

EMERGING ISSUES IN THE NHS –
Update on self care and proposed pharmacy consultation

To: HEALTH COMMITTEE

Meeting Date: 10 March 2016

From: Sati Ubhi, Chief Pharmacist, Cambridgeshire and Peterborough Clinical Commissioning Group.

Electoral division(s): ALL

Purpose: To update the committee of proposals for raising awareness of self care with the public and to consider the proposed consultation on changes to pharmacy services.

Recommendation: **1. Raising awareness of self-care amongst patients and professionals.** Out-of-hours, urgent care centres and A&E play an important role. Encouraging self care is not just exclusive to traditional primary care and all are vital in promotion and tackling doctor dependency. Examples of ways in which practices can support self-care are by giving information in consultations, surgery displays, leaflets and practice websites.
2. To consider the future of the current minor ailment schemes, gluten prescribing and the prescribing of infant formals through a period of managed engagement/ consultation with key stakeholder groups and the public.

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1. BACKGROUND

- 1.1 Cambridgeshire and Peterborough health economy has been identified as one of England's 11 most challenged health economies. Our spend is currently above budget and if we do not change our health system substantially, then we face a funding shortfall of at least £250 million by 2019, making it harder to deliver good quality care for everyone who needs it.

The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is currently in deficit and is undertaking the turnaround process to achieve both a financially and deliverable sustainable position. To ensure we are making best use of the money available one of the areas we are looking at is which services from pharmacies or via a prescription are not considered essential to be paid for by the NHS.

This includes exploring the recommendation to prescribers to not prescribe if the medicine and treatment is freely available for patients to buy for themselves without a prescription e.g. linctus or paracetamol or Ibuprofen for coughs and colds. Also to stop prescribing gluten-free foods and infant formula milks as discussed below.

2. MAIN ISSUES

- 2.1 Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, gives people greater control of their own health and encourages healthy behaviors that help prevent ill health in the long-term.

In many cases people can take care of their minor ailments, reducing the number of GP consultations and enabling GPs to focus on caring for higher risk patients, such as those with comorbidities, the very young and elderly, managing long-term conditions and providing new services.

The medicines used for self-care of self-limiting minor ailments can be purchased either through community pharmacies or where appropriate non-pharmacy outlets.

Many CCGs encourage patients to self-fund for these self-limiting ailments by encouraging them to keep a stock of certain drugs at home as well as advising GPs on when not to prescribe for minor ailments.

Whist Cambridgeshire & Peterborough CCG does promote self-care; it has also historically provided funding (£230k) for free medicines through community pharmacy minor ailment schemes for patients exempt from prescription charges. In addition, it is estimated that the CCG may spend up to £4 million each year on medicines for self care of minor ailments on prescription.

Whilst difficult funding and prioritisation issues are being considered in the CCG (Exceptional cases, Joint Prescribing Group and the Clinical Policies Forum) for more serious conditions, this paper asks the committee to consider how the CCG can best support our population to self care for minor ailments, whilst ensuring the adequate use of resources.

- 2.2 As part of the first round of reviews of service provision, the CCG is focussing on new ways to increase efficient and cost effective use of the finances allocated to the prescribing and delivery of medicines before having to potentially look at larger service de-commissioning.

After reviewing multiple initiatives across the country the CCG currently have 14 workstreams that range from medication waste to re-procurement exercises but some

of these workstreams involve changes in policies to what was previously allowed on a prescription or to services pathways previously agreed. These are the ones we want to get your agreement on today for consulting the public.

2.3 The areas we want to explain and discuss changes with the public are:

- 1) Community Pharmacy Minor Ailment Scheme
- 2) Gluten Free Products
- 3) Prescribed Baby Milks
- 4) Promotion of self care

The proposed consultation document is attached in appendix 1 The CCG is proposing a nine-week consultation running from 22 March 2016 to 24 May 2016.

2.4 Self-care update

The CCG has so far taken the following actions to promote self-care across the region:

- A CCG-wide policy was launched in November 2015 advising GPs on which medicines should not be prescribed routinely for self-limiting illnesses.
- Work is underway with the acute trusts, Out of Hours providers etc. to use this policy across the whole health system
- A series of condition-specific leaflets for patients are available to download from the CCG website for clinicians to use within their consultations.
- Hard copy leaflets have been provided to GP practices to display in their waiting areas
- A 'No Prescription Required' pad developed by PrescQipp has been circulated to all practices within the CCG so that these can be issued in place of FP10 prescriptions
- NHS England "Stay well this winter" and "A guide to childhood illnesses" – supporting self care, has been sent to GP's and Community pharmacies as well as other targeted locations such as nurseries and playgroups.
- Promotion of the self-care agenda has been supported by a radio broadcast by Dr Emma Tiffin
- Dr Cathy Bennett also re-enforced this within a TV Broadcast on 'Inside Out'.
- Clinicians have been encouraged to undertake the Royal College General Practice online course in 'How to undertake self-care aware consultations'.
- Each LCG now has a self-care implementation plan
- The CCG has developed data sets and graphs to map the uptake of the policy and track changes in prescribing. Epsom data has a six week delay, so we only have December data currently which is still early.
- An additional patient leaflet and poster was sent to all practices to help promote the local CCG strategy on self-care.

2.5 Pharmacy consultation

The CCG proposes to stop the following areas of prescribing

Minor Ailments schemes

- 'Pharmacy First for Children' in Peterborough
- Cambridgeshire 'Minor Ailment Scheme' in Cambridgeshire

The range of medicines that the Minor Ailment Scheme currently provides is commonly found in home medicine cabinets (paracetamol, anti-histamines etc.) or are easily available to buy at a low cost in pharmacies or where appropriate non-pharmacy outlets such as supermarkets. The Minor Ailments Schemes can be accessed irrespective of financial circumstances. A GP can still prescribe these medicines to people who need them for specific long term and significant illnesses. Currently the CCG spends £230,000 a year on the two Minor Ailment

Schemes. . Due to the serious financial problems, the CCG wishes to use this money to support front line services such as A&E departments, ambulances and operations.

Prescribing of gluten-free foods.

Currently it is possible for a GP to prescribe **gluten-free food** products on a prescription to patients diagnosed with gluten sensitivity. The prescriptions are for products such as gluten-free staples e.g. bread, flour or bread mix. Although this has historically been prescribed, this is not a medicine and gluten free food can easily be purchased from many supermarkets. Currently the CCG provides £370,000 worth of gluten free food prescriptions a year. It is felt that this disease can be managed directly by the patient through their food buying choices without the need for gluten-free substitute foods on prescriptions. The proposal is to stop prescribing gluten-free food to patients. Patients will be asked not to request gluten-free substitute foods on prescriptions and GPs will be asked not to provide gluten-free foods on prescription.

Advice and support from healthcare professionals will be made available throughout the consultation period as well as during and after the implementation of this proposal to support affected patients.

Prescribing of infant formula.

Infant formulas, commonly called Baby Milks, are manufactured food designed and marketed for feeding to babies and infants usually less than 12 months of age, prepared for bottle-feeding or cup-feeding from powder or liquid.

Whilst it can legitimately be provided on prescription for particular medical conditions, many formulas can actually be purchased without a prescription and most are available in supermarkets. For the treatment of chronic long term conditions such as renal or liver disease or receiving treatment for cancer, such supplements would be prescribed on the advice of a specialist clinician.

Historically, it was difficult for patient's parents to get hold of infant formula used for cow's milk protein allergy or lactose intolerance as there was a limited range available on the high street. Today, society and manufacturers are much more aware of cow's milk protein allergy and lactose intolerance in infants. So much so, every major supermarket has infant formulas on their shelves as standard, with even more options available on the internet. This means there is an ever growing, wide range of infant formulas available without the need of a prescription. Additionally alternatives to cow's milk such as soya, almond and goat milks are widely available as society seeks alternatives to traditional dairy production as well as lactose-free cow's milk also being freely available; all without a prescription.

The CCG is proposing to stop prescribing thickening formula, soya and stay down milks as these are also widely available to buy. The CCG spends £1million annually on prescribing baby milks. With the exception of specialised formula for particular medical conditions, it is felt that this should be managed directly by the patient's parents through their choices without the need for baby milks on prescriptions

3. SIGNIFICANT IMPLICATIONS

Cambridgeshire and Peterborough CCG do not believe there are any significant implications from this proposal and that the need for a consultation is for transparency as these are proposed changes to the CCG's existing policies.

4 FINANCIAL IMPACT

Supporting our patients to manage and fund their minor ailment treatments could help to ease the burden on the CCG budgets. Currently up to £4 million may be spent on medicines likely to

be used for minor ailments that could be purchased from pharmacies and much more in terms of GP consultation time. In addition at least £230k is paid to pharmacies through minor ailment schemes.

5 CONSULTATION AND ENGAGEMENT

Any changes to the current pharmacy services requires careful management and engagement/consultation with key stakeholder groups and the public. A consultation process plan is attached as appendix 2.

There would also need to be good engagement with the Patient Experience Team to ensure that any patient concerns or complaints are promptly handled.

Source Documents	Location
Cabinet Office Consultation Principles July 2012	www.gov.uk/government/publications/consultation-principles-guidance
Section 14Z2 Health and Social Care Act 2012	www.legislation.gov.uk/ukpga/2012/7/section/26/enacted
Lansley Criteria for Significant Service Change	www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CPCT/Corporate%20documents/CCG%20Constitution.pdf

Appendix 1 draft pharmacy consultation document

Appendix 2 draft consultation process plan