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Report from:	lan Cameron, Director of Public Health, Adults and Health Directorate	
Report to:	Scrutiny Board (Adult Social Care, Public Health, NHS)	
Date:	19 April 2017	
Subject of Briefing:	Proposed Prescribing Changes: Formal Consultation	
Summary and Purpose:	The paper provides comments on the formal consultation document by the Leeds Clinical Commissioning Groups – proposed prescribing changes. These are intended to help the Scrutiny Board (ASC, Public Health, NHS) meeting on 25 April 2017.	
Report presented for:	Information	
	Approval	
	Discussion	
Does the report contain confidential information?	Yes	\boxtimes

Briefing Note:



Proposed Prescribing Changes: Formal Consultation
We enclose views from Public Health to help the Scrutiny Board discussions:

- 1. We are aware that since the consultation began, NHS England will be leading a review of low value prescription items, including over the counter items plus and the availability of gluten free foods on prescription in primary care. We understand from the Leeds Clinical Commissioning Groups that the local consultation will be progressed regardless of any national review. We are concerned this may result in Leeds being out of step with any new national direction. We would therefore want confirmation that the Leeds decisions reflect the outcomes of any national consultations.
- 2. Within the position statement for the Clinical Commissioning Groups covering the Leeds health economy, there is a contradiction in that there is a clear statement that clinicians should only prescribe medicines that are clinically effective and provide a health benefit to patients: Yet the proposal is to exclude some items that are clearly effective. So there is a lack of clarity about the purpose of this "Position Statement".
- 3. A further concern with proposals relates to any unintended consequence of increasing inequalities and inequity. The main impact of the changes will be on people who do not pay for prescriptions, (and to some extent those who limit their prescription expenditure by prepayment certificates). That tends to mean people on low income, children, and people with defined long-term illnesses. This has a potential to increase inequalities. There is a clear statement in section 8 on the eligibility criteria being used. In view of the importance of this issue it is of concern that there is no Equality Impact Assessment included with the consultation papers and therefore no apparent approaches to mitigation.
- 4. The proposals put more responsibility onto pharmacists but it is not clear from the papers whether community pharmacists have been engaged and/ or are supportive for the implications of the change.
- 5. We have specific comments about the proposals on Vitamin D prescribing. At risk population groups (e.g. people over 65, people who have low exposure to the sun and people with darker skin) are at greater risk of damaging musculoskeletal health from vitamin D insufficiency leading to increased risk of falls and fractures. It is nationally recognised that taking preventive Vitamin D supplements will reduce this risk. However it is recognised that the cost of prescribing Vitamin D is increasing in Leeds and that savings could be made as suggested on the prescribing budget by switching people on a maintenance dose to low cost over the counter supplements.

It is therefore welcomed that there is the suggestion of using the Health Living Pharmacies for this: However we would need to be assured there was consideration of access to all people who required this, as this is only around half the pharmacies in Leeds, and that there was a promotional campaign to increase awareness about the impact and availability of low cost supplements.

Questions about this briefing note?

For more information about the review any issues raised in this briefing note please contact: Ian Cameron, Director of Public Health, Adults and Health Directorate: ian.cameron@leeds.gov.uk Tel: 0113 378 8653