Conditions for which over the counter items should not be routinely prescribed in primary care: a report on local engagement in Airedale, Wharfedale & Craven

Carried out by the Engaging People partnership on behalf of NHS Bradford Districts & Craven CCGs

July 2018

Report by Healthwatch Bradford

Background

This report is a summary of findings for AWC CCG, to complement the May 2018 report for Bradford City and Districts CCGs.

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 CCGs asked the Engaging People partnership (consisting of HALE, CNet, BTM and Healthwatch) to find out the views of local people.

Having already engaged with people across Bradford City and Districts CCG, the Engaging People Partnership supported 35 individuals to give their views by completing a survey, at locations in Keighley and Skipton. We used the same briefing and A3 sheets with listed conditions with each person and asked the same questions:

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?**

The findings are split into sections for each question and charts used to present the raw numbers for the closed questions.

During spring 2018, Healthwatch spoke to 23 people at a South Asian women's group and a children's centre in Keighley and at Airedale Hospital to feed local people's views into the national consultation. The questions asked in this engagement were very similar and a summary of these conversations and the recommendations made are in Appendix 2.

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?

More people agreed with this proposal than disagreed.

The main reasons they gave were wanting the NHS to save money and reduce waste of resources and because treatments for these conditions are freely and cheaply available. A couple of people thought that there is an over-reliance on prescriptions and that people could be treating themselves at home. One person felt reassured that these conditions would be prescribed for if the symptoms do not go away.

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

However, it was evident in many people's answers to this question that they felt the changes might not be appropriate for all people or in all circumstances. A significant number - who mostly were unsure about the proposal - expressed an understanding of the reasons behind it and potential benefits, but felt that there should be flexibility in its application. Some thought that anyone on low income should be exempt from the changes and others that it should be up to a doctor to decide when to prescribe for these conditions. This number included a couple of people who specifically said that the changes would not affect them personally.

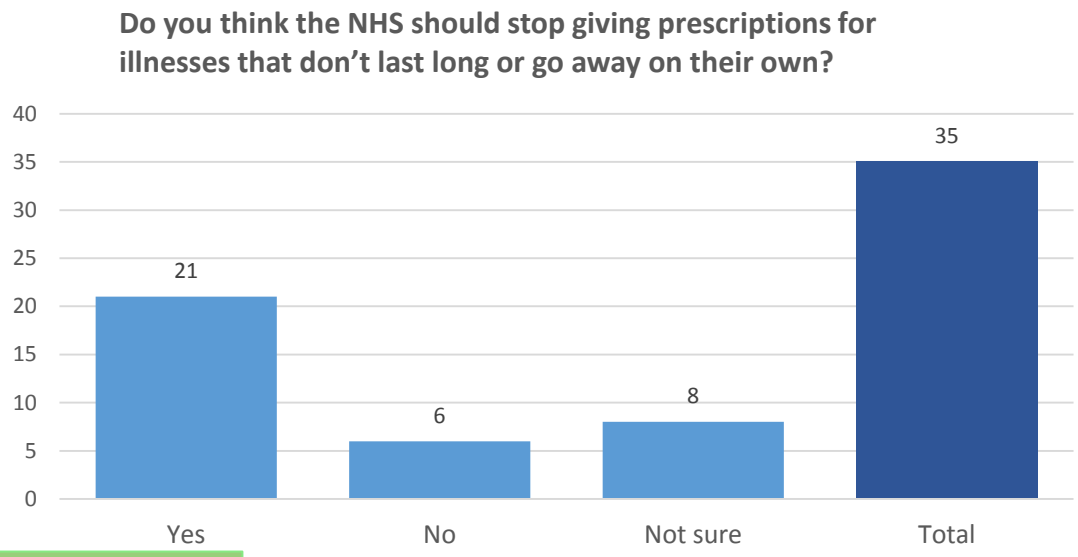
"These medications are easily available and at low cost."

"Generally yes but there are circumstances where it [prescribing] is justified."

Amongst those who were unsure or against the proposal, there were also a few concerns about the possible negative impacts on people's health if conditions persisted or were untreated, especially babies'. Colic was the only condition named specifically in people's responses.

One person felt that the expert advice you receive with a prescription is much better than finding information online when caring for oneself.

Others who answered 'no' felt that the changes would go against the grain of what the NHS was set up to provide, and that treatment should always be free to those who need it.



<u>Minor illnesses treatable with OTC products</u>

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

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?

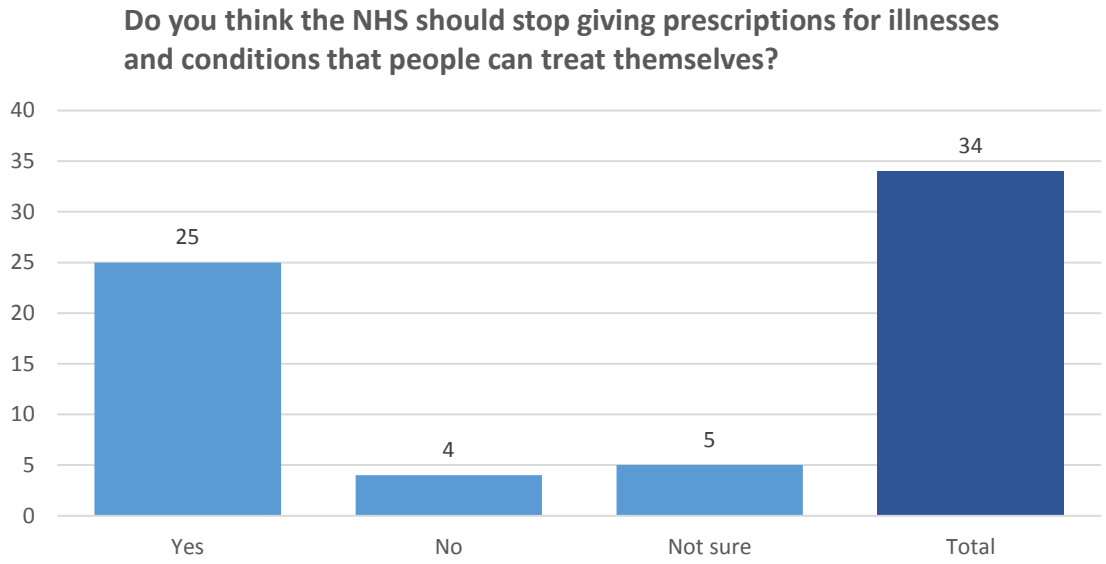
Out of all the proposed changes, this one gained most support. Reasons in favour were very similar to those for the first proposal: people thought that treatments for these conditions are cheap and readily available, that it was common sense not to visit the doctor in these cases, and that the NHS could save money.

In fact, many people told us that they thought GPs had already stopped prescribing for these conditions.

As with the first proposal, some people (who spanned across being for, against and unsure about it) felt that means testing or permitting GPs to write prescriptions for those who are struggling financially, were necessary.

"Not aware that these items are available on prescription."

One person, who was unsure about the proposal, was concerned that conditions like head lice and haemorrhoids are particularly distressing and that some people could find it embarrassing to talk to a pharmacist about them. They also argued that since head lice are a public health issue, treatment is essential. Another person felt that nit combs should be used instead anyway.



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?

Answers to this question were a lot more mixed.

Looking at many of the responses we received, it was clear that vitamins and minerals are not viewed as items of low clinical effectiveness. People had great concerns about the medical impact this change could have, both for those with deficiencies or at a specific age/life stage, but also in the deterioration of other people's current good health. One person feared that rickets might return.

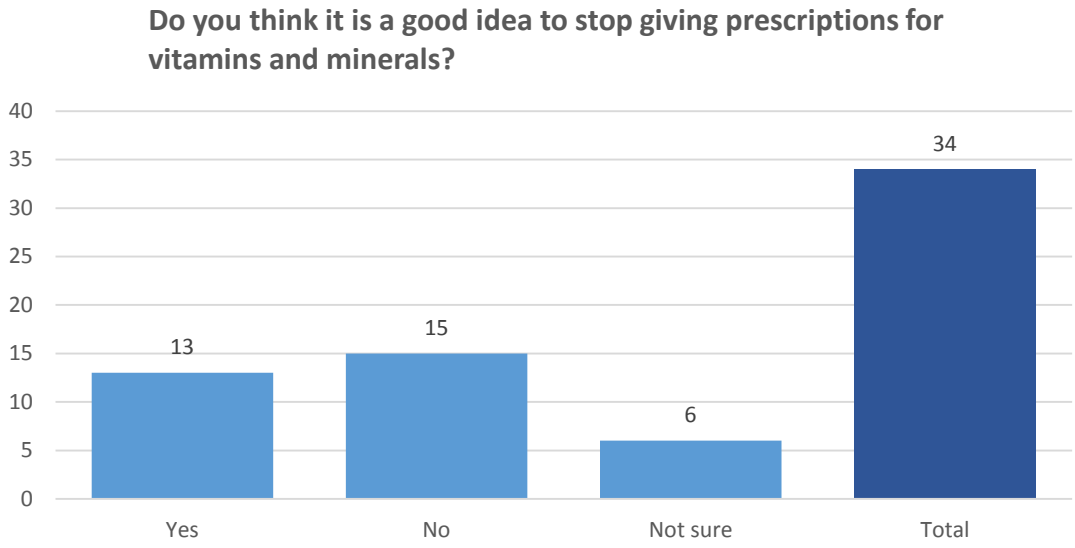
A few people wanted a flexible approach, feeling that those who have means should purchase these items, but that the doctor should prescribe if necessary. Others directly talked about the

Items of low clinical effectiveness
Vitamins
Minerals
Probiotics

"Lack of vitamins can cause us to become ill. Saves money in the long run if we are kept healthy."

high cost of supplements, with one especially worried that costs would increase further if prescriptions stopped.

Those in favour of the proposed change felt that these items were readily available and that the money saved could be used more valuably. One person was not aware that vitamins, minerals and probiotics were ever prescribed.



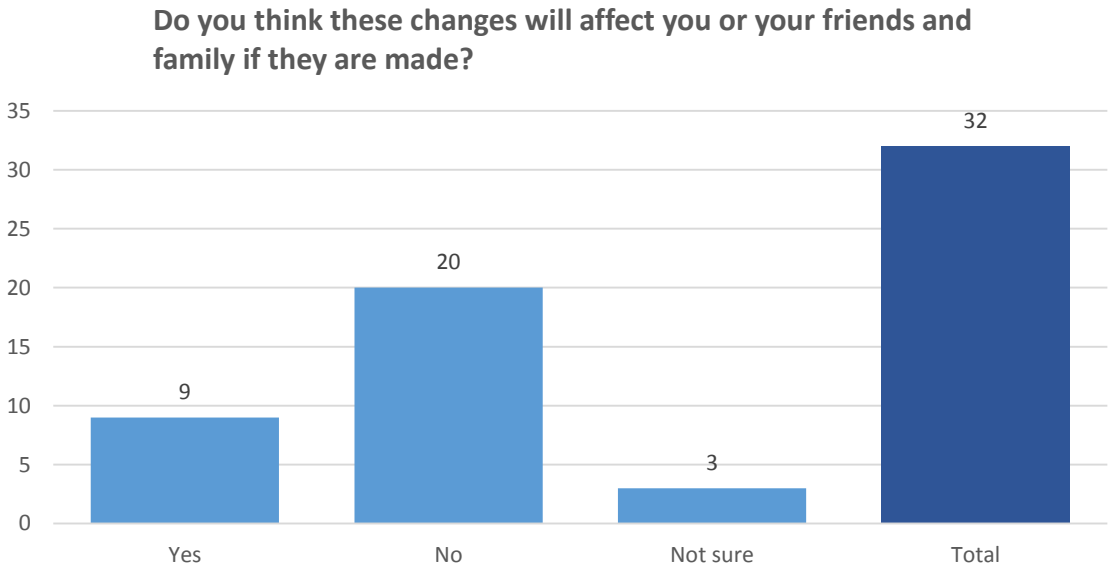
4. Do you think these changes will affect you or your friends and family if they are made?

The majority of people did not feel that they or their friends or family would be affected. They said that they already buy the items over the counter.

The people who told us that they live on low income or wage support were more likely to say that the changes would affect them, and less likely to support the proposed changes. Others talked about friends and family on benefits who are already struggling and could be negatively affected by the changes.

"Will not affect people I live with or their families. But there are families who are more hard up. May be a struggle for them."

A couple of people were concerned because they were not sure if some of their current prescriptions would be stopped.



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

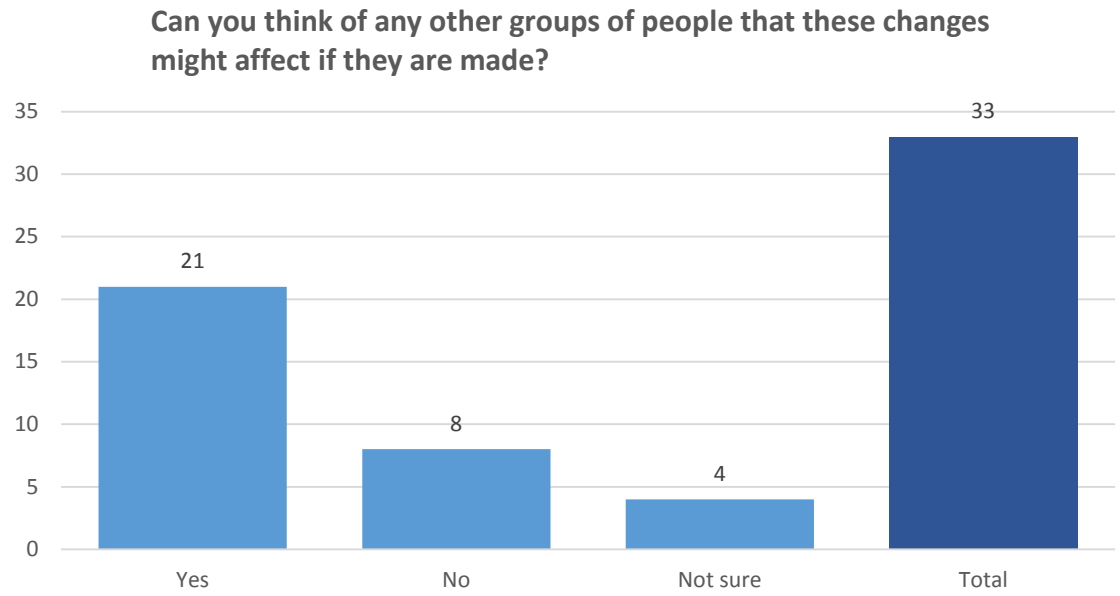
More often than not, people thought that some groups in particular would be affected by the changes.

Most commonly listed were people on low incomes or benefits, the elderly, children and large families. Also mentioned were people experiencing mental ill health or with other long term conditions or disability, people who are unemployed, and those who are less educated or informed about health.

As earlier sections have shown, concern for people on low incomes and/or in receipt of free prescriptions, and how they would be financially affected, ran through the whole engagement.

People felt that these changes might discourage some groups, such as older people and those supporting children on a low income, from seeking help, which could result in non-treatment. One person spoke about a system that their daughter's family benefits from in Lancashire, where she can claim up to ten OTC items from the pharmacy in a year, and wondered whether this could be a solution.

The minority who did not think of groups who might be affected felt that that the cheap cost of OTC treatments would not limit people.



Conclusion

The Engaging People partnership hopes that the CCG will use this report along with the one for Bradford City and Districts CCG, to shape the local guidance and, importantly, how the changes are communicated.

In general, people agreed with the first two proposals but were less supportive of the changes in prescribing vitamins and other items of low clinical effectiveness. This seemed to be because vitamins and minerals are not viewed as items of low clinical effectiveness, but as essential treatment for some conditions and important in the maintenance of good health.

Across answers to all questions, there was real concern about the impact that these changes would have on those who are worst off financially, even when people felt the changes would not affect them personally. For some, this meant that they were against the changes, and for others that there should be a flexible approach to prescribing. In general, the people we spoke to who were on low income or income support were more likely to say that they would be affected by the changes than those who were not, but we recognise that the sample size was fairly small.

Appendices

Appendix 1: Demographics

Ethnicity	Number
White British	32
Gypsy/traveller	2
Blank	1
Total	**35**

Age	Number
Under 25	2
25-49	10
50 and over	22
Blank	1
Total	**35**

Do you have a disability?	Number
Yes	6
No	26
Blank	3
Total	**35**

Are you a carer?	Number
Yes	12
No	21
Blank	2
Total	**35**

Do any of these represent you?	Number
Living on a low wage/ income support	10
Living in a rural community	26

Appendix 2: Healthwatch response to national consultation

Healthwatch Bradford and District's response to 'Conditions for which over the counter items should not routinely be prescribed in primary care: A consultation on guidance for CCGs

We spoke to 23 members of the public using a short survey based on the easy-read version of the consultation. We spoke to people at a Children's centre, a hospital, and a South Asian women's community group. Most people we spoke to were aged 50 or over, with the second highest group aged 26-49. Only one respondent was 25 or under. Two said they have a disability, and 7 were South Asian – the rest identified as white British.

Most of the people we spoke to said that they would not be directly affected by the proposal, although two said they would be positively affected (because money would be available for other things) and two negatively affected. A number said that while they received free prescriptions, they would not be affected as they already buy these items over the counter.

Inequalities and health inequalities

Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?

The people we spoke to raised a number of specific concerns about the impact on children if particular medications are no longer available on prescription. There was particular concern about the impact on children in low income families. There was concern about the impact on larger families, who may struggle to afford the over the counter medicines that could make their children feel better. People highlighted that while they understood the need to save money, this would be experienced against a backdrop of rising council tax bills and water rates, and add more pressure onto families.

One person raised concerns that if treatments such as Calpol are no longer prescribed, schools would refuse to administer them, which could have a knock-on effect on children's education and on parents' ability to work.

Access to treatments for infants, such as Calpol or treatments for colic may have an impact on family wellbeing where parents cannot afford these, increasing suffering for children, but potentially impacting their parents' ability to rest and cope.

A further concern that was raised was the impact on children with headlice. Headlice treatment can be relatively expensive over the counter, and as one person put it 'children need treating for headlice regardless of cost' 'children need to be seen to be lice free' – the stigma of untreated headlice may badly affect children's wellbeing.

We are also concerned about the potential impact of not funding vitamins on those who have a deficiency, and particularly on BME groups who may be at greater risk of vitamin D deficiency, as well as of lower income. Bradford City CCG highlights that more than 5000 people in the district of all ages were diagnosed as having a vitamin D deficiency between 2007 and 2010 – with the full number expected to be higher. We also heard concerns about the impact on children – one woman was worried because her granddaughter is vitamin D deficient and has low levels of iron, and has to visit the GP regularly for this.

Do you agree with the three proposed categories for [items] or [conditions] as below?

- **An item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness**
- **A condition that is self-limited and does not require medical advice or treatment as it will clear up on its own; 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**

Do you agree with the general exceptions proposed?

We believe that these exceptions (for those with long term conditions, more complex forms of minor conditions, where symptoms suggest conditions are not minor, complex patients, and those needing prescription-only medications) are necessary to ensure that people get the care that they need.

There was strong support for the idea that people with long term conditions should be able to get prescriptions for medication they need, or for treatment for things like migraines where these were more regular or severe. One person highlighted the importance of being able to get a prescription for paracetamol for a long term condition where they are currently prescribed 200 at a time. Given the restriction on buying paracetamol this would make it difficult to access the quantity they need.

They also felt that people should still be able to get help from their GP where over the counter medicine does not work ("Tonsillitis – need medication for that, as have had it for three years now") or where a condition becomes more severe.

There was concern among the people we spoke to about the subjectivity of 'mild' and 'severe' – even where the person was buying it over the counter. There was some concern that lay people would not be able to properly distinguish between, for example, mild and severe acne, and other conditions.

As with Healthwatch England's submission to the consultation, we heard that people think it is important that the NHS carries out a proper awareness raising campaign to help people make these decisions and understand what to go to the doctor about and what can be dealt with by the pharmacist.

Should we include any other patient groups in the general exceptions?

Almost everyone we spoke to felt that some groups of people would be more affected than others by these proposals.

The most common responses were that this would particularly affect people on lower incomes, in receipt of benefits, or unemployed. Bradford has an employment rate of 67.3% compared to a national average of 74%, and it has a higher than average claimant rate of 2.8%.

One person told us they were 'unhappy with people needing anything for free – but certain people need help financially'. While there was some scepticism about the impact on people with low incomes, on the whole, people felt these groups were at particular risk.

We would urge NHS England and CCGS to consider how to ensure that those on the lowest incomes, particularly those eligible for free prescriptions, are not disadvantaged as a result of any change to the prescribing policy. In particular, we'd echo Healthwatch England's recommendations that:

- Clear guidance is provided for doctors that explicitly includes a patient's financial position in the list of 'social factors' they can take into account when prescribing
- Evaluation is carried out of the impact of these changes. In particular, to see the effect on people from low income backgrounds and those with multiple conditions.

Other groups that were highlighted as being particularly affected included those with less education, older people who may need to travel to several locations to buy medications, those people with more children, people with chronic pain,

people who are homeless, and those who are incapacitated and would struggle to travel to the pharmacy.

Section one: drugs with limited evidence of clinical effectiveness

Do you agree with the recommendation to: advise CCG's to support prescribers in advising patients that [these items] should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness?

- **Probiotics**
- **Vitamins and minerals**

Please provide further information

On the whole, people were supportive of the proposal to stop prescribing probiotics and vitamins where there is less evidence of their effectiveness. These were mostly seen as something that people can access themselves and not essential for health. Some people were not aware that they could be prescribed, and their only experience was receiving drops from the health visitor for newborns. However, there were some concerns raised – as well as those about vitamin D raised above , there was concern about access to primrose oil for MS, and people wanted to ensure that if vitamins were needed for particular medical conditions these could be access.

Section 2: Self-limiting conditions

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of [condition' should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

Most people told us that this was a good idea, as most people can buy these over the counter. For example, one person told us 'No need – can buy over the counter. Although I'm over 60 and getting it free I would still be happy to pay for nonessential medications'. Other people felt that these items are a waste of money, that home remedies are more useful.

However, there were some concerns raised as well. Some people were worried about the impact on families because the 'costs add up' and 'some people won't be able to afford over the counter. If antibiotics are available that's ok'. Others raised concerns about being able to get hold of the quantity of e.g. paracetamol needed, and another said that they agreed as long as they could go to the GP for a prescription if over the counter medicines did not work.

Section 3: Minor Ailments suitable for self-care

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of [condition' should not

routinely be offered in primary care as the condition is appropriate for selfcare?

People felt that in many cases, it was fine to reduce prescriptions for these conditions. Some people mentioned that it can be cheaper buying it over the counter.

However, many felt that there should be exceptions to this rule. People were concerned about the impact on people with children, as it can get very expensive – and they were worried about the impact on children with untreated head lice, or if they are not able to receive Calpol at school without a prescription.

People were also concerned about the impact on people with more moderate conditions. One woman told us that her niece's dandruff was affecting her self-esteem and integration at school, and that people should be able to get support from the GP for this. People questioned how easy it would be to judge whether something is mild or more serious, and that they should be able to go to a GP if the problem did not clear up with over the counter treatments. People were clear that people with a serious or long-term condition should still be able to access these medications through a prescription.

Are there any item or condition specific exceptions you feel should be included, in addition to those already proposed and the general exceptions covered earlier?

Specific items/conditions raised as potential exceptions by the people we spoke to included head lice treatment, Calpol, colic, and reflux treatment for children; paracetamol for people with long term conditions (we heard from one person who has to buy her paracetamol over the counter despite needing it for a long term condition), vitamins for babies and those with diagnosed deficiencies, and more chronic instances of tonsillitis, migraines, and dandruff.

March 2018