

Prescribing for Clinical Need Engagement Report

Executive Summary

Proposal

Between 3 August 2016 and 9 September 2016 NHS Blackpool Clinical Commissioning Group (CCG) conducted engagement activity to gather opinion towards the proposal to stop prescribing medicines for short-term, minor conditions/ailments or where there is insufficient evidence of clinical benefit or cost effectiveness.

Engagement Activities

Engagement activities undertaken included:

- Survey created and uploaded to CCG web site
- Press release issued to promote survey. This was used in local press.
- Information sent to patient participation network
- Information sent to third sector organisations
- Survey promoted extensively via Health Watch Blackpool
- Five drop in sessions held focussing on the survey
- Social media used to promote the online survey
- Information sent to GP practices via 'Round up' weekly newsletter.
- Survey linked to medicine waste campaign to raise profile.

Response

There were 203 surveys completed either through the online survey or in person at the five drop in sessions that were held throughout August.

There was overwhelming support for the proposals, with an average of 80.41% of the survey respondents in support of the proposals.

Recommendations

1. Implement the proposals
2. Produce and implement a comprehensive marketing and communications plan to provide feedback on the outcome to the public and other key stakeholders. This activity to include:
 - Web site updated with information
 - Q&As produced and circulated
 - Letter for patients distributed to GPs to be given out if patients are affected by the implementation of the proposal.
 - Information given to GPs via 'Round Up' newsletter.

Full report

Introduction and Background

The CCG is required to make a saving of £6.4million during 2016-17 in order to deliver a year-end surplus of £1,175,000.

The Low Priority Prescribing (LPRx) List is an accumulation of drugs that either NICE has comprehensively reviewed and produced 'do not dos' for, or where Blackpool CCG members considers them to be low priority, poor value for money and can safely be considered for self-care or where safer alternatives are available. Over **£800K** is spent each year on these medicines by BCCG.

Treatments on the LPRx list fall into the three categories, as summarised below, and should be considered not suitable for prescribing other than in exceptional circumstances where there is a clear clinical need:

Treatments for self-limiting conditions;
Treatments where there is insufficient evidence of clinical benefit or cost-effectiveness; and
Preparations where there is not a clinical need to treat.

Clinicians should prescribe medicines which are known to be clinically effective and provide a health benefit to patients at a cost which is acceptable to the local health economy. Prescribers are asked to consider whether the treatment effect is clinically significant and likely to improve the health status of individual patients. Some other products are clinically ineffective or are not cost-effective. Such treatments will not have undergone rigorous clinical trials to demonstrate that they are effective. It is inappropriate to direct NHS resources towards products that do not have proven efficacy or safety in preference to licensed medicines.

Some medicines that are used to treat minor ailments do not require the patient to be seen by a GP. These products are available to be purchased over the counter from pharmacies and supermarkets. Pharmacy staff are experts on providing advice around minor ailments, are accessible without an appointment. This frees up healthcare practitioners' time and enables GPs to see more complex patients.

NHS Choices offers a wealth of information on how to self-treat a range of minor ailments.

Many CCGs have already agreed similar policies or are planning to do so. For example, in the North West, [NHS Warrington CCG](#) and [NHS Heywood, Middleton and Rochdale CCG](#) have both introduced similar policies to the one proposed by us while [NHS South Cheshire CCG](#) and [NHS Vale Royal CCG](#) are considering doing so.

It was therefore proposed and approved that the QIPP saving should be made by requesting GP practices to cease the prescribing of medications on the LPRx list that can be purchased cheaply over the counter without the need to see a GP.

There are 19 medicines on the list. These are:

- Cough mixtures and cold remedies.
- Self - care analgesia e.g. simple pain killers.
- Nasal decongestants / sprays for hay fever and colds.
- Dry Skin preparations and bath/shower products.
- Wart and verruca treatments.
- Products for oral hygiene and mouth ulcers.
- Vitamins and Multivitamin preparations.
- Health supplements.
- Probiotics.
- Topical fungal nail paints.
- Antiperspirants.
- Barrier creams for nappy rash/bed sores.
- Cold sore treatments.
- Sunscreens.
- Antihistamine for hay fever.
- Rubifacients – pain relief skin rubs (e.g. Deep Heat).
- Ear wax removers.
- Complementary medicines (e.g. homeopathic remedies)
- Haemorrhoid preparations.

NHS Blackpool CCG conducted engagement activity in order to raise awareness of the need to make savings as well as gauge opinion on the proposals to see if the public were in agreement.

Particular attention had to be given to the deprived population living in Blackpool.

Methodology

In accordance to the Health and Social Care Act 2012 section 14U, which states: “Each clinical commissioning group must, in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to their care or treatment” a period of engagement activity was undertaken.

In July the Medicines Optimisation team completed a communications and engagement assessment form which triggered the start of engagement. The proposal was taken to Practice Managers meeting and information about the intention was circulated to GP practices via Round Up.

A draft survey was created and shown to the Patient and Public Involvement Committee.

Once approved the survey was uploaded to the internet and included on the CCG consultation web pages.

A copy of the survey can be found in **Appendix 1**.

The survey was promoted to Third Sector organisations for their wider distribution. Healthwatch Blackpool issued the survey to all its members and contacts as well as including it on their website and in newsletters.

A press release (found in **Appendix 2**) was issued to local press to promote the survey.

The press release also contained details of drop in sessions that members of the public could attend to gather more information and complete the surveys.

The drop in sessions were branded as the CCG's regular 'Your Voice' sessions which are held monthly in public buildings such as libraries. Extra sessions for this engagement were added and were held in sports centres around Blackpool. The results of these discussions were fed back in to the online survey to enable analysis.

During the sessions it was evident that there was some confusion around the clinical need aspect. People were under the impression that the treatments would be stopped altogether. Clarity was made and the details recirculated.

Main findings of the survey

Of those responding:

- 55.92% pay for prescriptions
- 73.47% were employed
- 33.77% were male
- 66.23% were female
- Ages of respondents are shown in the table below.

Answer Choices	Responses
17 or younger	0.00%
18-20	0.66%
21-29	11.26%
30-39	14.57%
40-49	26.49%
50-59	27.81%
60 or older	19.21%

The majority of respondents were in favour of the proposal. The total responses are listed in the table below.

Table 1: All responses

	Agree	Disagree	Unsure	Total
Cough mixtures and cold remedies.	88.96% 137	7.14% 11	3.90% 6	154
Self - care analgesia eg simple pain killers.	87.01% 134	8.44% 13	4.55% 7	154
Nasal decongestants/sprays for hayfever and colds.	76.62% 118	14.29% 22	9.09% 14	154
Dry Skin preparations and bath/shower products.	70.13% 108	19.48% 30	10.39% 16	154
Wart and verruca treatments.	75.32% 116	15.58% 24	9.09% 14	154
Products for oral hygiene and mouth ulcers.	82.47% 127	11.69% 18	5.84% 9	154

	Agree–	Disagree–	Unsure–	Total–
Vitamins and Multivitamin preparations.	88.96% 137	5.84% 9	5.19% 8	154
Health supplements.	87.01% 134	5.84% 9	7.14% 11	154
Probiotics.	86.36% 133	5.19% 8	8.44% 13	154
Topical fungal nail paints.	69.48% 107	20.13% 31	10.39% 16	154
Antiperspirants.	90.91% 140	4.55% 7	4.55% 7	154
Barrier creams for nappy rash/bed sores.	66.23% 102	25.97% 40	7.79% 12	154
Cold sore treatments.	79.22% 122	14.94% 23	5.84% 9	154
Sunscreens.	91.56% 141	5.84% 9	2.60% 4	154
Antihistamine for hay fever.	68.18% 105	20.78% 32	11.04% 17	154
Rubifaciants – pain relief skin rubs (eg Deep Heat).	82.47% 127	10.39% 16	7.14% 11	154
Ear wax removers.	85.06% 131	10.39% 16	4.55% 7	154
Complementary medicines (eg homeopathic remedies)	87.66% 135	7.14% 11	5.19% 8	154
Haemorrhoid preparations.	64.29% 99	18.83% 29	16.88% 26	154

There are three treatments which have a response of 'disagree' higher than 20%. These are:

- Topical fungal nail paints
- Barrier creams for nappy rash/bed sores
- Antihistamine for hay fever

These also had a relatively high response rate for the 'unsure' option.

This could be because these treatments can be relatively more expensive than the other treatments. They could also be linked to the confusion around clinical need.

This theme was also evident when comparing the results of those who currently do not pay for their prescriptions.

Table 2: Percentages in support split by those who don't pay for prescription.

	Agree Total %	Agree (responses by those who do not pay for prescriptions) %
Cough mixtures and cold remedies.	88.96	85.07%
Self - care analgesia eg simple pain killers.	87.01	88.06%
Nasal decongestants/sprays for hayfever and colds.	76.62	74.63%
Dry Skin preparations and bath/shower products.	70.13	68.66%
Wart and verruca treatments.	75.32	68.66%
Products for oral hygiene and mouth ulcers.	82.47	79.10%
Vitamins and Multivitamin preparations.	88.96	85.07
Health supplements.	87.01	80.60
Probiotics.	86.36	80.60
Topical fungal nail paints.	69.48	61.19
Antiperspirants.	90.91	91.04
Barrier creams for nappy rash/bed sores.	66.23	58.21
Cold sore treatments.	79.22	76.12
Sunscreens.	91.56	92.54
Antihistamine for hay fever.	68.18	62.69
Rubifaciants – pain relief skin rubs (eg Deep Heat).	82.47	79.10
Ear wax removers.	85.06	82.09
Complementary medicines (eg homeopathic remedies)	87.66	83.58
Haemorrhoid preparations.	64.29	59.70

Additional Comments

Below are some of the comments made in the part of the survey that gave respondents the opportunity to do so.

- As one of the most deprived areas in the country, this will add to the expense of healthy living. We need to be ensuring the next generation's health is a priority. As we are a town which doesn't add fluoride to our water, this already causes problems. As a woman in my 50's, I need a lot of expensive dental work. Prevention is key. Where this isn't possible, prescriptions can be a lifeline. We cannot have young mothers choosing between cough medicine and fruit for their infant. Furthermore, prescribing keeps people in touch with their GP. Invaluable in my opinion
- Some products that you need every now and then are very cheap in places like home bargains so why waste NHS money needs addressing sooner rather than later.
- Whichever means patients use for obtaining their treatments, presumably they will still need to be adequately instructed (and/or reinforced) on how to use those treatments and mitigate the likelihood of future GP visits, if the policy is to be effective.
- If they are cheap to buy and easily applied or administered there should be no problem
- Having been diagnosed with severe Hay fever/allergies and allergic eye disease as well as taking some very hefty pain killers for multiple diseases I believe these products should still be on prescription however as shown above I can't believe antiperspirant

and sun cream is even available on prescription people need to get their hands in their pockets like I do (and I claim benefits) to pay for those items

- Doctors shouldn't be prescribing these items and I am astounded that they are available on prescription. No wonder the NHS is in financial difficulties.
- I feel that most of the medications are cheaper when bought over the counter, however I worry that those in poverty will not be able to afford any of the above and would like to see a caveat that means anyone on a benefit can still receive a prescription.
- My biggest worry is does this affect children? Some less well-off families will not budget to buy things for their children.
- It also goes without saying how frustrating it is that Wales, Scotland and NI have whatever they wish on prescription free of charge and yet here in England we are charged. Grossly unfair!
- I had no idea these items were available via prescription, people should just go to a pharmacy and buy them.
- Slight concern on the two that I said unsure as people will need these but might not have the money .
- The medications which may if left untreated impact on others eg cold sore treatments should be maintained as should treatment for severe nappy rash which may be left if parents cannot afford it
- Doctors, presumably, would not have prescribed the above items if they were of no clinical value. Often they are used to prevent minor ailments becoming more serious. Refusing to prescribe them will, therefore, lead to people developing more serious complaints.
- I have concerns over families on very low incomes who may be unable to afford or choose not to purchase treatments for their children. Also for some of the ailments I think GPs can prescribe stronger treatments than OTC treatments eg haemorrhoid cream. Also it may discourage people from visiting a GP where it is actually necessary to get a proper diagnosis.
- my daughter is a student and is struggling - she was BORN with eczema and should not be penalised for her condition. She needs her creams/bath oils for her condition - it should be up to the NHS to budget properly in order for these creams/bath oils to be cost effective.
- There may be a person who has a learning disability and is supported by care staff. Care staff would not be allowed to go and purchase items such as paracetamol over the counter. It would be against regulations, therefore you would be denying people treatment - which under the care act you are not allowed to do.
- I think all should still be available for children and over 60s or however a tighter look at how often and the ailment patients are getting the medicines for.
- Essential medicines such as Diprobase should be available and Canestan cream for long term patients treatment
- It's important this doesn't affect the people who are disadvantaged
- The problem is, that you cannot buy in sufficient quantities in one purchase over the counter. Also , Joe public, needs some guidance on some of these items, as to which is the best one to buy / use, rather than relying on the retailer's own preference, or stock that needs moving , over the most clinical effective formula. What about the people that can't afford, but need these products - lots of permeations that need working out first. The pharmacist should point out, that the purchase over the counter is cheaper, & which product is equivalent to what the doctors has prescribed, along with the facilities to buy the necessary quantities, e.g. not just 16!!! Paracetamol's at a time.
- When a person has severe haemorrhoid problems, specific medication should remain available. Likewise for bedsores and severe skin conditions
- Dr's and nurse prescribes should be encouraged to say no to patients but must be supported by the practice and the CCG to do so. There should be the availability to purchase larger amounts of medication, paracetamol for example from pharmacy.

Conditions which require medical input /review such as pressure sores or oral thrush as well as medication or where providing medication significantly reduces the risk of ongoing complications should remain on prescription.

- Anything that can be bought over the counter should be bought at the chemist rather than getting it free, maybe some things could be slightly cheaper
- For some of these it very much depends how long or short term the conditions are. If you are truly talking short term condition, fine, AND as long as people with little money don't lose out by having to pay more for something over the counter.
- depends on condition and age and family circumstances
- Should scrap the minor ailment scheme since abused by patients as well and product cheap to buy from supermarket eg antihistamine tablets 14 for £1.20 16 paracetamol 30p especially when buy more expensive products and patients not even present use to stock up under reported abuse ignored by the CCG and if stop on prescription it only move the problem to minor ailment scheme.
- I strongly disagree with the removal of paracetamol type medicine being removed purely on a personal point of view because of long term need and quantity taken daily.
- I agree to all those. However i work in a care home where everything needs to be prescribed for the residents so an agreement would have to be made or an exclusion for these types of places
- I just feel a little concerned that elderly people and babies with severe nappy rash could be suffering if over the counter remedies are expensive.
- I've just had my wart frozen off at the GP because none of the treatments I bought were strong enough.
- severe eczema should be covered
- It should be possible to make exceptions for patients e.g. palliative care
- People on benefits have to pay a portion of their rent if they receive council relief. Energy prices fluctuate and cost more today than ever. Free prescriptions are a life line to those who are unable to work. If you remove some of these the poor and those at a disadvantage will lose out and become more ill placing a larger strain on the NHS services.
- In addition the NHS pays massive amounts on transport costs for simple medications such as Aspirin and Paracetamol. Considering Tesco can sell it for 20p why does it cost you so much to purchase it? Why don't you buy it from Tesco? I'm sure if you reviewed your transport and medical contracts (Not sure what the name is) saving could be made here.

Recommendations

1. Implement the proposals
2. Produce and implement a comprehensive marketing and communications plan to provide feedback on the outcome to the public and other key stakeholders. This activity to include:
 - Web site updated with information
 - Q&As produced and circulated
 - Letter for patients distributed to GPs to be given out if patients are affected by the implementation of the proposal.
 - Information given to GPs via 'Round Up' newsletter.
3. Carry out a communications campaign offering advice on how to treat minor ailments covered by the medications on the list.
4. All Communications activity should reassure patients with long term conditions that they will still be able to get the treatments on prescription at their GPs discretion based on their clinical need.

Appendix 1 - Prescribing for Clinical Need Survey.

Please state whether you agree with the proposal to stop prescribing the 'over the counter' treatments and medicines listed below for short-term, minor ailments or where there is insufficient evidence of clinical benefit or cost effectiveness. In providing your answers please consider the responsibility of Blackpool CCG to ensure that the local health budget for our area is spent as effectively as possible, minimising waste and promoting self-care.

	Agree	Disagree	Unsure
Cough mixtures and cold remedies.			
Self - care analgesia e.g. simple pain killers.			
Nasal decongestants / sprays for hay fever and colds.			
Dry Skin preparations and bath/shower products.			
Wart and verruca treatments.			
Products for oral hygiene and mouth ulcers.			
Vitamins and Multivitamin preparations.			
Health supplements.			
Probiotics.			
Topical fungal nail paints.			
Antiperspirants.			
Barrier creams for nappy rash/bed sores.			
Cold sore treatments.			
Sunscreens.			
Antihistamine for hay fever.			
Rubifacients – pain relief skin rubs (e.g. Deep Heat).			
Ear wax removers.			
Complementary medicines (e.g. homeopathic remedies)			
Haemorrhoid preparations.			

Do you currently pay for prescriptions?

- Yes
- No

Are you?

- Employed
- Unemployed

Are you male or female?

- Male
- Female

What is your age?

- 17 or younger
- 18-20
- 21-29
- 30-39
- 40-49
- 50-59
- 60 or older.

Appendix 2 – Press release promoting the survey.



NEWS RELEASE **11/08/2016**

Would you ask your GP to prescribe you sun cream?

In a move which could save the local NHS an estimated £800,000 per year, NHS Blackpool Clinical Commissioning Group (CCG) is seeking views on plans to stop prescribing medicines which could easily be bought over the counter instead.

Nationally there are 57 million GP consultations each year for minor ailments, a situation that costs the NHS approximately £2billion a year and takes up to an hour a day on average for every GP. The majority of the medicines that are prescribed at such appointments could be bought over the counter instead for much less than the cost to the NHS.

The CCG is looking for views on which prescribed treatments could be stopped and bought over the counter. The list of possible treatments to be stopped includes; cough mixtures and cold remedies, simple pain killers for short term pain, nasal sprays and tablets for hay fever, wart and verruca treatments, cold sore treatments and sunscreens, amongst others.

A survey is being carried out to understand the views of local people, on how they feel about buying medicines over the counter. The more people take part in the survey the better informed the CCG will be on what the residents of Blackpool want.

Dr Amanda Doyle, a Blackpool GP and Chief Clinical Officer at NHS Blackpool CCG, said: "Self-care, where people manage simple, short-term conditions themselves, is widely acknowledged as an important solution to help keep the NHS sustainable. We want to encourage people to take more responsibility for their health care whether that is in choosing not to go to A&E for a non-life threatening condition or choosing to visit their local pharmacy or supermarket to buy medicines for minor ailments.

"We will save thousands by stopping the prescribing of these types of treatments. It will also free up more GP time so they can see patients who really need their expert care and knowledge.

"It is essential that we take on the views of the patient as they will be the ones left to buy the medicines themselves. We need to hear from as many people as possible from across the town."

The survey can be found on the CCG website at: <http://blackpoolccg.nhs.uk/yourvoice/polls-and-surveys/>

A paper copy can be requested by calling 01253 951349 or emailing:
ccgcomments@blackpool.nhs.uk.

You can also drop in to one of the CCGs Your Voice sessions at the below times and places and give your views on this and any other topic.

- Tuesday 16 August 2016, 10am-12 noon, Moor Park Library, Bristol Avenue FY2 0JG.
- Wednesday 17 August 2016, 10am - 12 noon, Revoe Library, Revoe Street FY1 5HN.
- Thursday 25 August 2016, 10am - 12noon, Central Library, Queen Street FY1 1PX.

The survey will close on Friday 9 September 2016.

Notes to editors:

Pictures: Insert caption with link

For further information about this press release please call the communications team at NHS Blackpool CCG on 01253 956594.