

COMMISSIONING BUSINESS GROUP MEETING

Title of Paper: Prescribing for Clinical Need Policy – Evaluation Report			
Date of Meeting	05 April 2017	Agenda Item	04/17/11

CCG Corporate Objectives	
Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities	x
To work collaboratively to create safe, high quality health care services	
To maintain financial balance and improve efficiency and productivity	x
To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives	
To maintain and improve performance against core standards and statutory requirements	
To commission improved out of hospital care	
CCG High Impact Changes	
Delivering high quality Primary Care at scale and improving access	
Self-Care and Early Intervention	x
Enhanced and Integrated Primary Care and Better Care Fund	
Access to Re-ablement and Intermediate Care	
Improved hospital discharge and reduced length of stay	
Community based ambulatory care for specific conditions	
Access to high quality Urgent and Emergency Care	
Scheduled Care	
Quality	x

Clinical Lead:	Dr P Shukla
Senior Lead Manager	Mrs J Kenyon
Finance Manager	Mrs L Ring
EIA completed:	Yes
Patient and Public Engagement completed:	Yes
Financial Implications	Total spend on identified medicines - £663,042. Possible savings to be confirmed.



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Risk Identified

Potential impact on those with low incomes and currently receiving free prescriptions. Need to address restrictions on nurseries/ schools in relation to administration of medicines not prescribed by GP.

Report authorised by Senior Manager: Dr M Ridgway

Decision Recommendations

Members of the CBG are asked to:

- Note the findings from the consultation and engagement exercise
- Record their thanks to the respondents of the surveys and everyone who gave their views throughout the consultation.
- Re-confirm the previous decision to support the Prescribing for Clinical Need Policy
- Recommend that the Governing Body support the Prescribing for Clinical Need Policy



Prescribing for Clinical Need Policy – Evaluation Report

Draft Report

1. Introduction

- 1.1. NHS Blackburn with Darwen Clinical Commissioning Group (CCG) continuously reviews the services it commissions to ensure that the local health budget is spent as effectively as possible, whilst minimising waste and promoting self-care.
- 1.2. The CCG is keen to ensure that only treatments that are clinically effective and provide a clear health benefit to patients are prescribed on NHS prescriptions. This is to ensure that CCG resources provide interventions with a proven health gain for the population. As such, BwD CCG prioritises resources based on evidence of clinical effectiveness and safety of treatments, their cost effectiveness, and on which interventions provide the best health outcomes. All other treatments should be considered as less suitable for prescribing on NHS prescription. This supports General Medical Council (GMC) guidance ‘you must make good use of the resources available to you.
- 1.3. In January 2017, Commissioning Business Group (CBG) approved a policy of Prescribing for Clinical Need, subject to consultation and patient engagement.
- 1.4. This report outlines the findings from the consultation and engagement exercise undertaken and proposes that the CBG confirms its previous decision to support the Prescribing for Clinical Need Policy (Appendix 1).

2. Background

- 2.1. A review of spending on prescribing certain medicines and treatments highlighted a number of areas where efficiencies could potentially be made – particularly in relation to medicines and treatments which are:
 - Widely available over the counter (in pharmacies or shops) at a price cheaper than an NHS prescription.
 - Prescribed for conditions that have no clinical need of treatment.

- Supported by insufficient evidence of clinical benefit or cost effectiveness.

2.2. Following the review, the CCG consulted on the following proposals :

- That the CCG stops prescribing treatments and medicines for short-term, minor conditions/ailments or where there is insufficient evidence of clinical benefit or cost effectiveness. The CCG currently spends £663,042 a year on these prescriptions. The CCG wishes to prioritise this budget for the treatment of more serious conditions.

2.3. As the proposals constitute a variation in service under regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the CCG agreed to carry out a public consultation for a period of 9 weeks, from 30 January 2017 to 31 March 2017.

2.4. Overall, a total of 1,439 responses were received. This equates to around 1 % of the local population, which is higher than the typical level of responses to consultations. For example, the Consultation Institute cites just under 1% as the expected level of response to relatively high profile consultations such as service changes.

3. Engagement and Consultation Process

3.1. The main source of the information throughout the engagement period was a dedicated area on the CCG's website. Information available included:

- The rationale behind the proposals including category spend
- An online questionnaire
- A downloadable Word document

3.2. The engagement document provided details of the case for change including why the CCG was proposing to stop prescribing medicines for minor conditions; category spend and feedback channels which included the online survey, mail and email correspondence, hardcopy surveys and email return of surveys.

3.3. The engagement was conducted primarily through an online survey and paper copies of the questionnaire were distributed to each member GP practice as well as other various stakeholders. The main source of information throughout the engagement period was a dedicated area on the Clinical Commissioning Group's website.

4. Publicity and Promotion

4.1. Awareness of the consultation was promoted in the following ways:

- Information was sent to stakeholder groups including the voluntary sector organisations/support groups through the CCG's monthly stakeholder bulletin.
- In addition, information was sent to the CCG's Patient Participation Groups, Practice Managers at the GP membership and also the CCG's membership scheme, the Citizen Panel to encourage them to distribute and respond.
- Correspondence was sent to local MPs with details of the engagement.
- Social media was used to promote the engagement throughout the nine week period. (See Digital Report Appendix 5).
- The survey was also promoted internally to staff who were encouraged to share it with family and friends.
- Two articles were uploaded to the CCG's website throughout the consultation period.
- Press releases were also sent out during the engagement period. The engagement was featured in an article on the front page of the Lancashire Evening Telegraph on Thursday, February 9. (Appendix 3).

5. Engagement Activities

5.1. A range of face-to-face stakeholder engagement activities included:

- Presentation at Blackburn with Darwen's joint Patient Participation Group meeting at Barbara Castle Way Health Centre
- Presentation to the Older People's Forum, Blackburn with Darwen
- Presentation was also sent to Healthwatch, Blackburn with Darwen
- Presentation at Carers Forum, Blackburn with Darwen

5.2. Significant efforts were made to reach protected groups identified in the Equality Impact Assessment as being likely to be negatively or disproportionately affected by the proposals. Face-to-face focus groups were held with the following groups:

- Youth MPs, Blackburn with Darwen
- Age Well Partnership, Blackburn with Darwen

6. Survey Results

- 6.1. Respondents were asked whether they agreed with the CCG's proposals to stop prescribing certain medicines and treatments. They were asked to record whether they supported the proposal for each of the 12 categories of medicine and treatments.
- 6.2. A total of 1,439 responses were received; the online survey received 1,175 responses whilst a further 264 responses were received in paper format. **Note – not all respondents answered all questions.*
- 6.3. The majority (74%) of respondents were female, whilst 81% were White British. The most common age bracket (41%) was 31-50 years.
- 6.4. There was a clear margin of support for stopping prescribing in all 12 categories. The two categories which received the least support were "Antihistamine tablets, sprays, capsules and liquids" and "Warts, athletes foot, verruca and anti-fungal treatment". However, more than 50 % of respondents agreed with the proposals.

7. Total Quantitative Findings

- 7.1. The table below outlines responses received to question 1 – 'Please state whether you agree with the proposal to stop prescribing the 'over the counter' treatments and medicines including those listed below:

**Note – the percentages below have been rounded up or rounded down*

Medicine / treatment	Yes	No	Unsure	Total respondents
Simple pain killers	1176 82%	209 15%	41 3%	1426
Antihistamine tablets, sprays, capsules and liquids	951 67%	320 22%	153 11%	1424
Vitamins, minerals and health supplements	1153 81%	206 15%	59 4%	1418
Toothpastes, mouthwashes and mouth gels	1218 86%	157 11%	49 3%	1424
Sore throat products	1134 79%	232 16%	61 4%	1427
Nasal decongestant sprays, tablets and capsules	1079 76%	243 17%	91 6%	1413

Sun protection creams, lotions and sprays	1210 85%	157 11%	55 4%	1422
Warts, athletes foot, verruca and anti-fungal treatment	938 66%	359 25%	120 8%	1417
Antiperspirants	1212 86%	147 10%	53 4%	1417
Cosmetic moisturisers and emollients	1058 75%	251 18%	110 8%	1419
Cough syrups, linctus and mixtures	1139 80%	224 16%	60 4%	1423
Ear wax removers	1059 74%	241 17%	124 9%	1424
Head lice treatment	1044 73%	294 21%	86 6%	1424
Diarrhoea treatment	983 69%	307 22%	131 9%	1421
Indigestion and heartburn treatment	963 68%	338 24%	122 24%	1423
Shampoo and cradle cap treatment	1095 77%	241 17%	89 6%	1425
Average totals	77%	17%	6%	

7.2. 42% (110) of respondents currently pay for prescriptions, 56% (147) don't. 2% (7) didn't answer this question.

7.3. There were a number of reasons respondents stated why they didn't pay for prescriptions. This included:

- Age exempt
- Disability
- Long term health condition
- Low income

7.4. A number of respondents stated they were a representative of a group or organisation with an interest in the proposals. These included:

- NHS staff member
- Blackburn with Darwen CCG staff member
- Member of patient group
- Member of Healthwatch
- Voluntary/third sector organisation

7.5. The results from the equality monitoring section of the form are detailed in Appendix 4.

8. Qualitative Findings

8.1. Respondents were also asked to comment on the proposals. In total, 797 comments were received through the consultation survey. 193 of these are directly from Facebook posts promoting the survey, 74 from the paper version of the survey, and 530 from the online survey.

8.2. It is not possible to determine how many of the Facebook comments are stand-alone comments or the respondent then went on to complete the on-line survey and repeat their comments. Many said that they did but it is impossible to confirm the exact number as personal details were not collected as part of the survey. These have been analysed to determine the key themes.

8.3. Attendees at the focus groups were also asked for their comments on the proposal which are outlined in Appendix 2.

8.4. Comments made on the Facebook page are included in the Digital Report (Appendix 5).

8.5. All Qualitative data (comments) was analysed to identify the key themes. Whilst the majority of respondents clearly showed support for the proposals, there was acknowledgement that the following were concerns:

- Affordability could be an issue for people on low incomes as some of the medicines were expensive to buy.
- Children should still be able to get the treatments and medications free.
- Safety was also a concern – this featured heavily in the survey responses and was also expressed by many of the participants in the focus groups. The main concerns were about whether over the counter medicines, if bought independently without a prescription, could react badly with prescribed medications, without specific GP advice.

9. Conclusion

9.1. The results of the engagement demonstrate that a majority of respondents support the CCG's proposals.

9.2. It should be noted however that a number of concerns were raised which the CCG will need to respond to in its deliberations on the findings.

10. Recommendations

10.1. Members are asked:

- 10.1.1. To note the findings from the self-care engagement.
- 10.1.2. To consider these findings in their deliberations concerning the provision of self-care prescriptions.
- 10.1.3. Record their thanks to the respondents of the surveys and everyone who gave their views through the consultation, and agreeing for communication to be issued highlighting their thanks and the next steps.

Lucie Higham
Communications and Engagement Account Manager
4th April 2017