

## 2. CCG RESPONSE

- 2.1. The consultation is being brought to the attention of the Governing Body to support the development of a CCG response, which will ultimately be owned and signed off by the Governing Body.
- 2.2. The consultation is being signposted on the CCG's own website
- 2.3. The draft response is written as follow:

**In what capacity are you responding?**  
Clinical Commissioning Group

**Name** Wolverhampton CCG



**Have you read the document: Conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs. Yes**

### **Equality and Health Inequalities**

NHS England has legal duties which require giving due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as defined under the Equality Act 2010) and those who do not share it. NHS England must have regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities. An initial Equality and Health Inequalities Assessment (EHIA) has been carried out on these proposals and this can be read here. <https://www.engage.england.nhs.uk/consultation/over-the-counter-items-notroutinely-prescribed> . Further information on our duties can be read at <https://www.england.nhs.uk/about/equality/>

**Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?**

Yes (please tick all that apply)

**Age** – yes – previously those under 16 or under 19 in full time education or over 60 would have recourse to receiving these items for the conditions mentioned below without charge

**Disability** - yes - a patient with a continuing physical disability which means you cannot go out without the help of another person would currently have the treatment s mentioned in this consultation funded.

**Gender** – no

**reassignment/race/religion** – no

**belief/sex/sexual orientation/marriage and civil partnership** – no

**pregnancy and maternity** – yes - would have recourse to receiving these items for the conditions mentioned in this consultation without charge

**Do you feel there is any further evidence we should consider in our proposals on the potential impact on health inequalities experienced by certain groups?**



Yes – Wolverhampton is the 21<sup>st</sup> most deprived place in the country. The national averages don't take this into consideration. Purchasing OTC products may not be an option for some.

### **Proposals for CCG commissioning guidance**

**Do you agree with the three proposed categories for [items] or [conditions] as below:**

- **An item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness; - Agree**
- **A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; or – Agree**
- **A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy – disagree - this could potentially lead to some patients not managing a treatment which then develops into a more sinister condition due to the patients inability to fund treatment. Or the patient may seek treatment from a differing source e.g. out of hours services.**

**Do you agree with the general exceptions proposed? Agree/Neither agree or disagree/Disagree/Unsure (for each exception)**

- **Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. Agree**
- **Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product. -Agree**
- **Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor ailment. – Agree**
- **Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care. – agree**



- **Patients where the clinician considers that their ability to self-manage is compromised as a consequence of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care. - Agree**

**Should we include any other patient groups in the general exceptions?**

Care home residents, vulnerable adults and children

**Section 1: Drugs with limited evidence of clinical effectiveness Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that [item] should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness?**

**Agree/Neither agree or disagree/Disagree/Unsure (for each item)**

**Probiotics** - Agree – where no evidence exists

**Vitamins and minerals** – Agree where no evidence exists

**Section 2: Self-Limiting Conditions Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of [condition] should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?**

- **Acute Sore Throat** - agree with caveats on Social / economic grounds
- **Cold Sores** – agree with caveats on Social / economic grounds
- **Conjunctivitis** - agree with caveat on Social economic grounds, children under 1 and if Pharmacy could refer to MECS
- **Coughs and colds and nasal congestion** - agree with caveat on Social economic grounds
- **Cradle Cap (Seborrhoeic dermatitis – infants)** - agree
- **Haemorrhoids** - disagree
- **Infant Colic** - agree with caveat on Social economic grounds
- **Mild Cystitis** - disagree



**Section 3: Minor Ailments Suitable for Self- Care Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of [condition] should not routinely be offered in primary care as the condition is appropriate for self-care? Agree/Neither agree or disagree/Disagree/Unsure (for each condition)**

- **Contact Dermatitis** - disagree
- **Dandruff** - agree
- **Diarrhoea (Adults)** – agree only if this was self-limiting and acute
- **Dry Eyes/Sore (tired) Eyes** – agree – if MECS service continues
- **Earwax** - agree
- **Excessive sweating (Hyperhidrosis)** – disagree
- **Head Lice** - agree
- **Indigestion and Heartburn** – disagree as it may mask more sinister ailment, a ban on prescribing may discourage patients from having this reviewed.
- **Infrequent Constipation** - agree
- **Infrequent Migraine** – agree – depending on severity
- **Insect bites and stings** - agree
- **Mild Acne** – agree except for those prescribed antibiotics as require co prescription of OTC product
- **Mild Dry Skin/Sunburn** - disagree – adults ok but children should be excluded- may be infected? Potential safeguarding opportunity missed.
- **Mild to Moderate Hay fever/Seasonal Rhinitis** - agree
- **Minor burns and scalds** - disagree - – may be infected? Excluding children - Potential safeguarding opportunity missed.
- **Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)** – agree –although difficult to implement and could mask more sinister ailments
- **Mouth ulcers** – agree
- **Nappy Rash** - disagree - may be infected? Potential safeguarding opportunity missed.
- **Oral Thrush** - agree –excluding elderly and children
- **Prevention of dental caries** – Agree
- **Ringworm/Athletes foot** - disagree – may not be a minor issue
- **Teething/Mild toothache** - agree
- **Threadworms** - disagree – expensive to purchase
- **Travel Sickness** - agree
- **Warts and Verrucae** agree



**Are there any item or condition specific exceptions you feel should be included, in addition to those already proposed and the general exceptions covered earlier?**

This CCG supports access to treatment of self-limiting conditions for patients on low income via a national community pharmacy minor ailments scheme. Community pharmacists are well placed to help reduce primary care workload and educate patients on self-care. The Department of Health should do all their power to make sure that the NHS does not pay any more for these medicines than a patient would pay over the counter. It should also seek to remove the VAT on medicines supplied under a national minor ailments scheme. This CCG firmly believes that a commissioning policy is not the correct means of restricting access to over the counter products. If NHSE wishes to proceed on this basis they should add these OTC products to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract. This would put the restrictions on a firm legal basis. This CCG does not wish to see itself exposed to a legal challenge for restricting access to these medicines. The CCG can only guide and seek to persuade GPs to re-educate patients on self-care and transfer this type of work to community pharmacy.

In addition this CCG does not want to see our GPs members being placed at clinical or legal risk for not prescribing the items included in the scope of this consultation where the exceptional use criteria are not in place.

Any savings as a result of an NHS blacklist approach should be available for use locally and not retained centrally.

This CCG also has concerns about the unintended consequence of increasing the use of prescribing more expensive treatments. Restricting access to OTC treatments may not reduce workload as patients may still seek a GP diagnosis rather than going to a community pharmacy first. This may lead to the prescribing of more potent prescription only medicines such as pain killers that are available on the NHS.

### **3. CLINICAL VIEW**

- 3.1. The views of the Clinical Members of the Governing Body are being sought through discussion of this paper and they will contribute to the final response.
- 3.2. GP members have shared their views (see attachment)

### **PATIENT AND PUBLIC VIEW**

- 3.3. The consultation is seeking public and patient views on this matter and the Governing Body are being asked for their views to help shape a CCG response.

### **4. KEY RISKS AND MITIGATIONS**



- 4.1. The exact risks and impact of any guidance on items which should not be prescribed will not be known until it is published and assessed. There is the potential for damage to the CCGs reputation should guidance and subsequent CCG decisions lead to conditions for which over the counter items are not routinely prescribed in primary care. There may also be a risk that alternative, more expensive items are prescribed as a result or that more sinister ailments develop or are missed as a result of not managing these conditions in the current method.
- 4.2. The potential risks, particularly to the CCG's reputation could be mitigated by the CCG responding to the consultation with a robust reasoned response.

## **5. IMPACT ASSESSMENT**

### ***Financial and Resource Implications***

- 5.1. There is no immediate impact of the consultation, there may be a financial impact from any guidance published as a result.

### ***Quality and Safety Implications***

- 5.2. There are no Quality and Safety implications arising from this report.

### ***Equality Implications***

- 5.3. There may be equality implications arising from the impact of the guidance when it is published. NHS England will be required to consider this as the guidance is developed.

### ***Legal and Policy Implications***

- 5.4. The consultation will support the drafting of NHS England Commissioning guidance for the CCG, which the CCG will need to have regard to in developing it's own policies and commissioning decisions.

### ***Other Implications***

- 5.5. The guidance will impact on Medicines Management and the prescribing budget, details of which will not be available until the guidance is published.



**Name** Hemant Patel  
**Job Title** Head of Medicines Optimisation  
**Date:** 02.02.2018

**ATTACHED:**

NHS England Consultation Document Items which should not routinely be prescribed in primary care: A Consultation on guidance for CCGs

GP member's views obtained at members meeting on 31<sup>st</sup> January 2018.

**REPORT SIGN-OFF CHECKLIST**

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	GP members & sought via paper	31.01.18 & 13/02/2018
Public/ Patient View	Sought via Paper	13/02/2018
Finance Implications discussed with Finance Team	N/a at this stage	
Quality Implications discussed with Quality and Risk Team	N/a at this stage	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a at this stage	
Information Governance implications discussed with IG Support Officer	N/a at this stage	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a at this stage	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a at this stage	
Any relevant data requirements discussed with CSU Business Intelligence	N/a at this stage	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Hemant Patel</b>	<b>01/02/2018</b>

