



Response to the NHS England and NHS Clinical Commissioners consultation on Conditions for which over the counter items should not routinely be prescribed in primary care: A consultation on guidance for CCGs

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1) 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.

2) Proposals for CCG commissioning guidance

As stated in our 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, we believe the proposed commissioning guidance will create a 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 do however acknowledge the need of the NHS to examine its spending to identify potential cost savings and we support the aim of ensuring NHS resources are used in the most efficient way possible. We also fully support the drive to empower people to take responsibility for their own health and wellbeing and self-care for self-treatable conditions.

If the proposed CCG commissioning guidance is implemented, we believe that there will be a transfer of workload from general practice to community pharmacy, which will increase costs for the sector, which will not be covered by any additional income from patients, where they choose to purchase a medicine from a pharmacy. This workload will involve providing advice and support to people with minor illness and time will also be spent, particularly in the early stage following introduction of prescribing restrictions, explaining the new NHS policy to patients. This increase in workload and costs will follow the recent funding cuts for NHS Pharmaceutical Services imposed by the Department of Health and Social Care and it represents a further financial burden on community pharmacy contractors.

If the proposed CCG commissioning guidance is implemented, we would support the general exceptions proposed within the guidance, but believe more thought needs to be given to supporting individuals with low incomes; we provide further comment on this in section four of this response.

3) Practical implications related to implementing the CCG commissioning guidance

If the proposed CCG commissioning guidance is implemented, there are several practical implications which NHS England and CCGs should consider:

- Prescribing where an OTC medicine cannot be purchased due to restrictions within the product license – the consultation document notes that prescribers will still prescribe items where the indication for the item is outside the scope of the OTC product's license. We welcome the recognition of the need for this exemption from the general rule on prescribing OTC products, however we believe that many prescribers within general practice will not currently have the knowledge of relevant restrictions on OTC medicines licensing and NHS England and CCGs should consider how the knowledge of prescribers on this matter can be developed;

- Many OTC products' licenses also impose restrictions on the duration of self-treatment with the product, before a medical practitioner should be consulted. The time periods for self-treatment are often shorter than those that would be safely recommended by prescribers. This could lead to confusion for patients and the creation of additional work for pharmacy teams and prescribers. We recommend that NHS England and CCGs should consider issuing guidance on this matter to prescribers and the MHRA should be asked to consider whether the licensed duration of treatment should be reviewed for some OTC products which are frequently recommended for longer term use by prescribers;
- Communications support for implementation of the CCG commissioning guidance – high quality communications resources should be developed by NHS England and NHS Clinical Commissioners to support the implementation of the commissioning guidance in local areas. This should support the use of consistent messages to patients across the country and NHS England should ensure that printed materials for use with patients are made available to community pharmacy and general practice teams;
- We recommends that NHS England and NHS Clinical Commissioners consider the benefits of facilitating local discussions between community pharmacy and general practice teams to set up formal referral systems and 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; and
- The NHS Choices guidance on management of common, minor conditions does not always identify community pharmacy advice and self-care as a treatment option, e.g. dry eyes; the content of these pages on NHS Choices should be reviewed ahead of any implementation of the guidance.

It is likely that some practical issues which will arise when implementing this guidance have already been addressed in some CCG areas, where similar prescribing policies have previously been implemented; NHS England and NHS Clinical Commissioners should identify local learning which could inform the development of support for all CCGs that implement this national commissioning guidance.

4) Commissioning of Minor Ailments Services from community pharmacies

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 heralds a change in policy direction by NHS England in relation to how the NHS chooses to support people to manage minor illness. 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 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.

We acknowledge that the consultation document suggests that low income groups could potentially still receive prescriptions for the management of minor illness, where there is the possibility of harm due to the inability to buy OTC medicines, but provision of such support via minor ailments services provided by community pharmacies would be a more cost-effective option, than GP consultation and prescribing.

5) Specific feedback on the guidance

Having reviewed the detailed guidance, we have the following suggestions for NHS England and NHS Clinical Commissioners:

- Vitamins and Minerals – folic acid supplements may still need to be prescribed for certain patients and this product should be considered as an exception to the guidance;
- Sore throat – this may be better categorised under the “suitable for self-care” category;
- Nasal congestion may be better categorised as a separate condition, as some treatments can provide symptomatic relief from sinus pain;
- Mild cystitis – the guidance should be clear that this refers to women only and should explicitly exclude the treatment of cystitis in men; and
- For diarrhoea and indigestion, there should be a reference to red flag symptoms which require onward referral to general practice.

6) Next steps

If it is decided that the proposed restrictions on prescribing should be implemented, there must be a comprehensive implementation plan, developed with the full involvement of community pharmacy. PSNC, as the representative of community pharmacy contractors, should be directly involved in those discussions, as should Local Pharmaceutical Committees (LPCs) in CCG level discussions, as the local representative body for community pharmacy contractors.