

## **Healthwatch Birmingham's response to Proposed changes to prescriptions and medicines in Sandwell and West Birmingham Consultation**

### **Introduction**

Healthwatch Birmingham welcomes the opportunity to respond to Sandwell and West Birmingham CCG consultation on proposed changes to prescriptions and medicines. In line with our role, we have focused our comments on the elements of the changes that relate to:

- The involvement of patients, the public, service users and carers (PPSuCs) in developing the proposed changes.
- Whether proposed changes are responsive to the individual needs of those accessing services, ensuring that they do not lead to health inequality.
- The extent to which proposed changes align with policy and national plans.

Healthwatch Birmingham's comments on these proposals are made cognizance of the immense financial pressures the NHS is facing and the impact this is having on local budgets. We appreciate that the CCG has to redefine its priorities in response to these financial pressures and make difficult decisions regarding services it commissions. However, we believe that the CCG needs to ensure that the needs of PPSuCs are central to any decisions made on prescriptions in Sandwell and West Birmingham. Equally, the CCG needs to consider the short term and long term impact of the proposed plans and the inequalities these proposals might cause.

### **Patient and Public Involvement**

The CCG offered a number of ways for the public to express their views on the proposed changes to prescriptions and medicines. However, from a discussion held at the Joint Birmingham and Sandwell HOSC, we are aware that the public meetings were only attended by a very small number of people. We also have reservations about whether the consultation would reach those people who are 'easy to avoid', for example, those with language barriers, those from deprived areas and those not able to attend meetings, nor access online documents. We would like to read in your report the number and range of people that the CCG were able to reach through these methods. We are also looking forward to reading how these views will inform the guidance.



Good public involvement is one where the public are given sufficient information and justification for proposed changes. Apart from the financial justification set out (i.e. savings of £1.5M) in the consultation document, the other justifications are general assertions that may or may not be implemented, yet are presented as facts. For instance, that implementing these proposals will free up GP appointments and lead to investment in new, innovative medicines. We do not believe that these necessarily directly correlate and this is not explained to the public. Equally, it is not clear whether the CCG has considered other options for addressing the problem of unnecessary prescribing, such as better support for GPs and public awareness campaigns.

Healthwatch Birmingham commented on how proposals have been presented through its pre-consultation engagement with the CCG. We communicated our view to the CCG, that the covering letter/foreword is misleading. This section talks about coughs, sore throats and minor aches. However, the rest of the document makes clear that this consultation is much wider than coughs and colds. Not being clear on the extent of the proposals may have reduced the level of engagement as individuals feel that this is a trivial issue that will not impact them.

The CCG has not provided any evidence of an impact assessment having been carried out prior to this consultation. In addition, there is no mention of whether pre-consultation activities have included carrying out an equality analysis. It is therefore unclear which groups might particularly be impacted by the proposed plans. It is especially important that the guidance takes into consideration the potential impact on people from protected groups. It is therefore not clear what impact these plans will have on the groups listed in Appendix 1-3 (under exceptions) and what plans are in place to ensure that the rights of those legally entitled to free NHS prescriptions (i.e. pregnant women, children, people with a chronic illness etc.) will be protected. Equally, a good equality analysis would identify those individuals affected by inequalities (health or otherwise) associated with socioeconomic factors or other forms of disadvantage (i.e. social exclusion and deprivation associated with geographical areas). We believe that an analysis of how the proposed changes can impact the health of the population concerned and potentially lead to health inequities would lead to better insight on how to implement the changes.

### Are these proposed plans in line with policy on prescribing medication?

We note that the CCG is proposing to no longer make available on prescription:



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- Treatments for minor conditions;
- Treatments where there is insufficient evidence of clinical benefit or cost-effectiveness;
- Treatments for conditions where they may not be a clinical need to treat; and
- Gluten-free foods.

The blacklist<sup>1</sup> indicates those medications GPs are not allowed to prescribe. The proposed guidance will provide GPs with a list of items the CCGs advises should not be prescribed. We would like to know how the CCG plan to avoid an increase in complaints to the CCG from patients who request and are denied medications that are not on the blacklist.

### 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. However, we would suggest that, in practice, a key reason for this consultation is to provide guidance that GPs could use to support them not prescribing items for which there is no evidence base or are not cost-effective. That is, to save time during clinical consultations by more quickly denying patients the items that the patient wants (but not necessarily needs). We will be extremely interested to read the responses from the public to this consultation. Particularly the list of unintended consequences the CCG has been alerted to as a result of this consultation, and the solutions put in place to avoid these.

Some of the changes described in the proposals could have a massive impact on the life and wellbeing of individuals. The CCG needs to understand what this impact will be as part of the commissioning decision. Throughout the year Healthwatch Birmingham has been listening to voices of the people of Birmingham on their experiences of health and social care. Concerns have been raised around: changes to prescriptions for cheaper drugs; negative effects of cheaper medicines on patient's health; and no one to hold to account for changes 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*

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<sup>1</sup> Schedule 1 of the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004 : <http://www.legislation.gov.uk/ukxi/2004/629/contents/made>



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*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."*

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'.*

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 the prescription of items not on the blacklist is determined by the clinical judgement of the GP. 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 may be denied, and that if possible this may be bought 'over the counter'. Our



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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). We question whether GPs should 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 the CCG needs to consider:

- The wider impact these proposed changes may have on the NHS.
- The impact of proposed changes on people from different socio-economic backgrounds considering the levels of deprivation in Sandwell and Birmingham.
- 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.

## Conclusion

These proposed changes will affect a large range of the population across a wide range of conditions in Sandwell and West Birmingham. We ask the CCG to consider issues around health inequality and the potential impact proposals might have on vulnerable groups. The CCG therefore needs to ensure that they have not only listened to the loudest voice. We look forward to reading the unintended consequences the CCG has been alerted to as a result of this consultation, and the solutions they will now put in place to avoid these.

Yours Sincerely,



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