



# Response to the NHS England and NHS Clinical Commissioners consultation on Items which should not routinely be prescribed in primary care: A Consultation on guidance for CCGs

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## Introduction

PSNC promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.

We welcome the opportunity to be able to provide our response to the proposals set out in the NHS England and NHS Clinical Commissioners consultation document.

## Proposals for CCG commissioning guidance

Recognising that evidence-based clinical rationales have been provided for the proposed implementation of prescribing restrictions for this group of eighteen products, PSNC supports the proposals.

We suggest that if NHS England decides that these products should not generally be prescribed in primary care, the Department of Health should be asked to consider whether some of the products should be added to the NHS prescribing 'Blacklist'. This approach would provide greater clarity for community pharmacy teams and others involved in the prescribing process on the status of individual products.

We also suggest that careful planning will be required at national and local levels to successfully implement the proposals, without the introduction of unintended consequences.

As the representative of community pharmacy contractors, PSNC would be happy to work with NHS England and NHS Clinical Commissioners on any subsequent national work on the practical implementation of the proposals. We also recommend that LPCs, as the local representative bodies for contractors, should be engaged in discussions organised by CCGs or others to plan the local implementation of the proposals.

We believe that successful implementation of the proposals will require communications materials and messages to be developed and approved at a national level. These should then be made available for local use so consistent messages are used by all healthcare professionals, including community pharmacists and their teams, when discussing amendments to prescriptions with individual patients. This will help community pharmacy teams to provide appropriate support to their patients.

When CCGs seek to implement the changes within their area, they should work with the LPC to ensure that community pharmacy teams are provided with appropriate information and support to allow them to play their part within the local multi-disciplinary teams (MDT) which will be providing care to patients whose prescriptions will be amended.

We believe it is important that all patients whose regimens are being changed should have the changes explained to them in a face to face consultation with an appropriate member of the MDT, rather than being informed of changes solely via a written communication. Adopting this approach should increase the likelihood that the patient gains a clear understanding of why the changes are being made.

Where an alternative product is prescribed for the patient and it is one which falls within the scope of the NHS New Medicine Service (NMS), NHS England and CCGs should ask prescribers to highlight to the patient that they may be able to gain additional support from their community pharmacy by accessing the NMS. The NMS is an evidence based service which has been shown to increase patients' adherence to newly prescribed medicines.

When a CCG and prescribers are planning to implement the changes at a local level, it is essential that pharmacy contractors are given adequate notice of changes to prescribing, so that the stock levels of the affected products can be properly managed and the potential for medicines waste is minimised. LPCs will be able to support CCGs in communicating planned changes to community pharmacy teams, but they must be involved from the start in local discussions to allow for such communications to be properly planned and implemented.

### Items that are prescribed in primary care and are available over the counter

PSNC recognises the challenging financial situation currently facing the NHS and we support the aim of the NHS to ensure NHS resources are used in the most efficient way possible. We fully support the drive to empower people to take responsibility for their own health and wellbeing and self-care for self-treatable conditions.

We are, however, concerned that there are significant policy issues which need to be carefully considered by NHS England and NHS Clinical Commissioners before they reach any conclusions on restricting the prescribing of medicines which are available for patients to purchase OTC. These include:

- the fundamental conflict with Principle 2 of the NHS Constitution ('Access to NHS services is based on clinical need, not an individual's ability to pay. NHS services are free of charge, except in limited circumstances sanctioned by Parliament'). We acknowledge the need of the NHS to examine its spending to identify potential cost savings, but we believe the proposal to restrict the prescribing of a large group of medicines and the conflict with the NHS Constitution means that this is a matter which should be determined by Government, rather than being a decision made by the NHS;
- the conflict with the regulatory and professional obligations on doctors to prescribe a medicine where clinically indicated;
- the likely disproportionate adverse impact on low income individuals / families and their children. Analysis of data from the PharmOutcomes system relating to over 1,722,230 pharmacy consultations provided via NHS commissioned minor ailments services shows that 61% of service consultations are for patients under 16 years of age. 87% of patients accessing this service would have had a GP consultation if the pharmacy service was not available. This data therefore suggests that restrictions on the prescribing of OTC medicines is likely to have a disproportionate adverse impact on children and particularly the children of low income families who may not otherwise be able to afford to purchase OTC medicines. Such an impact may increase health inequalities for this group of patients;
- the risk of unintended consequences, such as:
  - increased use of A&E and other urgent care services, as patients who cannot afford to buy OTC medicines seek treatment via an alternative source;
  - increased prescribing of more potent prescription only items as a replacement for previous prescribing of OTC medicines;
  - the questioning by patients of the safety and efficacy of all OTC medicines, potentially reducing their willingness to self-care.
- the likely practical challenges which will be faced by community pharmacy and general practice teams, such as:
  - the restricted licensing of some OTC medicines which means that without amendment of marketing authorisations, some OTC medicines may not be sold to patients in the circumstances where GPs have previously prescribed the product;

- differentiating between patients using medicines for self-limiting conditions and those where they are using the medicine to manage a long term condition;
- managing patients who will need to purchase OTC medicines which were previously prescribed and included in multi-compartment compliance aids filled by their community pharmacy;
- increased workload, in particular for pharmacy teams, associated with explaining to patients why OTC products are no longer prescribed.

In October 2016, the Department of Health stated:

*Minor ailments services are already commissioned by clinical commissioning groups (CCGs) across many parts of the country and ultimately NHS England will encourage all CCGs to adopt this joined-up approach by April 2018, building on the experience of the urgent and emergency care vanguard projects to achieve this at scale.*

Community pharmacy in 2016/17 and beyond. Final package

PSNC recognises that this consultation potentially heralds a change in policy direction by NHS England in relation to how the NHS chooses to support people to manage minor ailments. We do, however, recommend that NHS England and NHS Clinical Commissioners consider the benefits that could be seen for patients, general practice and the wider NHS if there was nationwide coverage of community pharmacy provided minor ailments services. Such coverage, potentially restricted to people and families that are currently exempt from NHS prescription charges on income grounds, could help avoid the potential unintended consequences of implementing a blanket restriction on prescribing OTC medicines for some of the most vulnerable groups within society and the risk that such a policy could increase health inequalities.

PSNC also recommends that NHS England and NHS Clinical Commissioners consider the benefits of supporting local discussions between community pharmacy and general practice teams to set up fast-track arrangements so that patients that first seek advice at a pharmacy, but who do need to see a member of the general practice team for resolution of the presenting complaint, can be rapidly referred to the general practice, so they can have a consultation in a timely manner.

The proposals for the restriction of prescribing of OTC medicines will need very careful consideration by NHS England and NHS Clinical Commissioners and PSNC, as the representative of community pharmacy contractors, should be directly involved in those discussions. If it is decided that restrictions should be implemented, there must be a comprehensive implementation plan, developed with the full involvement of community pharmacy.