

Proposed changes to prescribing of medicines for minor ailments

Title of the report:	Proposed changes to prescribing of medicines for minor ailments
Report to:	Leicester City Health Overview and Scrutiny Commission
Section:	Public
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Introduction

1. Following the release of new guidance from NHS England, the three CCGs in Leicester, Leicestershire and Rutland have launched a period of engagement with patients about prescriptions for medicines to treat certain minor ailments.
2. From 1st October 2018, GPs will be encouraged by the three Clinical Commissioning Groups (CCGs) to not routinely prescribe medicines and treatments for 31 minor, short-term health conditions.
3. This would apply where:
 - The condition will clear up on its own (known as a self-limiting condition).
 - The condition can be treated by the patient themselves by buying medication from a pharmacy or supermarket.
4. Before implementing this change, we want to find out how patients locally would be affected. We particularly want to hear from families and those on a restricted income about any concerns or issues they may have.

5. At the same time, we are also asking patients for their views about how they would be impacted if the Pharmacy First Minor Ailments Scheme, which is particular to Leicester City, was no longer available in pharmacies.

Prescribing medicines for minor ailments

6. NHS England and NHS Clinical Commissioners last year established a working group in partnership with the Royal College of General Practitioners, the Royal Pharmaceutical Society, the British Medical Association, the National Institute for Health and Care Excellence, the Medicines and Healthcare Products Regulatory Agency, the Department of Health and Social Care, PrescQIPP (a prescribing support tool) and CCG representatives.
7. Together they formulated a list of 37 conditions for which they believed over the counter items should not routinely be prescribed in primary care on the basis that they are either self-limiting, or lends itself to self-care. These are further defined as:
 - A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; and/or
 - A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
8. Of the 37 conditions considered 30 were relevant for Leicester, Leicestershire and Rutland. This is because some were already covered by existing local guidance issued in September 2016.
9. Those conditions relevant to Leicester, Leicestershire and Rutland are as follows:

1. Conjunctivitis	16. Mild contact dermatitis
2. Cradle Cap – infants	17. Mild Cystitis
3. Dandruff	18. Mild Dry Skin/Sunburn
4. Diarrhoea (Adults)	19. Mild/Moderate Hay fever/Rhinitis
5. Dry Eyes/Sore tired Eyes	20. Minor burns and scalds
6. Earwax	21. Mouth ulcers
7. Nappy Rash	22. Oral Thrush
8. Excessive sweating	23. Prevention of tooth decay
9. Haemorrhoids	24. Ringworm/Athletes foot
10. Head lice	25. Sleep problems
11. Indigestion and heartburn	26. Sun Protection
12. Infrequent Constipation	27. Teething/Mild toothache
13. Infrequent Migraine	28. Threadworms
14. Insect bites and stings	29. Travel Sickness
15. Irritable bowel syndrome	30. Warts and Verruca's
10. Following development of the conditions list, NHS England undertook a national public consultation on the group's recommendations for a period of 12 weeks, from 20th December 2017 – 14th March 2018. Feedback was received from

members of the public, patients and their representative groups, NHS staff, CCGs, NHS Trusts, various Royal Colleges and the pharmaceutical industry.

11. As a result of feedback, NHS England and NHS Clinical Commissioners released national guidance entitled: “*Conditions for which over the counter items should not routinely be prescribed in primary care*” on 29th March 2018. The guidance can be accessed here: <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>
12. There is an expectation by NHS England that CCGs will implement this guidance and that, when they do, CCGs will need to supply patients with better information on signposting so that they are able to access the most appropriate service for their needs.

Exceptions

13. The guidance sets out that there are a number of circumstances in which exceptions would apply to the recommendation to self-care, and where patients should continue to have their treatments prescribed. These are outlined below:
 - Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
 - For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
 - For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)
 - Treatment for complex patients (e.g. immunosuppressed patients).
 - Patients on prescription only treatments.
 - Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
 - Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breastfeeding. Community Pharmacists will be aware of what these are and can advise accordingly.
 - Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
 - Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
 - Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.

- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.
14. Both locally and nationally there are a number of reasons why implementing the guidance is considered to be important. Particularly this is in maximising the availability of clinical time and making the most of limited NHS resources.
 15. Every year, there are a lot of GP appointments and consultations for illnesses people could potentially treat by themselves, without having to see a doctor. People can treat these illnesses with medicines they can buy over the counter, from a pharmacy or supermarket. Many of these conditions are self-limiting and they will clear up on their own. When people go to the GP for these illnesses and when they get prescriptions for medicines to treat them, it costs the NHS a lot of money.
 16. Nationally, during 2016/17, the NHS spent approximately £569 million on prescriptions for medicines which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets.
 17. The cost to the NHS for many of these items is far greater than the cost of the item over the counter. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18 from a pharmacy. If this was to be prescribed by a GP on a prescription the cost to the NHS is over £3.00 after including dispensing fees. Once we add the cost of GP consultation and administration costs the total cost is over £35.
 18. An increasing amount of information is available to the public regarding management of minor self-treatable conditions, including through the NHS Choices website. Furthermore, many community pharmacies are also open extended hours (including weekends and bank holidays) and are ideally placed to offer advice on the management of minor conditions and/or lifestyle interventions.
 19. Research has shown that, in many cases, people can take care of their minor conditions if they are provided with the right information. This in turn helps the NHS by releasing health care professionals to focus on the needs of those patients with more complex and/or serious health concerns.

20. Similarly, by reducing the number of prescriptions issued for treating such conditions, resources can be redirected towards other higher priority areas that have a greater impact for patients, support improvements in services and ensure the long-term sustainability of the NHS.
21. Locally the three CCGs in Leicester, Leicestershire and Rutland are working collaboratively with a joint approach to inform and engage patients, carers and member of the public on these arrangements. We are particularly keen locally to identify any areas of concern and respond to any feedback received.
22. Patients and stakeholders can let us know their views by completing the survey online: <https://www.surveymonkey.co.uk/r/LCPrescribing18>. The findings from the engagement will help shape the local implementation of the changes.

Pharmacy First Minor Ailments Scheme

23. The current minor ailments scheme was established in Leicester City in 2008 with the purpose of improving access and choice for people with minor ailments.
24. At certain pharmacies, patients can receive a consultation for minor conditions and receive a product to treat that condition, free of charge. This means that the patient does not need to go to their GP for advice about such conditions. This is separate to the advice and guidance that all pharmacies are required to provide as part of their contract.
25. A list of the conditions that patients can currently receive advice and treatment for as part of the Minor Ailments Scheme is shown below:

<ol style="list-style-type: none"> 1. Athletes foot 2. Chicken pox 3. Cold sores 4. Conjunctivitis (bacterial) 5. Constipation 6. Contact dermatitis/skin allergy 7. Cough 12 years and over 8. Cough over 1 and under 12 years old 9. Diarrhoea 10. Dysmenorrhoea 11. Earwax 12. Haemorrhoids 13. Hay fever 14. Head lice 15. Headache 16. Infantile colic 	<ol style="list-style-type: none"> 17. Insect bites 18. Mouth ulcers 19. Nappy rash 20. Non-traumatic pain 21. Oral thrush 22. Ring worm 23. Simple dermatitis (Dry Skin) 24. Sore throat 25. Sprain or strain 26. Teething 27. Temperature and fever 28. Threadworm 29. Vaginal thrush 30. Verruca's/warts 31. Viral upper respiratory tract infection for children 3 months to 12 years, and those over the age of 12.
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17. Under this scheme, pharmacies are paid to carry out each consultation. Currently that is £4.50 per consultation plus the price of the medicine supplied. The number of consultations is capped at 170 per month per pharmacy.

Why we are proposing to remove the service in its current form

18. We are considering removing this scheme for a number of reasons:

- The current scheme is not in line with the current local and national drive to encourage patients to look after minor ailments themselves, without the need to see a GP or obtain treatment at NHS expense.
- From 1st October 2018, it is intended that patients will no longer be able to receive prescriptions from their GP practice for medicines to treat the majority of conditions included in the Pharmacy First Minor Ailments Scheme. By allowing the scheme to continue, we would be giving patients conflicting advice: We would be telling patients that they can no longer receive a consultation and a prescription at their GP practice for certain minor conditions, but they could still receive a consultation and free treatment for many of the same conditions at some pharmacies.
- All pharmacies are required to give minor illness advice to patients as part of their normal service. It is therefore inequitable that some pharmacies (those who are in this scheme) are being reimbursed for giving this advice, whereas others are not.

19. The geographical coverage of the scheme does not provide an equitable service across the whole city population, with the majority of consultations taking place in one city ward (Spinney Hills).

20. Furthermore, where patients are exempt from paying for their prescriptions the medication is supplied without charge. None exempt patients however are required to pay the price of a prescription item (£8.80). In areas of low service provision patients are unable to access the scheme, and are therefore are paying for their over the counter medicines - which is not equitable to all of the city population.

21. Changes are also happening nationally with respect to Minor Ailment support for patients, and the impact of this needs to be considered by the CCG

22. The Digital Minor Illness Referral Service (DMIRS) has been running successfully in North East England since December 2017. In it various low acuity calls to NHS 111 are referred to community pharmacies. The Service is being extended to include the geography covered by local NHS 111 provider Derbyshire Healthcare United (Nottinghamshire, Derbyshire, Leicestershire, Lincolnshire, Northamptonshire). The service is funded through the NHS England Pharmacy Integration Fund.

23. The purpose of the Digital Minor Illness Referral Service (DMIRS) is to reduce the burden on urgent and emergency care services by referring patients requiring low

acuity advice and treatment from NHS 111 to community pharmacy. Its aim is to ensure that patients have access to the same if not better levels of care, closer to home and with a self-care emphasis where this is appropriate.

24. The agreement is for the pharmacy to provide self-care advice and support, including printed information, to all individuals referred to the pharmacy by NHS 111 on the management of specified low acuity conditions. The aim is to have the service going live locally in September.

How well is the scheme used

25. Currently across the city there are 86 pharmacies, of which 72 are eligible to take part. The scheme is consistently delivered (providing more than 100 consultations per month) by only 10 pharmacies. Of these 10, only two deliver the maximum 170 consultations per month. **40 pharmacies who agreed to join the scheme have not carried out any consultations.**
26. The 10 pharmacies are mainly located in the Spinney Hills area of Leicester, with one on the outer New Parks boundary.
27. Patients and stakeholders can let us know their views by completing the survey online: <https://www.surveymonkey.co.uk/r/LCPrescribing18>.