

Healthwatch Birmingham's response to NHS England's consultation on the proposed guidance for Clinical Commissioning Groups: Items which should not routinely be prescribed in primary care

Introduction

Healthwatch Birmingham welcomes the opportunity to respond to NHS England's consultation on '*Items which should not routinely be prescribed in primary care*'. 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. In line with our role, we have focused our comments on:

- The involvement of PPSuCs in developing the proposed changes, future updates to the prescription list and the guidance review.
- Whether proposed changes are responsive to the individual needs of those accessing services, ensuring that they do not lead to health inequality.

We agree that the NHS should not prescribe items that are ineffective, unnecessary, inappropriate, or in some cases unsafe. Such prescribing can fail to address the source of the health condition, negatively affect people's health leading to poor health outcomes, and waste scarce resources. Whilst our comments on this proposed guidance are made cognizance of the negative impact poor prescribing has on patients and on NHS finances, we believe that the needs of PPSuCs should be central to any changes to prescribing. NHS England needs to consider the short and long-term impact of these proposals and the inequalities these proposals might cause.

Healthwatch Birmingham is concerned about the impact the proposed changes to prescribing will have on:

- The most vulnerable in our society such as the homeless, people on low incomes, people living in poverty, people who are geographically isolated, and those with caring responsibilities;
- People who are entitled to free medication on the NHS and would therefore not afford to pay for over the counter medication;
- People suffering from conditions that necessitate the use of these prescriptions;

Healthwatch Birmingham also notes from the consultation documents that one of the problems this guidance aims to address is variation in what is prescribed and to whom. Whilst this is welcome, we believe that not all variation is bad, as



Healthwatch Birmingham

Cobalt Square, 83 Hagley Road, Birmingham, B16 8QG

www.healthwatchbirmingham.co.uk | info@healthwatchbirmingham.co.uk | 0800 652 5278

Company Registration No: 08440757

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patients may receive different services based on their health needs. We look forward to reading in the final guidance document how it will take into account people's different health needs. The challenge for the CCGs in implementing this guidance will lie in retaining good variation by involving patients in decisions about their treatment while identifying and removing variation arising from inappropriate prescribing.

We welcome the fact that this statutory guidance shall not remove the clinical discretion of the prescriber. Most importantly that the Guidance will take into consideration the CCGs legal duty to advance equality and reduce health inequalities.

Patient and Public Involvement

Pre-consultation

The documents provided in support of this consultation, including the draft Guidance, are not clear as to what patient and public involvement activities took place prior to the consultation. As a result, it is unclear the extent to which the views of PPSuC were taken into consideration in drawing up the list of items that will no longer be prescribed or swapped for cheaper alternatives. Equally, it is not clear how the experiences of specific groups that are prescribed these items were taken into account in drawing up the proposals in this consultation.

Methods for engaging and involving the public

Healthwatch Birmingham is concerned that PPSuCs have not been given varied ways in which to comment on these proposals. We note that NHS England will be attending a range of events but it is not clear where or when and if these events are open to the public. Considering the extent of these proposals, there are only two face-to-face events and one online event. In both cases, people have to book online in order to attend. Regarding the online-survey and the consultation documents, there is no indication that hard copies have been made available to the public (i.e. at public libraries, GP surgeries, and other community forums/group) nor are they available in other languages or formats. It appears that the methods employed by NHS England for involving the public are online. This has the potential to exclude some groups from contributing to the consultation. Consequently, only those that know a lot about and have access to modern technology, and have no access barriers, are able to give their responses.



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We are therefore not sure how effective these methods were in reaching the hard to reach groups - those with language barriers, those from deprived areas and those that would not be able to attend meetings, nor access documents online. We would like to read in the consultation report the range of people that NHS England was able to reach through these methods.

Content of Consultation

Healthwatch Birmingham felt that the consultation document, including the 'frequently asked questions' document used clear language. The document explained the jargon. Therefore, people with no barriers (i.e. language or other communication needs) could access these documents. However, we are concerned that the public is asked to give general views on 'items that are prescribed in primary care and are available over the counter' without the details of the relevant 3,200 products. This is further complicated by the fact that these 'general views' will inform the development of a full equality and health inequalities impact assessment. Failure to provide the necessary information means that people being consulted do not understand the issues and cannot give informed and meaningful responses.

Regarding the evidence used in developing proposals for the eighteen items under discussion, there is no consideration of PPSuCs experience and insight in relation to their use of these medicines. Obtaining people's experiences would enable NHS England to understand the different views of patients that use these items. Especially, the impact of these changes on people with complex and chronic conditions.

We welcome the inclusion of an equality impact assessment for this consultation. From page nine to twelve, you state the following in relation to protected characteristics under the Equality Act 2010:

Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?

During the consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristics...

However, the consultation document has not outlined a strategy that will ensure engagement with the groups identified in the equality impact assessment. We ask NHS England to consider diverse views from people, with the protected characteristics and those vulnerable, in developing plans for 'over the counter'



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items. There needs to be consideration of the experience and insight of those affected by inequalities (health or otherwise) associated with socioeconomic factors and other disadvantages (i.e. social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions).

Post Consultation

We welcome NHS England's plan to publish a summary of the responses to this consultation. We urge you to ensure that you do not only report the decision but demonstrate how the views of the public have influenced the final decision. This will ensure that people feel part of the decision-making process and not that they are just commenting on decisions that might have already been made.

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 also note that the joint clinical working group will prioritise items based on five criteria. We ask NHS England to consider making 'patient feedback' a standalone criteria rather than an alternative to strong clinician feedback. Healthwatch Birmingham believes that NHS England should use patient feedback to:

- Identify and understand the impact of proposals on health inequalities and barriers to improved health outcomes; and
- Use patient feedback to inform the development of possible solutions, decisions made and actions taken in order to address health inequalities and drive improvements in health outcomes.

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 is given for people to comment.

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 will be extremely interested to read the responses from the public to this consultation. Particularly the unintended



consequences NHS England has been alerted to as a result of this consultation, and the solutions put in place to avoid these.

Some of the proposed changes in this consultation have the potential to have a massive impact on the life and well-being of individuals. NHS England needs to understand what this impact will be, especially as CCGs move to adopt this guidance. Throughout the year, Healthwatch Birmingham has been listening to voices of the people of Birmingham about their experiences of health and social care. PPSuC have raised: 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’



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‘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’.

In addition, we are concerned that the proposed guidance will result in GPs being put in the position of means testing patients during consultations. We are aware that GPs make a clinical judgement concerning the prescription of items not on the blacklist. We are also aware that prescriptions are based on clinical need not want. Patients are therefore used to the possibility that requests for items on prescription can be denied, and that if possible items can be bought ‘over the counter’. Our concern though is 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). Should GPs be making this type of decision in individual consultations? We are also concerned about the inequity that is likely to result, with variation in prescribing between GPs, and for the same GP with different patients according to perceived ability to pay OTC.

We believe that NHS England should demonstrate how it has taken into consideration the following issues:

- The wider impact these proposed changes may have on NHS finances. For instance, the unintended consequences that might lead to prescribing more expensive items. Equally, the potential market changes that might lead to an increase in prices for over the counter items making access difficult for PPSuCs.
- The impact of proposed changes on people from different socio-economic backgrounds considering the variable levels of deprivation across the UK.
- How GPs will take into account socio-economic issues should they be required to make decisions on who can get a free prescription and who cannot? In addition, how the CCG will mitigate against unfair discrimination should prescribing be based on socio-economic status.
- The legal implications of this guidance being a statutory document and therefore make clear areas where CCGs obligations precede this guidance. For instance, when due regard to local circumstances and their own impact assessment is taken into consideration in decision-making on prescribing items.



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- How CCGs will communicate changes to the public and individual patients who are affected by changes. Communication will be even more important for patients whose medication is changing to a cheaper one. Patients need to be reassured of the clinical effectiveness of new items and that principles of best practice on clinical prescribing are being adhered to. This can only be done if changes are discussed with patients and their carers.

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.

Yours Sincerely,



Chipiliro Kalebe-Nyamongo
Policy Officer



Andy Cave
Chief Executive Officer



