

Community Pharmacy West Yorkshire

Response to proposed changes to prescribing

Leeds CCGs – Changing the way we prescribe in Leeds Consultation April 2017

Response from Community Pharmacy West Yorkshire the Local Pharmaceutical Committee that represents all community pharmacy contactors in West Yorkshire (<http://www.cpyw.org/about-us.shtml>)

Each of the three proposals made by the Leeds CCGs will impact on Community Pharmacy as well as patients who use community pharmacy. It is disappointing that the Leeds CCGs have not approached Community Pharmacy West Yorkshire directly to discuss these proposals and the only documentation we have received is via the Leeds City Council's Health Overview and Scrutiny Committee.

Gluten-free products

CPWY are aware that NHS England are consulting on the availability of gluten free foods on prescription in primary care.

<https://www.gov.uk/government/consultations/availability-of-gluten-free-foods-on-nhs-prescription>

CPWY recommend that the decision of the Leeds proposals await the outcome of this national consultation. To forge ahead with a local solution will lead to inequitable impact for patients. Patients in Leeds may not be able to receive products that a patient in a neighbouring CCG may be able to receive on a prescription.

Branded medicines

CPWY support the proposal that the NHS prescribes medicines generically, rather than by brand, unless there is a clinical reason to supply a specific brand.

CPWY would like to make the point that currently the CCGs in Leeds make recommendations that prescribers use specific brands (including branded generics) for non-clinical reasons. The CCGs state that this is as these drugs are cheaper to prescribe. Prescribing by brand may mean that the drug is cheaper to the CCG in question but does not offer good value for the NHS as a whole and negatively impacts on the community pharmacies within the CCG¹. The Office of Fair Trading² have outlined that this practice was not in the interests of the NHS and NHS Employers³ has also issued guidance explaining the detrimental effects of branded prescribing on Community Pharmacy, the wider NHS and patients.

¹ <https://psnc.org.uk/funding-and-statistics/funding-distribution/branded-generics/>

²

http://webarchive.nationalarchives.gov.uk/20140402142426/http://www.oft.gov.uk/shared_oftr/reports/comp_policy/oft967.pdf

It would be a positive move for community pharmacy if the CCGs ended their current practice of prescribing of branded (included branded generic) medicines.

Over-the-counter medicines

CPWY are aware that NHS England will be leading a review of low value prescription items from April 2017 and introducing new guidance for Clinical Commissioning Groups (CCGs)⁴. NHS England will review a range of low value prescription items, including Over-The-Counter products for pain relief, cough/cold, hayfever, indigestion and suncream. NHS England state that in developing the guidance, the views of patient groups, clinicians, commissioners and providers across the NHS will be sought. This guidance will support CCGs in making decisions locally about what is prescribed on the NHS.

CPWY recommend that the decision of the Leeds proposals await the outcome of this national consultation.

In addition, CPWY would like to make the following comments relating to the Leeds CCGs proposals.

Impact on patients

Whilst we agree that all patients should be supported to self-care and manage their own self-limiting conditions careful consideration must be given to ensure that particular groups of people are not disproportionately affected.

- CPWY are concerned over the inequalities this proposal will create, especially for those on low incomes. The CCGs state that medicines are cheaper than a prescription charge but this is only relevant to those who currently pay for prescriptions. Patients may delay treatment and wait until the condition worsens.
- Liquid formulations of paracetamol / ibuprofen are more expensive than tablet formulations which impacts on parents / carers with young children.
- The current local approach proposed in Leeds to restrict the prescribing of some medicines leads to inequitable impact for patients. Patients in Leeds will not be able to receive medicines that a patient in a neighbouring CCG may be able to receive on a prescription.
- If the Leeds CCGs implement a policy to restrict prescribing of certain OTC medicines, patients must be informed and supported through this change. The messaging to patients needs to be clear that they are expected to buy the product themselves (rather than simply directing the patient to a pharmacy for the pharmacy to explain the patient needs to pay for the product).
- CPWY are mindful of the NHS Constitution⁵ and patients' rights to NHS care and treatment.

Patient safety

⁴ <https://www.england.nhs.uk/2017/03/guidance-on-low-value-prescription-items/>

⁵ <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

- CPWY strongly feel that a distinction needs to be made by the CCGs between community pharmacy and non-pharmacy retailers, and the CCGs should routinely advise patients to access advice and medicines from community pharmacy.

Community pharmacy is part of the NHS and offers patients access to free advice, without the need for an appointment, to a health care professional. A community pharmacist is a highly-qualified health care professional, training to Masters Degree level for five years to become experts in medicines and in giving health and wellbeing advice. All staff working on the medicines counter in a pharmacy must be trained and work to operating procedures to identify patients who need advice from the pharmacist / further medical input. A non-pharmacy retailer cannot offer patients any advice or support and do not have processes in place to identify patients who are more seriously ill. NB Supermarkets may, or may not, have a community pharmacy within them and using supermarkets, rather than shops, is unhelpful.

The case for change

- CPWY do not agree with the cost saving calculation of the CCG, certainly if the savings have been calculated using a community pharmacy model. The NHS reimbursement price for 16 or 32 paracetamol based on the March Drug Tariff would be 35p / 70p respectively. Although pharmacies also receive a single activity fee for dispensing the product, this remuneration (and any margin element of reimbursement) are part of the core funding for pharmacy (see impact on pharmacy below) so essentially are not saved by the NHS but will be redistributed to ensure pharmacy funding remains at the agreed level. The only money that would be saved by the NHS not prescribing paracetamol would be the element of reimbursement which is not margin - i.e the amount that the pharmacy has to pay for the drug. From the recent margin survey, that is an average of 24p per 32 or 58p per 100 paracetamol, not the £3.17 quoted by the CCGs.
- In the case for change the CCGs state that “We also want our clinicians to only prescribe medicines that are known to be clinically effective and have a health benefit for patients”. This implies that all the medicines listed are not clinically affective which is not the case.

Impact on community pharmacy

- Currently the Leeds CCGs commission a Pharmacy First service and CPWY would like an assurance that this service will continue despite the proposed change in prescribing policy for paracetamol and ibuprofen. Pharmacy First is a CCG funded self-care service enables community pharmacists to support patients to self-care for minor ailments, provide printed advice and medicines to patients where necessary. Evaluations of Pharmacy First⁶ and similar services from other areas⁷ have demonstrated the benefits

⁶ <http://www.cpwyl.org/pharmacy-contracts-services/research-evaluation/evaluations.shtml>

of these services to patients and the NHS. NHS England have outlined their intention to see minor ailment schemes commissioned by all CCG areas by April 2018⁸. An independent review into community pharmacy clinical services was commissioned by the Chief Pharmaceutical Officer (“the Murray Review⁹”) to identify the barriers preventing the best use of community pharmacy, and to make recommendations for new models of care and commissioning. The review, which was published in December 2016, notes the current pressures on the urgent and emergency care system and particularly on GPs and makes the clear recommendation that the provision of minor ailments services by community pharmacy should be supported to help manage these pressures.

- Reducing the number of items on prescription will have a detrimental impact on the community pharmacy sector in Leeds. Community pharmacy funding is heavily-based on prescription items (90-95% of community pharmacy funding comes from the NHS) so a fall in prescription volume will directly impact on pharmacy funding. Community pharmacy funding is essentially a national fixed sum. A reduction in prescription volume due to reduced prescribing of OTC or other products would lead to fees and margin on other items increasing. However, as pharmacy funding is nationally set, the impact locally in Leeds would be a net loss of NHS income. We accept that sales of medicines over-the-counter may increase but patients are likely to also buy these products from non-pharmacy retailers.
- The consultation documents discuss supply of vitamin D via a Healthy Living Pharmacy Scheme. There is currently no Vitamin D supply scheme from community pharmacy, and such a service would need to be discussed and agreed with CPWY. Licensed Vitamin D products are not ‘cheap’ as is suggested by the consultation.

Products

- There is a large difference in the products affected within the consultation for patients and the guidance to reduce prescriptions for minor conditions, other conditions suitable for self-care, gluten free products and branded prescribing. The guidance includes medicines for a much wider range of conditions than the consultation. This is misleading as people may respond to the consultation based on the much smaller list of products rather than understanding the large range of products affected.
- Vitamin D are included in the products affected. Many of the Vitamin D products are classed as “food substitutes” and are not covered by the Advisory Committee on Borderline Substances (ACBS) regulations and/or do not appear in the current British National Formulary (BNF) or the Drug Tariff (DT). They are often not manufactured to the same high pharmaceutical standards used for licensed medicines hence there is no guarantee of consistency in formulation and potency. These treatments will not have

⁷ <http://psnc.org.uk/wp-content/uploads/2014/02/Minor-ailments-service-February-2016.pdf>

⁸ <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CDP-2017-0005>

⁹ <https://www.england.nhs.uk/commissioning/primary-care-comm/pharmacy/ind-review-cpcs/>

undergone rigorous clinical trials to demonstrate that they are effective and safe. There is a wide variation in the actual vitamin D content of products, particularly unlicensed formulations versus the stated dose¹⁰. It is inappropriate to direct NHS resources towards products that do not have proven efficacy or safety in preference to licensed medicines.

- The CCG state that the products can be bought, without the need for a prescription. This is the case but it must be considered that the product licences limit the sale of products;
 - A maximum quantity of 16 paracetamol / ibuprofen 200mg can be purchased from a non-pharmacy retailer. This limits the number of days supply to just 2 days. Patients would who require pain / fever relief may need to make repeated visits to a non-pharmacy retailer and the product information states that the products are for short-term use only. NB Pharmacy is permitted to supply greater quantities.
 - Babies under 2 months are not included in the over-the-counter paracetamol license and under 3 months for ibuprofen.
- The list of drugs in the appendix need to be proof checked by someone as it currently contains inaccuracies.

Ruth Buchan FFRPS
Chief Executive Officer
Community Pharmacy West Yorkshire

12 April 2017

¹⁰ <http://www.prescriber.co.uk/wp-content/uploads/sites/23/2015/12/Vitamin-D-prescribing-the-issues-with-unlicensed-products.pdf>