

Medicines Management Consultation

Your views on what we prescribe in Lincolnshire

4 October – 18 November 2016

Get Involved

You can give us your views in a number of ways:

• Fill in the survey found on any of our websites www.lincolnshireeastccg.nhs.uk ;
www.lincolnshirewestccg.nhs.uk ; www.southwestlincolnshireccg.nhs.uk ;
www.southlincolnshireccg.nhs.uk

• Fill in the paper copy of the survey found at the back of this consultation document and send it to Adam Marshall, Optum, South Kesteven District Council Offices, St Peters Hill, Grantham, NG31 6PZ

• Contact the Engagement Team on 01476 406167 or adam_marshall@optum.com

• If you belong to a group or organisation, you can invite us along to one of your meetings by contacting us on the details above

This document is available in other languages and formats on request. To request alternative formats, or if you require the services of an interpreter, please contact us.

Pokud byste požadovali informace v jiném jazyce nebo formátu, kontaktujte nás

જો તમને માહિતી બીજી ભાષા અથવા રચનામાં જોઈતી હોય તો, કૃપા કરી અમને વિનંતી કરો.

Se desiderate ricevere informazioni in un'altra lingua o in un altro formato, siete pregati di chiedere.

Jeżeli norêtumête gauti informaciją kita kalba ar formatu, kreipkitės į mus.

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Se deseja obter informação noutra idioma ou formato, diga-nos.

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

This consultation document has been drawn up in accordance with the legal requirements and guidance from Section 242 and Section 14Z2 Health and Social Care Act 2012 and the Cabinet Office Consultation Principles.

Who are we?

Lincolnshire East Clinical Commissioning Group, Lincolnshire West Clinical Commissioning Group, South Lincolnshire Clinical Commissioning Group and South West Lincolnshire Clinical Commissioning Group are the local NHS organisations responsible for planning, organising and buying NHS funded healthcare for the 731,500 people in Lincolnshire. This includes: hospital services, community health services, the delegated commissioning of general practice and mental health services. NHS England has responsibility for buying dentist, pharmacist and optical primary care services and specialist services— such as heart transplants and secure mental health services, whilst local authorities commission public health services like health visiting and sexual health.

The four Lincolnshire CCGs are membership organisations which includes the 101 GP practices across the county. Together we work in partnership, with the local authorities, including public health, health and voluntary services to transform the health and social care system to meet the challenges of the future.

The challenge faced by all organisations across the NHS, is how to spend the available budget in ways that most benefit the health of the whole population and delivers good value for money. We have to evaluate every service we commission to ensure that each service offers good quality, the best possible outcomes for patients and good value for money. We also need to ensure that we allocate our resources in an effective and equitable way for the benefit of the whole population to achieve the best possible outcomes for the most number of patients.

What are we asking for your views on?

The four CCGs have a big financial challenge to meet in the short term. Whilst the NHS budget has increased, demand for health care has increased faster. Currently we are spending £38m more than our existing budget. We think the money we spend on items that are readily available over the counter might be better spent on treatments, staff and essential services that patients cannot get in any other way for the greatest benefit of patients.

A number of planned savings will come from the transformation of services to reduce complexity, waste and duplication, but in order to meet our challenging financial targets we have also had to look at reprioritising our services.

Key financial pressure areas include continuing healthcare and complex care packages and prescribing. This is significantly affecting the CCGs' ability to meet its statutory financial duties in 2016/17. The CCGs are looking to secure more efficient, effective ways of working across all of these areas.

This consultation document provides an overview of our proposed service changes to ensure the health budget for Lincolnshire is spent as effectively as possible, whilst minimising waste and promoting self-care to its population.

In line with our responsibilities we have reviewed the money we spend on prescribing certain medicines, treatments, products and food items. The items reviewed are either:

- Widely available over the counter (in pharmacies or shops) at a retail price that is lower than the NHS prescription charge (currently £8.40 per item)
- Prescribed for conditions that have no clinical need of treatment
- Supported by insufficient evidence of clinical benefit or cost effectiveness

From this review we have identified a range of items currently available over the counter to buy either from the general retailers or community pharmacies that we are proposing to restrict the prescribing of in Lincolnshire. Our proposals are:

Proposals:

1. To restrict prescribing over the counter / minor ailment medicines for conditions other than those where the clinical need can only be met by a prescription
2. To restrict or stop the prescription of gluten-free foods
3. To restrict the prescribing of baby milk including specialist infant formula
4. To restrict the prescribing of oral nutritional supplements in line with ACBS guidance

These will still be available for some patients on clinical assessment.

Proposal 1: To restrict providing over the counter / minor ailment medicines for short term, self-limiting conditions.

Why are we proposing to restrict the prescribing of these medicines for short-term, self-limiting conditions?

- The four Lincolnshire CCGs spend approximately £13.5 million per year on the medicines that are available to buy over the counter. Many of these prescriptions are for the short term relief of minor ailments. A significant proportion of this money can be better spent meeting the healthcare needs of those requiring significant treatment for much more serious health problems.
- Prescribing of over the counter / minor ailment medicines for short term, self-limiting conditions is not considered to be efficient or economical use of the CCGs' limited resources. When prescribing for minor ailments the NHS pays both for the medication plus the additional cost of dispensing it. For example a simple package of Paracetamol, which costs less than 25p in the supermarket, costs the CCG £2.50.

- Despite people’s willingness to self-treat, there are still 57 million GP consultations nationally a year for minor conditions at a total cost to the NHS of £2 billion. These appointments take up an average of one hour a day for every GP. Research shows that people often abandon self-care earlier than they need to, typically seeking the advice of a GP within four to seven days.
- It is estimated that by limiting the prescribing of widely available medicines suitable for self-care:
 - every GP in Lincolnshire will have up to one hour a day freed up to see patients with more serious conditions
 - significant reductions in GP prescribing costs will be achieved
 - there will be a reduction in medicines waste and costs associated with medicines waste
 - patients and carers will be better informed about how to manage minor conditions

What does it include?

These changes apply only to situations and minor conditions where NHS Choices recommends self-care. For some conditions this will be related to the severity of the condition (e.g. mild acne is included but severe acne requires prescription only medicines) and/or to the duration of the condition (for example, a cough that has persisted for more than three weeks requires a GP appointment).

Over the counter medicines refers to the types of medicines that can be bought over the counter either from a community pharmacy or, in many cases, a general retailer like a supermarket. Some of these medicines can only be sold under the supervision of a pharmacist, others are deemed safe enough to be widely available from general retailers. Examples of some of the medicines included are:

- | | | | |
|--|---------------------------|--|---|
| ▪ Painkillers | ▪ Cough and cold remedies | ▪ Antihistamines and other treatments for hayfever | ▪ Antacids for heartburn and indigestion |
| ▪ Diarrhoea – adults and older children | ▪ Constipation | ▪ Haemorrhoids | ▪ Creams for vaginal and vulval infections or thrush |
| ▪ Nicotine Replacement Therapy for smoking cessation | ▪ Malaria prevention | ▪ Threadworm | ▪ Creams for fungal infections such as athlete’s foot |

What doesn’t it include?

We will still prescribe any medicines that are available by prescription only, such as antibiotics, statins, blood pressure treatments etc. Where a treatment is needed which can only be prescribed, then the patient’s regular doctor will still be able to prescribe this.

Proposal 2: To restrict or limit the prescribing of gluten-free foods

Why are we proposing to stop or limit prescribing these things?

- The original NHS decision to make available gluten-free foods on prescription was taken at a time when there was very limited availability of these foods in the shops. Today gluten-free foods are widely available at competitive prices in almost all major supermarkets.
- Health experts say that as a protein, gluten is not essential in people's diets and can be replaced by other foods. There is a lot of information available to patients via the GP, dietitian or available online about how to eat a healthy gluten-free diet using replacement foods such as rice or potatoes.
- When prescribing gluten-free foods the NHS pays both for the food plus the additional cost of processing the items. Although costs of these foods are steadily reducing, costs to the NHS remain high, e.g. the cost of gluten-free foods for an adult male for one month is typically £32, whereas the same products would cost the NHS £75 if provided on prescription.
- Removing or limiting gluten-free foods from prescription will also remove the potential for inequity, as foodstuffs for patients with other conditions where dietary interventions are recommended are not prescribed
- Last year Lincolnshire CCGs spent £472,000 on gluten-free food which is roughly equivalent to 30 treatments for breast cancer. If this service was restricted then this money could alternatively be used to maintain and protect other clinical services.

What is included?

We are asking for your views on whether we should do the following unless there are exceptional circumstances:

- Stop ALL prescribing of gluten-free foods with no replacement system.
- Limit prescribing to bread, flour and bread mixes only within Coeliac UK recommended quantities.

What isn't included?

Gluten free foods will still be prescribed in specific circumstances where a dependent patient could be at risk of dietary neglect.

Proposal 3: To restrict prescribing baby milks and specialist infant formula

Why are we proposing to restrict the prescription of these things?

- Historically, it was difficult for patients' parents to get hold of infant formula used for lactose intolerance as there was a limited range available on the high street. Today, almost every major supermarket has infant formula on their shelves as standard, with even more options available on the internet. This means there is an ever growing wide range of infant formula available without the need of a prescription.
- Additionally alternatives to cow's milk, such as soya, almond, and goat milks, are widely available as alternatives to traditional dairy production.
- Parents qualifying for Healthy Start vouchers can use their vouchers to purchase infant formula milk from general retailers.
- Lincolnshire CCGs spend £740,000 annually on prescribing baby milks and specialist infant formula. If this service was restricted then this money could alternatively be used to maintain and protect other clinical services.

What is included?

Unless there are exceptional circumstances, prescriptions will no longer be provided for soya and thickened infant formula, as well as formula for lactose intolerance, as these are widely available to buy.

What isn't included?

There will be some babies on specialised formula for certain medical conditions, such as renal or liver disease or receiving treatment for cancer, that will still be able to receive these supplements on the advice of a specialist clinician.

Proposal 4: To restrict prescribing nutritional supplements

Why are we proposing to restrict prescribing these things?

- Oral nutritional supplements tend to be over used, particularly in patients in care homes. Local prescribing guidelines recommend that people with low appetite or diagnosed with a degree of malnourishment should always be treated with a food first approach. For example, foods that they like in small portions, little and often. Fortification of food, for example using cream, is also a good way of increasing a person's calorie intake without resorting to prescribed nutrition. Self-care using purchased nutritional supplements like *Complan* and *Build-Up* is also advised. Only patients who have had a nutritional assessment undertaken and are specifically identified as requiring nutritional supplementation are appropriate for prescribed nutritional supplements.
- Lincolnshire CCGs spend £2.9M annually on prescribed nutritional supplements which is roughly equivalent to 750 hip replacements. If this service was restricted this money could alternatively be used to maintain and protect other clinical services.

What is included?

Unless in exceptional circumstances the prescription of all nutritional supplements will be restricted. All patients who have not been adequately screened for malnutrition using the Malnutrition Universal Screening Tool (MUST) or those that do not achieve a MUST score sufficient to warrant intervention with a prescribed supplement will no longer receive this on prescription.

What isn't included?

A small number of patients will still be prescribed these supplements after being assessed, usually following a stay in hospital, for example after a stroke or those who have tried alternative approaches but still require a prescribed supplement.

Eligibility and exceptionality:

These proposed changes apply to:

- All patients registered with or attending a healthcare appointment at a general practice within Lincolnshire.
- All patients, whether or not they pay for their prescriptions. Exemption from prescription charges does not exempt an individual from self-care for minor conditions.
- All prescribers within the area covered by the four Lincolnshire CCGs, including non-medical prescribers, GPs, out-of-hours and A&E departments.

What happens next?

Implementation of the proposals will depend on the feedback given. After the consultation all feedback will be used to produce a report with recommendations that will be taken back to the CCG Governing Bodies for their final decision on the proposals.

Glossary of terms

<u>ACBS guidance:</u>	Advisory Committee on Borderline Substances, the committee responsible for advising approved prescribers about the prescribing of certain foodstuffs and toiletries.
<u>Orthopaedic:</u>	Conditions involving deformities of bones or muscles.
<u>Coeliac UK:</u>	The UK's leading charity for people affected by coeliac disease (A medical condition in which the intestine reacts badly to a type of protein contained in some grains).
<u>Continuing healthcare:</u>	The name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a primary health need.
<u>Complex care packages:</u>	Individual packages of care for patients with very complex health needs.

Please tell us your views by completing this short survey

Q1. Do you understand why the Lincolnshire CCGs need to make the changes proposed in this consultation?

Yes No Undecided

Q2. Do you agree that the money being spent on over the counter items would be better spent on maintaining and protecting other treatments and services?

Yes No Undecided

We have considered a number of options for protecting and maintaining key clinical services. Below are some of the areas we have looked at. We would like to understand how important these areas to you.

Q3. Please tell us what you would most prefer to spend your money on (write the number in the boxes where 1 is the most prefer to spend money on and 6 is the least prefer).

- Access to Physiotherapy Services
- Non urgent referrals to orthopaedics
- Prescription of over the counter drugs
- Prescription of gluten-free food
- Prescription of baby milk and specialist infant formula
- Prescription of oral nutritional supplements

Proposal 1

To restrict providing over the counter / minor aliment medicines for short term, self-limiting conditions.

Over the counter medicines are medicines that can be bought over the counter from either community pharmacies or general retailers such as supermarkets. They are readily available to buy because they are deemed safe enough for people to self-manage common and minor ailments. Examples include painkillers, cough and cold remedies, antihistamines and some skin products which can be used for conditions described as 'self-limiting' – i.e. conditions likely to be short-lived and highly likely to improve on its own. This proposal does not advocate restriction of any medicine that is only available by prescription, such as antibiotics, statins etc.

The case for self-care and the use of over the counter medication for the treatment of minor ailments is further strengthened by the excellent service offered by community pharmacists, which include long opening hours and seven day opening, all of which provide great access for patients in their local communities. NHS Choices can also provide useful advice to people on how to access advice and appropriate medicines relevant to their condition.

Where the clinical need can only be met by a prescription or where there are legal restrictions on the availability or amount of a medicine that can be purchased over the counter, the patient's regular clinician will still be able to prescribe.

Lincolnshire CCGs spend more than £13.5 million a year paying for widely available, over the counter medicines.

When prescribing for minor ailments the NHS pays both for the medicine supplied as well as the associated prescribing and dispensing costs.

Q4 When considering the prioritisation of healthcare funding due to more demand on our budget than we can meet, to what extent to do you agree with the proposal to restrict prescribing over the counter / minor ailment medicines for short term, self-limiting conditions?

Strongly agree Agree Disagree Strongly disagree Don't know

Q5. Do you currently pay for your prescriptions?

Yes No

Proposal 2

To restrict the prescription of gluten-free foods.

The original NHS decision to make available gluten-free foods on prescription was taken at a time when there was very limited availability of these foods in the shops. Today gluten-free foods are widely available at competitive prices in almost all major supermarkets.

Health experts say that as a protein, gluten is not essential in people's diets and can be replaced by other foods. There is a lot of information available to patients via their GP, dietitian or available online about how to eat a healthy gluten-free diet using replacement foods such as rice or potatoes. When prescribing gluten-free foods the NHS pays both for the food plus the additional cost of processing the items. Although costs of these foods are steadily reducing, costs to the NHS remain high. For example the cost of gluten-free foods for an adult male for one month is typically £32, whereas the same products would cost the NHS £75 if provided on prescription.

Removing or limiting gluten-free foods from prescription will also remove the potential for inequity, as foodstuffs for patients with other conditions where dietary interventions are recommended are not prescribed.

Last year Lincolnshire CCGs spent £472,000 on gluten-free food. If this service was restricted this money could alternatively be used to maintain and protect other clinical services.

Q6 When considering the prioritisation of healthcare funding due to higher demands on our budget than we can meet, what is your preferred option for the future prescription of gluten-free food below (please tick only one)

Stop ALL prescribing of gluten-free foods with no replacement system

Limit prescribing to bread, flour and bread mixes only within Coeliac UK recommended quantities

Don't know

Q7. Please tell us the reasons for your answer:

Q8. Have you, or a member of your family, been prescribed gluten-free food?

Yes

No

Proposal 3

To restrict prescribing of baby milks and specialist infant formula

Historically, it was difficult for patients' parents to get hold of infant formula used for lactose intolerance as there was a limited range available to buy. Today, almost every major supermarket has infant formula on their shelves as standard, with even more options available on the internet. This means there is an ever growing wide range of infant formula available without the need of a prescription.

Additionally alternatives to cow's milk, such as soya, almond, and goat milks, are widely available as alternatives to traditional dairy production.

Parents qualifying for Healthy Start vouchers can use their vouchers to purchase infant formula milk from general retailers.

The CCGs spend £740,000 annually on prescribing baby milks and specialist infant formula. If this service was restricted this money could alternatively be used to maintain and protect other clinical services.

Q9 When considering the prioritisation of healthcare funding due to more demand on our budget than we can meet, to what extent do you agree with the proposal to restrict prescribing baby milks and specialist infant formula?

Strongly agree Agree Disagree Strongly disagree Don't know

Q10. Has your child, or a member of your family, been prescribed with infant formula or baby milks?

Yes No

Proposal 4

To restrict prescribing oral nutritional supplements

Oral nutritional supplements tend to be over used, particularly in patients in care homes. Local prescribing guidelines recommend that people with low appetite or diagnosed with a degree of malnourishment should always be treated with a food first approach. For example, foods that they like in small portions, little and often. Fortification of food, for example using cream, is also a good way of increasing a person's calorie intake without resorting to prescribed nutrition. Self-care using purchased nutritional supplements like *Complan* and *Build-Up* is also advised. Only patients who have had a nutritional assessment undertaken and are specifically identified as requiring nutritional supplementation are appropriate for prescribed nutritional supplements.

Lincolnshire CCGs spend £2.9M annually on prescribed nutritional supplements. If this service was restricted this money could alternatively be used to maintain and protect other clinical services.

Q11. When considering the prioritisation of healthcare funding due to more demand on our budget than we can meet, to what extent do you agree with the proposal to restrict prescribing nutritional supplements?

Strongly agree Agree Disagree Strongly disagree Don't know

Q12. Have you, or a member of your family, been prescribed oral nutritional supplements?

Yes No

Comments

Q13. Please provide us with any further information below to explain or support your answers

About you

It's important that we reach and listen to the views of as many people in Lincolnshire as possible during the consultation. To help us ensure that our consultation is fair and doesn't leave anyone out please take time to answer the questions below.

We won't share your information with anyone else and will only use it to help us make decisions and improve services.

Are you: (please tick one)

- A member of the public
- A GP
- Another healthcare professional
- A pharmacist
- A representative of a group or organisation with an interest in these proposals
- Other, please specify.....

If you are a representative of a group/organisation with an interest in these proposals please provide details of your organisation below

What is the first part of your postcode?

Age

- 17 or younger
- 18-20
- 21-29
- 30-39
- 40-49
- 50-64
- 65-74
- 75-84
- 85+

Gender

- Male
- Female
- Prefer not to say

Are you the same gender you were assigned at birth?

- Yes
- No
- Prefer not to say

Sexual Orientation

- Heterosexual / Straight
- Bisexual
- Gay man
- Gay woman
- Prefer not to say

Are you a carer?

- Yes
- No

Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

If yes, please specify nature of disability

- Learning disability
- Long term mental health condition
- Physical impairment (mobility)
- Blind/Sight impairment
- Deaf or Hearing impairment

Do you consider yourself to have a long term condition?

- Yes
- No
- Prefer not to say

What is your employment status?

- Employee in full time work (over 30hrs)
- Employee in Part time work (under 30hrs)
- Retired
- Permanently sick/disabled
- Full time carer
- Unemployed
- Self-employed (full or part time)
- Looking after home
- Full time education (college/university)
- Part time student
- Government supported training

What is your ethnicity?

- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Other Asian background
- Black or Black British - African
- Black or Black British - Caribbean
- Other Black background
- Mixed Heritage - White & Asian
- Mixed Heritage - White & Black African
- Mixed Heritage - White & Black Caribbean
- Other mixed heritage background
- White - British
- White - Irish
- White - Polish
- White - Gypsy/Traveller/Roma
- Other white background
- Chinese
- Other Ethnic Group , please specify.....
- Prefer not to say

If yes, please specify nature of your condition

- Heart condition
- Diabetes
- COPD
- Chronic Kidney Disease
- Cancer
- Coeliac Disease
- Other (please specify below)

Thank you for completing the survey.

Please return your completed survey (address on 2nd page of document) by the deadline of 18 November 2016