

WOLVERHAMPTON CCG

GOVERNING BODY
10 OCTOBER 2017

Agenda item 9

TITLE OF REPORT:	NHS England Consultation on Items which should not routinely be prescribed in Primary Care
AUTHOR(s) OF REPORT:	David Birch, Head of Medicines Optimisation
MANAGEMENT LEAD:	David Birch, 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 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. • The Consultation is public and NHS England have suggested that members of the public should contact their local CCG in order to help shape their response.
RECOMMENDATION:	<p>That the Governing Body</p> <p>1) agree the draft response will be brought to the October meeting of the Governing Body</p>
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we	The report seeks to gain Governing Body views on potential patient engagement on the consultation response to ensure



commission	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 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 July 2017 and is available on the NHS England website
<https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/>

2. CCG RESPONSE

- 2.1. The consultation was discussed at the September Governing Body meeting which has led to the development of the draft CCG response as written in this report. The response must be owned and signed off by the Governing Body at its October meeting.
- 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 rubefaciants 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.

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?

No coment

Section 4: Proposals for CCG commissioning guidance

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

All

Co-proxamol

Do you agree with the proposed recommendations for Co-proxamol?



Agree

Dosulepin

Do you agree with the proposed recommendations for Dosulepin?

Agree

Prolonged-release Doxazosin

Do you agree with the proposed recommendations for Prolonged-release Doxazosin?

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

Immediate Release Fentanyl

Do you agree with the proposed recommendations for Immediate Release

Fentanyl?

Agree

Glucosamine and Chondroitin

Do you agree with the proposed recommendations for Glucosamine and Chondroitin?

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

Herbal Treatments

Do you agree with the proposed recommendations for herbal treatments?

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

Homeopathy
Do you agree with the proposed recommendations for homeopathy?

Disagree



Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

Lidocaine Plasters

Do you agree with the proposed recommendations for Lidocaine Plasters?

Agree

Liothyronine

Do you agree with the proposed recommendations for Liothyronine?

Agree

Lutein and Antioxidants

Do you agree with the proposed recommendations for Lutein and Antioxidants?

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

Omega-3 Fatty Acid Compounds

Do you agree with the proposed recommendations for Omega-3 Fatty Acid Compounds?

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

Oxycodone and Naloxone combination product

Do you agree with the proposed recommendations for oxycodone and naloxone?

Agree

Paracetamol and Tramadol Combination Product

Do you agree with the proposed recommendations for Paracetamol and Tramadol Combination product?

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract



Perindopril Arginine

Do you agree with the proposed recommendations for Perindopril Arginine?

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

Rubefaciants (excluding topical NSAIDs)

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

Disagree

Add to Part XVIII A Drugs, medicines and other substances not to be ordered under a GMS contract

Once Daily Tadalafil

Do you agree with the proposed recommendations for Once Daily Tadalafil?

Disagree

Add that if, in exceptional circumstances, there is a clinical need to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional

Travel Vaccines

Do you agree with the proposed recommendations for Travel Vaccines?

Disagree

Await the outcome of the PHE review of all travel vaccines currently available on the NHS to assess their appropriateness for prescribing on the NHS

Trimipramine

Do you agree with the proposed recommendations for Trimipramine?

Agree

Section 5: Items that are prescribed in primary care and are available over the counter



Please provide your views and/or any relevant evidence that we should consider when developing proposals to potentially restrict items that are available over the counter.

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 exist 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 stronger prescription only pain killers that are available on the NHS.

Do you agree with our proposed criteria to assess items for potential restriction? These criteria are:

Legal Status i.e. is it prescription only, or is it available over the counter in pharmacies and/or any retail outlet?

Indication i.e. what condition is it used to treat?

Background i.e. a general narrative on the drug incl. pack size, tablet size, whether administered orally etc.

Patent Protection i.e. is the drug still subject to a patent?

Efficacy i.e. is it clinically effective?

Safety i.e. is the drug safe?



Alternative treatments and exceptionality for individuals i.e. do alternatives exist and if so, who would they be used for?

Equalities and Health Inequalities i.e. are there groups of people who would be disproportionately affected?

Financial implications, comprising:

Commissioning/funding pathway i.e. how does the NHS pay for the drug?

Medicine Cost i.e. how much does the drug cost per item?

Healthcare Resource Utilisation i.e. what NHS resources would be required to implement a change?

Annual Spend i.e. what is the annual spend of the NHS on this item?

Unintended consequences

Agree to all

Also include inclusion in NICE guidance or clinical knowledge summaries

Are there individual products, which are either clinically ineffective or available over the counter which you believe should be prioritised for early review? Please give detailed reasons for your response.

All appear equally important

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.



4. PATIENT AND PUBLIC VIEW

- 4.1. 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.

5. KEY RISKS AND MITIGATIONS

- 5.1. 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.
- 5.2. The potential risks, particularly to the CCG's reputation could be mitigated by the CCG responding to the consultation with a robust reasoned response.

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. 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

- 6.2. There are no quality and safety implications arising from this report.

Equality Implications

- 6.3. 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

- 6.4. 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

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



Name David Birch
Job Title Head of Medicines Optimisation
Date: 26 September 2017

ATTACHED:

NHS England Consultation Document Items which should not routinely be prescribed in primary care: A Consultation on 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	Sought via Paper	28/9/17
Public/ Patient View	Via access to the on line consultation	30/08/2017
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)	David Birch	28/9/2017

