

The NHSE consultation was discussed with all GP Practices within Wigan Borough CCG during our annual peer review process during July and August.

All GP Practices welcomed NHS England guidance in this area and felt it was important that there was equity across England in the availability and access to medication.

All Practices agreed with the 18 drugs of low clinical value noting that guidance had been issued locally on many of the drugs. The key point raised that what prescribing is left of these drugs within Wigan is at the request of the specialist and that despite Greater Manchester guidance specialists continue to request GPs prescribe these items. The GP Practices felt strongly that any guidance issued on these products should apply to all prescribers across all healthcare settings so that there is consistency of advice and to ensure equity.

GP Practices would welcome guidance on items which can be bought over the counter. There was some concern around the inclusion of long-term conditions as there could be difficulties in patients obtaining medications e.g. restrictions on quantities of paracetamol and there was the potential for patients to request medications to circumvent this process e.g. asking for fexofenadine instead of loratidine, asking for co-codamol 30/500 instead of paracetamol.

There were concerns raised around care home residents and how this would affect their access to medications as many homes do not have homely remedy systems in place and where they do they often require GP input which can increase GP workload.

We held a patient and public engagement event on 12 October and feedback is recorded on the following pages. We invited our patient participation group members from every GP Practice within the CCG, our shape your NHS community, the governors at the local hospital, the third sector assembly and advertised the event on social media.

What medicines should be routinely available on prescription? (12th October 2017) - **FEEDBACK SHEETS**

General

1. What do you think about what you have heard? What do you see as potential benefits or issues?
2. How do you think this might affect the people of Wigan Borough or you as an individual (Think about any issues or benefits to yourself or different groups)?

General questions

Need we to understand what the total percentage spend on prescriptions vs what they are trying to save.

Need to understand what % of total spend of prescription budget is spent on these medicines – is this worth the effort?

Might need to spend more on other non-pharmacological things e.g weight and exercise – would the money saved from this exercise be spent on the relevant non-pharmacological alternatives?

1a. Potential benefits

People might use more non- pharmacological options which may be safer

Can see some sensibleness other might be problematic.

Chemists and GPs will need to work together.

Might encourage people to self-manage

GP Times – could impact on this. Reduce demand on GPs

1b. Issues

Long-term conditions is an issue – it can be very expensive to buy some products eg the quantities of emollients need to manage eczema

Will need lots of patient education if they restrict medicines to ensure it is done safely. For example if people think that their GP won't give them their medication would they self-manage a condition that they should have gone to the GP for? Would people understand how to take things safely if things interact you can't have it with.

Would need to educate GPs, including locum doctors – just don't work in practices all the time and more likely to give medication. GPs need to ask more questions and look at the case for prescriptions

Could it increase admissions? Could it increase A&E attendances?

Can't get large numbers of paracetamol 240 a month – long term – short term

Stigma associated with people buying large numbers of pain medicine some people might choose to go without.

What about Scabies, Head lice outbreaks in care homes and schools

Parents need help to check children's hair, head lice

Some people can't manage without the medication.

If the GP doesn't prescribe how will they know what the patient is taking?

2 How do you think the proposals will affect different groups

Elderly- if was stopped physical cost of having to travel shops. What about people who get their medication delivered?

Disabled and vulnerable could lead to more GP visits if they go without medication because they can't get to the shops.

Will affect people who have a lower income - would it be means tested?

Will affect people who buy a pre-payment certificate

Will affect people who are particularly anxious and want GP involvement

Could affect people in cares homes because they wouldn't be able to get pain killers

Would paid domiciliary carers that go into the persons own home be able to give medication that hasn't been given on prescription?

People in care homes get a weekly allowance £23 – 30 per week – if they have to buy medication that would be a huge chunk out of the weekly allowance.

Medication (slide 8)

3. Are there individual products which you believe should be prioritised for early review?, If yes, what is the reason for this?
4. Are there any individual products you think should not be considered? If so, which and why?

3. What should be prioritised for early review

More campaigns on how much things cost

Anything clinically ineffective

Cough meds

Warts or verruca's

Ear wax

Viral upper respiratory Infections

Nappy rash

Athletes foot – yes Self-management

Fever – should be able to treat yourself.

4. Are there any products you think should not be considered

Eczema creams don't include -tubs are very expensive + you go through tubs of it. You should have to prove that you need it.

Paracetamol – excluding LTC (short term illness are reasonable to include)

Conditions (Slide 7)

5. What do you think about including both short and longer term conditions?
6. Are there conditions suggested that you don't think should be included?
7. Is there anything else you think should be included?

5. what about including short and long term conditions?

Chronic illness should be funded

Needs caution with long-term conditions – practically with paracetamol and ibuprofen?

6. Are there any conditions you think should not be included?

Long term pain

Conjunctivitis should be on prescription as it is contagious.

Headaches should be able to get a prescription if it is a long term condition.

Eczemas creams – quality of moisturiser needed would be very expensive and if you don't use enough you might end up using more steroids

Ear care services – would people be more encouraged to do home remedies that might be un safe.

Mild acne should not be considered it affect young people's esteem. However, someone else said Acne – buy it and doctors should educate around treating it properly

Head lice and scabies – impacts others if someone doesn't treat it. Concern about it not being treated then spreading school and education for parents is important.

Scabies – should be allowed on prescription – care homes every resident + staff would have to buy

7 Is there anything else you think should be included?

Gluten free

Dietary Pills should also be considered

Short term diarrhoea and constipation to be included.

Insect bites and stings agree. It should be on the list

Sore throats should be on the list.

Agree with the following conditions being on the list – cold sores, teething, nappy rash, warts, viral upper respiratory infections and minor burns and scalds

Nappy rash – buy it your self

Minor burns and scalds treat your self

Teething – should treat your self

Viral upper resp – should treat it your self

Warts & verruca's – should buy it your self

Head ache – should treat your self

Hayfever – Agree it should be on but people need stronger medication. Could families with less money afford it?

Calamine lotion

Branded products where generics are available

Criteria (Slide 9)

8. Do you agree with NHS England's proposed criteria to assess items for potential restriction?
9. Are there any other criteria that NHS England should be considering?

8. do you agree with NHSE criteria

Yes

9 is there anything else NHSE should consider?

Home remedies

Patient education

Having the confidence to do it

Self-Management

Looking after yourself and Family

What is it used for? If a drug treats other things should it be available.

Extended impact on the environment to others - e.g. care homes & schools

People with learning difficulties –

Financial impacts of where people might go instead of GP or the consequences if people choose not to buy something or if they self-manage a condition they should have gone to the GP for.

Cares going in wouldn't be able to give anything which isn't proscribe and it's also the same in care homes

Could consider a 'pre-payment amount' people could pay to receive non-essential meds at NHS expense.

Need the same guidance for primary and secondary care

Will need investment in education and self help