

Feedback from members meeting 31/1/18

23 GPs in attendance and 2 GPs provided comments via email.

General exceptions that could apply to the recommendation to self-care

	<u>Agree y/n (provide comments if no)</u>
1. Clinicians should continue to prescribe for the treatment of long term conditions	Y
2. for the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines)	Y
3. for those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms such as cough lasting longer than three weeks.)	Y
4. Treatment for complex patients (e.g. immunosuppressed patients) and patients on treatments that are only available on prescription	Y
5. Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications	Y
<u>Prescriptions for the conditions listed in this guidance should also continue to be issued on the NHS for:</u>	Y
6. Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients.	Y
7. Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.	Y – only if all OTC products have been exhausted.
8. Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor ailment.	Y -
9. Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.	75% yes 25% no (those that said no, thought this clause would make it harder to implement the policy)
10. 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.	Y

Question – Which of the following conditions would you support in terms of no longer providing NHS treatment, with or without caveats? (Please note this does not mean you would refuse to see a patient)

No.	Condition	Agree - complete	Agree – with	Disagree and reasons	Comments e.g. How implementation could be made easier?

		ly	caveats	why	
1	Infant Colic	15	6	4	Those that disagreed thought this was distressing to parents as well as the child and expensive Caveats = Social/economic grounds
2	Acute Sore Throat -	15	10		Caveats = Social/economic grounds
3	Cold Sores	15	10		Caveats = Social/economic grounds-
4	Conjunctivitis	15	10		Caveats = Social/economic grounds/ children under 1 If Pharmacy could refer to MECS
5	Coughs and colds and nasal congestion	15	10		Caveats = Social/economic grounds
6	Cradle Cap (Seborrhoeic dermatitis – infants)	21	4		Caveats = Social/economic grounds Thought it could be severe in some and require treatment.
7	Haemorrhoids	7	8	10	Caveats – children Disagree – concern it would mask more sinister disease.
8	Mild Cystitis	10		15	Difficult to implement – what would constitute as mild
9	Mild Dry Skin/Sunburn -	21	4		Caveats = children (safeguarding)
10	Minor burns and scalds -	12	13		Caveats = children (safeguarding)
11	Nappy Rash -	2	12	13	Caveat- severity Disagree – often need to see whether it is fungal
12	Teething/Mild toothache	19	6		Caveats = children, do they have access to a dentist

13	Threadworms	7		18	Expensive to purchase
14	Ringworm/ Athletes foot	7	8	10	Caveat – may need to check whether fungal infection. Disagree – may not be a minor issue
15	Contact Dermatitis	2		23	Wouldn't want to discourage patients from having this diagnosed and treated.
16	Dandruff	16	9		Caveat – this can be severe in some patients
17	Diarrhoea (Adults)	2	20		Caveat - Wouldn't want to discourage patients from having this diagnosed and treated as it may well be more severe, C.Diff, IBS, change in bowel habit.
18	Dry Eyes/Sore (tired) Eyes	2	20		Would require access to MECs
19	Earwax	25			
20	Excessive sweating (Hyperhidrosis)	2	17	8	Wouldn't want to discourage patients from having this diagnosed and treated. Patients have usually tried all OTC products and may need referral
21	Head Lice	21	4		Caveats = Social/economic grounds
22	Indigestion and Heartburn	2	19	4	Caveats = people have often tried otc products so wouldn't want to discourage patients from having this diagnosed and treated.
23	Infrequent Constipation	21	4		Caveats = Social/economic grounds
24	Infrequent Migraine	7	18		Caveat – Dependent on severity, may need a referral
25	Insect bites and stings	16	9		Caveat – unless it was infected
26	Mild Acne	12	13		Caveat = if prescribed an antibiotic, as will need OTC product to help with treatment. Many may otherwise choose not to purchase OTC products this lessening the effectiveness of the antibiotic.

27	Mild to Moderate Hay fever/ Seasonal Rhinitis	21	4		Caveats – based on severity
28	Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)	12	13		Caveat – difficult to assess without reviewing – might discourage some from coming to GP.
29	Mouth ulcers	21	4		Caveats = Social/economic grounds
30	Oral Thrush	7	14	4	Caveats= elderly and children. Severity Disagree – no comment
31	Prevention of dental caries	25			Oncology patients require high fluoride toothpaste so would be excluded from this.
32	Travel Sickness	16	9		Caveat- children
33	Warts and Verrucae	15	10		Caveats – based on severity

Statements and Questions raised

The policy should exclude children, care home residents & vulnerable adults

Concerns were raised about those unable to afford even the cheapest OTC medicines.

Concerns about complaints to GMC, NHSE

Is it ethical?

Would the GP be in breach of their contract?

Can we clarify the definition of prescribing from a contractual perspective and GMC perspective?

What if a patient demands a prescription even after being advised to purchase OTC, what are the obligations on a GP?

Patient rep needs to be included

Public consultation

Support required

Clarity is required on the process of commissioning / decommissioning certain medicines

Wonderful idea however easier said than done. Implementation is going to be very difficult. Patient's expectations need to change. We need to be VERY supported by GMC, NHSE and Dept. of Health

GMC advise must be included

GP contract clarification must be included and NHSE must put clear statement that it is not a breach if CCG guidelines seem to go against the contract

GPs should have more support from the CCG when patients complain about the changes

Black list – take decision out of clinician's hands

Difficult discussion - either government decide a blanket ban - otherwise it is impossible to manage with poor social economic conditions.

Medications should be blacklisted

Choice to stop should be made from the top and not pass the buck to the individual GP's and practices

Caveats lay GPs open to charges of discrimination

Not down to the individual clinician or CCG

Feel the drugs should be blacklisted by the government - would be more widely accepted by the public and reduce complaints to the GPs

Widening health inequalities

A lot of caveats must be considered

What about those that cannot afford over the counter medication?

If not done correctly, there will be considerable variation between practices, GPs and demographics

This is going to lead to postcode prescribing

Inappropriate restrictions and exceptions for patients who may not be able to afford the drugs

Need to have specific directions as too much risk of variation or individual interpretation

Need POLCV type approach.

Implementation

Appraisal team must also ok the action

It will be difficult to manage in 10 mins consultations

Vital exercise - Made you think about your own practice and how it might affect patient demand for appointments

Doctors worried about not being able to prescribe self care medication when these are often prescribed as an alternative to antibiotics

“This is interesting. It would cause uproar with patients but would ease our workload massively. If it is watered down it will be more difficult to manage, I would go the whole hog!!”

“I'm strongly in favour of the proposed lists of medications and minor conditions produced by NHSCC and NHSE to guide prescribers towards restricting NHS prescription issuance. Reform is overdue. If we can discourage people attending for minor things there are likely to be savings beyond the cost of the listed prescriptions and clinician time. Inevitably some patients will raise other minor matters. If, however, there are problems important to the patients they would not (and should not) be dissuaded from making appointments merely by the prospect of a having free prescription”