



February 2016

Over the counter medicines: a proposal
Briefing information for Leeds Adult Social Care, Public Health and
NHS Scrutiny Board

(On behalf of NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group)

Background

The clinical commissioning groups (CCG) in Leeds - NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group - have to ensure that we spend the local health budget for our area as effectively as possible, minimise waste and promote self-care.

In line with our responsibility we have reviewed the money we spend on prescribing certain medicines, treatments, products and food items. From this review we have identified a range of items that we are proposing to stop prescribing in Leeds.

Our proposals include:

- that we stop prescribing treatments and over the counter medicines for short-term, minor conditions/ailments that are available over the counter (in pharmacies or shops) at a price cheaper than an NHS prescription, or where there is insufficient evidence of clinical benefit or cost effectiveness
- that we stop prescribing gluten-free foods

Draft guidance – attached

Some medicines that are used to treat minor ailments do not need the patient to see a GP; pharmacists are expert at providing advice around minor ailments and are easy to see without an appointment. We also want our clinicians to only prescribe medicines that are known to be clinically effective and have a health benefit for patients. We have drafted guidance that outlines these medicines that are used to treat minor ailments do not require the patient to be seen by a GP. These products can be purchased from pharmacies and supermarkets.

Within this guidance document it clearly outlines the eligibility criteria and principles behind the guidance and relates to:

- List of minor conditions for which prescriptions will not be issued.
- Treatments where there is limited or no clinical evidence for their use or cost effectiveness
- Preparations where there may not be a clinical need to treat
- Prescribing gluten free foods
- Branded drugs – Medicines will be prescribed by their generic/branded generic name only, unless due to safety reason medication needs to be prescribed by brand.

This document is to act as guidance for patients, clinicians and other prescribers in primary and secondary care.

If prescribing is deemed to be clinically necessary, only those products listed in the agreed local formularies should be prescribed. Prescribers will be required to consider whether the benefits of prescribing a treatment for an individual patient justify the expense to the NHS. Such judgements should be based purely on clinical factors and should not be influenced by socio-economic aspects such as the patient's ability to purchase the treatment should they wish to do so, if it is not prescribed.

The success of this guidance will depend upon the commitment by GPs and other prescribers to implement the restrictions and through raised public awareness and adoption of self-care approaches for suitable minor conditions.

One additional cost would be up to £40,000. This is to set up the scheme to allow eligible population to access cheap to buy Vitamin D products for prophylaxis use, from community pharmacy as part of the health living pharmacy scheme. Leeds Currently spends £600K a year on Vitamin D on both treatment and prophylaxis doses. Having this scheme may help to save on this cost.

Over the counter medicines: the case for change

Over the counter medicine refers to medicines that can literally be bought over the counter because they are considered safe enough for people to self-manage common and minor ailments. These are medicines such as painkillers, cough and cold remedies, antihistamines and some skin products. They do not include any medicines that are available by prescription only.

It is estimated that nationally there are 57 million GP consultations each year for minor ailments, a situation that costs the NHS approximately £2 billion and takes up to an hour a day on average for every GP. Most minor ailments are generally not serious and can usually be effectively managed by the individual, parents or carers. Products aimed at treating the symptoms of many of these ailments may not offer value for money and should not normally be prescribed at NHS expense - simple medications are prescribed at an inflated cost to the NHS (e.g. a 29p box of paracetamol can cost the NHS £3.17) and take up clinical and patient time. Often these products are widely available at low cost from supermarkets and pharmacies. Pharmacists (and other trained staff) are expert in providing advice around minor ailments and are easy to access without an appointment. We believe that by limiting the prescribing of such medicines we can make savings and focus our investment on the diagnosis and treatment of more serious conditions.

Gluten-free foods: the case for change

Gluten is a type of protein that is found in three types of cereal – wheat, barley and rye. A gluten-free diet is recommended for people who have been clinically diagnosed with coeliac disease. Gluten can cause symptoms that include bloating, diarrhoea, nausea, tiredness and headaches.

Certain foods are naturally gluten-free such as meat, vegetables, cheese, potatoes and rice. There are gluten-free alternatives for those foods that do traditionally contain gluten, such as bread and pasta, available to those who wish to continue to eat similar foods which contain the cereals described.

There is no cure for coeliac disease, but switching to a gluten-free diet will help control symptoms. A decision was taken over 30 years ago to include gluten-free foods on prescription, when there was limited availability of gluten-free foods to buy. Today the availability of gluten-free foods has increased dramatically and they are found in almost all major supermarkets. Health experts say that as a protein, gluten is not essential to people's diets and can be replaced by other foods. There is a lot of information available to patients via their GP, dietitian or available online about how to eat a healthy gluten-free diet. When prescribing gluten-free foods the NHS pays both for the food plus the additional cost of processing the items.

Typical costs to the NHS, however, remain high, e.g. the cost of gluten-free foods for an adult male for one month is typically £32, whereas the same products would cost the NHS £75 if provided on prescription. Coeliac disease on its own is not an exclusion criteria from prescription charges

Removing gluten-free foods from prescription will also remove the potential for inequity, as foodstuffs for patients with other conditions where dietary interventions are recommended are not prescribed.

Branded medicines: the case for change

The names of medicines can often be confusing and the same medicine can sometimes be called different things. Both do the same thing medically, but different manufacturers can give it a different name. It is similar to buying branded goods or a supermarket's own label – both products do the same job, but the supermarket's own version is usually cheaper.

Branded medicines can cost the NHS up to 56 times more than the equivalent non-branded products. It is estimated that we spend an additional £130,000 every year on prescribing branded medications instead of the equivalent non-branded products.

People who need a branded medicine for specific medical reasons will not be affected by our proposals.

Stakeholders

We have drafted medicines commissioning guidance and will survey people to gather their views. We will also need to inform other stakeholders about our proposals. The stakeholders we have identified are:

Patients

- Relatives and carers
- General public
- Pharmacists
- Scrutiny Board
- Elected members such as councillors and MP;
- Community, voluntary and faith sector
- Healthwatch
- Primary and secondary care health care professionals

Engagement plan

We have written a plan to engage and communicate with our stakeholders to understand if they support our guidance and to gather their comments. The outline of the plan is as follows:

- We will take this to Leeds CCGs' Patient Assurance Groups (PAGs) for their comments on our engagement plans
- We will take to the Leeds Adult Social Care, Public Health and NHS Scrutiny Board, Health Service Development Group
- We will go out to engage on the draft guidance to see if people support this
- The engagement will include an online survey and a published survey
- We will work with Leeds Involving People to gather as many views as possible
- We will work with Leeds Engaging Voices who will hold meetings and focus groups to gather insight from some of our more deprived communities and areas where prescribing these drugs is high.
- We will use some examples of campaigns from other areas at the focus groups to ask people what messages they would respond to
- The guidance will go to the following meetings, heads of medicines optimisation, commissioning of medicines group, clinical directors network, CCG boards/executives.