

## Healthwatch Birmingham's response to NHS England's Consultation on

### Conditions for which over the counter items should not routinely be prescribed in primary care: A consultation on guidance for CCGs

Healthwatch Birmingham welcomes the opportunity to respond to NHS England's consultation on 'Conditions for which over the counter items should not routinely be prescribed in primary care: A consultation on guidance for CCGs'. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care.

We recently responded to the (October 2017) consultation on '*Items which should not routinely be prescribed in primary care*'. We welcome the changes that the NHS has made in response to stakeholder feedback on the proposed changes. In particular we welcome the exceptions for vulnerable patients that have been included in this guidance and the requirement for CCGs to take into account their legal duties to advance equality and have regard to reduce health inequalities when implementing guidance.

We note that NHS England believes that 'these proposals will have a neutral impact on the health of individuals with protected characteristics.' However, we know from our experience (and according to NHS England<sup>1</sup> data) that avoidable inequalities in health cut across a range of indicators including the protected characteristics as set out in the Equality Act 2010. Therefore, a person's chance of enjoying good health and a longer life is determined by the social and economic conditions in which they are born, grow, work, live and age. These conditions also affect the way in which people look after their own health and use services throughout their life. In a place like Birmingham where the level of disadvantage/deprivation is higher than the national average, greater care needs to be taken to ensure that health inequalities do not increase, especially for those with protected characteristics.

Evidence from Quality Accounts of Trusts, EDS 2 and Healthwatch Birmingham's investigations (<https://healthwatchbirmingham.co.uk/about-us/reports/>) show that there are inequalities in access, health outcomes and service experience for different groups. Healthwatch Birmingham is concerned about the impact the proposed changes to prescribing will have on:

- The most disadvantaged/vulnerable in our society such as the homeless, people on low incomes, people living in poverty, people who are geographically isolated, those with language barriers, and those with caring responsibilities; and

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2012/04/NHS-England-SED-Response.pdf>



- People who are entitled to free medication on the NHS and would therefore not afford to pay for over the counter medication

NHS England needs to consider the short and long-term impact of these proposals and the inequalities these proposals might cause. For instance, Birmingham city is one of the most ethnically and culturally diverse city in the United Kingdom. 42% of its residents come from ethnic groups other than white; and the 2011 census recorded that Birmingham residents had over 91 different languages as their first or preferred language. There are groups that do not speak English and use an interpreter to access services. These groups might face problems in self-caring as they have a language barrier that would make it difficult to access sites such as NHS choices.

Key to understanding the impact of these proposals would be to engage with people from different protected groups. We are concerned that the documents provided in support of this consultation do not outline a strategy that will ensure engagement with those with protected characteristics.

We note that once approved, the guidance will be reviewed annually and items may either be retained, retired or added to the current guidance. We urge NHS England to ensure that any future reviews of this guidance reaches a wide variety of people, uses varied methods for engagement, provides the necessary information including an equality impact assessment, and that the appropriate length of time proportionate to proposals is given for the public to comment rather than the suggested four weeks.

### Patient, Public and Service User Experience

Healthwatch Birmingham believes that the reason for public consultations should be to better understand the unintended consequences of commissioning decisions through the voice of patients and the public. We recently (08/03/2018) attended an event for women from the Muslim community. They shared with us their experiences around prescriptions and this is what they had to say:

*“I called up to get calpol for my 4 year old daughter. I spoke to someone at the GP who told me that I would have to pay for this. She said if the NHS carried on like this...giving people free prescriptions...there would be no NHS. I found this to be very rude and insulting as I work and pay my taxes. Furthermore, my daughter was ill....I was very shocked for her lack of empathy. It was almost like I was being blamed for the current state of the NHS.”*

*At my GP practice, the appointments are always fully booked and they require me to pay for my medication as the GP won't prescribe them. I am on low income and*



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*buying medicine over the counter will have a financial effect on my family and children. I am concerned whether am buying the right medicine to administer for myself or family.*

Throughout the year patients, service users and members of the public have raised the following concerns: changes to prescriptions for cheaper drugs; negative effects of cheaper medicines on patient's health; and lack of accountability of changes made to prescriptions. Below is some of the feedback we have received:

*"My GP has told me that they are changing my prescriptions to a cheaper drug on the grounds of cost. When I tried to challenge one doctor, he told me he couldn't afford to prescribe the medication, got up and opened consultation door!"*

*"When I go to the pharmacist to pick up the prescriptions they are different. They tell me it is up to the doctor. The doctor tells me it is up to the pharmacist! The cheaper prescriptions are having negative effects on my health, and this is being picked up by staff at hospitals when I go to receive treatment there."*

*"I have asthma and COPD. I have had a change to my prescription for my inhaler which is different to the usual one. The pharmacy told me that the GP may have prescribed it differently as it is cheaper. I refuse to use the new inhaler. The GP did not involve me in discussions about the change to my medication/prescription beforehand".*

We have also received feedback on the consultation under consideration.

*'I feel that cutting out all those medicines mentioned could make people think that the symptoms they were suffering were too trivial to mention to a Doctor. This could lead to late diagnosis of serious diseases further down the line with greater suffering for the patients'*

*'Regarding gluten-free prescriptions, no mention is made of coeliac disease, which is not the same as gluten intolerance. Non-compliance with the gluten-free diet can lead to some cancers, which would be costly to treat'*

*'Only the main supermarkets stock gluten-free products; Aldi, Lidl and convenience stores do not. For some people travel to a gluten-free stockist would be costly in time and money. It's hard to make a sandwich with rice or potatoes'*

*'These proposals are short-sighted. Closer scrutiny by GPs especially on repeat prescriptions could make good monetary savings and save waste'.*



13/03/2018

Healthwatch Birmingham is also concerned that the proposals have not addressed the question of GPs being put in the position of means testing patients during consultations. We are concerned that the proposed guidance may result in GPs deciding which patients should be prescribed a medication and which should buy the same item over the counter (OTC). How will GPs take into account socio-economic issues should they be required to make decisions on who can get a free prescription and who cannot?

## **Conclusion**

These proposed changes will affect a large range of the population across a wide range of conditions across the UK. NHS England needs to address issues around health inequality and the potential impact proposals might have on vulnerable groups. NHS England, therefore, needs to ensure that they have listened to all types of patients that are affected by these changes. We look forward to reading the unintended consequences NHS England has been alerted to as a result of this consultation, and the solutions they will now put in place to avoid these.

We also look forward to reading and sharing any educational materials produced for the public, GPs and pharmacists. Including plans to ensure that information on self-caring (i.e. NHS Choices) is made accessible to different groups, especially those with a language barrier or learning disability.

Yours Sincerely,



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