

WOLVERHAMPTON CCG

GOVERNING BODY
February 2019

Agenda item 7

TITLE OF REPORT:	NHS England Consultation on which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs
AUTHOR(s) OF REPORT:	Hemant Patel, Head of Medicines Optimisation
MANAGEMENT LEAD:	Hemant Patel, Head of Medicines Optimisation
PURPOSE OF REPORT:	This report confirms the Governing Body response to the NHS England consultation on developing guidance for CCGs on items which should not routinely be prescribed in Primary Care
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public. The response will be upload to the consultation website
KEY POINTS:	<ul style="list-style-type: none"> • NHS England have begun a further consultation exercise on developing guidance for CCGs on items that should not be routinely prescribed in Primary Care • 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.
RECOMMENDATION:	<p>That the Governing Body</p> <p>Agree the draft response to be submitted on behalf of the CCG</p>
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
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	
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.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. NHS England are undertaking a further national consultation on the development of guidance for CCGs on items which should not be routinely prescribed in primary care.
- 1.2. The consultation is taking place for three months which begun in Nov 2018 and is available on the NHS England website
<https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed-update/>

2. CCG RESPONSE

- 2.1. The response must be owned and signed off by the Governing Body at its January meeting. The development of a draft CCG response has been informed by GP members and the Head of Medicines Optimisation.
- 2.2. The draft response is written as follow:

What capacity are you responding?

Clinical Commissioning Group

Name Wolverhampton CCG

Have you read the document *Items which 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 cited under the Equality Act 2010) and those who do not share it; and having 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. 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?

No

Do you feel there is evidence we should consider in our proposals on the potential impact on health inequalities experience by certain groups e.g. people on low incomes; people from BME communities?

Yes

Please provide further information on why you think this might be the case

Patients on low incomes may be unable to afford to purchase medicines available over the counter. In particular rubefacients have high levels of patient acceptability locally and were previously promoted by national and local prescribing advisers as a means to control costs of topical NSAIDs in the early days of prescribing advice.

Do you feel there is evidence we should consider in our proposals on the potential impact on health inequalities experience by certain groups e.g. people on low incomes; people from black and minority ethnic (BME) communities? No

Please provide further information on why you think this might be the case

Section 3: How will the guidance be updated and reviewed?

Thinking about the process for future update and review of the guidance:

How do you feel about the proposed process for identification of items for possible addition to the guidance or indeed possible removal, from the guidance?

Neither agree or disagree

If needed, please provide further information.



Section 4: Proposals for CCG commissioning guidance

Please select which items you would like to share your views on (please select)?

- Reviewed item Rubefacients (excluding topical NSAIDs)

New items

- Aliskiren
- Amiodarone
- Bath and shower preparations for dry and pruritic skin conditions
- Blood glucose testing strips for type 2 diabetes
- Dronedarone
- Minocycline
- Needles for Pre-Filled and Reusable Insulin Pens
- Silk Garments

Rubefacients (excluding topical NSAIDs) Do you agree with the proposed recommendations for Rubefacients (excluding topical NSAIDs)?

Agree

If needed, please provide further information

Aliskiren - Do you agree with the proposed recommendations for Aliskiren?

Agree

If needed, please provide further information

Amiodarone - Do you agree with the proposed recommendations for Amiodarone?

Agree

Bath and shower preparations for dry and pruritic skin conditions Do you agree with the proposed recommendations for bath and shower emollient preparations?

Agree

Blood glucose testing strips for type 2 diabetes Do you agree with the proposed recommendations for blood glucose testing strips?

Agree



Dronedarone Do you agree with the proposed recommendations for Dronedarone?

Agree

Minocycline Do you agree with the proposed recommendations for Minocycline?

Agree

Needles for Pre-Filled and Reusable Insulin Pens Do you agree with the proposed recommendations for needles for pre-filled and reusable insulin pens?

Agree

Please provide further information

Some patients that find the less expensive needles unsuitable should have the ability to trial a more expensive needle or have their current needle re-prescribed.

Silk Garments Do you agree with the proposed recommendations for silk garments?

Agree

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.

PATIENT AND PUBLIC VIEW

- 3.2. The consultation is seeking public and patient views on this matter and the CCG has made available the link to the consultation on its website.

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 items which are currently prescribed no longer being available.



There may also be a risk that alternative, more expensive items are prescribed as a result.

- 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 its own policies and commissioning decisions.

Other Implications

- 5.5. The guidance will impact on Medicines Optimisation 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: 28 January 2019

ATTACHED:

NHS England Consultation Document Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs

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.

	Details/ Name	Date
Clinical View	Dr Reehana Dr Stone Sought via Paper	09.01.19 09.01.19
Public/ Patient View	Via access to the on line consultation	
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	
Signed off by Report Owner (Must be completed)	Hemant Patel	28/01/2019

