



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 14<sup>th</sup> September 2016**

**REPORT OF Leicestershire and Rutland CCGs**

**Update of the review of prescribing of paracetamol and other over the counter medicines and Gluten Free Foods**

**Purpose of report**

1. The purpose of this report is to update the committee on the outcomes of the engagement and survey undertaken by HealthWatch on behalf of the Leicester, Leicestershire and Rutland CCGs on paracetamol and other over the counter medicines (OTC) and Gluten Free (GF) foods, and to provide an overview of how the CCGs will act on this feedback, and the insight it has provided, in our consideration and decision making regarding any future changes to prescribing policy.

**Policy Framework and Previous Decisions**

2. There is no current LLR policy framework specifically for the prescribing of OTC medicines including paracetamol and clinicians are free to prescribe based on clinical decision at the point of need. The LLR Formulary provides guidance on which the most cost effectiveness medicines to prescribe within each therapeutic category.
3. Current prescribing of GF foods in Leicestershire is outlined in the LMSG guidance which reflects the recommendations of the Coeliac Society and the British Dietetic Society.

**Background**

4. As the demand for NHS services and treatments increase, the gap between resources and funding over the next 5 years amounts to £30 billion nationally.
5. In order to achieve a sustainable model for the future, it is essential to prioritise our allocated budget for Prescribing to support the most cost effective allocation of NHS resources within the local healthcare systems. Also it is essential that patients are treated in the most appropriate setting of care ranging from self-care to emergency care. This means doing things where they should happen rather than where they could happen.
6. Equally, CCGs have a responsibility to provide a reasonable level of care for all patients but at the same time must work within the financial resources allocated to them. To address this, the LLR Medicines Optimisation Committee has considered whether certain treatments should not be prescribed for one or more of the following reasons:

- Remedies for self-care are available to buy from community pharmacists and patients could use the community pharmacists as the first port of call for common ailments.
  - Food products are readily available for purchase in supermarkets
  - There is a lack of evidence of clinical effectiveness.
  - Non-NHS items such as anti-malaria treatments, travel vaccines.
  - Dental preparations -which should be prescribed by a dentist.
7. These considerations may lead to a change to what patients have been able to access historically, and it was proposed in the first instance to consider whether paracetamol and gluten free foods should remain available on prescription.
  8. The risk of not doing this is that the CCGs do not achieve financial balance in 2016/17 and future years and that GP services are used inappropriately.
  9. To understand the potential impact that this proposal would have on patients in Leicestershire and Rutland, we undertook a survey in partnership with HealthWatch to test patient views on the two proposals outlined below.
  10. The survey was promoted to a broad range of audiences through media and press releases, targeted emails, website promotion, mailshots to specialist networks and cascading through GP practices by various stakeholders. The response rate was unprecedented; 821 surveys were completed in total with 2,355 qualitative comments offered. This has provided valuable insight into the opinions and concerns and what matters most to the population around prescribing of paracetamol and other OTC medicines and also GF foods to inform the CCGs with their decision making.
  11. A breakdown of responses show that responses were received from across the LLR area:

Leicestershire	558 (73%)
Leicester City	126 (16%)
Rutland	46 (6%)
Out of area	35 (5%)
Did not answer	56

HealthWatch (HW) concluded that there were no distinct differences from respondents living in Leicester City and Leicestershire and Rutland.

### **Proposal One: Paracetamol for self-limiting illnesses**

12. The NHS spent approximately £1.5 million pounds on prescribing paracetamol to patients in Leicester, Leicestershire and Rutland in 2015/16. Some of the prescriptions were for people with conditions, which could have got better on their own such as sore throats or headaches.
13. The proposal which we tested through the engagement survey was that the three CCGs in LLR establish a policy of not prescribing paracetamol for patients with self-limiting conditions (such as a viral illness) with patients encouraged to purchase remedies available over the counter in community pharmacies. This policy would not include those who currently access paracetamol as part of regular pain management treatment.

## Feedback received

14. Respondents were asked “Are you currently or have you ever been in receipt of paracetamol on prescription?” Over a quarter of respondents (26% - 193) currently receive or have previously been in receipt of paracetamol on prescription. 74% (551) respondents have never received paracetamol on prescription. 76 respondents did not answer this question.
15. The overwhelming majority of respondents answered that they would be affected either “not at all” or “only a little” by the proposed change, with only 7% of respondents answering that buying paracetamol tablets or in liquid form would affect them a lot and 16% of respondents answering that buying other OTC medicines would affect them a lot.
16. 171 qualitative responses were provided to the questions concerning paracetamol. The following themes regarding the impact on patients or their concerns emerged from these comments:
  - concerns regarding cost;
  - access to shops;
  - restrictions applying to the quantities which can be purchased in any one transaction meaning individuals are unable to buy products in quantities sufficient to meet their needs; and
  - some respondents were concerned that they would be unable to buy paracetamol of the same quality and strength that they receive on prescription.
17. Other responses highlighted a need for clarification regarding the scope of any change with those with long term chronic pain expressing concern that the change may impact on their treatment.

## How we are acting on this feedback:

18. Based on this feedback the LLR CCGs will give consideration to the points raised by the survey and take a number of actions including the following:
  - Address the need to clarify who any change would affect i.e. the original proposal did not include patients who need regular paracetamol 4-6 hourly as part of their chronic pain management;
  - Provide clarity regarding the fact that those taking higher strength medication containing paracetamol (such as co-codamol) currently only available on prescription would not be included in the scope of any change;
  - Look at relative costs of OTC preparations concerned whilst balancing what is reasonable use of NHS funds and also moving the self-care agenda forward in an equitable way across the entire population, while considering the impact on those on low and fixed incomes;
  - Work with local community pharmacies to address concerns regarding the ability to access the quantities required and to ensure that patients can readily purchase from their community pharmacy larger volumes (96) of paracetamol if necessary.
  - Consider accessibility issues, including the impact on those in rural or isolated communities and those who are housebound and who may not have easy access to shops and pharmacies;

- Work with local community pharmacies to stock low cost preparations;
- Ensure that there is a caveat for GPs to prescribe if clinically urgent and patient unable to access own supply or buy in a timely fashion;
- Support GPs to apply a uniform approach to prescribing to ensure consistency across LLR but which also supports clinical judgement regarding exceptional individual circumstances;
- Self-care campaign to encourage public to take responsibility for buying a recommended supply of medicines to keep in their medicines cabinet. Include information to dispel myths regarding quality of OTC medicines and emphasising that OTC are of similar quality as those currently provided on prescription; and
- Consider further communication with schools and nurseries regarding the requirements for administration of oral paracetamol to children, to address concerns raised via the survey that this would not happen without prescription.

### **Proposal two: Gluten Free (GF) foods**

19. Currently the NHS in Leicester, Leicestershire and Rutland provide £700,000 worth of gluten-free food on prescriptions each year. In 2014, the NHS bill for gluten-free foods provided on prescription nationally was £26.8 million. The majority of this spend was on bread and flour.
20. The proposal tested via the survey was that the three CCGs in LLR County and Rutland either completely or partially stop the prescribing of gluten free products.

### **Feedback received**

21. 762 patients responded to the survey on GF. The survey sought to understand whether respondents had an underlying condition medical condition to which considerations of gluten free foods were particularly relevant.

What condition do respondents have?	
I have Coeliac Disease (CD)	458 (60%)
I have Dermatitis Herpetiformis (DH)	40 (5%)
I am the parent/ guardian of a child with CD	95 (12%)
I am the carer of an adult with CD	20 (3%)
I do not have CD or DH	210 (28%)

22. Nearly two thirds of respondents (64%) said they were currently in receipt of GF foods on prescription. The most common products prescribed were reported as follows:
- Bread (n=445);
  - Flour (n=334);

- Pasta (n=328);
  - Pizza (n=150); and
  - Cereals (n=150).
23. The majority (60%) of this cohort of respondents said they would be affected a lot if GF foods were no longer made available to them on prescription, 15% would be affected a little and 25% not at all.
24. The survey sought to understand the nature of any impact on individuals, were GF products to be removed from prescription. The feedback provided identified the following key themes and issues:
- GF food is more expensive than non GF equivalents, and any change may disproportionately affect those on low or fixed incomes, particular where more than one member of the household requires a gluten free diet.
  - There is a perception that GF products provided on prescription are of better quality than those available in high street stores and supermarkets;
  - Labelling on GF products in supermarkets is inadequate
  - GF products on prescription contain additional nutritional additives
  - Concerns regarding accessibility, including the impact on those in rural or isolated communities, and those who are housebound, and who may not have easy access to shops which stock gluten free foods;
  - Concerns that individuals would not be able to access products if they were not stocked by pharmacies
  - A sense that for those with coeliac disease GF-products are a form of treatment and should be prescribed.
25. The survey also invited views as to how the NHS could further support those with coeliac disease. Responses provided included the provision of better dietary advice and support for newly diagnosed patients; medical check-ups with a specialist; availability of GF meals/ snacks in hospitals; improve availability of GF foods in local shops; only prescribe staple foods; pre-paid card system to buy GF foods from supermarkets and shops.

#### **How we are acting on this feedback:**

26. In taking work forward to respond to these comments and develop recommendations regarding the future availability of GF products on prescription, the CCGs will:
- look at the relative costs and accessibility of GF foods so that patients on low incomes are not unreasonably affected whilst balancing what is reasonable use of NHS funds and moving the self-care agenda forward in an equitable way for all; patients with dietary requirement.
  - consider suggestions made to improve management of coeliac disease that are within the control of CCGs;
  - consider the extent to which any changes made would apply (for example would restrictions apply to all food stuffs or should we seek to maintain a limited range of GF on prescription)
  - work with other organisations who could improve dietary management of patients with Coeliac disease;

- work with dietitians and patient groups (such as the Coeliac Society) to understand how to make information and advice, including that on diet and access to alternative foods, more readily to patients at the point of diagnosis and during on-going reviews.

### **Resource Implications**

27. As part of the development of recommendations regarding any changes to prescription policy, we will consider the potential financial savings offered against the potential impact on patients.

### **Timetable for Decisions**

28. We are seeking to achieve consensus across the LLR CCGs by October 2016

### **Conclusions**

29. The survey and engagement process has provided valuable insight into the potential impact of the two proposals tested on individual patients and carers within the LLR area. In seeking to move forward and develop recommendations for consideration by each of the three CCGs we will act on the feedback, particularly that which has raised concerns of accessibility or affordability, where there may be a disproportionate effect on individuals on low or fixed incomes or those who live in certain locations. These considerations will be addressed via an Equalities Impact Assessment to ensure all effects are identified and mitigating actions agreed.
30. These considerations will support a balanced assessment of the impact of any change on individuals or specific patient groups as well as supporting on-going work to ensure an equitable allocation of resources to health services across LLR.

### **Background papers**

31. None

### **Officer to Contact**

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### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

32. These proposals will have equalities implications, and this is supported by the feedback from the engagement process. We will undertake an Equalities Impact Assessment as part of the development of the recommendations to be considered by the CCGs in reaching a decision regarding the future prescribing of paracetamol and gluten free products.

Crime and Disorder Implications

33. None

Environmental Implications

34. None

Partnership Working and associated issues

35. None

Risk Assessment

36. To be developed alongside final recommendations.

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