Conditions for which over the counter items should not be routinely prescribed in primary care: a report on local engagement in Bradford District

Carried out by the Engaging People partnership on behalf of NHS Bradford District and Craven CCGs

May 2018

Report by Healthwatch Bradford and District

Background

Between December 2017 and March 2018, NHS England ran a public consultation on reducing routine prescription of medication for minor and short term conditions, where over the counter (OTC) treatment is available.

NHS England ran the consultation on a list of 33 conditions that are deemed either self-limiting or suitable for self-care, and on probiotics, vitamins and minerals, which are items of low clinical effectiveness. The consultation report and guidance for Clinical Commissioning Groups (CCGs) have been published; it is up to CCGs to advise prescribers how the guidance should be implemented locally.

To this end, the local CCGs asked the Engaging People partnership (consisting of HALE, CNet, BTM and Healthwatch) to find out the views of local people. Findings from conversations in Airedale, Wharfedale and Craven are detailed in a separate report.

Using the NHS consultation questions and materials previously created by Healthwatch as a basis, the Engaging People team and CCG produced a briefing (see Appendix 3) and five questions to use both as an individual survey and basis for group discussions.

1. **Do you think the NHS should stop giving prescriptions for illnesses that don't last long or go away on their own? For example: sore throat, coughs and colds, colic in babies. Can you tell us why you think this?**
2. **Do you think the NHS should stop giving prescriptions for illnesses and conditions that people can treat themselves? For example: dandruff, dry skin, head lice. Can you tell us why you think this?**
3. **Do you think it is a good idea to stop giving prescriptions for vitamins and minerals? For example Vitamin D. Can you tell us why you think this?**
4. **Do you think these changes will affect you or your friends and family if they are made? If you answered yes, can you tell us how they will affect you?**
5. **Can you think of any other groups of people that these changes might affect if they are made? Can you tell us which groups and why?**

Between 19th April and 15th May 2018, we spoke to 169 people. 83 were part of group discussions, led by CNet, and the team led by HALE supported 86 people to complete the survey individually. Group discussions targeted older people with White British and South Asian background, parents of young children, and people on low income or income support. Many of those to whom we spoke are in receipt of free prescriptions.

We read out the briefing at the start of all group and individual conversations to explain the proposals and exceptions, and to share the entire list of conditions and items. The lists were also printed on A3 paper and laminated to use as a reminder during discussions.

Engaging People staff all noted how much thought people gave to their answers and the appetite for conversation on this topic – we thank everyone for taking part at the following groups and locations:

BTM
Crag Craft and Allotment Group
DIY Health at Lidget Green Surestart Centre
Frizinghall Men's Luncheon Group
Frizinghall Men's Walking Group
The Gateway Centre
Girlington Community Centre
Haigh Hall Medical Centre
Hope Rising at Lower Grange Community Centre
Khidmat Centre
Knit and Natter group at HALE
Rockwell Community Centre
Soup and Chat at Manningham Mills
St Margaret's Church, Frizinghall
West Bowling Community Centre

Summary

Self-limiting and minor illnesses

Across the groups and surveys, some people reported that their doctor had stopped prescribing treatments for these self-limiting conditions and minor illnesses already.

The majority of people answering the survey agreed with the proposal, due to their non-serious nature and the availability and affordability of OTC treatment. Often people felt that the money could be better spent. It is noteworthy though that for some who supported the proposal, their decision was ideally subject to a proviso or exception.

Still, a sizable number were against the proposals, often because of the potential financial impact on local people. More than any other group, older Pakistani men and women disagreed with reduction of prescribing for these conditions.

The arguments against the proposals and the stipulations given by people who were for them strongly showed that a prescription is never just a piece of paper for medication – whether free or paid for – but embodies personal contact, assurance and time spent with a doctor. Some expressed safety concerns about self-care for these conditions, which was related to the trust they place in their own doctor to make decisions around their health.

Items of low clinical effectiveness

Attitudes towards items of limited clinical effectiveness, including vitamins and minerals, were more varied, though there was still a majority of survey respondents in favour of the proposal. Most people had strong opinions and many mentioned vitamin D.

Impact of proposed changes

There was a real recognition that even though people in one's family and social circle might not be affected by the changes, others could be. Most of the people we spoke to identified potential groups who would be likely to be affected, the most common being: people with

low income and/or receiving benefits, people who receive free prescriptions, elderly people and children and babies, particularly in large families.

A few people expressed concern that implementing these changes to prescribing would widen health inequalities. Others were very critical of the proposals and engagement, seeing it as part of cuts being made to NHS services and dangerous for people's health.

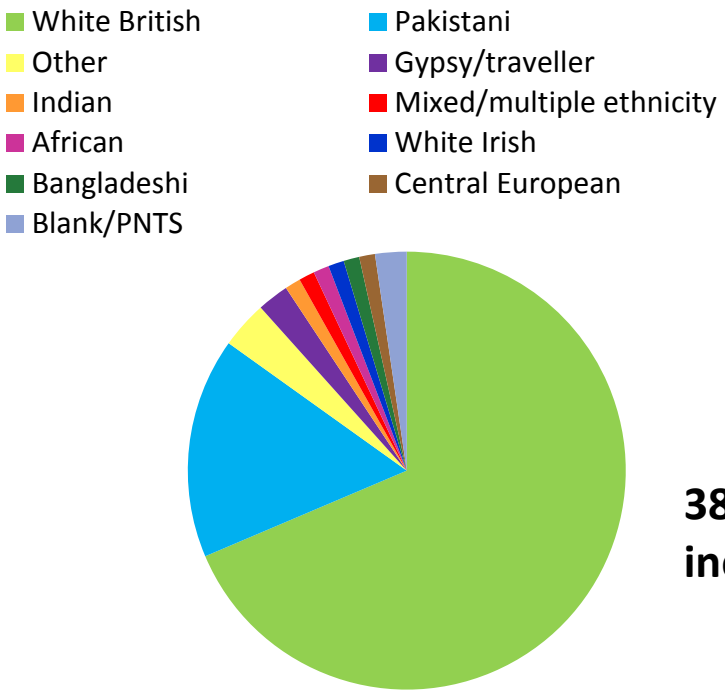
Nevertheless, people within some of the groups that others identified as likely to be disproportionately affected, such as older people and those on low income or wage support, were often still in favour of the proposed changes, already buying OTC options despite being exempt from prescription charges.

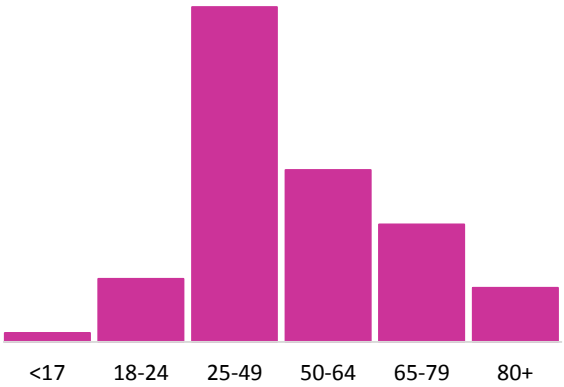
Quite a few individuals raised queries and concerns with us about whether their own prescriptions would be affected, even when it was medication for a long term condition, or when they were likely to be covered by the exceptions. To alleviate worry, it is essential that any changes are communicated in clear, accessible formats to Bradford's communities so that they are fully understood.

Understanding the findings

The findings are split up into a section for each question. Statistics are from survey responses and quotes come from both individual and group discussions. An overview of the equality monitoring for people who completed the survey is below. All closed question responses and demographic data can be found in the appendices.

Who completed the survey?





38 out of 86 on low income or income support

Findings

1. Do you think the NHS should stop giving prescriptions for illnesses that don't last long or go away on their own? For example: sore throat, coughs and colds, colic in babies. Can you tell us why you think this?

Self-limiting conditions
Acute sore throat
Cold sores
Conjunctivitis
Coughs and colds and nasal congestion
Cradle cap
Haemorrhoids
Infant colic
Mild cystitis

On the whole, people supported this proposal - 67 out of 85 (79%) who answered the survey question individually and some from the group discussions. The only obvious exception was older people in the South Asian community. Responses among younger people with the same ethnic background were more varied.

Many people described OTC treatments for these conditions as affordable and readily available at discount stores, pharmacies and supermarkets. This included a large proportion of those in receipt of free prescriptions. People felt that the question of when to go to the doctor was 'common sense'.

We heard a clear desire to save the NHS money and some felt that resources should be put into more serious illnesses. A few reasoned that reducing prescribing for these conditions could free up GP appointments. People who pay for prescriptions recognised that buying treatment OTC could save both them and the NHS money.

However, there was genuine concern among many people, both for and against the proposal, that some people might struggle to afford OTC medicine, resulting in non-treatment. A few told us that they rely on a prescription for a 'quick fix' when dealing with multiple stressors such as living on a low income as a single parent. Several people suggested that the changes are introduced only for those who can afford OTC options and that more is done to raise awareness of the alternatives to expensive brands.

"People rely on doctors too much these days when they could be looking after themselves at home."

Level of agreement with the proposals varied depending on where people go for information about treatment. Young parents in the group discussion said they would not expect a doctor to prescribe for these and explained how they look to friends and family on social media for advice and recommendations about conditions and products. Others were happy with the information they get from their pharmacist about OTC options, though some worried that pharmacists are already busy and will have even less time to advise people with these changes. A mother who was against the proposal said she was grateful for visits to the doctor with her first child, in the absence of a supportive family.

Like her, others worried how the proposed changes would negatively affect babies. Some were in favour of the proposal with the proviso that medication for children and babies was always free. This viewpoint was common in the older South Asian discussion groups, who felt that parents need reassurance and advice from their GP when their baby is unwell.

"For babies [it's] important to have right medication & GP is best person to prescribe, no matter how minor [the] illness."

Other concerns raised by some in this group (for both this proposal and the second), were the potential the potential to reduce the already-low male attendance rates at GP surgeries; not feeling confident in judging the severity of an illness; and concern that health would deteriorate. The general sense was that the 'doctor knows best' and is able to prescribe products that are superior to OTC alternatives, and also that price is a marker of quality.

Several of the older Pakistani women said people in their community would try home remedies first before visiting the doctor and others that their doctor no longer prescribes for these anyway.

Other than the conditions affecting children, haemorrhoids was the only other to be singled out as a desired exception during the engagement. A few people worried about how stopping prescription for this condition would affect older people.

2. Do you think the NHS should stop giving prescriptions for illnesses and conditions that people can treat themselves? For example: dandruff, dry skin, head lice. Can you tell us why you think this?

62 out of 83 (75%) who answered the survey question were in favour of the proposal. This trend was reflected in the discussion groups with parents of young children and older white British people but generally the older South Asian groups were less comfortable with the proposal.

"Some of these conditions impact on people's lives and the cost can make them unmanageable."

All of the reasons people gave in their response to the first question, whether for or against, were voiced for this one too. However, the range of concerns was greater.

Several people felt that treatments for some conditions on this list are especially expensive, which increased their worry that some people may go without treatment. A few others referred to the potential for emotional distress of some of these conditions, such as head lice and warts. They felt that this impact ought to be taken into account when

prescribing. As one person described it, a prescription is as a 'demonstration of need' that recognises the impact a condition can have on someone as a whole.

Minor illnesses treatable with OTC products

Contact dermatitis
Dandruff
Diarrhoea (adults)
Dry eyes/sore tired eyes
Earwax
Excessive sweating
Head lice
Indigestion and heartburn
Infrequent constipation
Infrequent migraine
Insect bites and stings
Mild acne
Mild dry skin/sunburn
Mild to moderate hay fever/allergic rhinitis
Minor burns and scalds
Minor conditions associated with pain, discomfort and/fever (e.g. aches and sprains, headache)
Mouth ulcers
Nappy rash
Oral thrush
Prevention of tooth decay
Ringworm/athlete's foot
Teething/mild toothache
Threadworm
Travel sickness
Warts and verrucae

Treatment for head lice provoked strong debate in the group discussions. Interestingly, no one said that they currently receive lotion on prescription but some strongly felt that it ought to be prescribed because of the expense of treating repeated infections and its ease of use. Others felt that there ought to be more education instead to reduce infection and increase the number of people using conditioner and comb.

There was concern that diarrhoea and migraines can be symptoms of much more serious illness and people would worry about not going to the doctor. We reinforced the message that the list applied for short term and infrequent illnesses.

Other conditions singled out as desirable exceptions by a few people were indigestion (with reference to lansoprazole and Gaviscon prescriptions), contact dermatitis, ringworm/ athlete's foot and nappy rash.

"It would depend on the circumstances and distress caused by the condition."

"Even though I am entitled to free prescriptions I wouldn't go to the doctor for anything on the list."

3. Do you think it is a good idea to stop giving prescriptions for vitamins and minerals? For example Vitamin D. Can you tell us why you think this?

Of those who completed the survey, more were in favour of this proposal than not (54 out of 84 (64%). Nonetheless, opinions varied significantly in all discussion groups and a sizable number were against the proposed changes or unsure.

The most common reasons given for supporting the proposal were the affordability of vitamins and minerals OTC and in supermarkets, and seeing them as unnecessary if eating a balanced diet including fortified foods, and spending time outside. Some people believed there should be more education around changes in lifestyle to reduce chance of deficiencies, though they thought that low income could make this difficult for some. A few people felt that vitamins and minerals are taken unnecessarily by others and it is easy to stockpile them when they are free.

<u>Items of low clinical effectiveness</u>
Vitamins
Minerals
Probiotics

It was clear that many people view vitamin and minerals as essential, not only for treatment of serious conditions and deficiencies, but also for maintenance of good health and prevention of ill health. We heard a real expression of need.

This made it very apparent that people do not consider vitamins and minerals to have low clinical effectiveness.

People queried whether they would still be tested for vitamin and mineral deficiencies and wanted to feel confident that they would be prescribed with vitamins and minerals if diagnosed with severe deficiency – a few named anaemia in particular.

Several people were specifically concerned that high dosages of vitamins and minerals cannot be purchased OTC or from supermarkets. They also worried that they would want advice from their doctor on what dosage is appropriate for them.

"I buy my own because I can buy vit D for 99p for a months [sic] worth but if I was severely aneamic [sic] I would hope I would be prescribed what I need."

Vitamin D was talked about more than any other vitamin or mineral. There was concern by, and for, those that have a deficiency and/or receive prescriptions, particularly Pakistani women who may get less exposure to the sun, and pregnant women. Some thought that stopping prescribing vitamin D could cause a profound reduction of the health of people in Bradford, and the possible return of rickets.

Opinions in discussion groups with older South Asian people were more varied than for the first two proposals. Some people were very concerned over losing their prescription and about the quality of OTC alternatives, whereas others already buy their own. One of the men's groups felt that vitamins and minerals are affordable and that this change would reduce tendency to stockpile. A few saw adjusting diet as an adequate alternative to supplements.

No one explicitly expressed a view on probiotics.

4. Do you think these changes will affect you or your friends and family if they are made? If you answered yes, can you tell us how they will affect you?

Out of 82 people who answered the survey question, 53 (64%) thought the proposals would not affect them or their friends and family, 20 (24%) said yes they would, and 9 people (11%) were unsure.

"If I had to pay for certain medication [it] may lead to non-treatment or failing to pay other bills, long term debt."

In both the survey responses and the discussion groups with people identifying as being on low income, there was a concern about how these changes may make treatment difficult to afford, possibly resulting in non-treatment. However many in this group thought that because of the choices they make already about when to see their GP and when to buy OTC treatment, these changes would not affect them.

The group of parents of young children unanimously said yes, they would be affected, though interestingly they had been in favour of the first two proposals and had mixed views about the third. They felt it could be a struggle to afford medication when they are already struggling financially, with a couple talking about the impact of their benefits being recently reduced due to universal credit.

Whereas White British people who answered yes to this question were generally most concerned about the financial impact of the changes, the older Pakistani men and women had additional worries. Several talked about their relationship with their doctor, and the importance of that contact and reassurance. One person in particular worried that, for people in this community who cannot read or write, obtaining medication OTC and understanding how to take it could be very challenging, especially when not wanting to burden friends and family by asking them to go instead. A few felt that the GP surgery could be the one place to which people in their community feel comfortable turning for help.

"I trust my doctor more than a pharmacist. Not sure why, but I do."

The vast majority of older White British people thought that these changes would not affect them. We recognise, however, that through the nature of the engagement we only talked to people who have left the house and may well be more mobile and healthy than others.

5. Can you think of any other groups of people that these changes might affect if they are made? Can you tell us which groups and why?

People seemed generally happy with the exceptions presented in the brief, though the detailed responses to this question showed they still think these changes will affect people differently.

The groups that were put forward most often were: people with low income and/or receiving benefits, people who receive free prescriptions, elderly people and children and babies, particularly in large families.

Groups also listed were: people with ill mental health; people with a disability or long term condition; anyone unemployed; those who have prescriptions delivered; people whose first language is not English; anyone new to the country; people who depend on their GP; people experiencing homelessness; people who don't know about the changes; and people who are not well informed about health or the skills of pharmacists.

"Not enough people know about the skills of a pharmacist so wouldn't choose to go there."

A good number thought that prescribing for the 33 conditions and three items ought to be done on a case by case basis or that those in receipt of free prescriptions who are unable to afford OTC options should be exempt from the changes. A few were concerned that these changes would widen health inequalities.

Conclusion

In sum, people were generally in favour of the proposals but wanted to make sure that people who are worst off financially would not suffer as a result. Even when people thought that they would be affected personally by the changes, they were rarely against all proposals. There were specific needs and wishes raised by many of the older South Asian men and women to whom we spoke, because of language and literacy and/or who they trust to give them treatment and advice about their health. We did not see any marked difference in what the younger parents, those on low income, those who have a disability, or older White British people thought compared to the data set as a whole.

People gave a lot of time and thought to answering the questions. The proposed changes gave rise to conversations on much more than just a list of conditions - people talked about their relationship with the GP, priorities for NHS spending, barriers to self care, how changes to health services are communicated, education, and health inequalities. To some extent there was also a sense of wider fear, of not getting the NHS treatment they need in the future and of 'further cuts' to services.

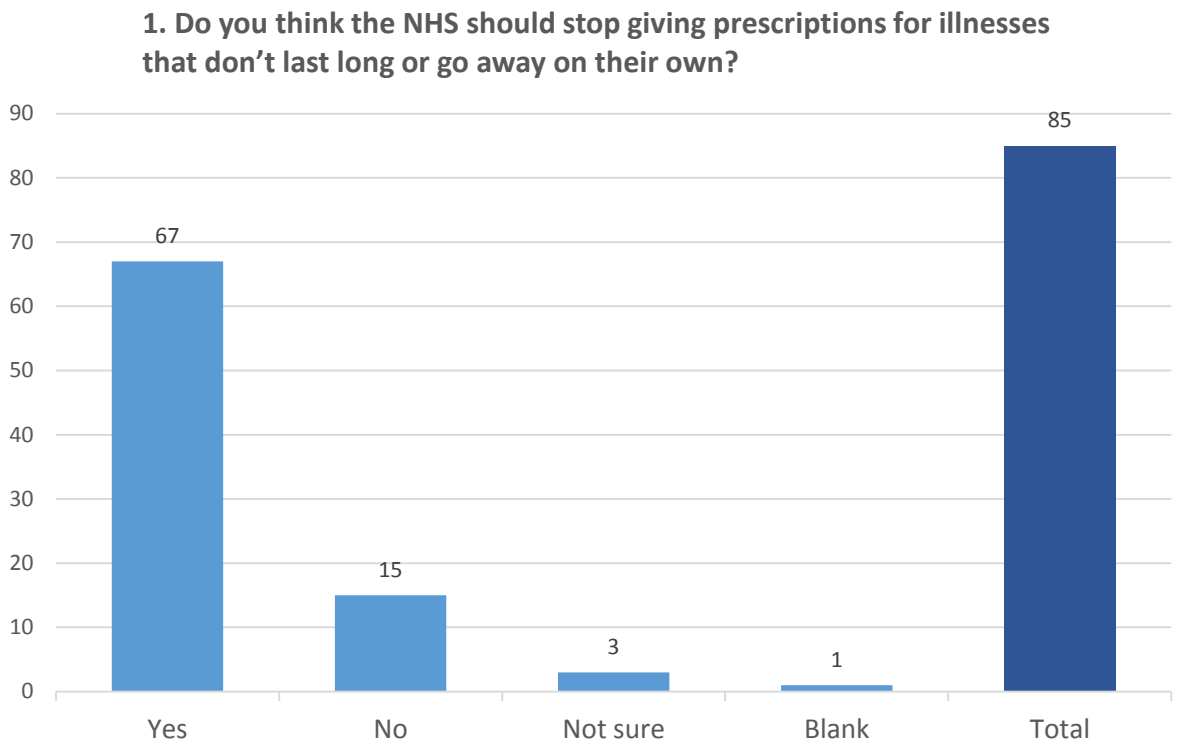
Some fear was expressed around access to specific prescriptions and, across the board, people wanted clarity. The people we heard from identified both people who do not know about the changes, and those with lower levels of health literacy, as groups more likely to be affected by the proposals. This demonstrates an absolute need for clear communication. Indeed, some people raised this during group discussions as integral to behaviour change.

We therefore hope that the findings in this report will be used to shape not only the local guidance for GPs, but also the communication of changes to the public. Working with groups more likely to be affected would help to strengthen any communications. GP and GP practice involvement in this communication is important given the trust that people place in their doctor for health information and advice.

Appendices

Appendix 1 Closed question responses to survey
Appendix 2 Survey and discussion group demographics
Appendix 3 Copy of briefing

Appendix 1: Closed question responses to survey



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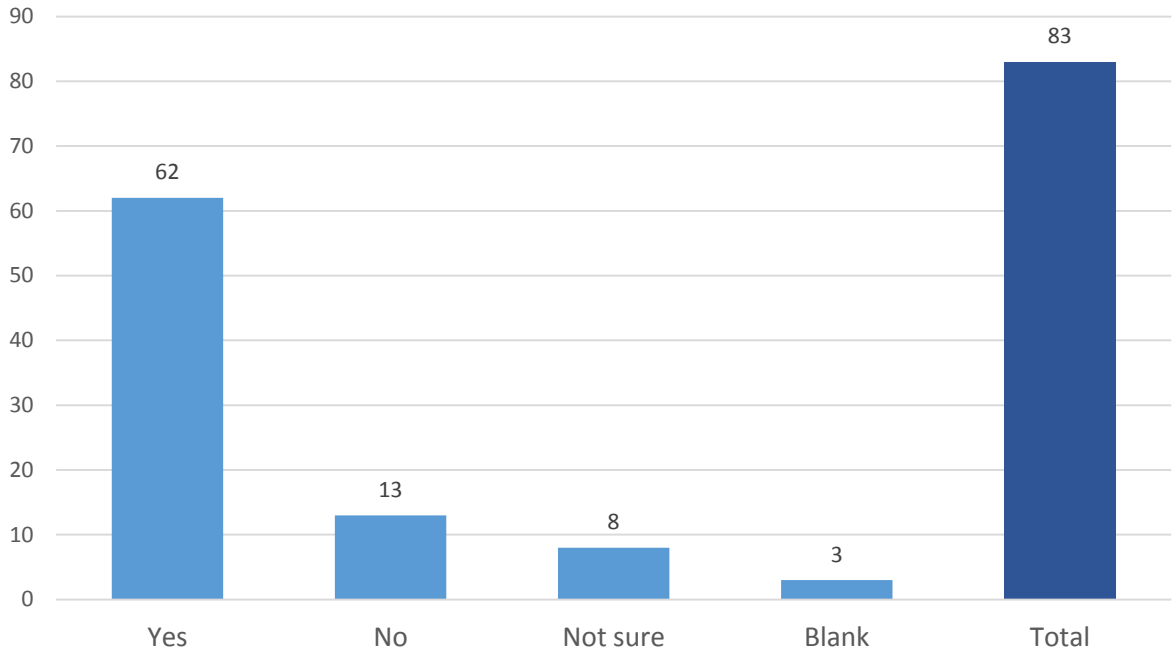

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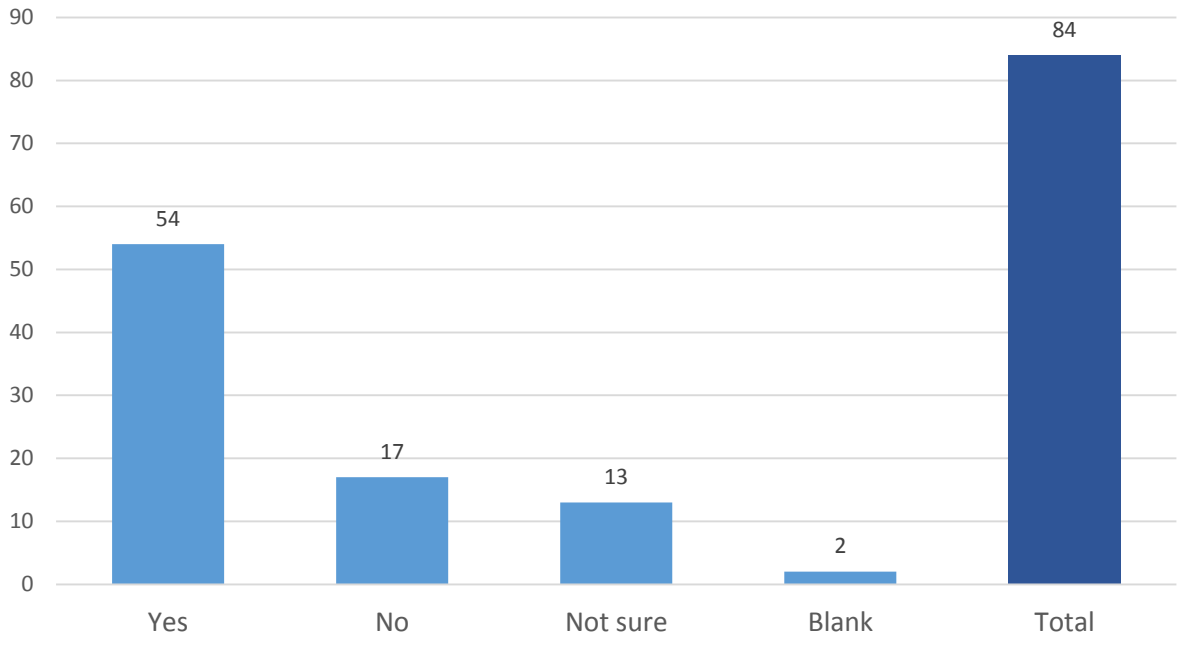

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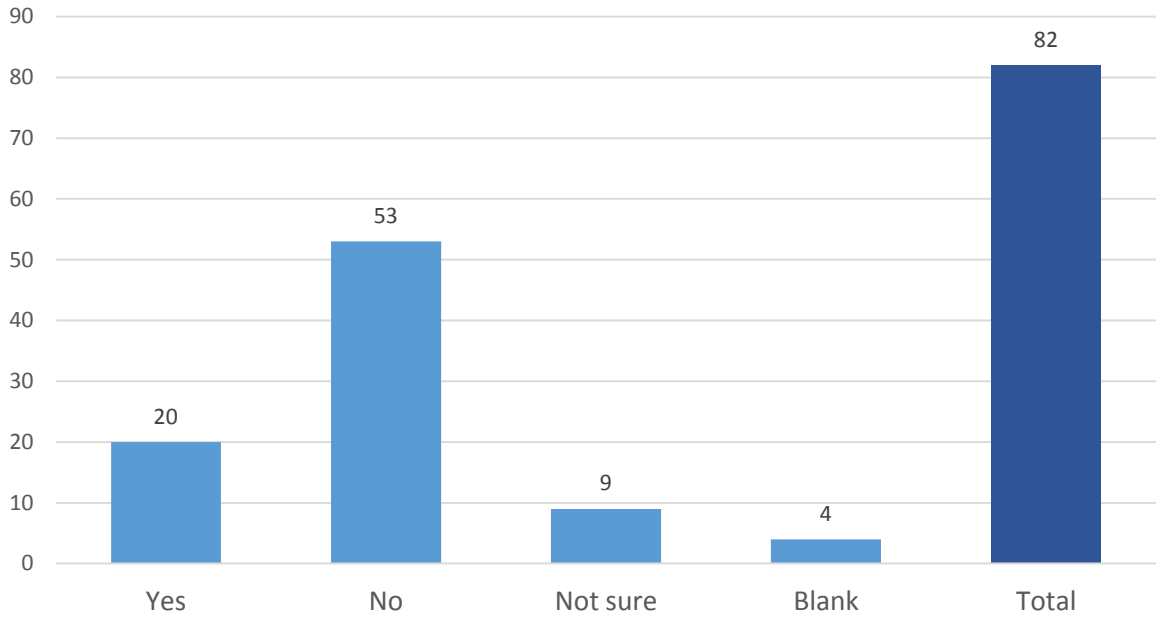

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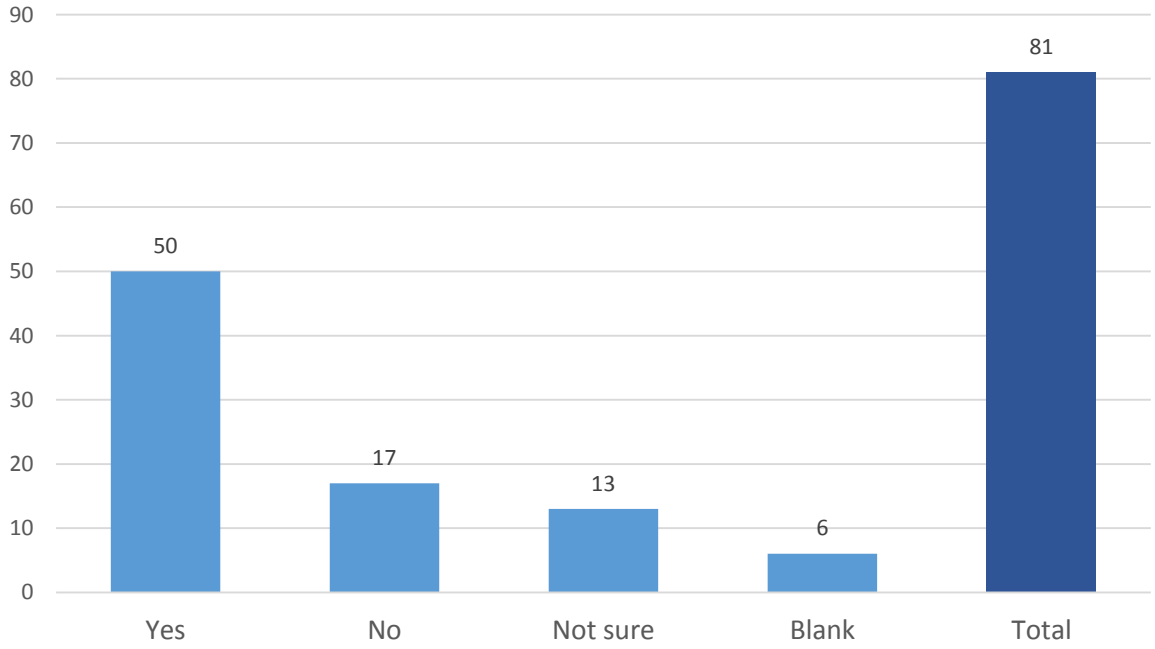

Appendix 2: Demographic data

Ethnicity	Survey	Groups	Total
White British	59	21	**80**
Pakistani	14	57	**71**
Other	3	0	**3**
Gypsy/traveller	2	0	**2**
Indian	1	1	**2**
Mixed/multiple ethnicity	1	1	**2**
African	1	0	**1**
White Irish	1	1	**2**
Bangladeshi	1	1	**2**
Central European	1	0	**1**
Blank/PNTS	2	1	**3**
Total	**86**	**83**	**169**

Age	Survey	Groups	Total
<17	1	3	**4**
18-24	7	4	**11**
25-49	37	12	**49**
50-64	19	30	**49**
65-79	13	31	**44**
80+	6	2	**8**
Blank/PNTS	3	1	**4**
Total	**86**	**83**	**169**

Do you have a disability?	Survey	Groups	Total
Yes	27	22	**49**
No	57	60	**117**
Blank/PNTS	2	1	**3**
Total	**86**	**83**	**169**

Are you a carer?	Survey	Groups	Total
Yes	21	15	**36**
No	62	67	**129**
Blank/PNTS	3	1	**4**
Total	**86**	**83**	**169**

Do any of these represent you?	Survey	Groups	Total
Living on a low wage/ income support	38	52	**90**
Refugee or asylum seeker	1	0	**1**
Living in a rural community	3	4	**7**
Total	**42**	**56**	**98**

Appendix 3: Copy of briefing

Over the counters medicines consultation – briefing

NHS England, which is responsible for the NHS, is proposing changes to how a number of medicines are prescribed. They think it could save the NHS £136 million a year if they significantly reduce prescribing medicines where:

- There's little evidence they work well
- People will get better without treatment
- Medical advice isn't normally needed and people can buy treatment over the counter

In all of these cases, people will be able to buy the medicines from the chemist, or at a supermarket.

The consultation will not affect prescribing of items for longer term or more complex conditions or where minor illnesses are symptomatic or a side effect of something more serious.

Healthcare staff will still be able to prescribe these medicines in some cases, for example:

- Where a person has a long term condition
- Where the condition is having a large impact on people's lives e.g. regular or very bad migraines
- Where illnesses are not serious, but are not getting better, e.g. a cough that lasts for more than three weeks, or where the over-the-counter medicine has not worked
- Where people have complex needs, e.g. they have more than one illness, or long-lasting pain
- Where healthcare staff believe the person cannot treat themselves, for example because of a disability

The NHS in Bradford wants to know what local people think.

They've asked the Engaging People team to go out and listen to your views about these planned changes, and how they might affect you. We will feed back what you tell us to the NHS.

List of medicines/conditions affected by the proposed change

There's little evidence they work well

- Probiotics (for digestive health)

- Vitamins and minerals

Where people will get better without treatment

- Acute sore throat
- Cold Sores
- Conjunctivitis
- Coughs and colds and nasal congestion
- Cradle cap
- Haemorrhoids
- Infant colic
- Mild cystitis

Where medical advice isn't normally needed and people can buy treatment over the counter

- Contact dermatitis (allergic rash)
- Dandruff
- Diarrhoea in adults
- Dry eyes/sore tired eyes
- Earwax
- Sweating too much
- Head lice
- Indigestion and heartburn
- Infrequent migraines
- Infrequent constipation
- Insect bites and stings
- Mild acne
- Mild dry skin/sunburn
- Mild to moderate hay fever
- Minor burns and scalds
- Conditions which are not serious but might cause pain or fever. For example sprains, headaches, period pain or back pain
- Mouth ulcers
- Nappy rash
- Oral thrush
- Prevention of tooth decay
- Ringworm or athletes foot
- Teething or mild toothache
- Threadworms
- Warts and verrucas