

Report of findings from the consultation on proposed changes to NHS prescriptions in Southwark

1. Introduction

This report describes the engagement and consultation that took place regarding NHS Southwark Clinical Commissioning Group's proposals to make some changes to prescribing guidance for over-the-counter medicines, malaria prevention medicines and selected travel vaccines.

The objectives of the consultation were to seek people's views on:

- the principle of restricting routine NHS prescribing of over-the-counter medicines for self-limiting conditions
- how far they agree or disagree with the three specific proposals
- any specific concerns about the proposals
- suggested mitigating actions for concerns expressed
- optimum channels for communication with Southwark people on the proposed and final decision

The report outlines the findings from pre-consultation engagement with clinicians in May and patients in June before outlining the findings from the consultation which took place between 26 June 2017 and 20 August 2017. The report also highlights the main issues expressed by respondents and highlights some of the suggestions made by respondents to address these as well as actions identified by the CCG to address them.

1.1. Proposals for change and rationale

The CCG carried out a public consultation from 26 June 2017 until 20 August 2017 on proposals to make changes to prescribing guidance in three areas. The consultation took place later than originally planned due to purdah after the announcement of the general election which took place on 8 June 2017. The CCG proposed to no longer support the routine prescribing of the following products on the NHS:

1. Self-care medications for short term minor illnesses and injuries and health supplements
2. NHS prescriptions for malaria prevention medicines for travel
3. NHS prescriptions for selected travel vaccinations:
 - Hepatitis B – (single agent vaccine)
 - Meningitis vaccine
 - Japanese B encephalitis
 - Rabies vaccine
 - Tick-borne encephalitis
 - Yellow Fever

These proposals are part of Southwark plans within the community-based care workstream of the south east London Sustainability and Transformation Plan (STP). Similar discussions are taking place or are planned in each area within the south east London STP area, as well as in many other areas of the country.

The rationale for making these changes is to:

- promote self-care
- align NHS Southwark CCG guidance with national guidance
- provide clarity of guidance and policy and reduce unwarranted variation in practice across the health economy
- to free up doctor and nurse time for those most in need
- to bring Southwark into line with national guidance
- to get the best value from funding that we have available

Taken together, these proposals support the CCG's work to contain the costs of medicines on the local NHS budget, and if taken forward will contribute to the commissioner cost saving and quality improvement programme (QIPP). We estimate cost savings of £375,000 for current year (from October 2017).

2. Pre-consultation – engagement with clinical colleagues and other stakeholders

In developing the proposals the CCG held discussions at the Area Prescribing Committee (March 2017), the Southwark Medicines Management Committee (September 2016, January 2017, April 2017), with public health specialists, the Local Medical Committee (LMC), and with the Local Pharmaceutical Committee. Comments and questions from clinical colleagues helped to shape the focus of the consultation and to highlight key areas that would need to be addressed if the proposals were taken forward.

Discussions were had at the Practice Managers' Forum on 4 May 2017 as part of a broader agenda item on the Prescribing Incentive Scheme. The proposed changes to NHS prescriptions was also a main agenda item at the GP locality meetings on 25 May 2017 which were attended by 23 GPs and ten practice managers representing 27 practices.

A briefing was prepared and shared with the Local Authority Healthy Communities Overview and Scrutiny Chair and Vice-Chair with the offer of attending a meeting to clarify and outline proposals and answer any questions, to outline plans for consultation and to seek support in reaching Southwark patients and public. The CCG was informed on 13 June that they did not require a presentation and there was no further request for information.

Discussions on the consultation approach also took place at the CCG's Engagement Advisory Group on 1 May 2017 and this includes representatives from Healthwatch and the Council's Community Participation team.

Issues highlighted as part of the above discussions included:

- Majority support from the Medicines Management Committee to revert to national policy regarding the availability of malaria chemoprophylaxis on private prescription only
- The need to be explicit that the proposals would not challenge the primacy of clinical judgement – the CCG clarified that clinicians would be expected to use their judgement when considering whether it is acceptable to recommend that patients should purchase their medication
- The need for clarity of whether a clinician can legally make a clinical recommendation for a patient to purchase over the counter treatments or remedies, instead of providing the treatment on an NHS prescription - Guidance from the General Medical Council (GMC) on the GP contract does support GPs to be able to do this (Good practice in prescribing and managing medicines and devices, General Medical Council, 2013). In addition, legal advice was obtained by Bromley CCG on behalf of all six south east London CCGs
- The desirability of public health advice on stopping the provision of malaria prevention medicines – the CCG sought advice from public health experts in formulating and risk-assessing the proposals around malaria prevention medicines
- The helpfulness of the proposals to bring alignment with national guidance in prescribing practice and hence, removing potential confusion for local patients
- Questions of potential adverse impact on people on low incomes who are eligible for free NHS prescriptions
- Concern about clinicians having to explain to patients the need to buy items they have previously received on prescription, if the proposals go through and the need for centrally produced communication aids to support them in this
- The possibility of increased attendance at A&E by patients for minor illnesses and ailments in order to get medicines on prescription rather than buy them and patients feeling upset rather than empowered and the need for consistent messages across all health service providers
- The need for effective patient communications following a decision on proposals
- The need for communication material if the proposals go ahead to support clinicians communicating with patients and to consider communication campaigns around malaria prevention
- Clarifying the parameters of the consultation in light of the NHS England consultation around gluten free products and clarifying that baby milk is not part of the proposals
- The importance of the Pharmacy First scheme and the need to not destabilise this service, given the number of local people on low incomes and entitled to free prescriptions

- Need for clarity about the overlap between the proposed list of over-the-counter medicines being taken off NHS prescriptions and those included in the Pharmacy First scheme
- The potential risk of destabilising the healthy child programme
- Pharmacists may be put under great pressure from patients insisting on a supply of over-the-counter products from the Pharmacy First scheme
- Concerns that there may be an increase in inequalities for patients who can't afford these medications, and therefore an increased risk of their condition worsening
- May mean that patients opt to buying medication in supermarkets instead of pharmacies, meaning pharmacists may not be able to make interventions and signpost patients as appropriate
- Need for clarity of the definition of 'short term' minor illnesses and conditions and at what point does it become 'long term'
- The importance of pharmacists within hospitals, urgent care centres and the 111 service being aware of any changes that might be implemented so that they are not directing patients to GPs for prescriptions for items that would no longer be available on prescription if the proposals go ahead.

Discussions took place at the CCG's Commissioning Strategy Committee on 1 June 2017. Membership includes GP and nurse clinical leads, lay members, CCG directors, a hospital doctor and nurse, a LMC representative and Healthwatch. Issues raised included:

- Giving travel vaccines to people who do not normally attend general practice provides an opportunity to give further travel advice around safe sex and sun protection etc
- Available data does not support whether the current local arrangements for antimalarial prophylaxis on the NHS have had a positive impact on malaria case numbers, especially compared to other similar areas where such arrangements are not in place. It was also noted that stopping this provision could be seen as being counterintuitive.
- Whether the data can show who is receiving malaria prevention medicines on NHS prescriptions in Southwark.
- Concerns about the impact on proposals on people with low incomes and people from minority ethnic communities.
- The need to monitor the effects of the proposals, if they are implemented, closely over the next 18 months.
- The importance of education for people travelling to countries with malaria.

A patient workshop to test the proposals was held on 16 June 2017. The purpose of the workshop was to test the draft consultation document and leaflet, to test the proposals, positive and negative impacts of the proposals and any concerns people had and how these could be addressed.

12 local people attended the workshop; of which seven were women and four were men. Six people identified as White British, four as Black or Black British – African and one as Black or Black British – Caribbean. Six people were aged 45 – 59, five were aged 65 – 74 and two were aged 75 – 84. Five people have long term conditions, two have physical disabilities, two are deaf or hard of hearing and one has mental health needs.

After presenting the proposals and outlining the plans for the consultation, we answered any questions before dividing up into two groups to go through the draft consultation document page by page. Participants made a number of suggestions regarding phrasing, terminology and lay out of the document to make it easier to understand for the general public and, where there was a consensus of opinion, these were incorporated into the published version.

The two groups were then invited to discuss the proposals. Some of the participants expressed concern about people getting malaria if they cannot afford anti-malaria medicines. They suggested that the CCG needs to promote how to protect against malaria, its importance and the need to budget for this as well as the importance of talking to a health professional if the proposals are accepted. There was some concern expressed about people who may buy cheap and ‘poor’ drugs from abroad. Participants felt that background information on the CCG website and information about the importance of taking malaria prophylaxis before travel would be important if the proposals were accepted. There was also some concern noted about the future potential cost to the NHS if there are more malaria cases. Participants welcomed the fact that this would be monitored closely if the proposals are agreed.

Participants also raised concerns about people who cannot afford medicines and people who are not linked into services such as homeless people. To address this, they felt that the Pharmacy First scheme should be advertised as well as promoting the role of pharmacists.

Participants felt that the positive benefits of the proposals would be that people would have to take more responsibility for their own health and lives and not use GP/nurse time for minor ailments. In terms of promoting the consultation, people suggested churches, mosques and faith groups as places to reach people from black and minority ethnic communities as well as use of twitter, websites, libraries and community council meetings.

3. Target groups

- Patients registered at Southwark GP practices, particularly those which are high prescribers of anti-malarials (the majority of the mefloquine prescribing takes place in practices in Peckham, Borough & Walworth areas)
- The CCG engagement mailing list

- Groups representing Southwark patients (e.g. Healthwatch Southwark, practice and locality patient participation groups (PPGs))
- Southwark residents who may be likely to travel to countries needing the selected vaccinations or malarial prevention medicines
- Voluntary and community sector (VCS) organisations as representatives of particular groups who may be affected, including people on very low incomes and those who are entitled to free NHS prescriptions
- Elected representatives (local councillors) of Southwark residents
- Groups of people likely to be impacted by the proposals as identified in the equality analysis including but not limited to those from West Africa, Latin America, South Asia and those who are economically deprived.

4. Consultation approach

Methods to reach and engage with patients and members of the public were varied and included:

- Using the CCG website to inform and invite comment – a prominent banner on the home page, together with news articles, and links to the consultation document, summary, link to survey and full details on the NHS prescriptions page under the Get Involved section. During the consultation period there were a number of spikes in website activity corresponding directly with social media posts about the consultation and directing people to the consultation page, culminating in 569 page views, of which 368 were unique page views.
- Using the CCG Twitter presence to alert followers to the consultation and pull them to the CCG website content – during the consultation period the CCG posted 22 tweets about the consultation encouraging to people to respond; these 22 tweets reached 8,230 twitter feeds.
- Informing and inviting comment using the consultation document, summary documents and paper surveys distributed through all GPs, pharmacies, King's College Hospital NHS Foundation Trust, the Urgent Care Centre at Guy's Hospital, libraries, Citizens Advice local offices, Southwark Pensioner's Centre, the Southwark Wellbeing Hub.
- Sending out a summary email of proposals with links to all documents and the survey to the CCG's engagement database of just over 700 local people and just over 60 local organisations and groups on 27 June and 24 July.
- Inclusion of article and links in the fortnightly CCG staff bulletin twice during the consultation period on 26 June and 10 July
- Email outlining consultation, links to the consultation document, summary and consultation page for the survey on the CCG website and an FAQs was sent to Southwark councillors, council directors, three Southwark MPs and Healthwatch on 29 June 2017
- An email to GPs as above was sent on 29 June and links to the consultation were included in the CCG's weekly GP bulletin throughout the consultation

period to engage with our GP membership. Practice staffs were also encouraged to discuss the proposals with patients at their practice patient participation groups (PPGs) and asking them to invite the CCG to a PPG if they wanted someone to talk through proposals.

- Email outlining proposals with links and FAQs was sent to the communications leads on 29 June at King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust and the South London and Maudsley NHS Foundation Trust. Leads were asked to share the information with their relevant staff and patients
- Email to community pharmacists outlining consultation, links to the consultation document, summary and consultation page for the survey on the CCG website and a FAQs was sent on 30 June and followed up by an email highlighting that the consultation documentation had been sent to them for display on 11 July 2017
- Written briefings including the proposals about NHS prescriptions was written for the meeting with Helen Hayes, MP, on 11 July 2017
- Email highlighting consultation and links with FAQs was sent to the chief pharmacists at Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust as well as the consultant pharmacist for the Older People's Team and the community health services pharmacists at GSTT, the Southwark Local Pharmaceutical Committee representative who is also the Chair of the Community Pharmacy Forum; and the Chair of the Local Medical Committee on 4 July 2017
- Information stall at the Our Healthier Southwark STP engagement event 11 July 2017
- Article as part of the CCG advertorial in Southwark News on 29 June and 27 July 2017
- An article was in the Healthwatch July e-bulletin and on their website during the consultation period
- An article in the CCG's stakeholder bulletin on 16 August
- Attendance at community and PPG meetings
- Attendance at the Practice Nurse Forum, the Local Pharmaceutical Committee meeting and the north and south GP locality meetings
- Direct emailing to the following groups outlining the consultation proposals, links to the documents and the survey and offering a CCG member of staff to discuss with any group meetings:
 - Somali Integration Project
 - Sierra Leone Hajj Pilgrimage UK
 - Friends of Diabetes Sierra Leone
 - Astley Coopers TRA
 - Sierra Leone Friendship Association
 - The Kris Dot company
 - The Dulwich Milan Association
 - The Dulwich Punjabi Community Centre
 - The Pioneer African Caribbean Group

- Women's Ivory Tower
- Holy City Ministries
- Muslim Research Project
- Sierra Leonean Muslim Women's Group
- Aylesbury Somali Women's Project
- Ethnic Health Foundation
- Southwark Refugee Project
- Southwark Day Centre for Asylum Seekers
- Southwark Refugees Community Forum
- AAINA Women's Group
- Apostolic Faith Mission
- Somali Relief and Islamic Cultural Centre
- Christ High Commission International Ministries
- Camberwell Islamic Centre
- Christ in the Ladder Ministries
- Deeper Life Bible Church
- Family Life Christian Centre
- St Michael's Eritrean Orthodox Community Church
- House of Praise Redeemed Christian Church of God
- Muslim Association of Nigeria & Islamic Cultural Centre (MAN-UK)
- New Covenant Church Bermondsey
- New Image International Christian Centre
- Peckham High Street Islamic & Cultural Centre
- The Redeemed Christian Church of God - Rock of Redemption (Apata Irapada)
- The Redeemed Church of God - Victory House
- Wave of Glory Missions
- The Everlasting Arms Ministries
- The Redeemed Christian Church of God ("RCCG") Mount Zion
- Nigerian Muslim Communities
- Bengali Women's Group
- Calvary Christian Centre
- Latter-Rain Outpouring Revival Ministries

People were encouraged to give their views by:

- Completing an online or paper survey
- Emailing or writing questions or comments to the CCG (a freepost address was included in the consultation document)
- Attending Our Healthier Southwark STP event on 11 July 2017
- Attending their PPG meeting – we provided GP practices in Southwark with consultation documents, summary leaflets and paper questionnaires and offered CCG staff to attend PPG meetings to present and lead discussions if they required

5. Who we heard from

During the consultation period we received 302 completed surveys; of which 105 were paper surveys and 197 were electronic surveys. 166 of all respondents identified as Southwark residents or patients or voluntary and community sector organisations representing them, and 74 identified as a NHS professional in Southwark. Twenty two people identified as being residents or patients in another borough and three respondents identified as other; no respondents identified as being a Southwark ward councillor. Thirty seven people did not respond to this question.

In addition the CCG attended the following meetings to present the proposals, listen to views and encourage people to participate in the consultation:

- Patient Participation Group (PPG) at Dr Aru's, 26 June 2017
- Borough, Walworth and Bankside Community Council meeting, 26 June 2017
- Peckham and Nunhead Community Council meeting, 27 June 2017
- Southwark and Lambeth Diabetes Forum, 28 June 2017
- South Southwark Locality PPG, 4 July 2017
- Our Healthier Southwark STP event, 11 July 2017
- Somali Women's Group, 12 July 2017
- Advising London Latin American Women's Group at Pembroke House, 18 July 2017
- Southwark Legal Advice Network, 19 July 2017
- FULA Latin American Elders Group, 21 July 2017
- PPG at New Mill Street Surgery, 9 August 2017
- Latin American Disabled People's Project, 10 August 2017

Through our attendance and discussions with the above groups we reached approximately 250 people, including men and women and people from black and minority ethnic communities. Key themes that arose include:

- Cost for families travelling and the need to also purchase malaria medicines and travel vaccines and impact this could have on the local diverse community
- Concern that, if approved, the proposals would stop people from seeing their GPs
- Queries about the professional knowledge of pharmacists
- Lack of knowledge of the Pharmacy First scheme and how you demonstrate eligibility for free medicines
- Queries about varying costs of the different malaria medicine available and travel vaccines
- Queries about monitoring cases of malaria post any implementation

- Some local councillors noted the lack of available data on the detail of who is accessing malaria medication on NHS prescriptions
- Some local councillors had some concern about the consultation taking place during the holiday period when people affected might be away
- Some lack of awareness of how malaria is transmitted
- Positive feedback about role of pharmacists in terms of patients receiving advice and being able to buy over-the counter medicines
- Some positive feedback about all proposals and providing same offer as elsewhere and we should follow national guidelines
- The need for the NHS to tackle medicines wastage
- Concern and confusion about people with long term conditions and being able to access over-the-counter medicines for their treatment
- Clarification that GPs will still be able to take a clinical view, using their clinical judgment
- The need for communication with an education element to it about travel health advice particularly around malaria prevention
- Some people have previously bought malaria medicines and travel vaccines as were not aware that they were available on NHS prescriptions

The CCG also attended the following meeting with people providing NHS services:

- Practice Nurse Forum, 28 June 2017
- Local Pharmaceutical Committee, 6 July 2017
- North and South Locality Commissioning Groups, 27 July 2017

At the above meetings, the CCG spoke to 35 practice nurses, 13 pharmacists and 23 GPs, and nine practice managers. There were also five CCG clinical leads present at the locality meetings. Key themes that arose include:

- Questions about prevalence rates
- Clarity about whether the proposal included hepatitis B vaccines for occupational health reasons
- Need for a clear communications campaign to help health professional with giving the message to local patients
- Clarity about prescribing paracetamol and ibuprofen to babies under three months as this is not available on Pharmacy First scheme
- Whether GP federations could provide travel clinics
- The desirability to signpost patients to community pharmacy rather than supermarkets to purchase medicines, so that advice from pharmacists is available
- The issue of how to manage schools and nurseries that have a policy in place of not administering medication to children if it does not have a label provided by the dispensing pharmacist
- GP role is not to means test patient's ability to pay for medicines
- Whether the proposals take away a GP's ability to use clinical judgment

- Impact on children of families not being able to afford to buy anti malaria medicine

The CCG also received written submissions from the LMC, a pharmacist and two members of the public, which are attached in Appendix 1. The key themes of these responses are:

- Availability of busy pharmacists to provide medical advice / consultation
- Lack of transparent information in the consultation documentation about the cost of malaria medicines and the impact of paying for this on the diverse communities of Southwark
- Cost of over-the-counter medicines being transferred to the individual
- Impact of malaria medicines cost to families travelling to high risk malaria zones
- Cost to NHS of treating more malaria cases as people will inevitably not take malaria medicines and there will be more cases
- Removing over-the-counter medicines from NHS prescriptions could be confusing for patients in terms of understanding what a short term condition is and when it becomes long term. This will be particularly confusing for older people needing vitamin D and those with dementia
- The schemes should not inconvenience patients with long-term-conditions such as managing chronic pain by asking them to buy small packs of medicines on several occasions
- Concern that if the proposals are implemented, some patients would still be able to obtain medication free of charge under the Pharmacy First Scheme but if they go to their GP they will have to pay for such medication
- The need for a publicity and posters and leaflets to be made available for GP practices to display and this would help avoid practice staff having to spend time having difficult conversations with patients during consultations
- The need for clear and concise guidance to be made available to practices setting out when it would be appropriate to prescribe for example, for chronic pain.
- Query about the timing of the consultation as a national consultation has just begun and would be better to wait for the outcome of this

In response to the issue about not having information available about the cost of malaria medicines, the CCG updated its Frequently Asked Question to include this information, published it on the consultation page of the website and sent a copy to the individual.

6. Respondent profile

The demographics of the respondents who gave them (256 people) show that we have received responses from 67% people who identified as being from a White background and 33% from people who identified as being from a Black, Asian or Minority Ethnic background. According to the Southwark Council's Demographic

Factsheet published in May 2015, 52% of the Southwark population belong to a White group and 42% belong to a Black, Asian and Minority Ethnic group. This demonstrates that we made some progress in reaching people identified in the equalities analysis and the consultation plan. The full breakdown is below:

White background:

- 59% identified as White British
- 4% identified as White – Irish
- 3.5% identified as White – European

Black, Asian or Minority Ethnic background:

- 8% identified as Latin American
- 6% identified as Black or Black British African
- 5% identified as other ethnic background
- 3% identified as Black or Black British Caribbean
- 3% identified as Black British
- 3.5% identified as Asian
- 2.5% identified as Mixed - White and Black African or Mixed- White and Black Caribbean
- 1% identified as Chinese
- 0.5% identified as Arab

In terms of gender (261 responses):

- 71% identified as female
- 28% identified as male
- 1% identified as other

In terms of age (262 responses)

- 2% were aged 21 – 24
- 5% were 25 – 29
- 24% were 30 – 44
- 34% were 45 – 59
- 15% were 60 – 64
- 16% were 65 – 74
- 4% were 75 – 84
- 0.38% were 85 – 89

In terms of disability (233 responses):

- 45% identified as having no disabilities
- 26% identified as having a long-term illness
- 8% identified as having other long term health problems
- 6% identified as having a physical disability
- 5% identified as having mental ill health

- 5% as being deaf or hearing impaired
- 3% as having other disabilities
- 2% as being blind or partially sighted
- 1% as having a learning disability or developmental disorder

7. Findings from engagement and consultation

7.1 Self-care medicines and treatments

The rationale for these proposals was clearly understood. The following box shows the strength of agreement with the following statement:

I understand why NHS Southwark CCG is proposing to change guidelines for prescribing health supplements and self-care medication for short-term minor ailments?	Agree / strongly agree	Disagree / strongly disagree
	78%	14%

Survey response (all stakeholders)

There was widespread support for principles of self-care and reducing demand on GP time, as illustrated by the level of agreement with the following statement:

GPs should spend less time treating people who could obtain self-care medication and health supplements from a pharmacy without a prescription	Agree/ strongly agree	Disagree/ strongly disagree
	76%	15%

Survey response (all stakeholders)

There was substantial agreement with the following statement:

The NHS should not routinely prescribe health supplements and self-care medication for short-term minor ailments and conditions that usually get better with time	Agree/ strongly agree	Disagree/ strongly disagree
	73%	16%

Survey response (all stakeholders)

7.1.1 Issues raised and actions identified

A number of issues relating to the proposals about over-the-counter medicines were received, including those highlighted overleaf:

Number of comments	Issue raised	Actions
20	Cost of over-the-counter medicines	Retain Pharmacy First scheme to provide access to free over the counter medicines for those entitled to free prescriptions Promote self-care through

		<p>educational material highlighting how to avoid becoming ill, adopting healthier lifestyle and promoting healthy living through Healthy living pharmacy champions</p> <p>Educating the public through Public Health campaigns on managing short term self-limiting illnesses which for the majority of people will clear on their own even if no treatment is used</p> <p>Promote access to advice through pharmacies, NHS Choices and NHS 111</p> <p>Ensuring both clinicians and patients are clear that the proposals only apply for OTC preparations for short term illnesses. Any OTC preparation required for management of a long term condition e.g. paracetamol for osteoarthritis can still be supplied through provision of a NHS prescription.</p>
17	Concern about minor ailments becoming more serious if not treated appropriately	<p>The annual NHS Stay Well campaign reinforces messages about seeing a pharmacist before a minor illness becomes more serious.</p> <p>The CCG would continue to support campaigns promoting the community pharmacy role such as “Ask your pharmacist” week and national self-care awareness campaigns and consider whether the promotion of these could be strengthened.</p> <p>Provision of educational material supporting patients with how to manage common minor ailments and when to seek further advice from a health care professional to continue to be made available in community pharmacies and GP</p>

		<p>practices. We will review what NHS self-care information is available for local use. To consider promoting the Pharmacy First scheme again.</p>
10	<p>Access to over-the-counter medicines for people with long term conditions</p> <p>Access to emollients (2)</p>	<p>The proposals exclusions include OTC treatments being used for a long term condition for example, treatment of chronic eczema with emollients. We will review what NHS self-care information is available for local use.</p> <p>Should the proposals be agreed, the CCG will write to stakeholders to clarify what has been agreed and who would be affected.</p>
5	<p>Access to free over-the-counter medicines for marginalised groups such as refugees and asylum seekers, homeless people etc</p>	<p>The CCG will explore allowing hostel/day centre address to be used as proof of living in Southwark for Pharmacy First scheme.</p> <p>Clinical judgement should always be used when considering whether it is acceptable to ask a patient to purchase their medication. This may include OTC licence restrictions, long-term (chronic) treatment, where there are possible safeguarding concerns, including, but not limited to, children where there might be concerns that treatment might otherwise not be provided. This may also be the case where there is a significant clinical risk to the patient if they did not purchase the product and there is a diagnosis requiring treatment for example, thiamine in patients with alcohol use disorders</p>

The CCG received 214 comments (some people raised multiple issues) to the question about the kinds of support people might need to manage minor illnesses themselves:

Number of comments	Issue raised	Actions
80	Use pharmacy and pharmacists	The ideas provided by respondents will be considered by the CCG should the proposals be agreed. The CCG will aim to address the issues raised through coordinated communications that build on existing national and London-wide campaigns designed to empower patients and public by giving them tools to understand how to manage their health.
39	Print posters and leaflets	
27	On-line including promoting NHS Choices, CCG website and practice websites	
28	Support and information at GP practices including leaflets, posters, face to face from GP and nurse, films on screens	
18	Phone lines including 111 (some people still referenced NHS Direct)	
14	Advice and education	
10	Outreach including libraries, supermarkets, community centres, community councils	
8	Use of media including TV and soap operas	
8	Communication through schools and colleges as we need to change behaviour and need to work with young people	
8	People referenced need to need to be able to access GPs and nurses for minor ailments	
8	Highlighted language issues and difficulties in diverse community	
5	Use of smart phone apps and social media	
4	Need to work through voluntary and community sector	

7.2 Malaria prevention medicines

There was majority support for the proposal to remove provision of malaria prevention medicines from NHS prescription:

The local NHS should stop offering NHS prescriptions for malaria prevention medicines for travel	Agree / strongly agree	Disagree / strongly disagree
	55%	32%

7.2.1 Issues raised and actions identified

A number of issues relating to the proposal about malaria prevention medicines were received, including those highlighted below:

Number of comments	Issue raised	Actions
36	Concern about spread of infection and possible death from people who do not buy anti malaria medicines or travel vaccines	To address the importance of malaria prevention measures and adequate travel vaccination prevention prior to travel, the CCG will work with and promote the bi-annual malaria awareness public health campaign developed by South London Health Protection team and the Local Authority to run at peak travel times.
19	Concern about costs of malaria prevention medicine and cost to NHS of treating people with malaria One person asked whether a cost benefit analysis has been carried out	<p>The purpose of the campaign is to remind anyone travelling to countries where malaria is endemic of the risks of malaria, how malaria is transmitted, raise awareness of all protection methods and the importance of taking their medications as well as reminding health care workers on how to identify potential cases of malaria.</p> <p>Patients will be encouraged to obtain advice from health care workers when travelling abroad, and informed to factor in the cost of preventive medicines into their budget for travel. The campaign</p>

		<p>material will include posters and malaria factsheets.</p> <p>The CCG will use its usual communication channels in GP practices, community pharmacies, CCG website and will explore other suggestions from the survey on how to communicate with Southwark patients.</p> <p>Practical advice will be in line with current advice from Public Health England.</p> <p>Public Health Southwark has estimated an additional 10-12 imported cases of malaria. The additional cost of treating these cases on the NHS, is £52,000 against a saving of £125,000 in malaria prevention prescription costs.</p>
8	Concern about impact of proposals on Southwark black and minority ethnic community	<p>To address the importance of malaria prevention measures prior to travel the CCG will work with South London Health Protection team and the Local Authority public health team so above campaign reflects diversity of Southwark and is targeted at organisations and groups working with the black and minority ethnic community, including providing directly the campaign materials to the BME organisations and groups outlined in Section 4 of this document. Information on how to access medications via the GP or private travel clinic will be made available to patients.</p>
2	Need to monitor impact of proposals if implemented of numbers of malaria cases in Southwark	<p>Public Health will work with the South London Health Protection Unit to monitor the rate of reported and imported malaria cases over the next 18 months.</p>

7.3 Travel vaccines

The principle that people travelling should be expected to factor the cost of vaccination and preventive medicines into their travel budget received majority support among survey respondents.

The local NHS should stop offering the selected vaccines for travel on the NHS	Agree / strongly agree	Disagree / strongly disagree
	55%	36%

7.3.1 Issues raised and actions identified

A number of issues relating to the proposal about travel vaccines were received, including those highlighted below:

Number of comments	Issue raised	Actions
36	Concern about spread of infection and possible death from people who do not buy anti malaria medicines or travel vaccines and cost to NHS of people having malaria (as above)	See above response in section 7.2.1
26	Concerns about cost of travel vaccines <ul style="list-style-type: none"> • Could cost NHS more if people do not take and return with disease • One person asked whether a risk analysis had been carried out 	See above response in section 7.2.1 Many travel vaccines are administered as single doses or as part of a course of 2-3 injections. Many travel vaccines provide immunity for long periods of time (3-10 years).
5	Particular mention of hepatitis B and the concern that all hepatitis B vaccines will be coming off NHS prescriptions	Hepatitis B vaccine is available free on the NHS as part of the NHS vaccination schedule and to those at high risk of the infection and its complications for example, people who inject drugs or have a partner who injects drugs, people who change their sexual partners frequently, men who have sex with men. For voluntary travel, the vaccine is available privately either via a GP or

		private travel clinic. Hepatitis B vaccine is not provided on the NHS as part of occupational health services for patients. The responsibility rests with the employer.
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7.4 Suggestions on best way to communicate with Southwark patients

Respondents were asked to indicate from a drop down list the best way to communicate the decision about these proposals. 272 people answered:

ANSWER CHOICES	RESPONSES
Information in GP practices	91.18% 248
Information in community pharmacies	85.29% 232
Information on NHS Southwark CCG website and GP practice websites	65.07% 177
Information and discussion at GP patient participation groups	51.47% 140
Using social media (eg Twitter)	61.03% 166
Using local press and magazines (please say which)	54.04% 147
Articles in Southwark community newsletters and bulletins (please say which)	48.16% 131
Other (please specify)	39.34% 107
Total Respondents: 272	

In addition we received 75 free text comments on further suggestions on communicating with Southwark patients, including the key themes highlighted below

Number of comments	Issue raised	Actions
14	Outreach, drop-ins and suggestions included supermarkets, places of worship, libraries, post office, gyms, tenants and residents associations and community councils.	We value insight and ideas from respondents and will consider these in relation to whatever communications are needed should the proposals be agreed. The CCG would aim to address the issues raised through coordinated communications that build on existing national and London-wide campaigns designed to empower patients and public by giving them tools to understand how to manage their health. We seek to use channels that effectively reach target groups and are best value for the reach they provide.
8	Press and suggestions included: <ul style="list-style-type: none"> • Southwark Life (6) • Southwark News (3) • Local press such as South London Press, SE21 / 22 • Local radio • National 	

7	Posters and leaflets Door drop (2)	
7	Via practices and PPG (1), including: <ul style="list-style-type: none"> • Text messaging (6) • Information screens • Face to face from GP • Leaflets • Letter from GP • Emails to practice list • 	
6	Advertising through bus stops, billboards, in buses	
4	Via travel agencies	
4	Via voluntary and community sector organisations and groups	
4	Use community champions and expert patients	
3	Via Local Authority bills such as council tax	
3	Use of social media such as Facebook	
3	Email	

7.5 General issues raised

A number of general issues relating to the proposals were received which could not be attributed to a specific proposal:

Number of comments	Issue raised	Actions
21	Concerns about costs	To explore promoting Pharmacy First scheme to provide access to free over the counter medicines for those entitled to free prescriptions and the Public Health twice yearly campaign about malaria prevention and importance of travel vaccines
12	Supportive of proposals	
10	Access to malaria medicines and medicines for children	Information on how to access medications via the GP or private travel clinic will be made available to patients at the GP practices

5	Concerns about post-code lottery and / or NHS privatisation	The proposals to review the prescribing arrangements for General Practice in the provision of malaria chemoprophylaxis and for travel vaccines align with current national guidance. NHSE is currently running a consultation on items which should not be routinely prescribed in primary care and is planning on developing proposals to potentially restrict items that are available over the counter.
4	Concern that the CCG is limiting access to GPs	The proposals do not limit access to GP practices. Patients will still be able to make appointments and speak with a GP, Nurse or Practice Pharmacist, but may be asked to either buy their medicines over the counter or by using a private prescription for malaria prevention medicines and some travel vaccines
3	The need for guidance / information for clinicians	The medicines optimisation team will communicate with primary care clinicians and partner prescribing colleagues prior to implementation to raise awareness of any new changes

7.6 Other considerations

Respondents were asked as part of the consultation whether there was anything else they think the CCG should consider. 127 comments were received:

Number of comments	Issue raised	Actions
16	The need for communication and education programme to inform people of any changes	The CCG would consider how much and what communication and education is required specifically on any changes agreed and what campaigns and tools already exist that support patients around self-care.
12	Clarity about over-the-counter medications for people with long term conditions	The proposals exclusions include OTC treatments being used for a long term condition e.g. treatment of

		<p>chronic eczema with emollients. We will review what NHS self-care information is available for local use.</p> <p>Should the proposals be agreed, the CCG will write to stakeholders to clarify what has been agreed and who would be affected.</p>
11	The need for access to advice and medication for vulnerable people such as refugees and asylum seekers, disabled people etc	<p>The proposals do not limit access to GP practices. Patients will still be able to make appointments and speak with a GP, nurse or practice pharmacist, but may be asked to either buy their medicines over the counter or by using a private prescription for malaria prevention medicines and some travel vaccines. Local community pharmacists can give professional advice on how to self-care.</p> <p>Clinical judgement should always be used when considering whether it is acceptable to ask a patient to purchase their medication. This may include OTC licence restrictions, long-term (chronic) treatment, where there are possible safeguarding concerns, including, but not limited to, children where there might be concerns that treatment might otherwise not be provided. This may also be the case where there is a significant clinical risk to the patient if they did not purchase the product and there is a diagnosis requiring treatment for example, thiamine in patients with alcohol use disorders.</p>
10	Concern about costs of over-the-counter medication	Retain Pharmacy First scheme to provide access to free over the counter medicines for those entitled to free prescriptions
8	Issues about pharmacy. Some comments mentioned privacy, access and quality	It is a legal obligation for all pharmacies to have a private consultation room so that patients

		can have a private consultation should they chose to do so. The CCG will work with the LPC to promote awareness to patients of this facility.
8	Concern about spread of disease and infection	To address the importance of malaria prevention measures and adequate travel vaccination prevention prior to travel, the CCG will work with and promote the bi-annual malaria awareness public health campaign developed by South London Health Protection team and the Local Authority to run at peak travel times
5	Concern that the CCG is limiting access to GPs	The proposals do not limit access to GP practices. Patients will still be able to make appointments and speak with a GP, nurse or practice pharmacist, but may be asked to either buy their medicines over the counter or by using a private prescription for malaria prevention medicines and some travel vaccines
4	Specific support for the proposal about over-the-counter medicines	
4	Importance of role of receptionist and nurses in being clear about messages to patients.	The medicines optimisation team will produce a briefing document for primary care clinicians and staff so that clear messages are given to patients
4	Need to address medicines wastage	<p>The medicines optimisation team will work with GP practices, the Local Pharmaceutical Committee and other medicines optimisation teams across south east London to develop a model for managing repeat prescriptions.</p> <p>Encourage patients to order their own medicines online.</p> <p>The CCG will consider running a medicines waste campaign, working</p>

		with CCGs across south east London.
2	The need to review the numbers of malaria cases	Public Health will work with the South London Health Protection Unit to monitor the rate of reported and imported malaria cases over the next 18 months.
2	Concerns about post-code lottery and / or NHS privatisation	<p>The proposals to review the prescribing arrangements for General Practice in the provision of malaria chemoprophylaxis and for travel vaccines align with current national guidance.</p> <p>NHS England is currently running a consultation on items which should not be routinely prescribed in primary care and is planning on developing proposals to potentially restrict items that are available over the counter.</p>

7.7 Reducing negative impacts

Respondents were asked as part of the consultation how we can remove or reduce any drawbacks or negative impacts. 159 comments were received:

Number of comments	Issue raised	Actions
50	Provide communication / education	The CCG would consider how much and what communication and education is required specifically on any changes agreed and what campaigns and tools already exist that support patients around self-care.
10	The CCG should not implement the proposals	The overall consultation supports the proposals
10	<p>To consider exemptions to taking off over-the-counter medicines from NHS prescriptions, of which:</p> <ul style="list-style-type: none"> • Those on benefit (3) • Those with long term conditions (3) • Provide discount vouchers 	Those on benefit who are entitled to free prescriptions can access OTCs without payment as part of the Pharmacy First scheme.

	(3)	
7	The CCG should carry out a cost benefit analysis or audit and review of proposals	Public Health will work with the South London Health Protection Unit to monitor the rate of reported and imported malaria cases over the next 18 months
5	Promote Pharmacy First	We are exploring further promotion
5	Provide travel vaccines and malaria medicine to children for free	This is against national guidance
5	Keep malaria medicines on NHS prescriptions	The overall consultation supports the proposals. Keeping malaria medicines on NHS prescriptions is against national guidance.
5	Ensure access to vulnerable groups (homeless people , refugees): <ul style="list-style-type: none"> • Address free policy for Pharmacy First (1) • Ensure acceptance of HC2 (low income forms) at Pharmacy First 	The CCG will explore allowing hostel/day centre address to be used as proof of living in Southwark for Pharmacy First scheme.
5	Agreement that people should pay for travel vaccinations	
4	GPs to have discretion to prescribe over-the-counter medicines for people on benefits / using food banks	Clinical judgement should always be used when considering whether it is acceptable to ask a patient to purchase their medication. This may include OTC licence restrictions, long-term (chronic) treatment, where there are possible safeguarding concerns, including, but not limited to, children where there might be concerns that treatment might otherwise not be provided. This may also be the case where there is a significant clinical risk to the patient if they did not purchase the product and there is a diagnosis requiring treatment for example, thiamine in patients with alcohol use disorders
4	CCG to ensure access to GPs	
4	To ensure travel vaccines are provided at reduced or cost price	The overall consultation does not support this and it is against national guidance

4	Proposals should be nationally funded or should be national policy, including one comment about the CCG lobbying for more money.	<p>The proposals to review the prescribing arrangements for General Practice in the provision of malaria chemoprophylaxis and for travel vaccines align with current national guidance.</p> <p>NHS England is currently running a consultation on items which should not be routinely prescribed in primary care and is planning on developing proposals to potentially restrict items that are available over the counter.</p>
4	Travel clinics, of which: <ul style="list-style-type: none"> • Nurse led travel clinics (2) • Private travel clinic for which the CCG should charge 	Where specific travel clinics are provided in general practice these are nurse led.
3	No drawbacks	

Appendix one: Narrative consultation responses received

From:

Sent: 29 June 2017 16:08

To: southwark-ccg (NHS SOUTHWARK CCG)

Subject: Consultation

As to the consultation on proposed changes to NHS prescriptions, I am sure that my local community pharmacist *can* give me professional advice. but surely this depends on his/her *availability* . Are they not commonly remote from customers, frantically busy preparing prescriptions, with contact delegated to receptionists? My own experience at Morrisons Supermarket in Peckham, hopefully not typical, is not encouraging. Some months ago, having a very sore eye I asked if a pharmacist could a look at it. The receptionist spoke 'behind the scenes', but I was then fobbed off by the receptionist with an Optrex product. The condition quickly deteriorated and I went to my GP, who prescribed an ointment, and told me that if the condition persisted I should urgently go straight to Moorfield A&E department. It did persist and I decided to follow my doctor's advice. At Moorfields the triage nurse prioritised an examination, having discovered that I could see nothing through the sore eye. This revealed a severely scratched cornea. Fortunately the GP's medication was appropriate, and in time my eye healed with no long-term damage.

I complained twice, in writing, to Morrison's manager but received no reply. I gave up, and right now I don't want to pursue a complaint: but it is relevant to this consultation.

From:

Sent: 13 July 2017 18:07

To: southwark-ccg (NHS SOUTHWARK CCG)

Cc: WATTS, Rosemary (NHS SOUTHWARK CCG); michael.situ@southwark.gov.uk;
gavin.edwards@southwark.gov.uk; scrutiny@southwark.gov.uk;
richard.livingstone@southwark.gov.uk; evelyn.akoto@southwark.gov.uk

Subject: Re: Consultation on proposed changes to NHS prescriptions in Southwark

Dear Southwark CCG,

I would like to bring to your attention of lack of transparent information relating to the proposed prescribe of selected medicines and treatments in Southwark. I noticed that you mentioned the cost saving on your consultation paper but you did not mentioned how much it will cost patients to purchase these selected medicines especially the malaria medicines which could cost up to £48.00.

Furthermore, we should also know that not everyone travelling to these regions are going for holidays, Some could be going to these regions due to family member's bereavements or family members very sick. There are many factors that could warrant people travelling to these regions and we cannot base our thinking or judgement on holidays only.

The national guidance is an advice which tells what to do to improve health and social care but not a mandatory policy. So we have a choice to look deeply into our population in Southwark, the effect and cost it will have on NHS if patients travel to these regions without any early prevention and how diverse the Borough is. This is a Borough with high deprivation and diverse communities. We have to strike balance on what we intend to achieve and the effect on patients concern.

In addition, the proposed prescribe of selected medicines and treatments in Southwark especially malaria medicines is discriminating against certain ethnicities in the Borough who had already paid through their National Insurance contributions into NHS and could not have full access use of the service provision. This is not accepted in today's world.

The Southwark CCG should rethink of this proposal and the future it could have on the NHS and other services provision especially the malaria medicines. We also need to see the statistics of how you came up with this proposal. I understand that we have to do things in different ways but not when it discriminate others from full use of the service provided in our Borough.

However, I am very concern that the consultation would not get to the right patients affected most and the outcome of the survey will not reflect on the service users and the lack of information on the cost of medicines not included in the consultation paper. Although, you can argue that there are many manufacturer providers but at least give the estimate cost, e.g, the cost of malaria medicines is £4.85 - £48.00 will be helpful for patients who are completing the survey

I look forward to your reply.

Kind Regards,

From:

Sent: 20 August 2017 19:40

To: southwark-ccg (NHS SOUTHWARK CCG)

Subject: Consultation on proposed changes to NHS prescriptions in Southwark

To NHS Southwark CCG

Re: Consultation on proposed changes to NHS prescriptions in Southwark.

General Points

1.UK taxpayers and persons making N.I. contributions pay towards a NHS that is Free at the point of delivery. Persons who are exempted from paying prescription charges do not pay for their prescriptions and the others pay £8.60 per prescription item. Persons who have contributed their tax will be required to pay for medicines which were free before.

2. On initial consideration the above proposal appears reasonable and agreeable. However when considered in depth, it is a formula for chaos, has unintended consequences and is likely to be costly.

3. It is generally accepted that clinicians respond to patient need. This proposal will remove low cost prescription items and valuable disease prevention malaria treatments and vaccines from CCG budget and transfer to the service user ie a PRIVATE budget. Malaria prophylaxis on NHS prescriptions is charged at cost price or trade price to the NHS, however when ordered on a private prescription, there is an additional profit margin on the cost thereby working out quite expensive for a family travelling to a high risk malaria zone.

As Southwark has residents from many countries, who visit high risk Malaria zones, it is inevitable that people will travel and contract Malaria, which will be more expensive to treat.

4. It must be recognised that GP workload will increase and will be confusing for many patients. There will be a need to decide when a short term medication changes to medium term and long term. How do we deal with patients with dementia, patients who get easily confused, elderly patients needing vitamin D supplements, etc

Specific Points

5. Prescription medicines are costed at trade price/ Drug tariff price. However when patients buy an item over-the-counter, it will have 2 extra elements added to the cost price namely the profit margin and 20% VAT. It is quite possible consequently for a £ 5 medicine at trade price to be charged at £10 to the consumer.

6. Some medicines which are widely prescribed and used for pain relief, are likely to cause considerable inconvenience to consumers.

eg a patient has back pain and is prescribed 100 Paracetamol tablets by their GP. At pharmacies, the maximum pack size for sale is 32 tablets, which the patient will need to buy on 3 separate occasions to minimise overdose risks.

7. The current UK economy on the way to Brexit has resulted in a weaker Pound against the Euro. There are huge fluctuations in price of medicines due to numerous factors.

There is a likelihood that many of the OTC low cost medicines in this proposal will shoot up in price, for the consumer, as the demand for a given product will increase and the stock levels will be inadequate in the country. We must be aware that medicines on prescriptions and medicines OTC for sale have different rules and regulations and packages.

In conclusion, there are considerable risks in this proposal, for consumers ie the members of the public who will be required to pay a much higher cost for the estimated £750,000 saving to our CCG. For patients who have complex needs this proposal will enhance barriers to their care.



By email

Ms Sadhna Murphy
Chief Pharmacist
NHS Southwark CCG
1st Floor, Hub 5
PO Box 64529
London SE1P 5LX

25 August 2017

Dear Ms Murphy

I am writing on behalf of Southwark LMC to provide a response to the consultation for the proposal for changes to NHS prescription in Southwark CCG. It is appreciated that the period of consultation closed on 20 August but I hope that the LMC's comments can be considered.

The proposal is to no longer support the routine prescribing on the NHS for self-care/over the counter medication for short-term minor illnesses and conditions and health supplements, stop prescribing malaria prevention medicines and selected vaccines on the NHS for travel.

The LMC understands that the Pharmacy First Scheme will continue in Southwark, whereby some patients can attend pharmacies and obtain the types of medication above free of charge. If the above proposal goes ahead it would mean that some patients would still be able to obtain medication free of charge under the Pharmacy First Scheme but if they go to their GP they will have to pay for such medication. Has this been taken into account?

If the proposal is to work there needs to be a publicity campaign locally to raise public awareness and material such as posters and leaflets should be provided for GPs to display in their surgery to avoid practices having to spend time having difficult conversations with patients during consultations.

Clear and consistent guidance will need to be made available to practices setting out when it would be considered appropriate for practices to prescribe eg for chronic pain etc.

Finally, the LMC queries why this consultation is being undertaken locally in Southwark now. Would it not be better to await the outcome of the national consultation rather than implement something locally?

Yours sincerely

Nicola Rice
Assistant Director of Primary Care Strategy