**NOTTINGHAM CITY COUNCIL**
**HEALTH SCRUTINY COMMITTEE**

**Date:** Thursday, 18 October 2018

**Time:** 1.30 pm (pre-meeting for all Committee members at 1pm)

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

**Councillors are requested to attend the above meeting to transact the following business**

**Corporate Director for Strategy and Resources**

**Senior Governance Officer: Zena West Direct Dial: 0115 8764305**

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

**NOTTINGHAM CITY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 20 September 2018 from 1.30 pm - 3.21 pm**

**Membership**

| Present | Absent |
|---|---|
| Councillor Anne Peach (Chair) | Councillor Merlita Bryan |
| Councillor Ilyas Aziz (minutes 29 to 31 inclusive) | Councillor Georgia Power |
| Councillor Chris Tansley | |
| Councillor Adele Williams | |
| Councillor Eunice Campbell-Clark | |
| Councillor Brian Parbutt (minutes 30 to 33 inclusive) | |
| Councillor Ginny Klein | |
| Councillor Andrew Rule | |
| Councillor Mohammed Saghir | |
| Councillor Cate Woodward | |
| Councillor Nick McDonald (minutes 27 to 31 inclusive) | |

**Colleagues, partners and others in attendance:**

| | | |
|---|---|---|
| Councillor Sam Webster | - | Portfolio Holder for Adult Social Care and Health |
| Alison Challenger | - | Director of Public Health |
| Catherine Underwood | - | Director of Adult Social Care |
| Helen Carlin | - | Transformation Programme Manager, Adult Social Care |
| Jane Garrard | - | Senior Governance Officer |
| Catherine Ziane-Pryor | - | Governance Officer |

## 27 APOLOGIES FOR ABSENCE

Councillor Georgia Power – personal (Councillor Nick McDonald substituting)
Martin Gawith, Healthwatch Nottingham and Nottinghamshire

## 28 DECLARATIONS OF INTEREST

None.

## 29 MINUTES

The minutes of the meeting held on 19 July 2018 were confirmed as a true record and signed by the Chair.

## 30 SCRUTINY OF PORTFOLIO HOLDER FOR ADULT SOCIAL CARE AND HEALTH

Councillor Sam Webster, Portfolio Holder for Adult Social Care and Health, was in attendance with Alison Challenger, Director of Public Health, Catherine Underwood, Director of Adult Social Care, and Helen Carlin, Transformation Programme Manager, Adult Social Care.

A presentation on the progress against the Council Plan objectives since 2015, additional achievements, remaining challenges and future challenges was delivered and is included in the initial publication pack of the minutes.

The following points were highlighted in addition to the information provided in the presentation, and members' questions responded to:

(a) The focus on smoke free areas continues and discussions are ongoing about making bus stops formally non-smoking areas, supported by the principal that children should be protected from smoke;

(b) Following the need to reduce funding from the telecare budget, a more commercial offer is being developed and will provide citizens with a choice of services;

(c) The social care services provided directly by the City Council are rated as 'good' by the Care Quality Commission but more is required with longer-term planning to ensure that standards are maintained;

(d) Citizens are encouraged to visit the 'Time to Change' website and consider what volunteering they could provide or promote;

(e) In the drive to help prevent illness and identify conditions at an early stage, there has been a proactive drive to encourage citizens to have health checks and assessments. This also supports longer term social care planning by providing adaptation equipment for supporting people to remain living in their own homes;

(f) Previously the preventative focus has been spread too broadly to have any significant impact in any one area so for now the focus will be on smoking, obesity and alcohol issues. Funding of preventative work is complicated but by far the most efficient and beneficial approach;

(g) Community connections play an important role in ensuring that citizens can easily be directed to the appropriate services;

(h) Reducing the teenage pregnancy rate to the target of 24.8 per 1,000 has not yet been achieved but the latest provisional data for the year quarter 2 indicates that the reduction is continuing;

(i) Reducing smoking during pregnancy continues to be a difficult challenge but new smoking cessation services are being commissioned and will target the wards where rates are highest;

(j) In an effort to help support a sustainable workforce with career opportunities, the City Council will only purchase home care services from providers which are contracted to pay their staff for travelling time and pay the living wage. There is ambition to develop a joint venture or arm's length arrangement to improve terms and conditions for care workers to address the progressively worsening issues around staff recruitment and retention in that there are not enough care workers to meet the current need and the position is likely to worsen following Brexit. Ideally, if terms and conditions can initially be improved, there may then be potential to look longer term at how care work can become a career with apprenticeships, higher level qualifications and career development pathways available;

(k) Mental health is important and social awareness is rising. Access to mental health services is to be examined by the Health and Wellbeing Board as although progress has been made, investment in services isn't progressing at the same pace;

(l) Homelessness, social isolation, mental health and addictions can be interlinked in several combinations;

(m) A range of services have stated that when they find people at mental health crisis point, there is no clear point of contact to engage with. It is a top priority that there is clearer information regarding the access to the mental health 'front door' point for signposting and providing support to partners and citizens;

(n) There are front line staff who are trained to recognise and initially support citizens with mental health issues until the specialist mental health teams can be contacted but it is vital that the wider health workers are aware of the mental wellbeing;

(o) An in-house home social care service model would be preferable and the best option with the City Council providing the whole care service, but it is prohibitively expensive so other ways of operating are being considered, alongside building the long-term resilience of care staffing by improving terms and conditions, even if that is with a partner organisation. Development is still at an early stage but the model must be affordable. Profit is what potential partner organisations will consider. It is a difficult industry and all options must be considered;

(p) A staff recruitment campaign is underway, including on social media, so it would be appreciated if members could promote it.

Councillor's comments included:

(q) Addressing social isolation also needs to be considered as a priority for social care and all aspects of housing to respond to. There are a lot of single people living on their own who may benefit from the companionship of sharing accommodation. This is an accepted practice in Holland where it works very well;

(r) Community connections is still fairly new but should be reviewed after 12 months of launching to ensure that it is working as anticipated;

(s) It is vital that services plan ahead for the increased aging population and associated needs;

(t) There has been a lot of discussion around the future model for the City's home care provision and whether a co-operative /partnership arrangement with a care provided should be progressed. However, the conclusion will depend on the factors considered. There are so many potential elements for consideration including supply and demand, getting the right staff and retaining them, and paying the living wage. However, it's not clear what are the main factors are which are preventing the development of an in-house model and why there is such a reliance on the private sector. If the private sector can operate and achieve a profit by charging £15 per hour and paying £10 per hour to staff, it would surely be cheaper to provide an in-house service;

(u) A different model for home care is interesting but services must meet a core standard. Currently the City Council is right at the edge of what it can provide and there is absolutely

no slack in the system/funding to afford an arm's length model. An in-house model may be preferable but financially it isn't possible and it's not clear at this point how a partnership would operate;

(v) From a family member's positive experience, care models along the lines of the Carer's Trust service should be examined as examples of good providers;

(w) During the 1990s all social care was in-house but as the demand started to significantly rise, the Local Authority had to diversify and changed the terms and conditions of workers. The current workforce is changing but there still needs to be a more people focused approach;

(x) A crisis point must be avoided where the City Council is forced to bail out care providers which are unable to recruit and retain staff. It is vital that the social care workforce is stabilised and care provider becomes a desired career. If a co-operative model is chosen, then it's the people who provide the service who own it and have a personal investment and if profit is achieved, then they get their share, but the staff engagement in the model must be appropriate. A clearly defined co-operative arrangement will provide better outcomes but will be difficult to establish;

(y) Providing a social care service where employees feel valued and are rewarded is important for recruitment and retention.

**RESOLVED to note the update and the on-going challenges, particularly around adult social care.**

## 31 DEVELOPMENT OF BETTER LIVES BETTER OUTCOMES: A NEW STRATEGY FOR SUSTAINABLE ADULT SOCIAL CARE IN NOTTINGHAM

Councillor Sam Webster, Portfolio Holder for Adult Social Care and Health and Catherine Underwood, Director of Adult Social Care, were in attendance to inform the Committee of the development of the Better Lives Better Outcomes strategy to achieve sustainable adult social care in the City and the consultation being carried out on the draft strategy.

Catherine Underwood delivered a PowerPoint presentation, which is circulated with the initial publication of the minutes.

The following points were highlighted:

(a) the current public consultation on the strategy ends on 30 September 2018 and the final strategy will be presented to Council in November. The full consultation pack which provides the detailed proposed strategy is available online, has been shared with adult social care partners and is available in libraries;

(b) The funding available cannot support the current model of social care and as the population lives longer but with more complex health issues and illnesses, it is vital that a sustainable model for adult social care is adopted;

(c) A fresh approach has been taken with a framework of considerations that supports decision-making and engages citizens and partners;

(d) There is no option other than to move away from the assumption of residential care, unless it is absolutely necessary;

(e) Looking into the future, a huge increase in demand is predicted and while the under 65 years old population increase slows down, it is anticipated that people will live longer but with longer term needs, many of which will be complex such as early age dementia;

(f) The vision to improve outcomes for citizens within resources is: 'we will enable all older and disabled citizens in Nottingham to live as independently as they can, with a connection to their communities. Where formal care and support is needed, its aim will be to retain and restore independence. No one will live in residential care unless all other options are exhausted';

(g) Currently too many people are relying on residential care at an earlier stage than may be necessary;

(h) Better Lives Better Outcomes focuses on four themes: prevention, community connections, independent lives, choice and control;

(i) The key areas of focus to support more independent living are outlined in the presentation including engaging with a variety of healthcare providers and services, but also social partners and embracing new technologies;

(j) To date there have been approximately one hundred representations submitted and a stakeholder event held. There is a general indication of agreement with the proposals to move to the new strategy, but with questions on how the changes will happen and where the funding will come from.

Councillors' comments included:

(k) With less funding available and higher demand anticipated, it is vital that the position is transparent and that citizens are made fully aware of the necessity for services to change. A new approach must be taken but it will need to be fully embraced and supported by all health and social care services;

(l) Housing is an important issue and whilst it is right that people should be able to live independently in their communities, it is a concern that there is a shortage of suitable housing available for older/less mobile people. As a result some older people may be expected to remain in houses which are inappropriate, don't meet their needs, are far too big and difficult to heat and maintain. It would be sensible to encourage people to move to appropriate accommodation at an appropriate point in advance of necessity. To meet the known predicted need, the city's housing strategy needs to be reviewed and consideration given to the future increasing demand for bungalows;

(m) The 'scheme' in the currently branded 'independent living scheme' has very old-fashioned connotations so it would be worth considering a new more positive title;

(n) The expectations of citizens need to change. Most people prefer not to enter residential care but appropriate accommodation must be available;

(o) Changes in society need to be considered and reflected in the approach to development planning. In areas where shops have been vacant long-term, consideration should be given to demolition and permission for the building of bungalows;

(p) Integrated working between the National Health Service and social care, along with housing providers, needs to improve greatly if the strategy is adopted and successfully implemented.

The Committee agreed to submit a response to the consultation based on the comments made at this meeting and other evidence that it has regarding adult social care. Committee members were asked to forward any additional comments to Jane Garrard, Senior Governance Officer, who will draft a response which will be circulated to Committee members for comment prior to submission.

**RESOLVED to**

**(1) note the presentation and members' comments with regard to the broader impact if the strategy is implemented;**

**(2) submit a response to the consultation on the development of the new strategy for adult social care;**

**(3) delegate authority to the Chair of the Health Scrutiny Committee to approve the final consultation response.**

## 32 REVIEW OF CARER SUPPORT SERVICES

The Chair introduced the report of the Carer Support Services Review that had been undertaken by a study group on behalf of the Committee.
Jane Garrard, Senior Governance Officer, informed the Committee that the study group carrying out this review had identified several areas for improvement and the recommendations for change were set out in the report. It is intended that the study group will meet again in December 2018 to review progress on areas identified for improvement and report back to the Committee in January 2019.

**RESOLVED to**

**(1) note the findings and recommendations arising from the review of carer support services;**

**(2) approve the recommendations for referral to the organisations specified in the report; and**

**(3) receive an update on progress in implementation of recommendations at the January 2019 meeting.**

## 33 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer, introduced the report which sets out the proposed work programme for the remainder of the municipal year, and lists topics which the Committee have identified for further scrutiny.

The following requests were made and points raised by Committee members:

(a) With regard to the item reviewing Nottinghamshire Healthcare Trust's work in relation to its Quality Improvement Priority on waiting times item, the focus should be on mental health crisis team, child and adolescent mental health services, eating disorders and the trauma services provided at Mandala House on Gregory Boulevard;

(b) whilst members have been assured that children in care get priority mental health care support from CAMHS, further information is required on the access to services by older children and into adulthood and whilst working;

(c) in July the Committee discussed a potential future agenda item regarding Bilborough Medical Practice. It is understood that the Practice has addressed a lot of the requirements of the Care Quality Commission (CQC) and that it will be reassessed shortly. Therefore it would not be timely for the Committee to review performance of the Practice at this time. This position will be reviewed in light of the forthcoming CQC inspection;

(d) A meeting of Health Scrutiny Chairs from across the East Midlands was held on 11 September 201 to hear from NHS England about a review of head and neck cancer services that is being carried out. NHS England had requested that a joint committee be established to engage with them on this issue but it was subsequently agreed to not establish a joint committee for this purpose and therefore this Committee will be consulted on proposals as part of the consultation process, which is likely to take place in autumn/ winter 2018.

**RESOLVED to note the work programme.**

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| **HEALTH SCRUTINY COMMITTEE** |
| **18 OCTOBER 2018** |
| **NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST WAITING TIMES** |
| **REPORT OF HEAD OF LEGAL AND GOVERNANCE** |

## 1 Purpose

1.1 To review actions planned/ being taken in relation to Nottinghamshire Healthcare NHS Foundation Trust's Quality Improvement Priority 'to reduce waiting times in services where delays in access could potentially cause harm and improve the experience whilst waiting'; and progress in delivering on this priority.

## 2 Action required

2.1 The Committee is asked to review the actions planned/ being taken by Nottinghamshire Healthcare NHS Foundation Trust to reduce waiting times for mental health services.

## 3 Background information

3.1 Nottinghamshire Healthcare NHS Foundation Trust provides a range of mental health services to residents in the City.

3.2 When health scrutiny councillors reviewed the Trust's Quality Account 2017/18, they discussed with Trust representatives work to reduce waiting times. In previous years the Trust has had a focus on ensuring timely access to services, which reflected feedback from service users and carers and the monitoring of waiting times and other metrics. The Trust had identified the following as one of its Quality Improvement Priorities for 2018/19: 'to reduce waiting times in services where delays in access could potentially cause harm and improve the experience whilst waiting'. The Trust's ambition is to improve services where feedback has told them there may be problems; ensure appropriate access is available whilst waiting; and ensure no patient is harmed whilst waiting to access services.

3.3 Based on feedback received by the Committee waiting times is one of the main areas of concern for local people, for example during the year the Committee has spoken to the Trust and commissioners about child and adolescent mental health services and had some concerns about timely access to those services. In its comment on the Quality Account, the Committee encouraged this service to be an area of focus for the Trust within this priority. The Committee also decided to look in more

detail at the actions being taken by the Trust in relation to this priority for mental health services and review progress in delivering those actions during the course of the year.

3.4 A paper from the Trust is attached setting out current waiting times for mental health services, areas of focus and actions being taken to reduce waiting times. The Head of Performance, General Manager for Child and Adolescent Mental Health Services and Interim General Manager for Adult Mental Health Services will be attending the meeting to present this information and answer questions.

## 4 List of attached information

4.1 Paper from Nottinghamshire Healthcare NHS Foundation Trust 'Local Partnerships Mental Health Waiting Times for the period April to August 2018'

## 5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

## 6 Published documents referred to in compiling this report

6.1 Nottinghamshire Healthcare NHS Foundation Trust Quality Account 2017/18

## 7 Wards affected

7.1 All

## 8 Contact information

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 8764315

# Local Partnerships Mental Health Waiting Times For The Period April To August 2018

## 1.0 Purpose

This report presents the waited/waiting times for all patients across Local Partnerships Division - Mental Health Services for this financial year April to August.

## 2.0 Context

This report outlines the complete waiting time pathway which is based on Referral to Assessment and to Treatment. The information presented outlines the patients that have been assessed and seen and those still waiting for assessment and treatment as at August 2018.

All service lines are benchmarked against the national 18 week Referral to Treatment pathway with the exception of the following 2 service lines: Early Intervention Psychosis *(which has a 2 week access target*) and Improving Access Psychological Therapies IAPT (which have a 6 weeks access target). It is noted that our current contract target for all our contracts is currently set at 26 weeks Referral to Treatment.

As part of the Trust Quality Improvement Priority: ' *to reduce waiting times in services where delays in access could potentially cause harm and improve the experience whilst waiting'* we have a number of assurance processes in place by which we ensure we manage all our waiting times this includes monthly reporting externally to our commissioners and internally at Directorate and Divisional level, where there are any waits over the contract target we have service line action plans in place which are monitored and progress reported monthly.

Action plans also include details of how teams ensure patients are monitored whilst waiting, and what support is available if circumstances change

## 3.0 Triangulation of waiting time data with complaints data and service user feedback

**Complaints:** The number of total complaints for Local Partnerships Mental Health Services has decreased from a total of 280 in 2016 /17 to 210 in 2017/18. In the Trusts Complaints Annual Report 2017/18 of the key themes noted for Local partnerships Mental Health, access to services was not a key theme that presented.

**Service User Carer Experience Feedback:** Average Service Quality rating in 2017 /18 was **91.3%** and at the end of Q1 18-19 it was sustained at **91.3 %,** showing the average service Quality rating has remained consistent across Mental Health Services.

## 4.0 Overview of all Service line Waiting Times

### 4.1 Referral to Assessment: Patients assessed April to August

During April to August **3203** total patients waited for assessment. Of these, 3109 (**97.07%**) were seen within 18 weeks; 94 (**2.93%**) patients were seen 19 to 26 weeks of which 45 patients (**1.40%**) were seen over 26+ weeks. These were in the following service lines: Local community Mental Health Teams 30 patients (**3.99 %**); Psychological Therapy Service (non IAPT) 11 patients (**23.40 %**). With <5 patients within Step 4 and CAMHS (other Mental Health Service PBR). We have supressed numbers reporting below 5 as to identify these numbers might breach confidentiality.

**Referral to Assessment: Patients currently waiting in August**

In August a total number of **1269** patients were still waiting to be seen for assessment. Of the total patients waiting, 1201 (**94.65%**) patients are waiting up to 18 weeks; 68 patients (**5.35%**) waiting 19-26+ weeks of which 21 patients (**1.65%**) are 26+ weeks. These are in the following service lines: Local Community Mental Health Teams 12 patients (**1.74 %**); Psychological Therapy Service non IAPT 9 patients (**37.50 %**).

**4.2 Referral to Treatment: Patients seen April to August**

During April to August a total number of **2715** patients waited for treatment. Of the total 2576 (**94.88%**) were seen/treated within 18 weeks; 139 (**5.12%**) patients were seen/treated 19 to 26+ weeks of which 97 patients (**3.57%**) were 26+ weeks. These were in the following service lines: Local community Mental Health Teams. 40 patients (**6.80 %**), Psychological Therapy Service (non – IAPT) 9 patients (**29.03 %**); Step 4 47 patients (**60.26 %**) and <5 patients within CAMHS (other Mental Health Service PBR). We have supressed numbers reporting below 5 as to identify these numbers might breach confidentiality.

**Referral to Treatment: Patients currently waiting in August**

In August there were a total of 326 patients still waiting for treatment of the total 175 (**53.68**%) are waiting for treatment within 18 weeks; 151 (**46.32%)** patients are waiting for treatment 19 to 26+ weeks of which 113 patients (**34.66%**) are 26+ weeks. These are in the following service lines: Local community Mental Health Teams 6 patients (**4.92 %**); Psychological Therapy Service (non – IAPT) 23 patients (**58.97 %**) and Step 4 84 patients (**68.85 %**)

## 5.0 Service Line Waiting Time Challenges Context and Actions

There are 3 service line areas as follows: Local Community Mental Health Teams; Psychological Therapies (non IAPT) and Step 4 which have a particular challenge in meeting the 26 week waiting time and have patients breaching for a first assessment and treatment. It is important to note that the 26 weeks reports referral to treatment. The context to the challenges and the actions in place are outlined in the section below.

**Local Mental Health Teams (LMHTs)**

The LMHT's see the majority of patients within commissioned timescales of 26 weeks with 97 patients who waited beyond this RTT period between April and August 18.With over 90% being treated within 18 weeks between April and August 18 which is the internal benchmark applied. Of those waiting beyond 26 weeks, this is mainly either due to elective waiting or lack of availability of medical appointments. This is mainly due to the number of vacant Consultant Psychiatrist posts and whilst locums have been appointed wherever possible, some gaps have occurred. Non-medical prescribers have also been appointed in all City LMHT to support. Wherever possible, assessments are undertaken by the MDT, ensuring that medic's time is focused on those that clearly require this. LMHT's have been actively working through waiting times list and have reduced the number of waits due to DQ issues. Teams also not recording treatment at assessment where appropriate, teams' currently reviewing treatment lists and they are improving.
A large amount of Data Quality issues have been resolved also there were a lot of issues with the migration of referrals for the LMHT's where some patients were showing as waiters when they were not.

A procedure has been introduced this year to ensure that beyond 18 weeks, patients are contacted and reviewed via telephone to assess risks, needs and ability to continue to wait. All

patients waiting have access to duty in the LMHT and are given details of CRHT in case they require more urgent support whilst waiting.

Greater Nottinghamshire LMHT's trialled the Urgent Medical Mental Health Line last year, whereby GP's could access advice from a Consultant Psychiatrist and if needed, book a more urgent slot for patients who were not in crisis but could benefit from being seen more quickly. Whilst this service was underutilised it is hoped that discussions with commissioners related to new service models can incorporate this element into the LMHT offer.

**Psychological Therapies Services (non IAPT) and Step 4**

These services have historically had waiting lists due to levels of resource versus need and a picture of increasing referrals and complexity of presentations. The service also operate an opt in assessment process whereby individuals are sent a questionnaire which they are asked to complete and return within 2 weeks. These are still accepted up to 3 weeks later. The service specification outlines that the clock starts at receipt of the questionnaire but RIO does not capture this.

Individuals waiting for psychological therapies will be assessed as safe and able to do so**.** The service does not accept those who are in crisis, who have recent suicidal attempts or intentions or those who present with chaotic and risky behaviors. These individuals would be signposted /referred to more appropriate services for support. Generally, those accepted for the service will have long term psychological needs and will have accessed other supports previously. The service does review those on the waiting list at 18 weeks and thereafter, every 12 weeks to ensure therapy is still the appropriate option and to review risks and needs.

Although there have been staffing difficulties across the City Step 4 service due to a number of factors including long term sickness, vacancies and acting up arrangements the service has sourced through the bank and agency attempts to cover these gaps and one locum clinical psychologist has been recruited for 3 days per week. A permanent clinical member of staff commences in October and the long term sickness has now been resolved. One further clinical psychology post is going out to advert this month and once that is recruited to the service will be fully staffed.

There are three trainee psychologists joining the team, one who starts in the autumn and 2 in January 2019 until September. They will provide some additional clinical capacity as they do case work as part of their training.

In light of the staffing difficulties this year, the team has reviewed access referral criteria to ensure this is being applied in line with the service specification to ensure the service is provided as commissioned**.** The service is now starting to plan to reduce waits over the next six months, given the improved and planned improvements in staffing. There will be additional appointments offered to meet the current average demand of 30 referrals per month and to reduce the backlog within the next six months.

We are engaging with the commissioners as there is a need to work with the Trust to review the entire Psychological Therapies offer at Step 4 as different levels of service are provided in different areas, some of which relate to existing service specifications and some that does not. The interface with IAPT and secondary services including commissioning of psychological therapies for those with personality disorder requires review and standardisation. It is hoped that this can form part of the new clinical strategy for the Trust, influencing more seamless pathways to ensure that service users can access support at the right level when they need this.

**Michelle Malone**
**General Manager**
**Adult Mental Health Services**

**Luba Hayes**
**Head of Performance**
**Local Partnerships**

**September 2018**

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| **HEALTH SCRUTINY COMMITTEE** |
| **18 OCTOBER 2018** |
| **PROPOSALS FOR PROVISION OF GLUTEN FREE FOODS ON PRESCRIPTION** |
| **REPORT OF HEAD OF LEGAL AND GOVERNANCE** |

## 1 Purpose

1.1 To consider proposals from Greater Nottingham Clinical Commissioning Partnership for the future prescribing of gluten free foods.

## 2 Action required

2.1 The Committee is asked to:

a) decide whether it considers that the proposal for the provision of gluten free foods on prescription is a 'substantial variation/ development of services' for Nottingham residents;

b) consider the information available regarding the proposal for the future prescribing of gluten free foods for Nottingham residents; and

c) either provide comments and/or recommendations or decide to seek further information/ have further discussions before submitting comments and/or recommendations on the proposal.

## 3 Background information

3.1 Prescriptions for gluten free foods have been available on the NHS for more than 30 years and some gluten free foods are currently available on prescription for Nottingham residents who have been diagnosed with coeliac disease.

3.2 The Government recently undertook a national consultation about whether gluten free foods should be available on prescription. Following the national consultation, the Government recommended that gluten free prescribing should be restricted to bread and mixes only. However, there was no decision taken about limiting quantities. The Government advised commissioners to undertake their own local consultation to inform local decision making about what to prescribe.

3.3 Earlier in the year, Greater Nottingham Clinical Commissioning Partnership advised the Committee that it was reviewing whether to restrict or stop gluten free food on prescription for residents of Greater Nottingham, including Nottingham City. The Committee was

subsequently informed of consultation taking place with Greater Nottingham residents in June and July 2018.

3.3 Following this review Greater Nottingham Clinical Commissioning Partnership has developed a proposal for future prescribing. A paper from Greater Nottingham Clinical Commissioning Partnership is attached providing more information about current provision; the proposal for future provision; details of the consultation carried out and how that informed the proposal; and its assessment of the impact of its proposal. Representatives of the Partnership will be attending the meeting to present this information and answer questions about the proposal.

3.4 <u>Role of this Committee in relation to substantial developments or variations to services</u>

Commissioners and providers of NHS and public health funded services are required to consult with the relevant local authority health scrutiny committee on proposals for a substantial development or variation of the health service in the area of that local authority. In guidance on planning and delivering service changes, NHS England recognises the importance of this role, stating "health scrutiny is a mechanism for ensuring the health and care system is genuinely accountable to patients and the public, and it brings local democratic legitimacy for service changes" (NHS England 2013). Regulations do not define 'substantial development' or 'substantial variation' but a key feature is that there is a major impact(s) experienced by service users, carers and/or the public. The Committee's role is to determine whether it considers the proposal to be in the interests of local health services. It will need to consider:

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of the local health service.

Following consultation, the Health Scrutiny Committee can make comments on the proposals. The Committee and the relevant health body should work together to try and resolve any concerns locally if at all possible. Ultimately, if this is not possible and the Committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

## 4 List of attached information

4.1 Paper from Greater Nottingham Clinical Commissioning Partnership 'Prescribing of Gluten Free Foods in Greater Nottingham' including Equality Impact Assessment and Consultation Report.

## 5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

## 6 Published documents referred to in compiling this report

6.1 Greater Nottingham Consultation Document: Should Gluten Free Products Be Available on Prescription? (June 2018)

Department of Health and Social Care 'Report of Responses Following the Public Consultation on Gluten Free Prescribing' (January 2018)

NHS England 'Planning and Delivering Service Changes for Patients' (2013)

## 7 Wards affected

7.1 All

## 8 Contact information

8.1 Jane Garrard, Senior Governance Officer
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0115 8764315

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# Prescribing of Gluten Free foods in Greater Nottingham

## 1. Background

Coeliac disease is an autoimmune condition associated with chronic inflammation of the small intestine, which can lead to malabsorption of nutrients, triggered by the protein gluten. If someone with coeliac disease is exposed to gluten (found in wheat, barley and rye) they may experience a range of symptoms and adverse effects. The symptoms from and consequences of not following gluten free (GF) diets may be mild or very severe and can include;

- Abdominal pain, diarrhoea, nausea, bloating, vomiting
- Weight loss in adults or failure to grow at the expected rate in children
- Malnutrition, iron, vitamin B12 and folic acid deficiencies
- Tiredness, headaches
- Skin rash, mouth ulcers, tooth enamel problems
- Osteoporosis, ulcerative jejunitis
- Malignancy (intestinal lymphoma)

The disease affects approximately 1 in 100 people in the UK where women are two to three times more likely to develop coeliac disease than men. There are approximately 850 patients across Greater Nottingham who are prescribed a gluten free product.

People with conditions such as type 1 diabetes, autoimmune thyroid disease, Down's syndrome and Turner syndrome are at a higher risk than the general population of having coeliac disease. First-degree relatives of a person with coeliac disease also have an increased likelihood of having the condition. It can be diagnosed at any age.

Symptoms are controlled by excluding foods that contain gluten from the diet. There are no medicines available to treat the condition and it cannot be cured. People with confirmed coeliac disease must give up eating all sources of gluten for life.

Over twenty to thirty years ago only a small range of GF foods, if any, were available to purchase and they were relatively expensive. To enable people to manage their disease, these foods were made available on prescription. However in recent years the range of GF foods has considerably expanded and become widely available via supermarkets at a more competitive price. However, gluten is not essential for a healthy diet and there are other foods that can provide carbohydrates e.g. potato and rice.

In 2017 the Department of Health (DH) recently conducted a national consultation on the availability of Gluten Free (GF) foods on prescription in primary care.

The options considered were:

- Option 1: Make no changes to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004.

*Under this option all types of GF foods would continue to be prescribed in primary care at National Health Service (NHS) expense.*

- Option 2: To add all GF foods to Schedule 1 of the above regulations to end the prescribing of GF foods in primary care.

*Under this option no GF foods would be available on prescription in primary care.*

- Option 3: To only allow the prescribing of certain GF foods (e.g. bread and flour) in primary care, by amending Schedule 1 of the above regulations.

*Under this option only certain GF foods would be available on prescription in primary care.*

The outcome from the national consultation was published on 1st February 2018 and the Government decided to restrict gluten-free prescribing to bread and mixes only. The majority of respondents to the consultation preferred this option.

The consultation response stated that:

"It is for CCGs to decide how they commission local services to best meet the needs of their populations".
This statement signalled that the outcome of the consultation does not affect the statutory authority that a CCG has to determine the availability of gluten-free foods in their local area. Greater Nottingham Clinical Commissioning Partnership decided to undertake a public consultation to support decision making about prescribing of gluten free foods for their population.

## 2. Current position

NHS Rushcliffe, Nottingham West and Nottingham North & East CCGs

- May 2016 – Following feedback from a three month consultation and recommendations from clinical, patient cabinets and governing bodies NHS Rushcliffe, Nottingham West and Nottingham North & East made changes to Gluten Free products available on prescription. As of May 2016 all practices within the three CCGs were requested to ensure no more than four units in total of long life bread and/or flour per month were prescribed for patients with a diagnosed condition of coeliac disease or dermatitis herpetiformis. The medicines management teams work with GP practices to monitor adherence to recommendations.

NHS Nottingham City CCG

- In June 2015 the NHS Nottingham City CCG Executive Management Team decided that the City population needs were different from those in the County and the proposed County options were not in line with these needs, so NHS Nottingham City CCG did not enter in to the consultation about changes to prescribing of gluten free foods alongside NHS Rushcliffe, Nottingham West and Nottingham North & East.
- Clinicians in NHS Nottingham City CCG prescribe staple gluten free products, in line with the Area Prescribing Committee (APC) position statement and currently there is no corporate policy about further restricting quantities or items. The medicines management teams work with GP practices to align quantities with those recommended by Coeliac UK.

NHS Mansfield & Ashfield and Newark & Sherwood CCGs

- February 2017 – Following a month's engagement in January 2017 at its meeting on the 16 February 2017, the joint Governing Body for the two CCGs reviewed comments and agreed to stop NHS prescriptions for Gluten Free foods, for all patients, unless there are special circumstances.

Prescription expenditure on GF foods (April to June 2018)

| | |
|---|---|
| Nottingham City CCG | £26,377 |
| Nottingham North and East CCG | £5,786 |
| Nottingham West CCG | £3,154 |
| Rushcliffe CCG | £3,815 |

Using this data to calculate a full year effect produces and anticipated expenditure of £156,528 per annum on GF foods.

## 3. Options

The options in the public consultation were agreed following discussion at Governing Body meetings in each Greater Nottingham CCG:

***Option 1:*** Limit prescribing for all patients in Greater Nottingham to four units of long life bread and flour per month.

Benefits

- This option would ensure that all patients in Greater Nottingham have GF products prescribed in line with the same guidance and will provide equitable provision for patients and clarity for prescribers. It will bring Nottingham City CCG prescribing in line with the other CCGs.
- All patients will be able to access a defined quantity of GF bread and flour to support their adherence to a GF diet
- Prescribing cost efficiencies of approximately £65K could be realised

Risks

- Patients at risk of developing signs and symptoms of gluten intolerance and subsequently potential serious complication, leading to a pull on primary and secondary care resources should they not be able to afford additional GF products to supplement the prescribed volume. Impact for patients with protected characteristics – please see EQIA (Appendix 1) for more information.

- This option is not in line with the recommendations from the national consultation and could generate considerable public and media interest, which may involve significant resource to manage and may have a detrimental CCG organisational reputational impact.

***Option 2:*** All Greater Nottingham CCGs to stop all gluten free prescribing, with the exception of children, who will be able to receive up to four units of long life bread and flour per month

Benefits

- This option would ensure that all children in Greater Nottingham have GF products prescribed in line with the same guidance and will provide equity for these patients and clarity for prescribers.
- Children will be able to access a defined quantity of GF bread and flour to support their adherence to a GF diet. Information provided through the national consultation stated that the lack of adherence to a GF diet could impact on the growth rate of children, delay puberty and make them susceptible to other auto immune conditions.
- Prescribing cost efficiencies would be realised.

Risks

- Adult patients at risk of developing signs and symptoms of gluten intolerance and subsequently potential serious complication, leading to a pull on primary and secondary care resources should they not be able to afford GF products.
- This option is not in line with the recommendations from the national consultation and may generate considerable public and media interest, which may involve significant

resource to manage and may have a detrimental CCG organisational reputational impact.

***Option 3:*** All Greater Nottingham CCGs to stop all gluten free prescribing

Benefits
- Prescribing cost efficiencies of approximately £156K could be realised

Risks
- Patients at risk of developing signs and symptoms of gluten intolerance and subsequently potential serious complication, leading to a pull on primary and secondary care resources should they not be able to afford GF products.
- This option is not in line with the recommendations from the national consultation and could have a detrimental reputational impact.
- Possible legal challenge - as part of the consultation process across the three south CCGs, legal advice was sought and the recommendation was not to stop all prescribing of GF products on prescription. This was based on patient access and GPs and CCGs responsibility to provide patients with adequate products/medication to prevent harm.
- Impact on patients with certain protected characteristics – please see EQIA (Appendix 1) for more information.

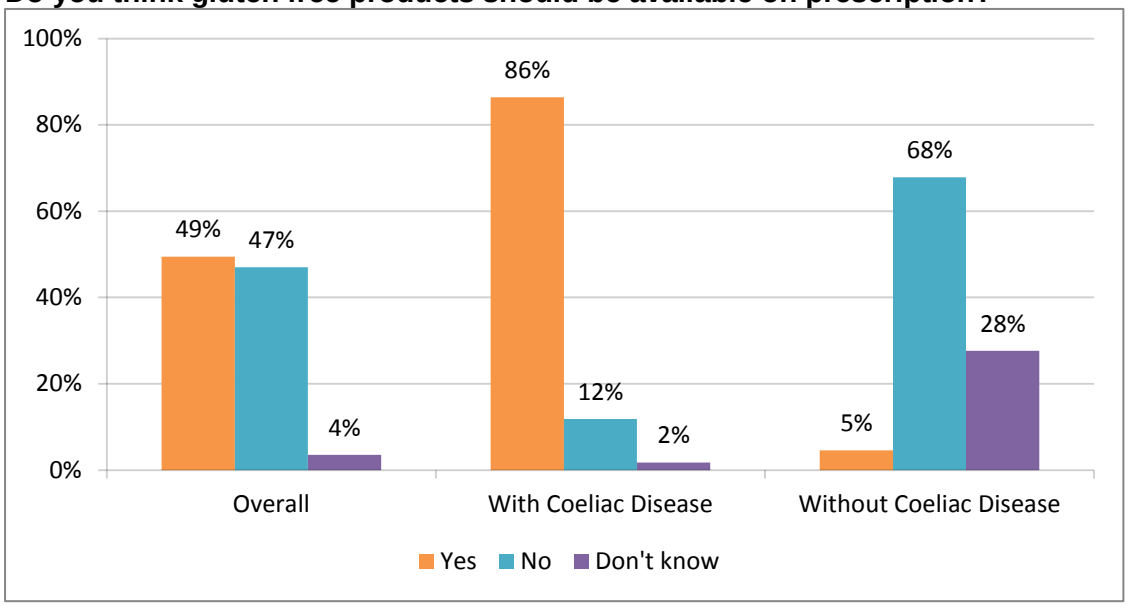
## 4. Public Consultation

The results from the public consultation on the options outlined above are given in Appendix 2. There were 462 responses to the consultation. 169 responses were from people who have diagnosed coeliac disease/ dermatitis herpetiformis, or who are caring for or responding on behalf of people who have diagnosed coeliac disease/ dermatitis herpetiformis.

Overall, the outcome of the consultation is that the option to ‘limit to 4 units’ (option 1 above) is the preferred choice when the responses of people with coeliac disease and those without were combined.

However, 49% of respondents chose this option, and 47% said that GF items should not be available on prescription; this is illustrated below:

**Do you think gluten free products should be available on prescription?**




## 5. Recommendation

This scheme was considered at the Clinical Commissioning Executive Group (CCEG) on 19 September 2018. The following were considered in reaching a recommendation for JCC:

- The outcome of the consultation which identified that whilst 86% of respondents with Coeliac Disease supported continued prescribing when all responses are considered the results are marginal (49% in favour and 47% not).
- It was noted that the Mid Nottinghamshire CCGs have already stopped GF prescribing. Greater Nottingham recognise the importance of consistency in care across Nottinghamshire.
- Equity in relation to other conditions e.g. diabetic foods are not provided on prescription.
- The clinical risk for patients with coeliac disease/ dermatitis herpetiformis not following a GF diet was noted.
- It is possible to have a healthy balanced diet without having gluten containing foods or gluten free alternatives.
- Gluten free foods are more widely available and whilst still more expensive have reduced in cost.
- The EQIA was considered in particular the increased impact on people with low incomes was acknowledged.
- The current financial position was noted.

Following consideration of the above factors the recommendation is to stop prescribing of GF products for all patients in Greater Nottingham.

The Joint Commissioning Committee reviewed and approved the recommendation to stop all prescribing of GF products in Greater Nottingham at their meeting on 26th September.

Greater Nottingham will support the implementation with a robust communications plan to ensure that patients who are currently receiving gluten free foods on prescription are notified of the change. The CCGs are liaising with local Dietitians to ensure that nutritional information can be provided to patients. The impact on patients will be monitored as part of the implementation.

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26 September 2018

## EQuality Impact Assessment (EQIA) Template

### Introduction

The EQIA template has been introduced to bring together equality and quality impact considerations into a single systematic assessment process.

An EQIA should be completed whenever the initial screening process on each scheme in the Financial Recovery Plan indicates that one is required.

The EQIA Panel will oversee the development and quality assurance of EQIAs.

To support understanding and completion of the EQIA process, this document is hyperlinked to a glossary of key terms.

### Purpose

The EQIA is designed to:

- Enable details of supporting evidence to be recorded
- Assess the impact of proposed changes in line with the CCGs' duty to reduce health inequalities in access to health services and in health outcomes achieved
- Assess the impact of proposed changes to services in line with the CCGs' duty to maintain and improve the three elements of quality (patient safety, patient experience and clinical effectiveness)
- Assess whether proposed changes could have a positive, negative or neutral impact, depending on people's different protected characteristics defined by the Equality Act 2010
- Identify any unlawful discrimination or negative effect on equality for patients/service users, carers and the general public
- Consider the impacts on people from relevant inclusion health groups (e.g. carers, homeless people, people experiencing economic or social deprivation)
- Identify where any information to inform the assessment is not available, which may indicate that patient engagement is required
- Provide a streamlined process and prevent equality and quality risks from being considered in isolation
- Determine whether a scheme can proceed, proceed with identified action, or not be progressed.

Decisions on whether schemes will be implemented, amended or stopped will be based on a combination of EQIAs, engagement findings and consultation outcomes.

**EQIAs are 'live' documents, and as such, are required to be revisited at key stages of scheme development and implementation, particularly following the conclusion of any engagement and consultation activities to inform decision-making.**

**Scheme title:** Restriction of, or stopping Gluten Free Prescribing in Greater Nottingham

**Assessor name:** Cheryl Gresham

**Date of assessment: 9th April 2018**

**Summary description of QIPP scheme being assessed:**

**Background**

**National**

Staple gluten free (GF) foods have been available on prescription to patients diagnosed with gluten sensitivity enteropathies since the late 1960s when the availability of GF foods was limited. GF foods are now more widely available in supermarkets, although stock can be variable, with a wider range of naturally GF food types available, meaning that the ability of patients to obtain these foods without a prescription has greatly increased. Adherence to a GF diet is the only way to manage the condition and prevent further ill health related to coeliac disease.

Many Clinical Commissioning Groups (CCGs) now have limited types or units of GF foods available on prescription. A number of CCGs provide only bread and flour; several have stopped prescribing all GF foods. CCGs were set up to ensure that their local populations receive the medicines and treatments they require, with locally managed resources. Differing approaches to the availability of GF foods is creating regional variation across England. Many CCGs have made changes to local prescribing formularies and have restricted or ended GF food (Coeliac UK, 2018b). The prescribing position in CCGs in England (July 2017) is shown below:

| CCG Prescribing Status Prescribing Arrangements (July 2017) | Number of CCGs |
|---|---|
| Following Coeliac UK guidelines | 78 |
| Ended all GF foods on prescription (all patients) | 25 |
| No restrictions | 4 |
| Other restrictions; product type, quantities, or patient status | 102 |

The Department of Health (DH) conducted a national consultation and sought views from the general public as to the availability of gluten free (GF) Foods on prescription in Primary Care (Department of Health, 2017). Changes to the prescribing of GF foods could save NHS resources and reduce the primary care prescription drugs bill by up to £22.7 million in year one following changes (based on Net Ingredient Cost (NIC) and dispensing fees.

This consultation ended on 22nd June 2017, having received 7941 responses. The response to the consultation was published in February 2018 (Department of Health and Social Care, 2018).

Summary of responses from national consultation:

Points of common agreement

- Coeliac Disease (CD) is a disease state and that food is like a medicine for those patients and adherence to a GF diet is the only way of managing the condition and preventing further ill health related to CD.
- The cost to purchase formulated GF food from retail outlets is more expensive than non-formulated GF food. This is especially the case for bread products where the gap between these products is more significant.
- The quality of prescription products when compared to shop bought products can differ. Some prescription products are fortified to provide additional nutrients to patients to avoid malnutrition or vitamin deficiency.
- The availability of GF foods is not always consistent and many smaller/local shops do not always stock a range of GF food. GF food is not routinely available in food banks or budget supermarkets. For patients/parents/carers that rely on food banks, they will need to select foods that are naturally GF such as meat, fish, rice, fruit

and vegetables to ensure they adhere to a GF diet.

- Patients in rural areas may depend on pharmacy deliveries for their GF foods, and may have difficulty in obtaining GF supplies from local shops.
- The shelf life of fresh bread products can lead to waste if not collected from the pharmacy in a timely manner. The patient has to rely on freezing surplus fresh bread to avoid waste as pack sizes can often contain 6 - 8 loaves.
- The local changes made by CCGs have led to inconsistencies for patients in England and this is causing inequality in access to GF food on prescription. There are also many different approaches between CCGs which have led to inequality of access to ranges, types or quantities of GF food available on prescription.
- Some CCGs have made changes without consultation, this has excluded patients, their representatives and others from having a say in how their local services are delivered.
- Pharmacies are set up and managed to issue medicines and medical supplies and are not equipped to deal with holding large stocks of foods which often have a short shelf life, or are bulky.
- Out of pocket expenses (OOPE) can be significant on some GF products, especially on fresh bread. Some CCGs have managed these out of the system through alternative GF supply models.
- All GF food products listed in the Drug Tariff are "branded" products, whilst some retail outlets supply generic/own brand GF products.
- The ACBS "recommended" list contains staple GF products, yet prescribing data6 shows that luxury products such as cakes, pastries and sweet biscuits are prescribed. The majority of respondents agreed that only staple products should be available at NHS expense.

Main issues raised:

GF foods are not consistently available in local shops or budget supermarkets. There is often unreliable stock and/or limited range in larger supermarkets, products may also have short expiry or "use by" dates. Certain brands of GF food are not available to buy in supermarkets, limiting patient choice.

The majority of respondents requested bread and mixes to remain on prescription due to inconsistencies in availability, taste differences between prescription only products and those available in supermarkets, the price differences (especially bread), and accessibility, especially those who relied on pharmacy deliveries. Patients stated that GF mixes offered a more flexible option as they could be used at home to make a variety of foods.

Many respondents stated that the money spent on GF food could be better utilised across the NHS, and as GF food is not a medicine it should not be provided by the NHS. It was also stated that patients with other food intolerances or allergies do not get their food on prescription.

Parents or carers of children have requested that GF staples, especially bread, remain on prescription to prevent children feeling "different" to their peers, for example, the ability to take a packed lunch (sandwiches) to school. Some CCGs have retained GF prescribing for those under 18. Additionally this group are less likely to make their own dietary choices; this is especially the case for young children, as they rely on a parent/carer to purchase and prepare their meals. Information provided through the consultation stated that the lack of adherence to a GF diet could impact on the growth rate of children, delay puberty and make them susceptible to other auto immune conditions.

**Outcome**

The Government has decided to restrict gluten-free prescribing to bread and mixes only (note – there has been no recommendation made about limiting volume of prescribing, which is expressed as number of units). The timescale to implement restriction of all gluten free products, with the exception of some bread and mix products has not yet been

announced.

**Local**

In Nottinghamshire at present the CCGs have different recommendations for restricting prescribing of GF foods.

NHS Rushcliffe, Nottingham West and Nottingham North & East CCGs

A three month consultation was undertaken in 2015 to gather the views of patients, clinicians, partners and the wider public in these CCGs, to understand the potential impact of the following proposals:

1. Stop all prescribing of gluten-free foods
2. Limit to 8 units of bread and/or flour each month (NNE CCG has had this unit reduction in place since January 2015)
3. Limit the products available to flour only (maximum of 4 units per month)
4. Other.

A total of 1016 responses were received.

The formal consultation report was published in March 2016 (NHS Nottingham West, Nottingham North and East and Rushcliffe CCGs, 2016).
Key themes from feedback included**:**

- Fresh bread often goes out of date quickly and leads to increased wastage.
- The buying power of the NHS needed to be addressed – why is the NHS paying such inflated prices?
- Lack of quality in supermarket products.
- More support needed for coeliac patients, including annual reviews.
- Late diagnosis of symptoms caused concern for patients.
- Concerns for vulnerable patients, i.e. children, elderly, low income.
- The introduction of a voucher scheme could benefit patients.

**Outcome**

In May, 2016, following feedback from the consultation and recommendations from clinical, patient cabinets and governing bodies NHS Rushcliffe, Nottingham West and Nottingham North & East made changes to Gluten Free products available on prescription. As of May 2016 all practices within the three CCGs were requested to ensure no more than four units in total of long life bread and/or flour per month were prescribed for patients with a diagnosed condition of coeliac disease or dermatitis herpetiformis. The medicines management teams work with GP practices to monitor adherence to recommendations.

NHS Nottingham City CCG

In June 2015 the NHS Nottingham City CCG Executive Management Team decided that the City population needs were different from those in the County and the proposed County options were not in line with these needs, so NHS Nottingham City CCG did not enter in to the consultation about changes to prescribing of gluten free foods alongside NHS Rushcliffe, Nottingham West and Nottingham North & East.
Clinicians in NHS Nottingham City CCG prescribe staple gluten free products, in line with the Nottinghamshire Area Prescribing Committee position statement (Nottinghamshire Area Prescribing Committee, 2014) and currently there is no CCG policy about further restricting quantities or items. The medicines management teams work with GP practices to align quantities with those recommended by Coeliac UK (Coeliac UK, 2018a)

NHS Mansfield & Ashfield and Newark & Sherwood CCGs (Mid Notts)

In January 2017 Mid Notts CCGs undertook a month's engagement. 550 responses were received in response to the following questions:

- Stop all prescribing of gluten-free foods
- Limit to 8 units of bread and/or flour each month
- Continue as now and prescribe staple gluten free foods (non-staple foods are no longer prescribed) and continue to follow the Coeliac Society's recommendations for number of units prescribed

53% or responses were in favour of continuing to prescribe gluten free products as now i.e. following Coeliac U.K. guidelines

Key themes for concerns voiced during the consultation were:
- Availability of gluten free products on prescription
- The additional cost of gluten free products in supermarkets
- Need for increased support and advice to follow a gluten free diet
- There should be negotiation between NHS and manufacturers about prices
- A need to recognise the needs of children and vulnerable groups

**Outcome**

At its meeting on the 16 February 2017, the joint Governing Body for the two CCGs reviewed comments and agreed to stop NHS prescriptions for Gluten Free foods, for all patients, unless there are special circumstances.

**Next step for Greater Nottingham (GN) CCGs**

The GN Turnaround Director, having taken the views of the CCG Governing Bodies (GB) in Greater Nottingham, has advised to progress with patient engagement and consultation, across City and County, with the following options:

1. City CCG to align their recommendations with the current arrangements in the other Greater Nottingham CCGs (4 units per month of GF long life bread or flour)*
2. All CCGs in Greater Nottingham to adopt the national recommendations (prescribing of GF bread and mixes, no recommended number of units)
3. All Greater Nottingham CCGs to stop all GF prescribing
4. All Greater Nottingham CCGs to stop all GF prescribing, except for defined patient groups e.g. children, where national recommendations will apply

*NOTE – If County status is adopted across GN subsequent national changes will stop prescribing of GF flour, and there may be a need to consider whether prescribing of GF mixes is allowed instead of GF flour.

**Context**

Coeliac disease is an autoimmune condition associated with chronic inflammation of the small intestine, which can lead to malabsorption of nutrients, triggered by the protein gluten. Symptoms are controlled by excluding foods that contain gluten from the diet. There are no medicines available to treat the condition and it cannot be cured. People with confirmed coeliac disease must give up eating all sources of gluten for life.If someone with coeliac disease is exposed to gluten (found in wheat, barley and rye) they may experience a range of symptoms and adverse effects. The symptoms from and consequences of not following gluten free (GF) diets may be mild or very severe and can include;

- Abdominal pain, diarrhoea, nausea, bloating, vomiting
- Weight loss in adults or failure to grow at the expected rate in children
- Malnutrition, iron, vitamin B12 and folic acid deficiencies
- Tiredness, headaches

- Skin rash, mouth ulcers, tooth enamel problems
- Osteoporosis, ulcerative jejunitis
- Malignancy (intestinal lymphoma)

Gluten is not necessary for a healthy diet and patients can safely exclude it from their diet and still eat healthily without purchasing special foods. Patients can safely eat meat, fish, vegetables, fruit, rice and most dairy products as these do not contain gluten.

However, the report on the national consultation states that:

- Some prescription products are fortified to provide additional nutrients to patients to avoid malnutrition or vitamin deficiency
- GF formulated prescription food is often fortified with additional nutrients that may be lacking in a coeliac patient's diet, whereas commercially formulated GF foods are less likely to be fortified than their prescription counterparts

Studies have demonstrated that gluten free diet products are poor sources of minerals (such as iron), vitamins (such as folate, thiamine niacin and riboflavin) and fibre (Thompson, 1999; Thompson, 2000). However, Lee et al. (2009) demonstrated that the adding of three servings of gluten-free alternative grains, for example oats, quinoa, buckwheat (pseudo and minor cereals) positively impacts the nutrient profile (fibre, thiamine, riboflavin, niacin, folate and iron) of the grain portion of the gluten-free diet.

Penagini et al., (2013) highlight that the inclusion of pseudo cereals and minor cereals that do not contain gluten in to the diet could offer a less expensive alternative with respect to standard gluten-free choices and could help increase dietary compliance by reducing the economic burden of the diet.

Fry, Madden and Fallaize,(2017) found that more GF foods than regular foods are classified as containing high and medium fat, saturated fat, salt and sugar and have lower fibre and protein content.

Penagini et al., (2013) also highlight other research that there is a need for early education on following a GF diet, as the diet is complicated and can be overwhelming if not presented using a thorough and proactive approach. Studies focusing on compliance to a GF diet indicate that adherence is compromised by a number of factors, including a lack of education and continued support by a physician and dietitian. The National Institute for Health and Care Excellence (2016) recommend that an annual review should be offered to people with coeliac disease so that adherence to a gluten-free diet and symptoms can be reviewed, information and advice about the condition and diet can be refreshed, and any further support needs can be identified.

The disease affects approximately 1 in 100 people in the UK where women are two to three times more likely to develop coeliac disease than men. People with conditions such as type 1 diabetes, autoimmune thyroid disease, Down's syndrome and Turner syndrome are at a higher risk than the general population of having coeliac disease. First-degree relatives of a person with coeliac disease also have an increased likelihood of having the condition. It can be diagnosed at any age.

**Supporting evidence and references:**

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Thompson, T. (2000). Folate, Iron, and Dietary Fiber Contents of the Gluten-free Diet. *Journal of the American Dietetic Association*, 100(11), pp.1389-1396.

**If you have been unable to find evidence, please describe what you have based this scheme on instead (e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion etc.):**

**Health inequalities:**

**What will be the effect of the scheme in terms of reducing health inequalities in outcomes and in access?**

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

**Comments/rationale:**

Nottingham City:

The level of deprivation is significantly higher in areas of Nottingham City than in most other parts of Greater Nottingham.

Nottingham is ranked 8 th most deprived district in England in the 2015 Index of Multiple Deprivation (IMD), a relative decline on 20th in the 2010 IMD.

About a third of super output areas in the City are in the worst 10% nationally (IMD 2015).

34% of children and 25% of people aged 60 and over live in areas affected by income deprivation (Jsna.nottinghamcity.gov.uk, 2018)

Nottinghamshire County:

Deprivation levels for Nottinghamshire are comparable with England. However, within Nottinghamshire there are communities with both some of the highest levels of deprivation in the country and some of the lowest levels of deprivation. In Nottinghamshire (excluding Nottingham City) there are 25 lower super output areas (LSOAs) in the 10% most deprived LSOAs in England. The most deprived LSOAs are concentrated in the districts of Ashfield, Mansfield, Bassetlaw and Newark & Sherwood (Nottinghamshireinsight.org.uk, 2018).

People living within the more deprived areas of Nottinghamshire have less healthy lifestyle choices and poorer health and wellbeing outcomes. Restriction of all gluten free foods, or partial restriction will impact residents with lower incomes.

- The cost to purchase formulated GF food from retail outlets is more expensive than non-formulated GF food. This is especially the case for bread products where the gap between these products is more significant.
- The quality of prescription products when compared to shop bought products can differ. Some prescription products are fortified to provide additional nutrients to patients to avoid malnutrition or vitamin deficiency.
- The availability of GF foods is not always consistent and many smaller/local shops do not always stock a range of GF food. GF food is not routinely available in food banks or budget supermarkets. For patients/parents/carers that rely on food banks, they will need to select foods that are naturally GF such as meat, fish, rice, fruit and vegetables to ensure they adhere to a GF diet. Patients with lower incomes may not have access to transport and so only have access to local shops.
- Patients in rural areas may depend on pharmacy deliveries for their GF foods, and may have difficulty in obtaining GF supplies from local shops.

**Protected characteristics and inclusion health groups:**

**Impact on the protected characteristic of Age**:

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

**Comments/rationale:**

These changes will affect all patients with a diagnosis of Coeliac disease. Coeliac disease can be diagnosed at any age, although the most frequently diagnosed age range is 40 to 60. A higher proportion of people aged 16-64 in Nottingham City claim some form of benefit than regionally and nationally. To that end a large proportion of the patients in Nottingham City may receive free prescriptions and may not otherwise be able to afford to buy gluten free foods.

The negative impact will be experienced by those who are in receipt of free prescriptions (including children). Nottingham City GB members highlighted that children do not have a choice in making decisions about their diet. In the national consultation parents or carers of children have requested that GF staples, especially bread, remain on prescription to prevent children feeling "different" to their peers, for example, the ability to take a packed lunch (sandwiches) to school. Some CCGs have retained GF prescribing for those under 18. Additionally this group are less likely to make their own dietary choices; this is especially the case for young children, as they rely on a parent/carer to purchase and prepare their meals. Information provided through the consultation stated that the lack of adherence to a GF diet could impact on the growth rate of children, delay puberty and make them susceptible to other auto immune conditions.

**Impact on the protected characteristic of Disability:**

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

**Comments/rationale:**

People in this protected characteristic group may be diagnosed with coeliac disease. Patients experiencing one or more mobility, sensory or intellectual impairments may not be able to access and shop at outlets that stock gluten-free products and products that contain gluten may be purchased in error. The availability of GF foods is not always consistent and many smaller/local shops do not always stock a range of GF food Patients in rural areas may depend on pharmacy deliveries for their GF foods, and may have difficulty in obtaining GF supplies from local shops.

The health of people with coeliac disease who also have other long term conditions – eg diabetes – may be adversely affected if they do not carefully adhere to a gluten free diet and ability to achieve nutritional adequacy, as discussed previously, may affect patients in this group.

**Impact on the protected characteristic of Gender re-assignment:**

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

**Comments/rationale:**

People in this protected characteristic group may be diagnosed with coeliac disease and these changes should have no impact as a result of that characteristic.

**Impact on the protected characteristic of Pregnancy and maternity:**

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

**Comments/rationale:**

People in this protected characteristic group may be diagnosed with coeliac disease.

A metanalysis by Saccone et al., (2016) showed that untreated coeliac disease, or poor adherence to a GF diet has a higher risk of poorer pregnancy outcomes. Prescribing within the Coeliac UK quantity guidance addresses increased nutritional needs of different groups (ie additional allowance for pregnancy, breastfeeding).

**Impact on the protected characteristic of Race**:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

People in this protected characteristic group may be diagnosed with coeliac disease and these changes should have no impact as a result of that characteristic. However, some populations shop at culturally specific local stores and not supermarkets where GF foods are located.

**Impact on the protected characteristic of Religion or belief:**

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

**Comments/rationale:**

People in this protected characteristic group may be diagnosed with coeliac disease but no evidence has been identified to suggest that their religion or belief would in itself mean that they were adversely or positively affected by prescribing changes.

**Impact on the protected characteristic of Sex**:

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

**Comments/rationale:**

Reported cases of coeliac disease are two to three times higher in women than men, so more women than men may be affected by prescribing changes.

People with conditions such as type 1 diabetes, autoimmune thyroid disease, Down's syndrome and Turner syndrome are at a higher risk than the general population of having coeliac disease. Incidence of these conditions vary between males and females, for example, more women than men develop autoimmune hypothyroidism. Turner syndrome is a condition that is only present in females.

**Impact on the protected characteristic of Sexual orientation**:

○ Positive impact ○ Negative impact ○ No impact ○ N/A

**Comments/rationale:**

People in this protected characteristic group may be diagnosed with coeliac disease, but no evidence has been identified to suggest that their sexual orientation would in itself mean that they were adversely or positively affected by prescribing changes.

**Impact on people in any of the following Inclusion Health Groups:**

Carers, Homeless people, People who misuse drugs, New and emerging communities, including refugees and asylum seekers, People experiencing economic or social deprivation, Gypsies, Roma and Travellers

Reduction or discontinuation of the gluten free food prescribing may mean that any of the people in these health groups may not be able to obtain gluten free foods because of limitations in access or cost. It may limit the choices of the types of food they can prepare as they may also not have the skills, facilities or time to be able to use flour/mixes to make any foods.

Due to the reduction or discontinuation of gluten free food prescribing, patients in this group:

- may be unable to afford or be unable to easily obtain gluten free foods
- may not have the facilities, time or skills to make food with the flour/mixes provided
- may put their long term health at risk by choosing cheaper food containing gluten.

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

## Impact Assessment Outcome:

**Details of any risks identified and overall comments:**

**Recommendation:**

○ Proceed ○ Proceed with action* ○ Stop

***Please provide details of action required:

**GLOSSARY** *The descriptions for the following terms are worded specifically for this EQIA.*

| Term | Description |
|---|---|
| Access | Access includes the ability of patients to obtain and understand information about their health and health services, as well as being able to access clinical advice and treatment. Patients' access may be limited by a range of factors such as mobility limitations, cognitive function and language barriers. |
| Age | The protected characteristic of Age refers to being of a specific age or belonging to a particular age range. |
| Carers | Carers may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. |
| Clinical effectiveness | Clinical effectiveness is a component of quality in the NHS. It is the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice. |
| Dignity and Respect | This is one of the values incorporated in the NHS Constitution: "We value every person - whether patient, their families or carers, or staff - as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do." Respect, dignity, compassion and care should be at the core of how patients and staff are treated - not only because that is the right thing to do, but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported. |
| Disability | The protected characteristic of Disability includes people with physical or mental impairments or illnesses that have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.<br>'Substantial' is more than minor or trivial – e.g. it takes much longer than it usually would to complete a daily task like getting dressed.<br>'Long-term' means 12 months or more – e.g. a breathing condition that develops as a result of a lung infection.<br>Someone automatically meets the disability definition under the Equality Act 2010 from the day they are diagnosed with HIV infection, cancer or multiple sclerosis, even if they are currently able to carry out normal day to day activities.<br>A disability can arise from a wide range of impairments which can be:<br>• Sensory impairments, such as those affecting sight or hearing<br>• Mental health conditions<br>• Mental illnesses<br>• Learning disabilities<br>• Organ specific – e.g. respiratory conditions, cardiovascular diseases, stroke<br>• Developmental – e.g. autistic spectrum disorders |

| Term | Description |
|---|---|
| | • Produced by injury to the body, including to the brain<br>• Impairments with fluctuating or recurring effects – e.g. rheumatoid arthritis<br>• Progressive* – e.g. motor neurone disease, muscular dystrophy, and forms of dementia<br>• Auto-immune conditions, such as systemic lupus erythematosis (SLE).<br>*A progressive condition is one that gets worse over time.<br>The Equality Act 2010 covers people who have had a disability in the past – e.g. if a person had a mental health condition in the past which lasted for over 12 months, but has now recovered, they are still protected from discrimination because of that disability.<br>For further information see Equality_Act_2010-disability_definition.pdf |
| Engagement | The range of activities designed and deployed by CCGs to:<br>• Gain the views of patients, service users and carers on commissioning and service delivery<br>• Include patients, service users and carers in considering their own health, care and treatment. |
| Equality Act 2010 | A single piece of legislation that replaced previous anti-discrimination Acts. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. The Act outlaws direct and indirect discrimination, harassment and victimisation of people with relevant protected characteristics in relevant circumstances and requires that reasonable adjustments be made for disabled people. The Equality Act includes a public sector equality duty (PSED), which applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services that are efficient and effective, accessible to all, and which meet different people's needs. |
| Evidence | Information from research and other sources e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion, NICE, national strategies, policy documents and reports, evaluation, clinical audit, etc.<br>Evidence-based practice is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values. |
| Gender re-assignment | A person has the protected characteristic of gender reassignment if s/he is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning her/his sex by changing physiological, behavioural or other attributes of sex. |

| Term | Description |
|---|---|
| Gypsies Roma and Travellers | A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups. |
| Health inequalities | Preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. |
| Homeless people | A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups. |
| Inclusion health groups | Groups of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. These include carers, homeless people, people who misuse drugs, asylum seekers and refugees, Gypsies and Travellers, sex workers, people experiencing economic and social deprivation, people who are long-term unemployed, people who have limited family or social networks and people who are geographically isolated. |
| Negative impact | An effect that could, for example:<br>• Decrease or exclude access to a service or activity<br>• Be detrimental to treatment outcomes<br>• Have an adverse impact on patient experience. |
| New and emerging communities, including refugees and asylum seekers | A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups. |
| Patient choice | Informed decision-making by patients over where/how they receive health care. |
| Patient experience | Patient experience is one of the three components of quality in the NHS. Experience of care, clinical effectiveness and patient safety together make the three key components of quality in the NHS. Good care is linked to positive outcomes for the patient and is also associated with high levels of staff satisfaction. Patient experience means putting the patient and their experience at the heart of quality improvement. |

| Term | Description |
|---|---|
| Patient safety | The NHS is expected to treat patients in a safe environment and protect them from avoidable harm. Patient safety is one of the three components of quality in the NHS and is defined as the prevention of errors and adverse effects to patients associated with health care. While health care has become more effective it has also become more complex, with greater use of new technologies, medicines and treatments. Patient safety issues are the avoidable errors in healthcare that can cause harm (injury, suffering, disability or death) to patients. |
| People experiencing economic and social deprivation | A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. It includes people who are long-term unemployed, or who have limited family or social networks. To comply with the Equality Act 2010, CCGs are required to consider how their strategic decisions might help to reduce the inequalities associated with socio-economic disadvantage, such as inequalities in employment, education, health, housing and crime rates. It is for individual CCGs to consider which socio-economic disadvantages it is able to influence. |
| People who misuse drugs | A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups. |
| Person-centred care | Person-centred care is the principle of 'shared-decision making' – enabling people to make joint decisions about their care with their clinicians. It involves putting patients, and their families and carers, at the heart of deciding what is most valuable for individuals with a range of health conditions, rather than clinicians or other health professionals independently deciding what is best. |
| Positive impact | An effect that could, for example:<br>• Increase access to a service or activity<br>• Improve treatment outcomes<br>• Enhance patient experience. |
| Pregnancy and maternity | Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. |
| Privacy | Interpreted most broadly, privacy is about the integrity of the individual. It therefore encompasses many aspects of the individual's social needs – privacy of the person, personal information, personal behaviour and personal communications. |

| Term | Description |
|---|---|
| Protected characteristics | The Equality Act 2010 outlines nine protected characteristics - Age, Disability, Gender re-assignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief (including no religion or belief), Sex and Sexual orientation. The Equality Act outlaws direct and indirect discrimination, harassment and victimisation of people with relevant* protected characteristics. *Marriage and civil partnership is not a 'relevant' protected characteristic. (This distinction applies only in relation to work, not to any other part of the Equality Act 2010) We all have at least five of the nine protected characteristics - age, race, religion or belief/no religion or belief, a sex and a sexual orientation. |
| Quality | The definition of quality in health care, enshrined in law, includes three key components: patient safety, clinical effectiveness and patient experience. The NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care – ie care that is safe, clinically effective and focused on providing as positive an experience to service users as possible. |
| Race | This protected characteristic refers to groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. |
| Religion or belief | This protected characteristic includes any religion and any religious or philosophical belief. It also includes a lack of any such religion or belief. A religion need not be mainstream or well-known but it must be identifiable and have a clear structure and belief system. Denominations or sects within religions may be considered a religion. Cults and new religious movements may also be considered religions or beliefs.<br>Belief means any religious or philosophical belief and includes a lack of belief. Religious belief goes beyond beliefs about and adherence to a religion or its central articles of faith and may vary from person to person within the same religion. A belief need not include faith or worship of a god or gods, but must affect how a person lives their life or perceives the world. |
| Safeguarding adults | The Care Act 2014 defines adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect with people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. Safeguarding balances the adults right to be safe with their right to make informed choices, whilst at the same time making sure that their wellbeing is promoted including, taking into consideration their views, wishes, feelings and beliefs in deciding on any action (s). The Care Act 2014 defines an adult at risk of harm as: 'someone who has needs for care and support, and is experiencing, or at risk of, abuse or neglect and is unable to protect themselves'. |

| Term | Description |
|---|---|
| Safeguarding children | Safeguarding children and young people means the actions that are taken to promote their welfare and protect them from harm, abuse and maltreatment. This includes preventing harm to their health or development, ensuring that they experience safe and effective care as they grow up and enabling them to have the best outcomes. Child protection is part of the safeguarding process and focuses on protecting individual children identified as suffering or likely to suffer significant harm. Safeguarding children and child protection guidance and legislation applies to all children up to the age of 18. |
| Self-care | Also known as self-management. Refers to the key role that individual people have in protecting and managing their own health, choosing appropriate treatments and managing long-term conditions. They may do this independently or in partnership with the healthcare system. |
| Sex | This protected characteristic refers to whether a person considers that they are a man or a woman. |
| Sexual orientation | This protected characteristic refers to whether a person's sexual orientation is towards their own sex, the opposite sex or to both sexes. |
| Shared decision-making | Shared decision-making is a process in which patients, when they reach a decision crossroads in their health care, can review all the treatment options available to them and participate actively with their healthcare professional in making that decision. |

NHS
Greater Nottingham
Clinical Commissioning Partnership


# Gluten free prescribing consultation report

This report is an analysis of all the feedback received as part of a consultation around gluten free prescribing that the Greater Nottingham Clinical Commissioning Partnership ran for a six week period from Thursday 14 June to Thursday 26 July 2018.

# Contents



# Appendices

## 1. Introduction

The purpose of this report is to provide feedback on the formal public consultation on the future of gluten-free foods on prescription across Greater Nottingham, which ran for a six week period from Thursday 14 June to Thursday 26 June 2018. The six week consultation was led by the Greater Nottingham Clinical Commissioning Partnership.

The Greater Nottingham Clinical Commissioning Partnership (CCP) is made up of four Clinical Commissioning Groups (Greater Nottingham CCGs) - NHS Nottingham City, NHS Nottingham North and East, NHS Nottingham West and NHS Rushcliffe and covers the areas of Nottingham City, Rushcliffe, Broxtowe, Gedling and Hucknall and Lowdham.

The aim of the six-week consultation was to gain feedback on the following options:

- Limit prescribing for all patients in Greater Nottingham to four units of long life bread and flour per month.
- All Greater Nottingham CCGs to stop all gluten free prescribing, with the exception of children, who will be able to receive up to four units of long life bread and flour per month
- All Greater Nottingham CCGs to stop all gluten free prescribing
- Other (patients invited to have alternative suggestions)

## 2. Background to gluten free prescribing

Like other areas in the country, the local NHS is under increasing financial pressure. The demand on NHS services and the costs of new treatments and medicines is more than the money available. To make sure that we are making the best use of NHS money, we are reviewing some of the services we provide and this means sometimes we need to make difficult decisions about what services can be funded.

We are committed to working with patients, carers and local people to make sure that we consider people's views when making decisions about the services that are most needed.

Where we are looking at making a big change to services, we will always engage or consult with the people affected and the wider public about what we want to do.

In Greater Nottingham, we have a dedicated patient engagement campaign designed to start the conversation with patients about the challenges the NHS faces. The campaign is the Big Health Debate. This consultation around the future of gluten free food on prescription forms part of the Big Health Debate.

### The Greater Nottingham gluten free food on prescription current situation

Across Greater Nottingham, the NHS spent £176,488 last year on gluten free foods such as bread, flour, pasta and cereal.

Gluten free foods are prescribed for people suffering from coeliac disease and/ or confirmed dermatitis herpeitformis. When someone has coeliac disease their small

intestine becomes inflamed if they eat food containing gluten. This reaction to gluten makes it difficult for them to digest food and nutrients. Dermatitis herpetiformis (DH) is a skin condition linked to coeliac disease. Gluten is found in foods that contain wheat, barley and rye (such as bread, pasta, cakes and some breakfast cereals).

Over the past few years, gluten free foods have become widely available in supermarkets at more competitive prices as compared to 30 years ago when choice was limited. The increased availability and choice means that it's much easier for patients get these foods without a prescription than it was 30 years ago. The NHS does not provide food on prescription for any other patients, such as diabetics or those with allergies.

Currently, across Greater Nottingham and Mid-Nottinghamshire, there are differences in how much gluten free food is prescribed to people living with coeliac disease.

**Nottingham City**

Nottingham City currently follow the prescribing guidelines in the table below.

| Age and gender | Number of units |
|---|---|
| Child (1-3 years) | 10 |
| Child (4-6 years) | 11 |
| Child (7-10 years) | 13 |
| Child (11-14 years) | 15 |
| Child (15-18 years) | 18 |
| Male 19-59 years | 18 |
| Male 60-74 years | 16 |
| Male 75+ years | 14 |
| Female 19-74 years | 14 |
| Female 75+ years | 12 |
| Breastfeeding | Add 4 |
| 3rd trimester pregnancy | Add 1 |

One unit is the same as: 400g loaf of bread or 250g of pasta

**South Nottinghamshire (Nottingham North and East, Nottingham West and Rushcliffe)**

Four units are available in total of long life bread and/or flour each month on prescription for patients with a diagnosed condition of coeliac disease or dermatitis herpetiformis.

**Mid Nottinghamshire (Mansfield and Ashfield and Newark and Sherwood)**
No prescribing of gluten free foods.

## 2.1 Previous national and local consultations

### National consultation

The Government recently undertook a national consultation about whether gluten free foods should be available on prescription for people with coeliac disease.

Following the national consultation, they recommended that gluten free prescribing should be restricted to bread and mixes only. To date, there has been no decision taken about limiting quantities.

Government advice is while national recommendations should be considered that Commissioners can carry out their own consultation with local people and make their own decisions.

### Previous local consultations

The South Nottinghamshire CCGs - Nottingham North and East, Nottingham West and Rushcliffe - have already conducted a consultation around gluten free food on prescription in 2015. This was a 12 week formal consultation, which received over 1,000 responses. After the paper went to the CCG's Governing Bodies, gluten free food on prescription was restricted to four units of long-life bread and flour.

You can read the previous report here:
www.nottinghamnortheastccg.nhs.uk/delivering-as-a-ccg/delivering-engagement/engagement-and-consultations/gluten-free/

Nottingham City patients haven't previously been consulted with about whether gluten free food should continue on prescription.

## 3. Engagement methodology and feedback

The aim of the six week consultation was to gain patient and public feedback on three options as follows:

- Limit prescribing for all patients in Greater Nottingham to four units of long life bread and flour per month.
- All Greater Nottingham CCGs to stop all gluten free prescribing, with the exception of children, who will be able to receive up to four units of long life bread and flour per month
- All Greater Nottingham CCGs to stop all gluten free prescribing.

- Other (an 'other' option was included so local people could provide their opinions and suggestions on the future of gluten free food on prescription.

In order to ensure relevant and robust feedback, the consultation approach was as follows:

- A full EQIA (Equalities Impact Assessment) was developed to assess the risk of the proposals.
- A consultation document and associated materials were developed that asked for feedback on the options identified, and:
  - Provided analysis and the case for/against each options
  - Summarised the engagement and consultation to date and explained how the options being proposed have been arrived at
- The approach was approved at formal Health Scrutiny Committees
- Feedback was invited from local representative groups and individuals and organisations (e.g. Councillors, MPs, PPGs)
- A series of drop-in events were promoted and delivered, supported by staff able to explain the clinical case and the financial case for proposals
- To present findings and proposed course of action to formal OSC committees.

Local people had the opportunity to have their say in a number of ways:

- To fill in a consultation document at their GP Practice and return to the Freepost Address. GP
- To complete online at: **www.surveymonkey.com/r/GN-gluten-free**
- To call: **0115 883 9594** (City patients) or **0115 883 1709** (County patients) for a printed copy or to complete over the phone
- To join us at a drop in session - see Appendix 2 or here: **www.nottinghamnortheast.nhs.uk/nhs/gluten**

A total of 466 responses were received during the six week consultation period. This included:

- 462 direct responses to the survey
- 1 MP enquiry on behalf of a Gedling patient
- A letter from Coeliac UK
- A letter from clinicians at the Department of Dietetics and Nutrition at Nottingham University Hospitals NHS Trust
- A letter from British Specialist Nutrition Association Ltd.

Prior to going out to consultation, we took views on the subject of gluten-free prescribing from our CCG clinicians, patient groups and our City and County health scrutiny boards.

We also undertook a full EQIA Equalities Impact Assessment. The EQIA highlighted that there are risks associated with restricting or stopping gluten free prescribing, particularly in Nottingham City.

The EQIA stated that the level of deprivation is significantly higher in areas of Nottingham City than in most other parts of Greater Nottingham. People living in more deprived areas have less healthy lifestyle choices and poorer health outcomes. The EQIA points out that cost, availability and accessibility may be an issue for some coeliac patients, particularly in more deprived areas.

The main route by which people were invited to comment was via a survey, but within the survey there was opportunity for people to give free text comments, which many chose to do. In addition, people were able to speak to us face-to-face at one of our drop-in events. A survey was chosen as the primary route because, via utilising our communications channels, it was the best way to ensure the most responses.

While the survey and associated communications tactics (detailed below) was designed to obtain feedback from patients across Greater Nottingham (both patients with coeliac disease and non-coeliacs) another strand to our approach was to specifically target Nottingham City patients, who haven't previously been consulted on gluten free prescribing.

To do this, we set up four drop in events across key areas in the City – Nottingham City central, St Ann's, Radford and Clifton. We added two additional dates later in the consultation - Asda in Hyson Green and Bulwell. The areas were chosen are multi-cultural areas with higher deprivation scores than for example more affluent City areas such as Wollaton or Mapperley.

This targeted approach had a positive impact on the number of respondents, with 36 per cent of local people who completed the survey having a City postcode - as seen in the responses to question 1 'Provide the first four letters and numbers of your postcode?' (see section 4)

The survey was promoted through social media, traditional media via press releases and online. It was also promoted to stakeholders, patient participation groups, and community groups as well as the general public.

To target patients living with coeliac disease, we contacted Coeliac UK, who submitted and formal response and said that they would alert their local members. On Facebook, we also sent private messages to two local coeliac Facebook groups to ask them to share information about the consultation.

Moreover, we targeted GP Practices with consultation information. Over a third of respondents to the survey had coeliac disease or were completing the survey on behalf of somebody they care for who had coeliac disease as illustrated in Question 3 'Which of the following best describes the way in which you are completing this survey?' (see section four).

**Additional awareness and engagement activities**

We provided all GP practices across Greater Nottingham with a gluten free consultation pack, which included posters and printed copies of the consultation so they could promote and display materials. We also provided them with digital assets and website information so they could share via their digital channels.

Moreover, we also asked, where possible, that they write to their patients who are living with coeliac disease about the consultation and provided them with a patient letter to facilitate this - we accept that not all practices would have had the resources to do this.

As stated above, we informed Coeliac UK of our consultation and sent all the information to their team. They have responded to the consultation and confirmed that they will email all their local members, which gives us an additional channel to reach people with coeliac disease.

We invited local patients, partners, organisations and local clinicians to tell us their views on the options by completing the questionnaire online or via their GP Practice.

Notice of the consultation was given by direct stakeholder information statement to a wide range of statutory and voluntary sector stakeholders, including Healthwatch.

We raised awareness of the consultation by sending out information to stakeholders, partners and community groups and asked them to share the information with their staff, groups and the wider public. Attached to this briefing were copies of the consultation document and promotional posters and digital asset.

We have also been heavily promoting the consultation via social media and via community groups. The social media channels we concentrated our efforts on the most were Nottingham City's Twitter page (with over 10,000 followers) and NHS South Notts Facebook page, which covers all four CCG areas.

Our engagement teams used a number of community events over the six weeks to talk to people - you can see a list of these in Appendix 2. These events were to help to increase the response rate but also promoted as a place people could come and talk through the options and the issues.

## 4. Full survey results and analysis

The feedback was collated from the survey. Other responses to the questions were analysed by a Greater Nottingham Clinical Commissioning Partnership Analyst.

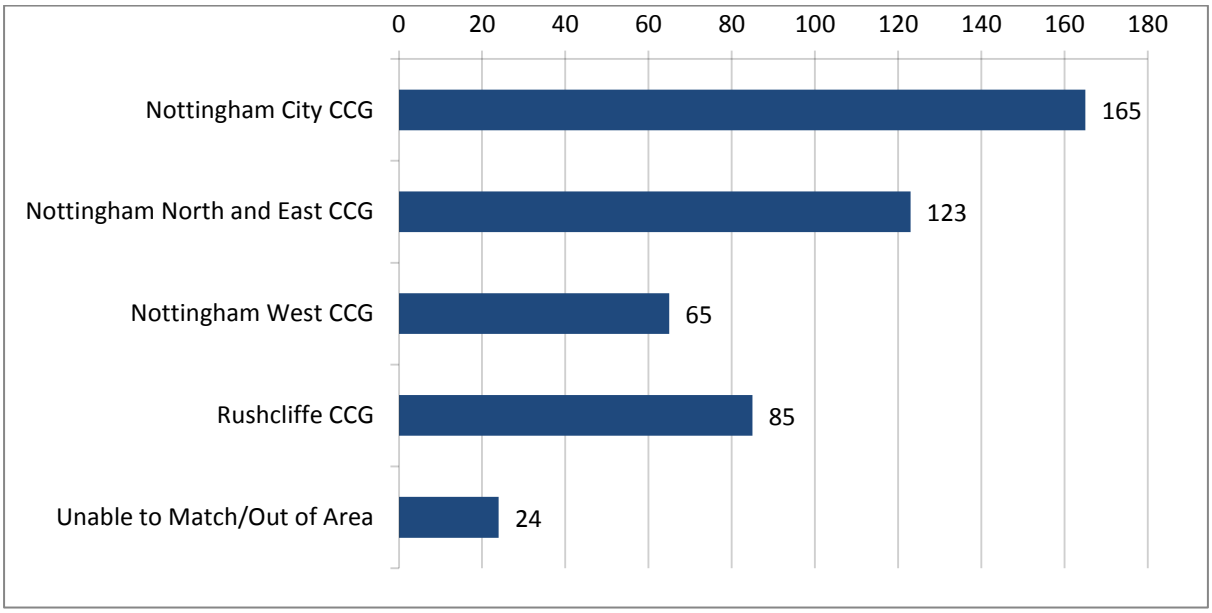
The full survey is below, it includes analysis of the themes in individual question's 'other comments' sections.

In section six of this consultation report, we have themed the responses to Question 11 'Would you like to make any more comments in relation to gluten free prescribing?'

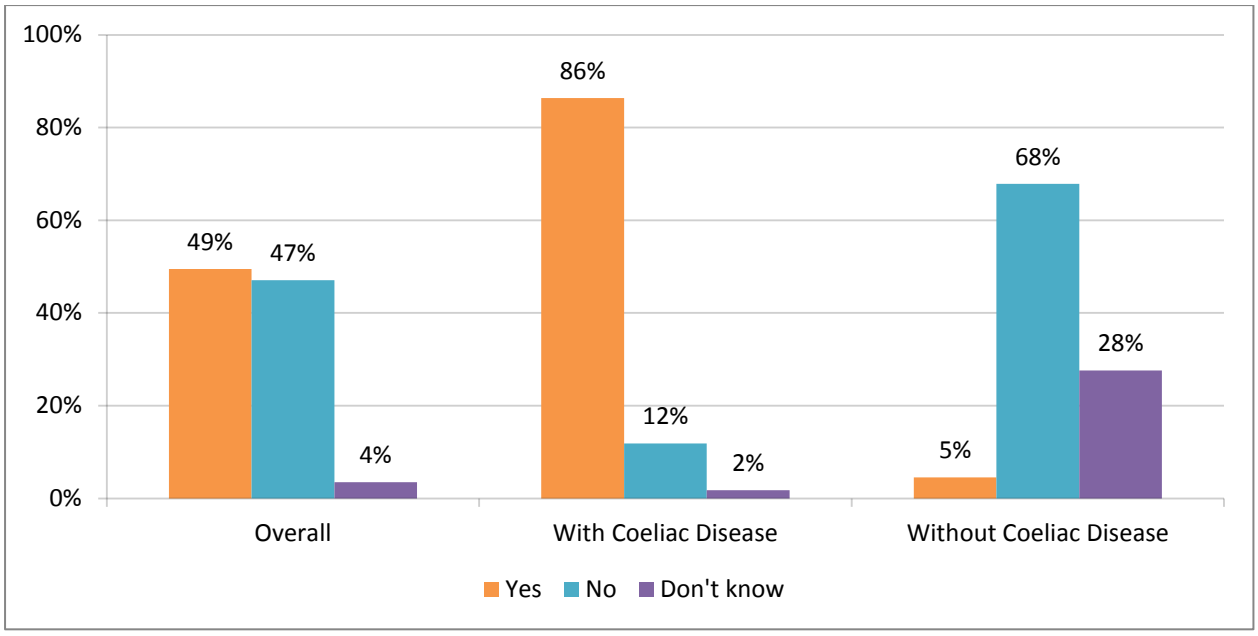
The thematic analysis was completed through multiple passes of the data. Initial familiarisation was used to define themes which were added to and expanded during later passes. A final pass was used for scoring and assignment to each of the defined themes.

Detailed thematic analysis was only undertaken for Question 11. The 'Other' responses to questions were handled independently of Question 11 and are detailed in the full survey results section below.

## Q1. Provide the first four letters and numbers of your postcode?



## Q2. Do you think gluten free products should be available on prescription?

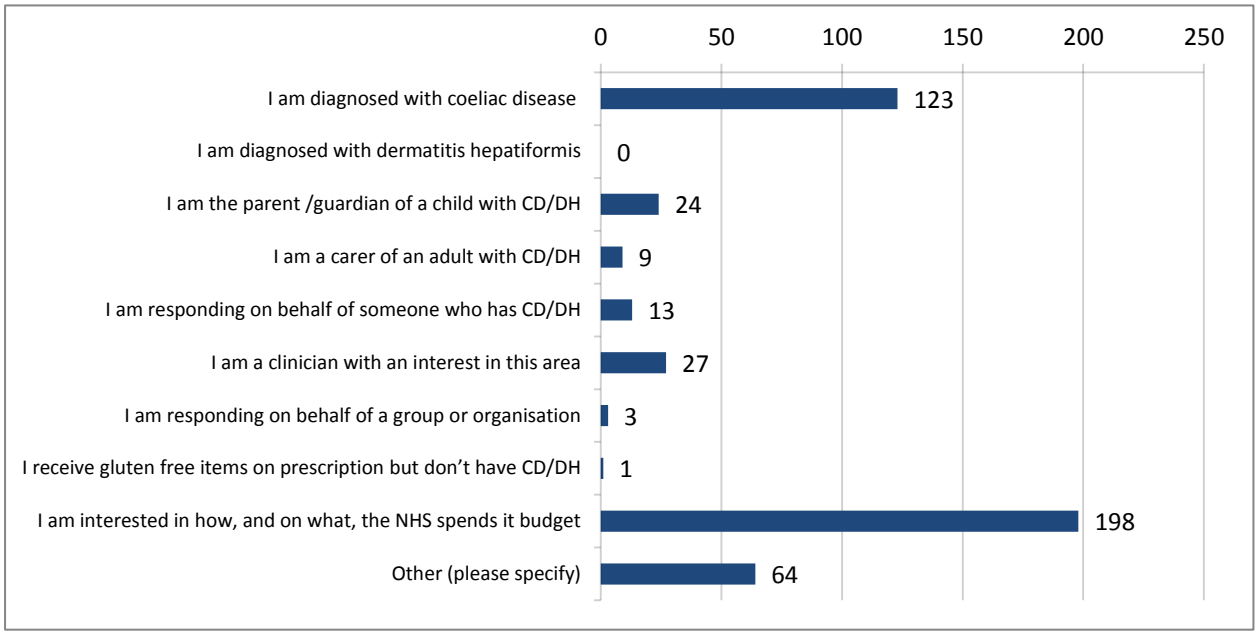



Overall, 49 per cent of patients think some gluten free food should be available on prescription. And, as we can see from the above, 86 per cent of people with coeliac disease think that gluten free food should be available on prescription.

People with coeliac disease are categorised as also including people with coeliac disease and people responding on the behalf of people with coeliac disease.

Conversely, across those without coeliac disease, which includes clinical staff, people responding on behalf of a group, people interested in how the NHS spends its budget and others only 5 per cent thought that gluten free foods should be available on prescription.

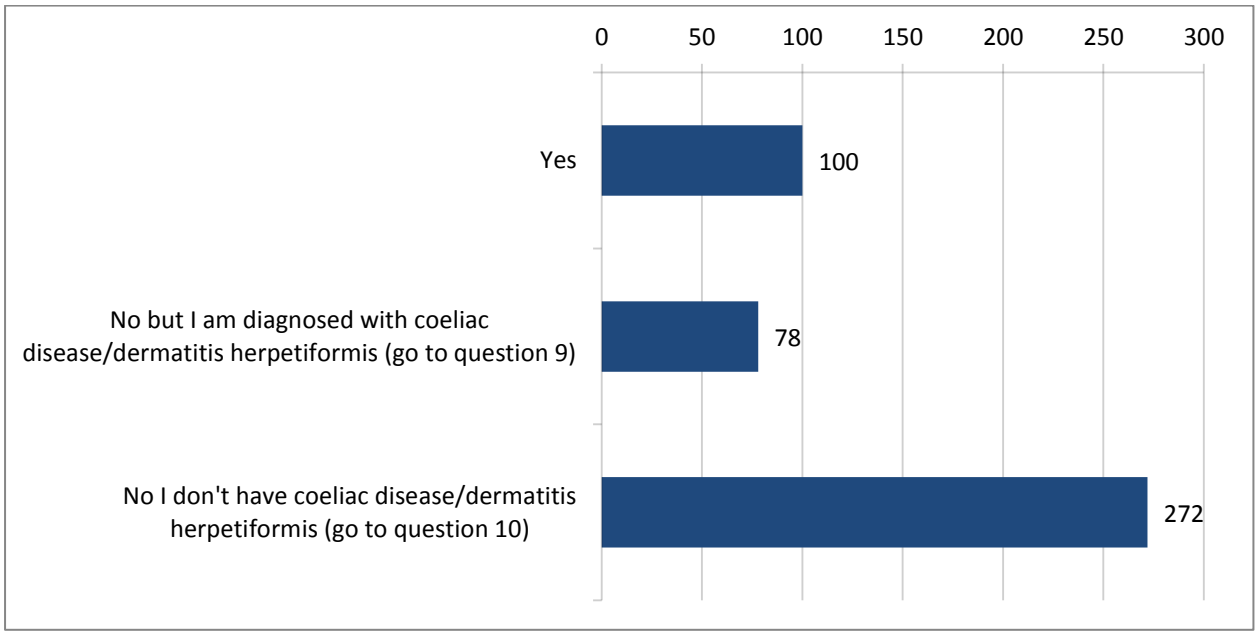
## Q3. Which of the following best describes the way in which you are completing this survey?




From the 64 other responses, people mainly fell into the following categories:

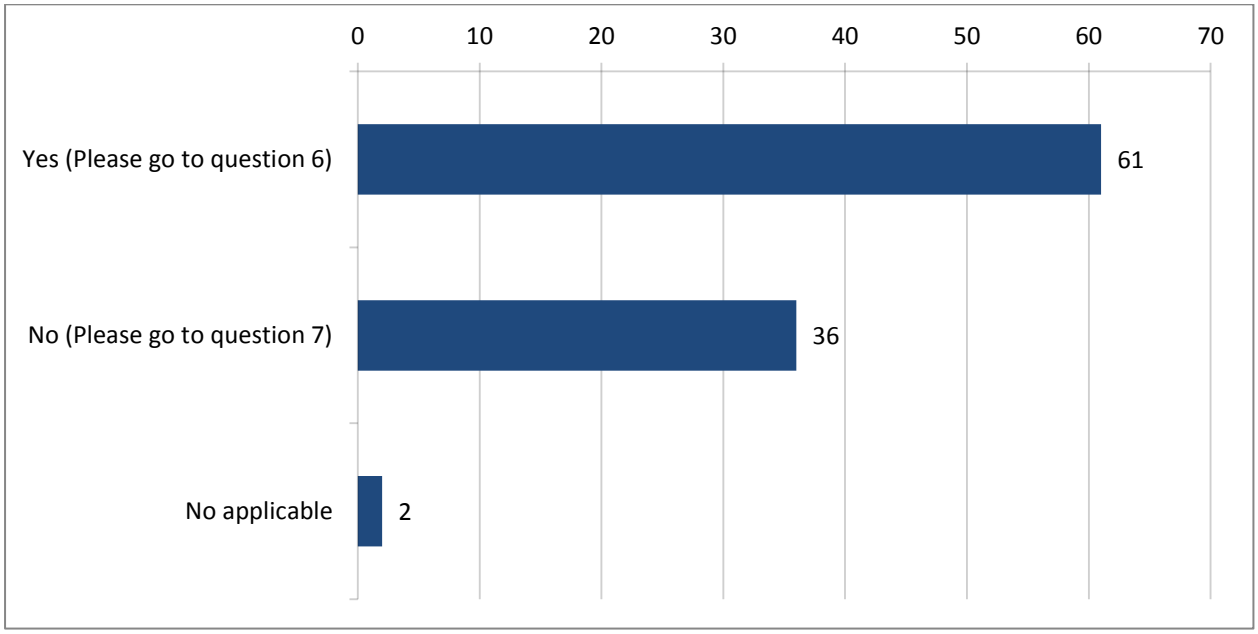
- Friends or family have coeliac disease
- Patient representatives
- People with gluten intolerance
- Providing support for people with coeliac disease

## Q4. Do you (or the person you care for) receive gluten-free foods on NHS prescription?

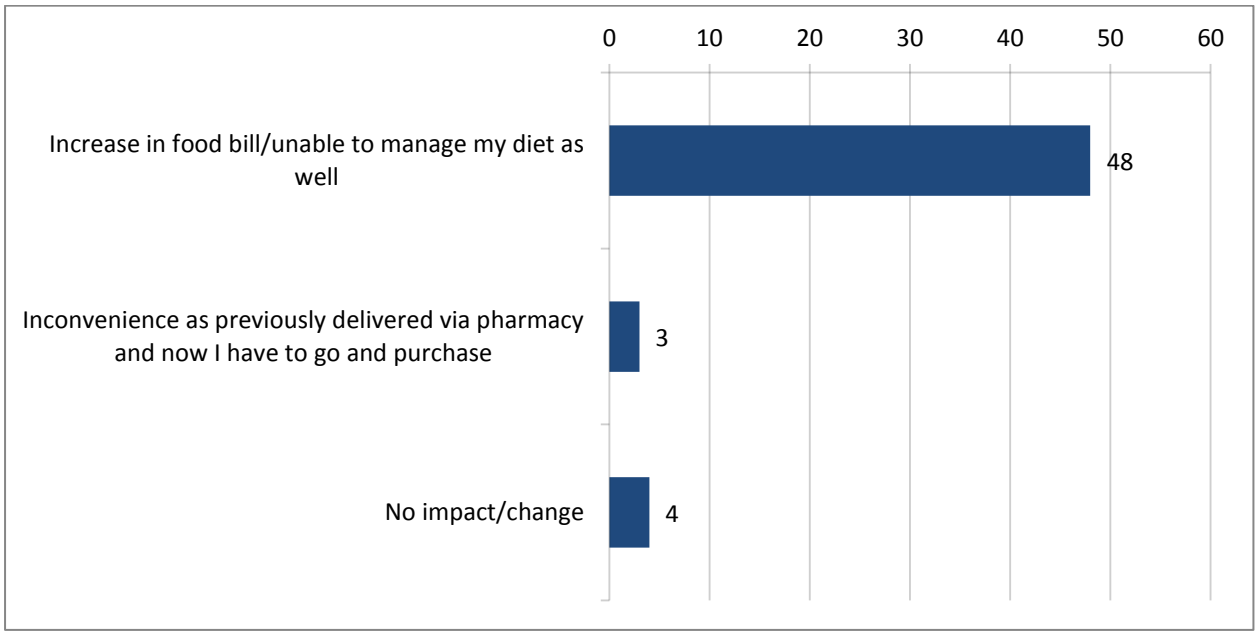


What the above chart tells us is that 78 of the respondents to this question have coeliac disease but do not receive gluten free food on prescriptions. For more details about why this is the case see question 9.

## Q5. Has your gluten-free prescription been reduced following previous consultations?




## Q6. What impact has this reduction in units had on your diet (if any)?

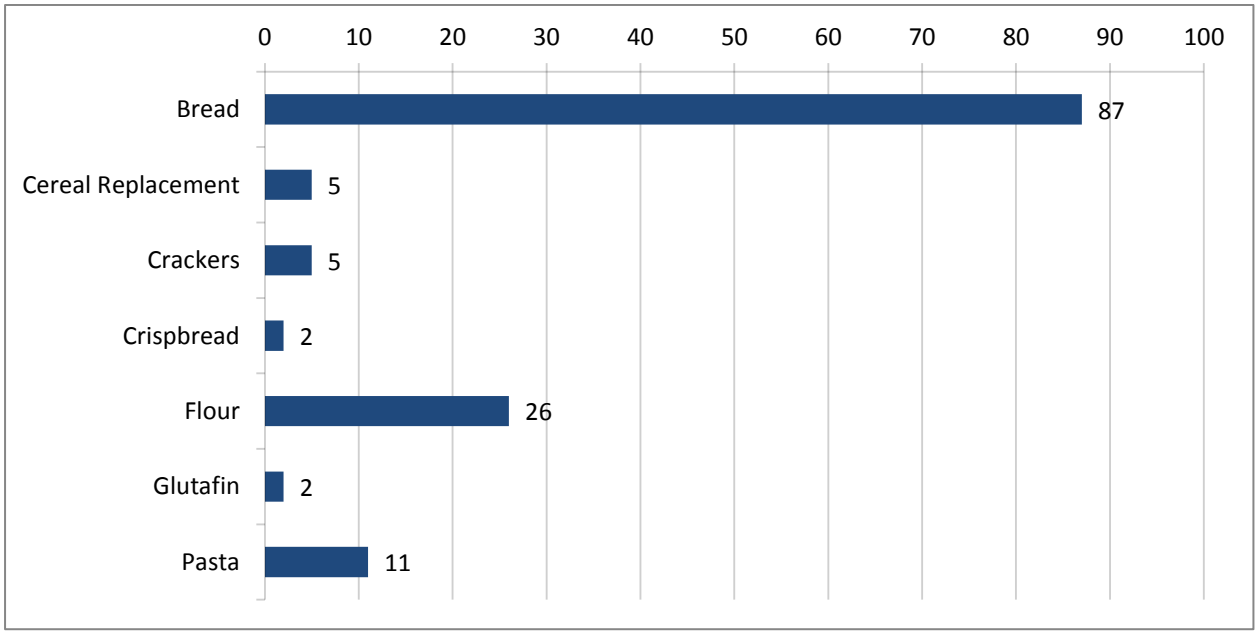


Question five and six were included to look at the impact of previous changes to gluten free prescribing following the South County CCGs' consultation in 2015. Of the 61 people who have seen their allowance changes, 48 of them have seen an increase in their food bill meaning they are unable to manage their diet as well.

There were 27 comments on this question, the main themes are:

- Affordability of gluten free food
- Accessibility 'I have to rely on others to get more bread and it's not always available'
- Inconvenience

## Q7. Which gluten-free products do you receive on prescription?

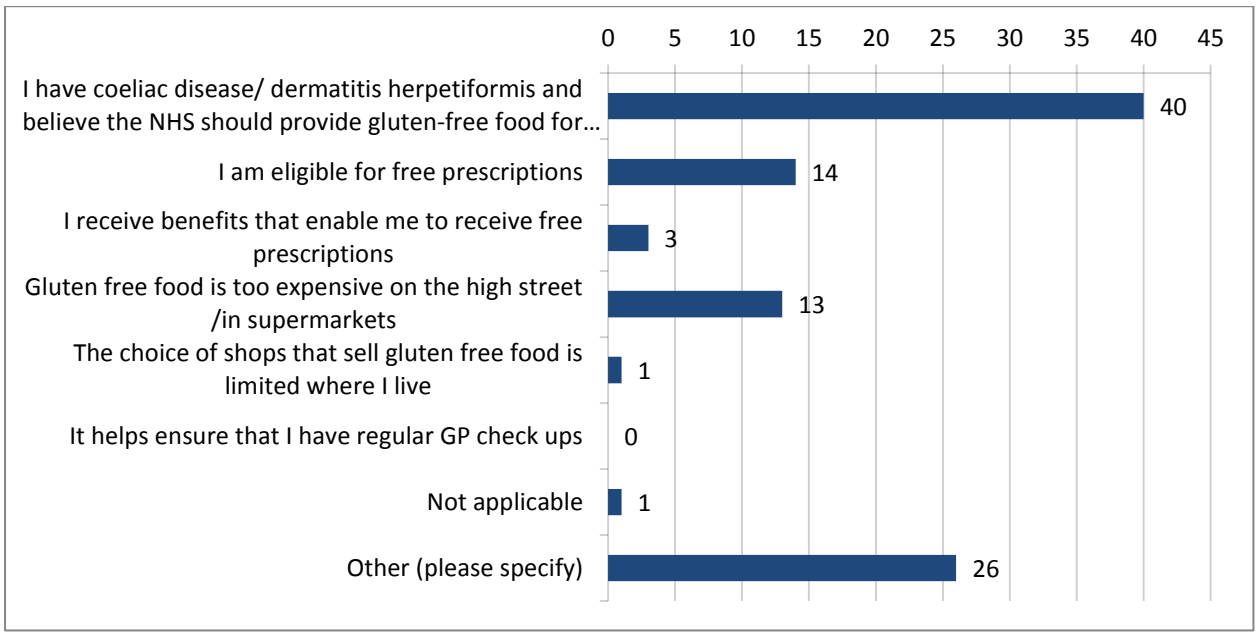



Of the answers grouped under 'Bread' - seven specified long life bread and one fresh bread.

Two people specifically mentioned Glutafin so that has been included on the table but it's important to note that Glutafin is a brand so we don't know what actual products the respondents received.

It's important to note that the only products currently available to County patients are four units of bread and flour/ mix.

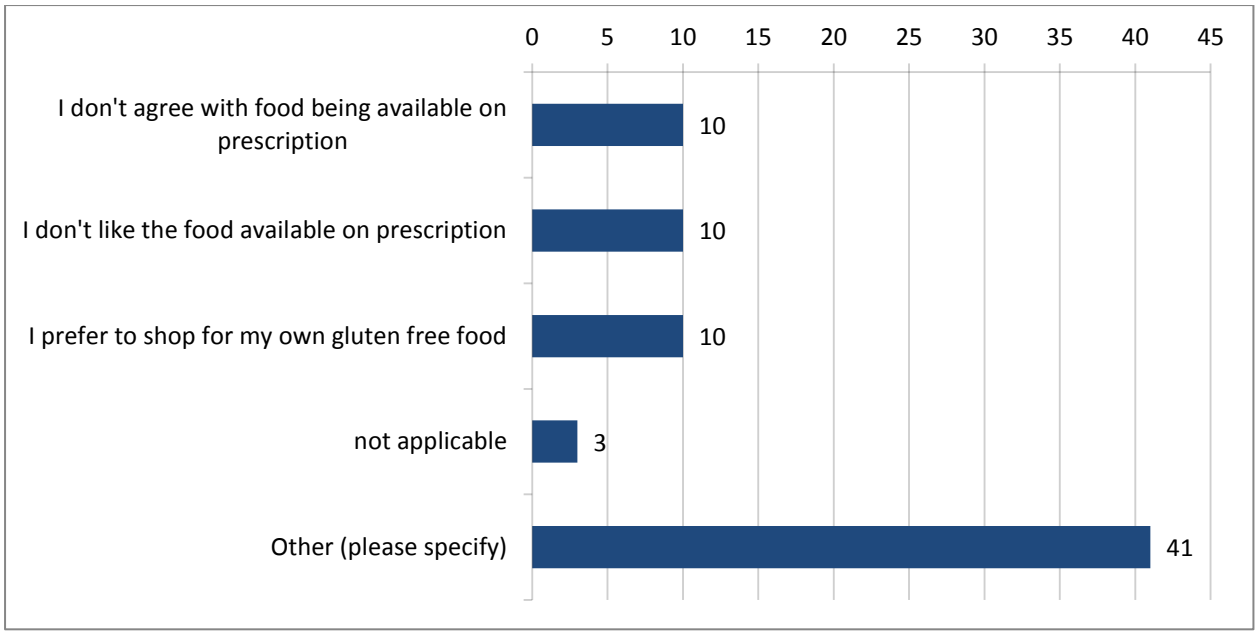
## Q8. If you or the person you care for receive gluten-free food on prescription, please tell us why?




There were 28 free text comments on this question, the main themes are:

- Affordability of gluten free food
- Accessibility - the choice in shops is limited.
- Also a number of people with coeliac disease stated that they were also eligible for free prescriptions.

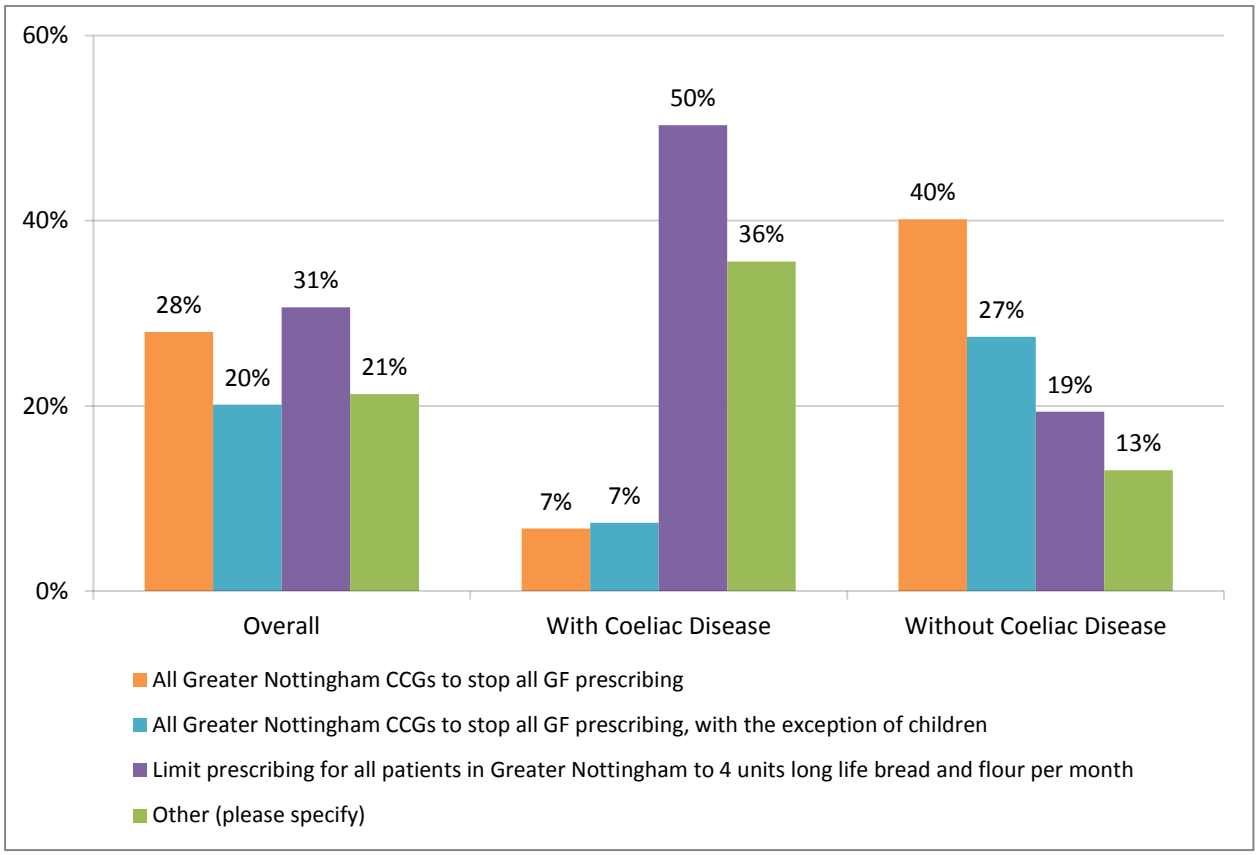
## Q9. If you or the person you care for, have coeliac disease or dermatitis herpetiformis but don't receive gluten free foods on prescription, please tell us why not below (tick all that apply)




There were 47 free text comments on this question, the main themes are:

- Awareness - I wasn't aware you could get gluten free food on prescription/ I haven't been offered gluten free food/ My GP does not/will not prescribe
- Affordability - I can afford my own

## Q10. Please select which proposal you agree with for the future prescribing of gluten-free foods




While the most popular option for those without coeliac disease is to stop all gluten free prescribing, overall, the preferred option across all respondents is to limit prescribing to four units.

There were 47 free text comments on this question, the main themes/ suggestions are:

- Should be available to people on low incomes/means tested
- Continue with current prescribing
- Increase limits and range of gluten free products available on prescription
- Follow national guidelines, four units is not enough.

**The equalities data can be found in Appendix two**

## 6. Key stakeholder consultation feedback

In response to the consultation, we also received three formal written responses from official bodies namely: The Coeliac Society, the Department of Dietetics and Nutrition at Nottingham University Hospitals NHS Trust and the British Specialist Nutrition Association (trade association representing nutritional product manufacturers). The consultation plans also went to both City and County Scrutiny Committee.

### Nottinghamshire County Health Scrutiny Committee

The consultation plans complete with the rationale and options were presented at the City and County Health Scrutiny Committees. The County HSC supported options two and wanted to ensure that children still had some access to gluten free food on prescription.

### Coeliac UK

This is the leading charity for people living with coeliac disease. The charity supports people with coeliac disease and dermatitis herpetiformis and has more than 60,000 members.

**Coeliac UK's key points**

- **Access to gluten free food**
  Concerned that if approved, this policy would result in health inequality due to the higher cost and limited availability of gluten free food and would have a disproportionate impact on the most vulnerable.

- **Cost and availability of gluten free food**
  Gluten free staple foods are significantly more expensive than gluten containing equivalents. Research shows that gluten free staple foods are 3-4 times more expensive than gluten containing equivalents.

  This raises the issue of false economy, where small savings in prescription costs could lead to higher treatment costs associated with poor health outcomes and increased health complications.

### Department of Dietetics and Nutrition at Nottingham University Hospitals NHS Trust

The Greater Nottingham CCP received an email with a letter attached from the Department of Dietetics and Nutrition at NUH.

**Department of Dietetics and Nutrition key points**

- **More cost to the NHS to stop prescribing**
  Coeliac disease is a long-term health condition and as such the cost of gluten-free food on prescription as treatment represents a much lower cost to the NHS than the treatment of other life-long conditions. Stopping the prescriptions or restricting them inappropriately may lead to an increase in complications which will require more expensive NHS treatments.

- **Advice and support**
  The diet is complicated and food choices are limited by all these factors, people with Coeliac disease need as much help and support as possible.

- **Different prescribing models**
  We are currently in a situation where the advice we provide on use of gluten free prescribable products to patients we see varies depending on the CCG of their GP practice. We would therefore welcome a consistent system across the CCP. However, we would not wish this to be at the cost of implementing a system which would be detrimental to the dietary treatment of patients with Coeliac disease.

- **Accessibility of gluten free products**
  It can be particularly difficult for patients in rural areas or with mobility issues or reliant on public transport who may use small local shops which do not stock gluten-free varieties of staples such as bread and flour.

  The department provided an opinion on each of the consultation options – key points are below, the full letter can be viewed here.

  **Stop all gluten free prescribing**
    - Removing gluten free foods on prescription will impact on adherence to a gluten-free diet and disproportionately disadvantage the most vulnerable groups in our population.
    - Removing access to all gluten free foods on prescription is in direct contrast to the outcome of the national Department of Health consultation completed in 2017 which recommended ongoing prescription of bread and flour mixes.

  **Stop all gluten free prescribing, with the exception of children, who will be able to receive up to four units of long life bread and flour per month**

    - It is not clear what the rationale would be for children only to receive some gluten free foods on prescription. People can be newly diagnosed with Coeliac disease at any age and the challenges in adapting to a gluten free diet are different for everyone. If the reasoning is consideration of children as a vulnerable group then this does not seem equitable to other vulnerable groups such as older people or those with disabilities.

  **Limit to four units of long life bread and flour per month**

  **Preferred option but:**
    - Since the South Nottinghamshire CCGs put this option in place in May 2016, we have experienced of a number of patients who have found it very difficult to maintain a strict gluten-free diet with the restricted level of products available on prescription.

- Restricting the amounts to be the same for all patients regardless of age or gender takes no account of different nutritional requirements.
- What is the rationale behind 4 units?
- It would be helpful for patients if the system could be more flexible – for example being able to alternate prescriptions for bread and flour each month.

**British Specialist Nutrition Association (BSNA)**
The Greater Nottingham Clinical Commissioning Partnership received a letter from the BSNA with their response to the consultation.

**BSNA Key points**

- BSNA welcome that Greater Nottingham CCP would like to align the various GF prescribing policies in the locality and would urge that this follows the outcome of the National consultation.
- The organisation suggests that the CCP waits to make decisions about the amount of units allowed because: 'a Task and Finish Group has been convened by the DHSC of which Coeliac UK, British Dietetic Association (BDA) and NHS Clinical Commissioners are all members. As part of their work, the group was responsible for defining which products fall within the bread and flour mixes categories, and they will also be making a recommendation regarding unit allocation.

## 7. Key themes and findings

The themes which we have been consistent through all the 'Any other comments' feedback in questions 1-10 of the consultation, and indeed from the stakeholder feedback we received have been concerns about affordability and accessibility. There has been particular concern about how changes will affect vulnerable people across Greater Nottingham.

Question 11 was an open question, which asked 'Would you like to make any more comments in relation to gluten free prescribing?' There were 198 free text responses to this question - 47 per cent of the participants in the survey. Below we have themed the responses to Question 11 as you can see affordability and accessibility are key concerns amongst the respondents, particularly those with coeliac disease.

### Key themes

| Theme: Cost, choice and availability of products | Responses |
|---|---|
| Gluten free foods are too expensive in the supermarket | 42 |

| | |
|---|---|
| Gluten free products should be free for those with low incomes | 29 |
| Can't help having coeliac disease | 21 |
| There should be more choice of gluten free products on prescription | 13 |
| Gluten free products should be free for children | 10 |
| Gluten free food is difficult to find | 8 |
| Cost savings from reducing GF prescribing will result in increased costs from complications of coeliac disease | 6 |
| Four units is not sufficient | 5 |

| Theme: it's not the job of the NHS | Responses |
|---|---|
| Gluten free products/alternatives are now easy to buy | 36 |
| Gluten free products shouldn't be paid for by the NHS | 20 |
| Other diseases don't get their food paid for (eg. Diabetes) | 13 |
| Bread isn't a necessity | 3 |

| Theme: other suggestions | Responses |
|---|---|
| Discount or voucher scheme should be provided for those with coeliac disease | 8 |
| More help should be given in terms of advice and support (eg. Dietary advice, cookbooks) | 5 |

## Findings

- There is opposition to all the proposals from those living with coeliac disease - thirty six per cent of respondents wanted a different proposal - generally this meant keeping the same provision (City patients) or more choice and/ or more products on prescription.

- Key themes behind this opposition are that gluten free food is not consistently available, it's expensive and people who cannot afford to adhere to the diet will get ill meaning more expense for the NHS. Throughout the free text answers to questions, we can see that these themes of affordability and accessibility are consistent throughout.

- Moreover, all of the key stakeholder feedback urges caution – will the stopping of gluten free prescribing have a knock on effect on coeliac patient health, particularly in deprived communities in the City?

- The BSNA suggests that there will be further Government advice on quantities of gluten free food available on prescription and requests that the CCGs wait until this work is done.

- The Department of Dietetics and Nutrition at NUH suggest since the South Nottinghamshire CCGs reduced to four units, they have experienced a number of patients who have found it very difficult to maintain a strict gluten free diet.

**However**

- Seventy eight people who have coeliac disease did not receive gluten free food on prescription, 12 per cent of those because they didn't believe that food should be available on prescription.

- To question 2 'Do you think gluten free products should be available on prescription?' 68 per cent of non-coeliacs 12 per cent of people living with coeliac disease said No.

- When it came to choosing a preferred option, forty per cent of non-coeliac patients thought that gluten free foods on prescription should be stopped. Interestingly seven per cent of people living with coeliac disease also chose this option.

- Fifty per cent of people living with coeliac disease chose 'limit to 4 units' option as their preferred option.

- It's clear through the free text answers, that more advice and information for coeliac patients will be beneficial if gluten free prescribing is restricted or stopped.

**Overall, the outcome of the consultation is that option three 'limit to 4 units' is the preferred choice when you combine the responses of people with coeliac disease and those without.**

## 8. Next Steps

This consultation report will be made available on all the Greater Nottingham websites and will be sent directly to respondents who requested a copy. This consultation will form part of the consideration of the CCGs when making a final decision.

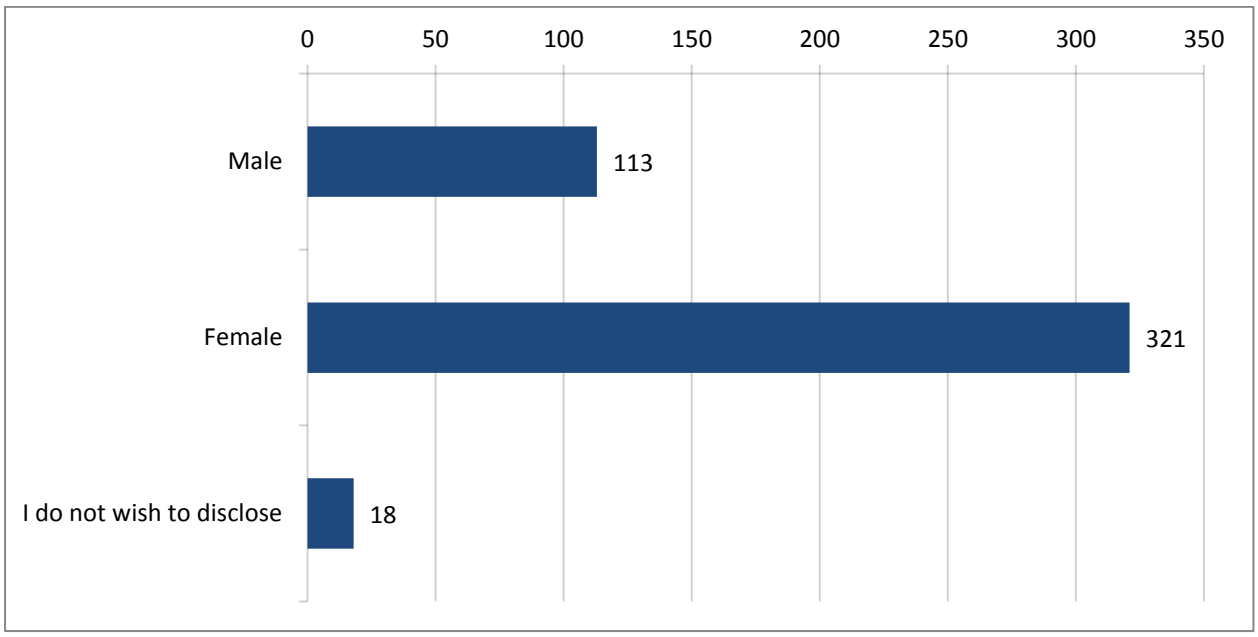
The outcome of the consultation will be used to inform the recommendation which will be presented to the Greater Nottingham Clinical Commissioning Partnership's Joint Commissioning Committee on Wednesday 26 September 2018.

Thank you to everyone who took part in this consultation.

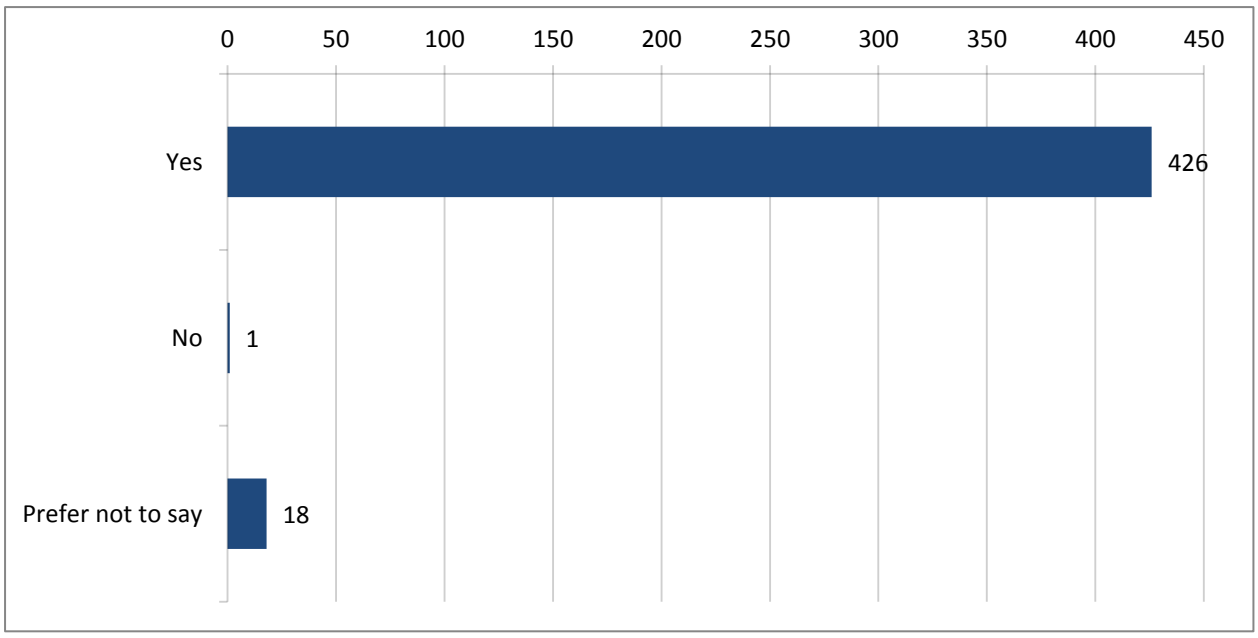
## Appendix 1

## Demographic Information

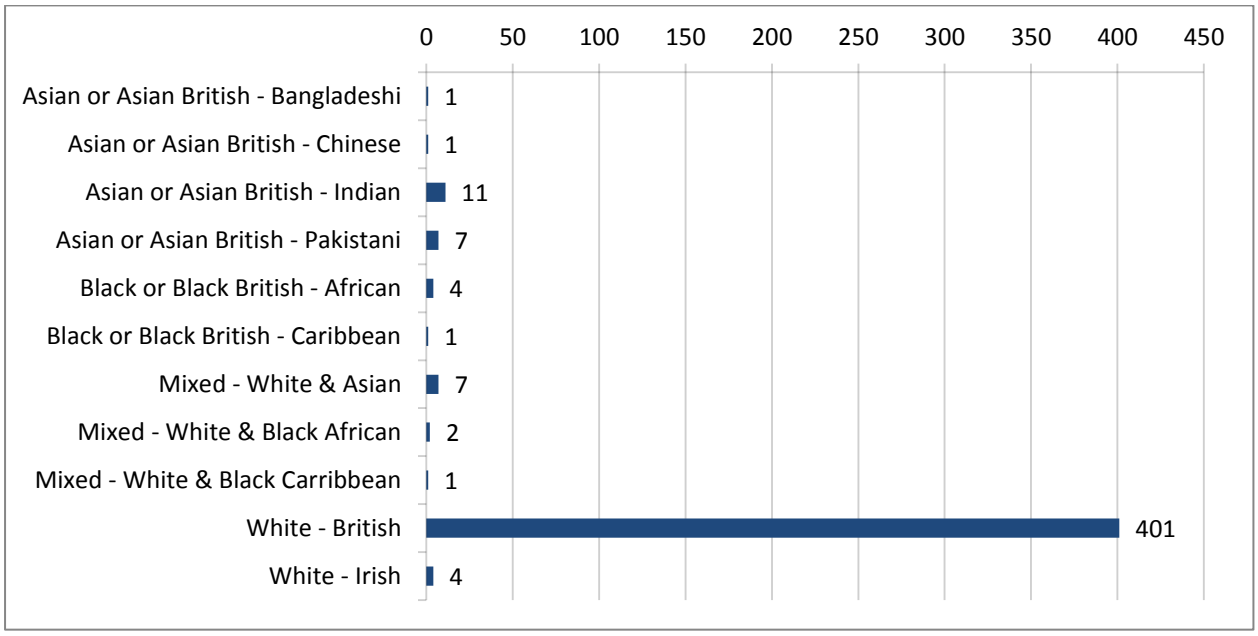
### What is your gender?




### Is your gender the same as the gender you were originally assigned at birth?



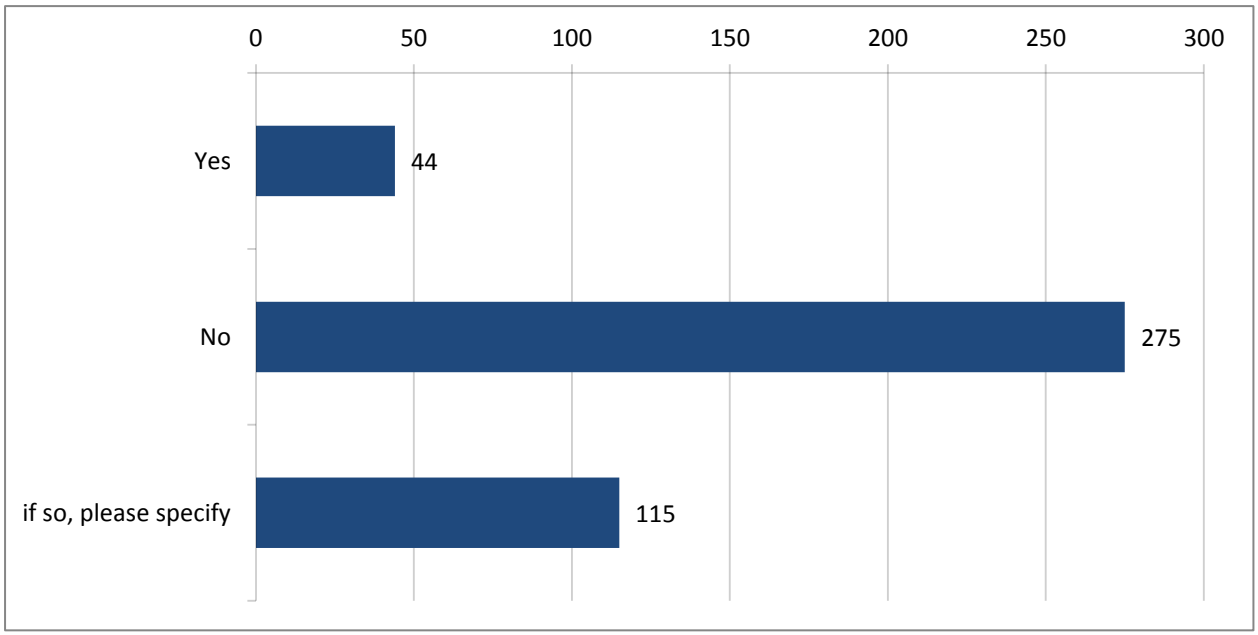
## What is your ethnic origin?




## What is your age?

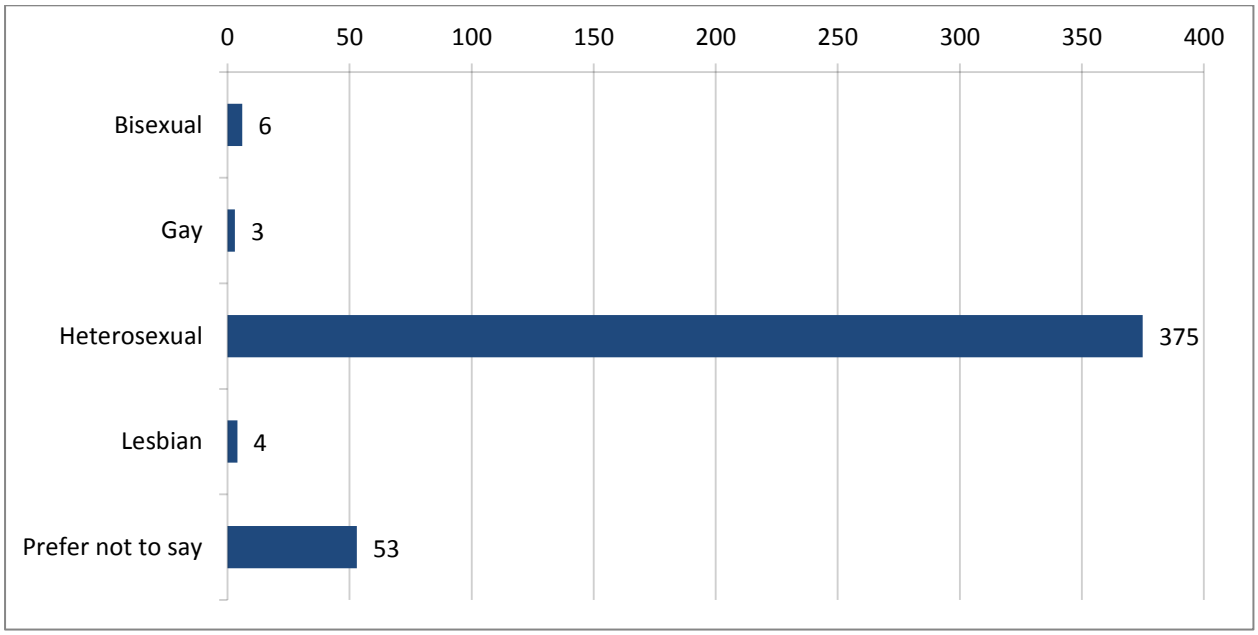
The average age of respondents was 47.13

## Do you consider yourself to have a disability or long term condition?

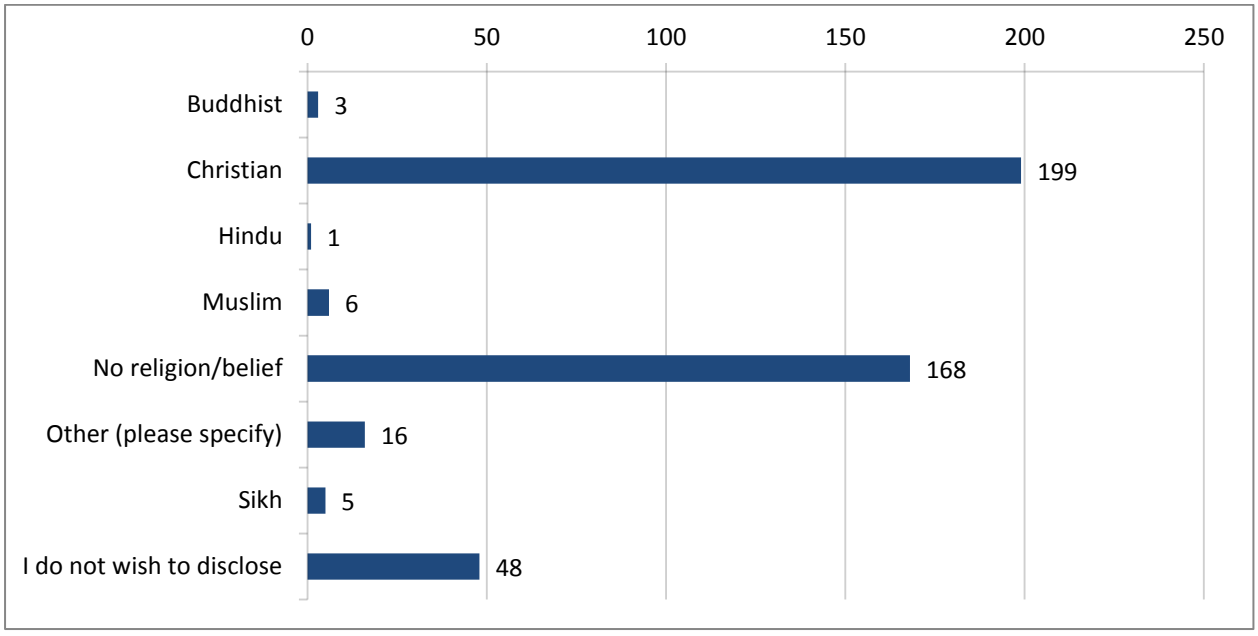



Specified: Coeliac disease, diabetes, arthritis, asthma, fibromyalgia, hypothyroidism

## What is your sexual orientation?

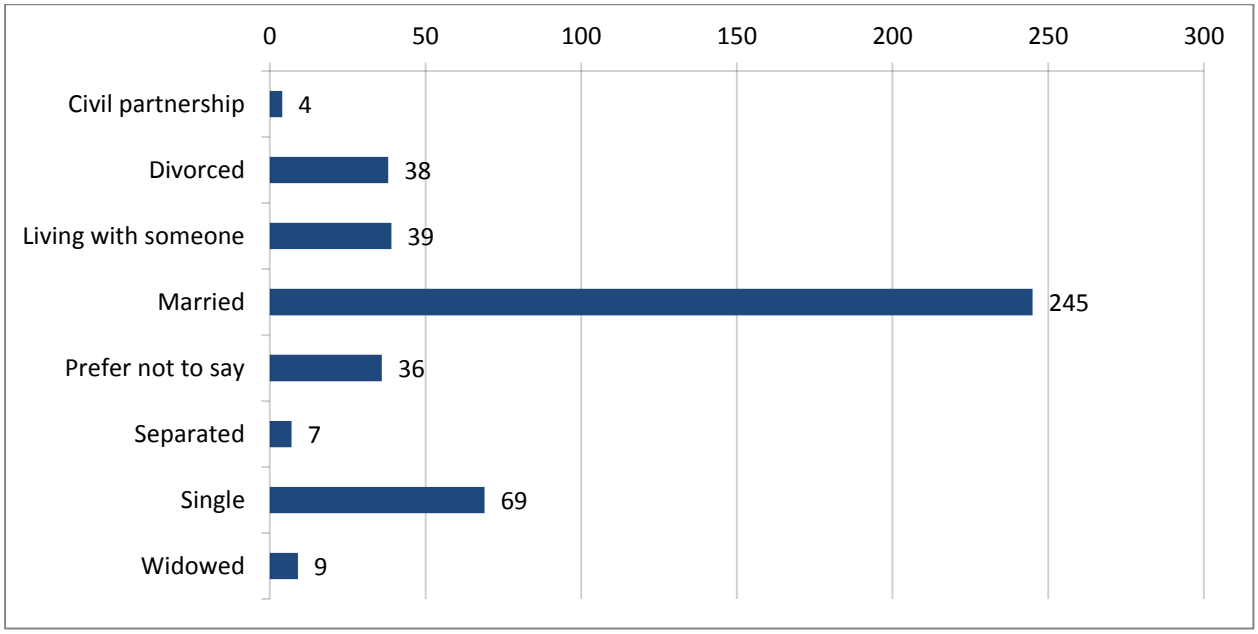



## What is your religion or belief?

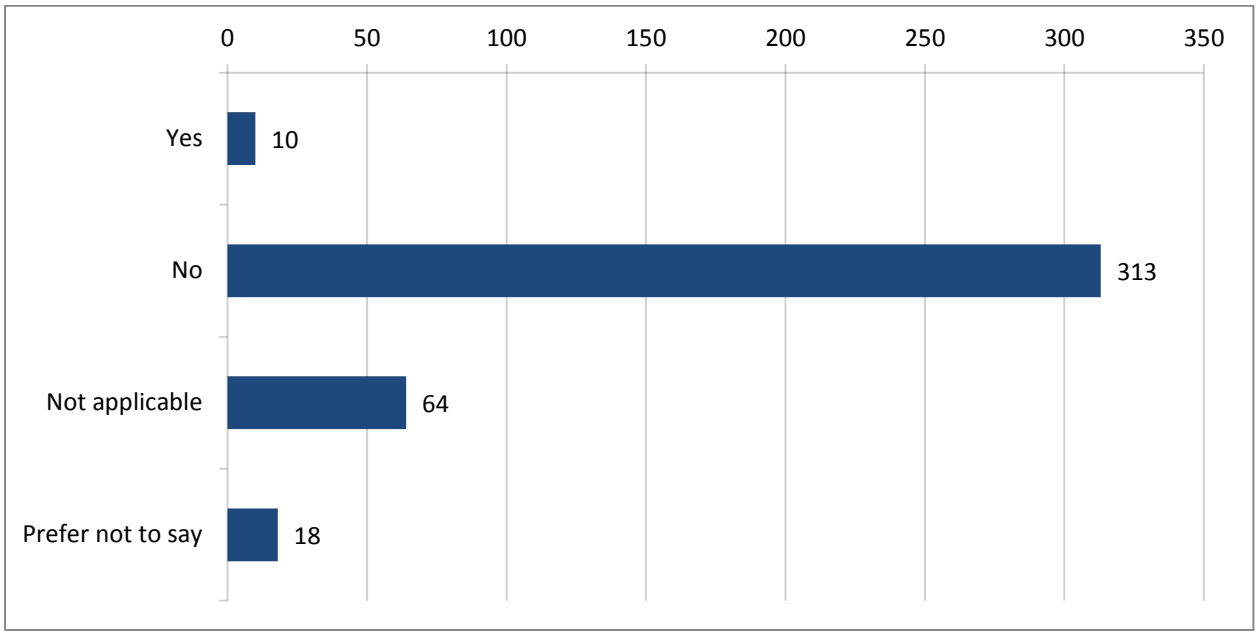



Other: Agnostic, Jehovah's Witness, Baptist, Methodist, Mormon, Paganism, Quaker, Secular Humanist, Spiritual, Taoist

## What is your marital/civil partnership status?




## Women - Pregnancy and Maternity, are you currently pregnant?



## Appendix 2

## Events

NHS
Greater Nottingham
Clinical Commissioning Partnership


THE BIG HEALTH DEBATE

# Join us to have your say about gluten free food on prescription

We'd like to hear your views about whether gluten free foods should continue to be prescribed on the local NHS for people living with coeliac disease. We invite you to join us at one of our engagement drop-in events.

| Date | Time | Venue |
|---|---|---|
| 16/6/2018 | All day | Arnold Carnival, Arnot Hill Park, Gedling NG5 6LU |
| 16/6/2018 | All day | Cotgrave Festival, Welfare Field, Woodview, Cotgrave |
| 23/6/2018 | From 4pm | East Leake Carnival, Gotham Road Playing Fields |
| 12/7/2018 | 9am to 4pm | Hucknall Tesco, Ashgate Road, Hucknall, NG15 7UQ |
| 14/7/2018 | From 1pm | Radcliffe Carnival, the Grange, Radcliffe on Trent |
| 14/7/2018 | From 11 | Keyworth Show, Rectory Field, Keyworth |

(please note these are drop-in sessions, please drop in during the time listed)

## Can't make it? You can still have your say...

Go to: **www.surveymonkey.com/r/GN-gluten-free**

Call: **0115 883 9594** for a printed copy or complete over the phone

**This consultation will run from Thursday 14 June to Thursday 26 July 2018**

NHS
Greater Nottingham
Clinical Commissioning Partnership


THE BIG HEALTH DEBATE

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We'd like to hear your views about whether gluten free foods should continue to be prescribed on the local NHS for people living with coeliac disease. We invite you to join us at one of our engagement drop-in events.

| Date | Time | Venue |
|---|---|---|
| Thursday 28 June 2018 | 12pm - 2pm | St Ann's Valley Centre, 2 Livingstone Road, Nottingham NG3 3GG |
| Wednesday 4 July 2018 | 10am - 12pm | Nottingham Central Library, Angel Row, Nottingham NG1 6HP |
| Wednesday 4 July 2018 | 1pm - 3pm | Mary Potter Centre, 76 Gregory Blvd, Nottingham NG7 5HY |
| Wednesday 11 July 2018 | 1pm - 3pm | Clifton Cornerstone, Southchurch Drive, Clifton, Nottingham NG11 8EW |

(please note these are drop-in sessions, please drop in during the time listed)

## Can't make it? You can still have your say...

Go to: **www.surveymonkey.com/r/GN-gluten-free**

Call: **0115 883 9594** for a printed copy or complete over the phone

**This consultation will run from Thursday 14 June to Thursday 26 July 2018**

| |
|---|
| **HEALTH SCRUTINY COMMITTEE** |
| **18 OCTOBER 2018** |
| **PRESCRIBING OF OVER THE COUNTER MEDICINES** |
| **REPORT OF HEAD OF LEGAL AND GOVERNANCE** |

## 1 Purpose

1.1 To review implementation of changes to the prescribing of over the counter medicines.

## 2 Action required

2.1 The Committee is asked to review the way in which NHS England guidance on prescribing of over the counter medicines is being implemented locally.

## 3 Background information

3.1 Earlier in the year, NHS England carried out a public consultation on reducing prescribing of over the counter medicines. Following the consultation NHS England issued guidance that prescriptions should not be issued for conditions that fall in the following categories:

- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; and/or
- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
- Vitamins, minerals and probiotics: these are classified as items of limited clinical effectiveness where there is a lack of robust evidence for clinical effectiveness.

Instead, patients should be directed to purchase over the counter medicines from a pharmacy or supermarket in their local community. General exceptions were included in the national guidance.

3.2 Attached is a paper from Nottingham City Clinical Commissioning Group (CCG) outlining proposals for implementing this national guidance in Nottingham City. The papers include the Equality Impact Assessment that has been carried out and details of the engagement activity that has been undertaken in relation to this. Representatives of the CCG will be attending the meeting to speak to the Committee about this and answer questions.

## 4 List of attached information

4.1 Paper from Nottingham City Clinical Commissioning Group 'Self-care and Over the Counter Medicines' including Equality Impact Assessment and Engagement Report

## 5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

## 6 Published documents referred to in compiling this report

6.1 NHS England 'Conditions for which over the counter items should not routinely be prescribed in primary care: guidance for CCGs' (March 2018)

## 7 Wards affected

7.1 All

## 8 Contact information

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 8764315

# Self-Care and Over The Counter (OTC) Medicines – Nottingham City Clinical Commissioning Group (CCG)

03 September 2018

## Purpose of paper

The purpose of the paper is inform the Overview and Scrutiny Committee of the outcome from the Greater Nottingham Joint Commissioning Committee around Nottingham City CCG adopting and actively implementing Nottingham North and East, Nottingham West and Rushcliffe CCG Self Care Guidelines

## Background

The government recently undertook a national consultation about whether over the counter medicines should be available on prescription for minor ailments.

Following the consultation, guidance has been produced by NHS England and NHS Clinical Commissioners to restrict prescribing medications for conditions which fall into the following categories:

- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own
- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
- Vitamins, minerals and probiotics: these are classified as items of limited clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.

In addition to this national guidance, neighbouring CCG's: Nottingham North and East, Nottingham West and Rushcliffe, already have a guideline around self-care and over the counter medicines (see Appendix 1, 1a, 1b)

*The Local Guideline states: As part of its self-care strategy, NHS Nottingham North and East, Nottingham West and Rushcliffe Clinical Commissioning Groups recommend that patients visit their local community pharmacy to purchase medicines and treatments for minor, short term conditions.*
*It is advised that all prescribers, including GPs and non-medical prescribers, direct patients to purchase recommended, readily available, over the counter medicines (OTC), treatments and products.*

Within Nottingham City there is also a minor ailment service, Pharmacy First, delivered through community pharmacies enabling patients who are exempt from prescription charges to receive treatment for minor ailments.

A proposal was put forward to align and actively implement the self care guidelines across the Greater Nottingham Clinical Commissioning Partnership. As part of this proposal the EQIA ( please see

Appendix 2 for full details) recommended patient engagement be carried out within NHS Nottingham City CCG around the exclusion criteria included within the south county CCG guidelines.

## Current position

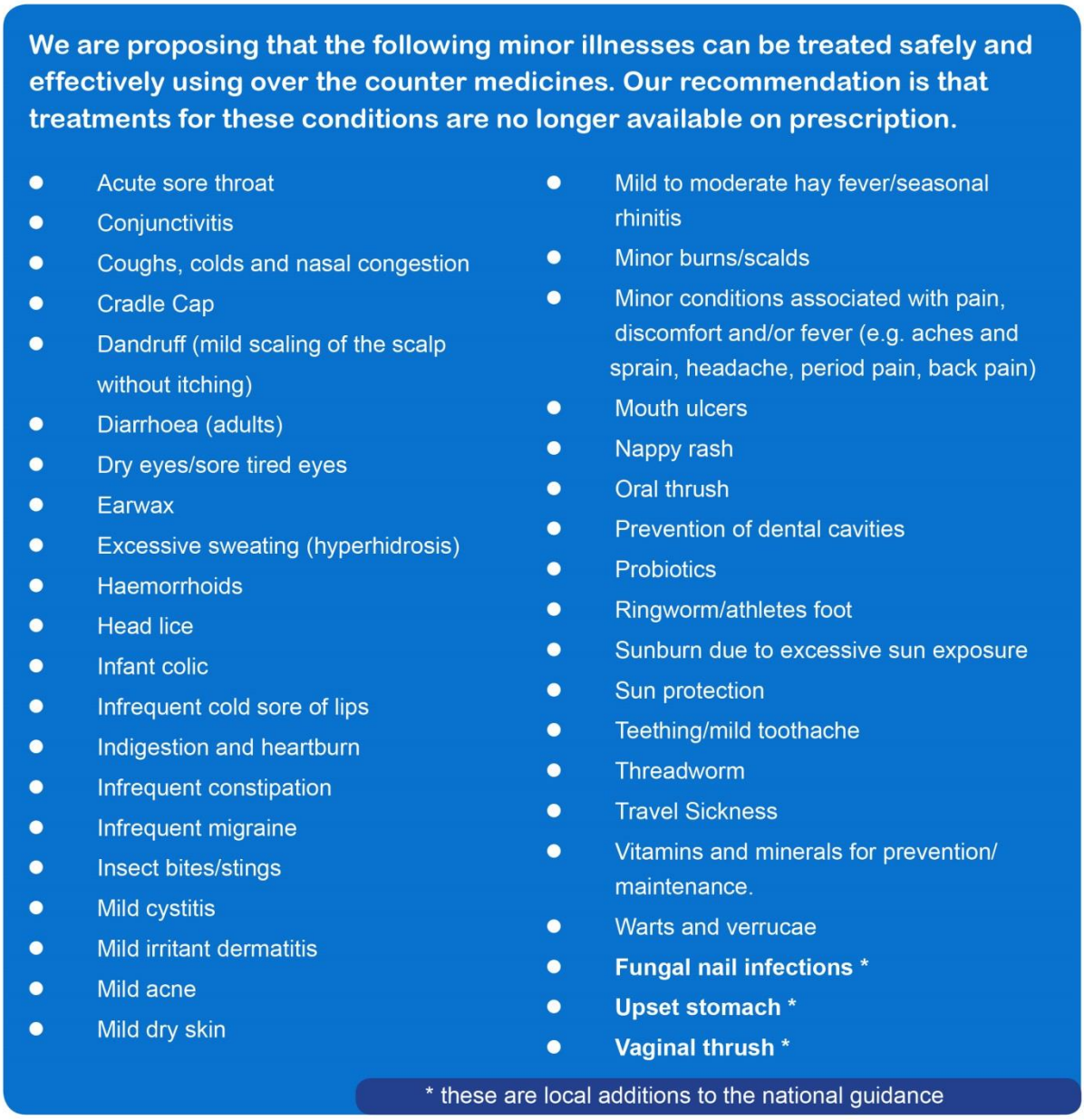
NHS Nottingham City CCG have been out to patient engagement to adopt the same Guideline (See Appendix 1, 1a, 1b) as NHS Nottingham North and East, Nottingham West and Rushcliffe CCG's, to therefore bring Nottingham City CCG inline within the Greater Nottingham Clinical Commissioning Partnership.

Note: NHS Mansfield and Ashfield and Newark and Sherwood CCG's currently have a similar guideline and are updating the guideline in line with the outcome of the national consultation.

The aim of the engagement was to gather the views of patients, clinicians, partners and the wider public in Nottingham City to understand the potential impact of the following proposal:

- **To limit prescriptions of over the counter medicines on prescription for minor ailments**
- **To gain patient feedback about the suitability of the exceptions as set down nationally for Nottingham patients.**

The conditions below are those that it is proposed that can be treated safely and effectively using over the counter medicines.




**Exceptions**

The national guidance has some exceptions, which have been included within the proposed local self-care guideline. There are certain situations where patients should continue to have their treatments prescribed. They are:

- Patients prescribed an over the counter treatment for a long term condition (e.g. regular pain relief for chronic arthritis).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
- For those patients that have symptoms that suggest the condition is not minor.
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments.
- Patients prescribed over the counter products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications.

- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding.
- Patients with a minor condition suitable for self-care that has not responded enough to treatment with an over the counter product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care.

- Please note - being exempt from paying a prescription charge does not automatically provide an exception to the guidance (this includes having a prescription pre-payment certificate).

The findings from engagement report are that respondents would, in line with National Guidance, broadly support a proposal to restrict over the counter medicines for minor illnesses bearing in mind the exceptions are adhered to as long as some issues were taken into consideration:

- Vulnerable patients who may not be have access or be able to access or afford over the counter medicines
- The ultimate decision about whether to prescribe remains with the GP
- That it is enforced that this is for minor illness not long-term conditions
- This decision must be widely communicated and have GP support.
- More support is given to help patients self-care

The concerns highlighted by patients are broadly covered by the exceptions to the over the counter/ self care guideline.

Please read the full report (Appendix 3) and the associated Self-Care Guideline (Appendix 1, 1a, 1b) for more details.

## Next Steps / Options Appraisal

***Option 1: NHS Nottingham City adopt and actively implement the Local Self Care Guidelines to fall into line with NHS Nottingham North and East, Nottingham West and Rushcliffe CCG's***
***As part of this guideline, local patient information is being developed around self-care.***

**Benefits**

- Greater Nottingham Clinical Commissioning Partnership align in their guidance
- People within the CCG are encouraged to Self-care, thus empowering them to take responsibility for their own health and wellbeing

- NHS funds are used appropriately in the challenging financial climate

**Risks**
- There is a risk that patients will not self-care and as a result the health of the population worsens
- There is a risk that patients do not self-care and are prescribed more expensive medicines that are not available over the counter

***Option 2: NHS Nottingham City do not adopt and therefore do not actively implement the Self Care Guidelines and do not fall in line with NHS Nottingham North and East, Nottingham West and Rushcliffe CCG.***

**Benefits**
- Nottingham City population are prescribed medicines for their minor ailments which are cost effective, but potentially could be bought over the counter.

**Risks**
- Greater Nottingham Clinical commissioning partnership do not have aligned guidelines
- There is a risk that patients will not self-care and therefore are not empowered to take responsibility for their own health and well-being.
- There is a risk that NHS funds are not used appropriately in the current challenging financial climate.

Note: The Greater Nottingham Clinical Commissioning Executive Group recommended Option 1

**Outcome**

The Greater Nottingham Clinical Commissioning Executive Group approved option 1, with the caveat that the Clinical Commissioning Executive Group is given further assurance with regards to an implementation plan which includes and how the outcomes will of the decision be measured

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# Medicines for Self-Care – Guidance for Prescribers

**Position Statement**

**As part of its self-care strategy, NHS Nottingham North and East, Nottingham West and Rushcliffe Clinical Commissioning Groups recommend that patients visit their local community pharmacy to purchase medicines and treatments for minor, short term conditions.**

**It is advised that all prescribers, including GPs and non-medical prescribers, direct patients to purchase recommended, readily available, over the counter medicines (OTC), treatments and products.**

## Introduction

Following a national consultation, guidance has been produced by NHS England and NHS Clinical Commissioners on the restriction of prescribing medications for conditions which fall into the following categories:

- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; and/or
- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
- Vitamins, minerals and probiotics: These are classified as items of limited clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.

The Clinical Commissioning Groups recommend that patients purchase medications and products from local pharmacies for the treatment of minor acute conditions as part of self-care. Many of the medicines and treatments are more expensive when they are prescribed on an NHS prescription as opposed to being purchased directly from pharmacies and supermarkets. Local pharmacies are able to support individuals with advice for the treatment of minor ailments and offer a readily accessible alternative healthcare pathway for patients. There is no need for an appointment, many pharmacies are open for extended hours, over seven days a week and stock a wide range of inexpensive treatments.

As a result, prescribers are recommended **not to write a prescription for OTC medicines, treatments and products**, except in the case of chronic conditions or where there are exceptions to self-care (see below).

## General exceptions as defined in the national guidance:

There are certain scenarios where patients should continue to have their treatments prescribed:

- Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to OTC medicines).
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms.
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments.
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
- Circumstances where the product licence doesn't allow the product to be sold OTC to certain groups of patients. This may vary by medicine, but could include babies,

children and/or women who are pregnant or breast-feeding. Community pharmacists will be aware of what these are and can advise accordingly.

- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. **To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. This includes having a prescription pre-payment certificate**. Consideration should also be given to safeguarding issues.

The NHS belongs to everybody and we must all ensure that its resources are used in the best possible way for all patients.

**Treatments for Self-Limiting Conditions**

**Appendix One** lists the conditions for which OTC items should not be routinely prescribed in primary care. **This is included as a guide and is not promoted as an exhaustive list**.
This list includes conditions which are considered to be self-limiting and so does not need treatment, or which lends itself to self-care. Prescribed products aimed at treating the symptoms of many of these ailments may not offer value for money.
An increasing range of medicines is available for purchase and it is expected that patients will purchase such medicines after seeking appropriate advice from a community pharmacist or other healthcare professional.

**Community pharmacists should not advise patients to request prescriptions for medicines available for self-limiting conditions and minor health problems where these are readily available to purchase.**
**Appendix Two** contains details of the rationale behind the guidance and can be used to remind pharmacists of 'red flag' symptoms for patients presenting with the conditions covered by self-care to determine when referral is appropriate.

Clinical judgement should be used when considering whether it is acceptable to ask a patient to purchase their medication e.g. paracetamol taken on a 'when required' basis can be purchased in small quantities, however regular full dose paracetamol for chronic pain may be less suitable for purchase due to the restrictions in place relating to quantities of medication involved.

Patients and the public have access to an increasing range of resources for advice on medicines use and when they should seek GP care. Patients can be referred to NHS 111, NHS Choices and The Self Care Forum for further advice and patient information.

Reference: NHS England, NHS Clinical Commissioners. Conditions for which over the counter items should not routinely be prescribed in Primary Care: Guidance for CCGs. https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/ (accessed April 2018)

**Appendix 1: Conditions for which OTC items should not be routinely prescribed in primary care.**

| | | | |
|---|---|---|---|
| | Acute sore throat | | Mild dry skin |
| | Conjunctivitis | | Mild to moderate Hay fever/seasonal rhinitis |
| | Coughs, colds and nasal congestion | | Minor burns/scalds |
| | Cradle Cap | | Minor conditions associated with pain, discomfort and/or fever (e.g. aches and sprain, headache, period pain, back pain) |
| | Dandruff (mild scaling of the scalp without itching) | | Mouth Ulcers |
| | Diarrhoea (adults) | | Nappy Rash |
| | Dry eyes/Sore tired eyes | | Oral Thrush |
| | Earwax | | Prevention of dental caries |
| | Excessive sweating (hyperhidrosis) | | Probiotics |
| | Haemorrhoids | | Ringworm / athletes foot |
| | Head Lice | | Sunburn due to excessive sun exposure |
| | Infant Colic | | Sun protection |
| | Infrequent cold sore of lips | | Teething/mild toothache |
| | Indigestion and Heartburn | | Threadworm |
| | Infrequent constipation | | Travel Sickness |
| | Infrequent Migraine | | Vitamins and minerals for prevention/maintenance. |
| | Insect bites/stings | | Warts and verrucae |
| | Mild Cystitis | | Fungal nail infections * |
| | Mild irritant dermatitis | | Upset stomach * |
| | Mild acne | | Vaginal Thrush * |

* These conditions are not covered in the national self-care guidance but have been classified locally as self-limiting conditions and therefore routine prescriptions for treatment should not be offered in Primary Care.

For further advice on self-care and patient information sheets visit: www.selfcareforum.org or www.nhs.uk

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**Appendix 2: Conditions for which over the counter (OTC) items should not be routinely prescribed in Primary Care. The rationale and recommendations from the NHSE consultation, exceptions and referral criteria**.

| Self-limiting condition | Recommendations | Rationale | Referral may be required[1,2,3]: |
|---|---|---|---|
| **Acute sore throat** | Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment. | A sore throat due to a viral or bacterial cause is a self-limiting condition. Symptoms resolve within 3 days in 40% of people, and within 1 week in 85% of people, irrespective of whether or not the sore throat is due to a streptococcal infection. There is little evidence to suggest that treatments such as lozenges or throat sprays help to treat the cause of sore throat and patients should be advised to take simple painkillers and implement some self-care measures such as gargling with warm salty water instead. | Sore throat that doesn't get better after 10-14 days. Persistent high fever for more than 3 days. Trouble breathing, drooling with swallowing difficulties, pain that does not respond to OTC pain relief, Patients who are immunocompromised. |
| **Conjunctivitis** | Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment. | Treatments for conjunctivitis can be purchased over the counter however almost half of all simple cases of conjunctivitis clear up within 10 days without any treatment. Public Health England (PHE) advises that children with infective conjunctivitis do not need to be excluded from school, nursery or child minders, and it does not state any requirement for treatment with topical antibiotics. | Children under 2 years of age. Symptoms not resolved after 14 days. Sensitivity to light or changes in vision. Pain in the eye. Intense redness in one or both eye(s). |
| **Coughs and colds, and nasal congestion** | Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment. | Most colds start to improve in 7 to 10 days. Most coughs clear up within two to three weeks. Both conditions can cause nasal congestion. Neither condition requires any treatment. | Temperature 39° or above, thick, blood stained mucus, difficult to breath, symptoms last longer than 3 weeks. |
| **Cradle cap** | Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment. | Cradle cap is harmless and doesn't usually itch or cause discomfort. It usually appears in babies in the first two months of their lives, and clears up without treatment within weeks to a few months. | If causing distress to the infant and not improving |

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| **Dandruff (mild scaling of the scalp without itching)** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Dandruff isn't contagious or harmful and can be easily treated with OTC anti-fungal shampoos. | Severe or itchy dandruff, red swollen scalp. Immunosuppressed patients |
| **Diarrhoea (adults)** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Acute diarrhoea is usually caused by a bacterial or viral infection and other causes include drugs, anxiety or a food allergy. Oral rehydration salts can be bought OTC and can help replace lost fluids. Medication to reduce bowel motions should not be used if infective diarrhoea is suspected. [4] | Recurrent diarrhoea, bloody or dark in colour. Recent weight loss. Recent antibiotics or hospital admission. |
| **Dry eyes/Sore tired eyes** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased OTC | Very painful or red eyes, sensitivity to light, changes in vision. |
| **Earwax** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Earwax is produced inside ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears. A build-up of earwax is a common problem that can often be treated using either olive oil or eardrops bought from a pharmacy. These can help soften the earwax so that it falls out naturally. | If wax is still present after 2 weeks' worth of continuous days of drops. Unresolving hearing loss. Pain. |
| **Excessive sweating (hyperhidrosis)** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | First line treatment involves simple lifestyle changes. It can also be treated with OTC high strength antiperspirants. An antiperspirant containing aluminium chloride is usually the first line of treatment purchased from a pharmacy. | Symptoms have lasted longer than 6 months. Disrupts daily activities. Night sweats. Family history. |
| **Haemorrhoids** | Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment. | Haemorrhoids often clear up by themselves after a few days. Making simple dietary changes and not straining on the toilet are often recommended first. | Persistent or recurrent. Rectal bleeding. |

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| **Head lice** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Head lice are a common problem, particularly in school children aged 4-11 years of age. Live head lice can be treated by wet combing; chemical treatment is only recommended in exceptional circumstances and in these cases OTC medicines can be purchased from a pharmacy. If appropriate, everyone in the household needs to be treated at the same time even if they don't have symptoms. Further information on how to treat head lice without medication can be found on NHS Choices. | N/A |
| **Infant colic** | Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment. | Medical treatment not usually recommended. There are some OTC treatments available that could be tried however; there is limited evidence for the effectiveness of these treatments. | N/A |
| **Infrequent cold sore of lips** | Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment. | Cold sores caused by the herpes simplex virus usually clear up without treatment within 7 to 10 days.Antiviral creams are available OTC from pharmacies without a prescription and if used correctly, these can help ease symptoms and speed up the healing time.To be effective, these treatments should be applied as soon as the first signs of a cold sore appear. Using an antiviral cream after this initial period is unlikely to have much of an effect. | Sores inside the mouth. Still present after 10 days. Pregnant or immunocompromised. |
| **Indigestion and heartburn** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Most people have indigestion at some point. Usually, it's not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required. Most people are able to manage their indigestion by making simple diet and lifestyle changes, or taking medication such as antacids. | Persistent symptoms not responding to treatment, severe pain for longer than 3 weeks in upper abdomen, vomiting (±blood), change in stools (colour/consistency). Night sweats, weight loss. |

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| **Infrequent constipation** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet. It can be effectively managed with a change in diet or lifestyle. Pharmacists can help if diet and lifestyle changes aren't helping. They can suggest an OTC laxative. Most laxatives work within 3 days. They should only be used for a short time only. | Symptoms have consistently lasted longer than 6 weeks. Taking medication which can cause constipation. Swollen, tummy with vomiting (URGENT referral as may be a blockage). Blood in stools. Weight loss, night sweats. Laxatives in children are not recommended unless prescribed by a Clinician. |
| **Infrequent migraine** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Mild infrequent migraines can be adequately treated with OTC pain killers and a number of combination medicines for migraine are available that contain both painkillers and anti-sickness medicines. Frequent use of painkillers can induce migraine[5] | OTC medication does not control symptoms. Severe migraine. Increased frequency, sudden onset, fever, sudden change in sensations and speech. |
| **Insect bites/stings** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | OTC treatments can help ease symptoms, such as painkillers, creams for itching and antihistamines. | Symptoms not improving after a couple of days. Bites or stings in/near mouth or eyes. Enlarging red swollen area surrounding bite/sting, with or without pain and pus, flu-like symptoms. |
| **Mild cystitis** | Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment. | Mild cases can be defined as those that are responsive to symptomatic treatment but will also clear up on their own. If symptoms don't improve in 3 days, despite self-care measures, then the patient should be advised to see their GP. Symptomatic treatment using products that reduce the acidity of the urine to reduce symptoms are available, but there's a lack of evidence to suggest they're effective. | Children, men and pregnant women. No improvement after a couple of days, or deterioration in symptoms to include fever, blood in urine, pain in side. Frequent cystitis symptoms. |

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| **Mild irritant dermatitis** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Irritant dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided. It is most commonly caused by irritants such as soaps, fabric softeners, washing powders, detergents, solvents or regular contact with water. Treatment normally involves avoiding the allergen or irritant and treating symptoms with emollients and topical corticosteroids. | Cracking, weeping and painful skin with or without blistering may be a sign of infection. Widespread over larger areas of the body. If quality of life or sleep are affected. |
| **Mild acne** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Patients should be encouraged to manage mild acne with long term use of OTC products. | Severe painful spots that may cause distress and affect social situations. Scarring apparent despite treatment. |
| **Mild dry skin** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Emollients are often used to help manage dry, itchy or scaly skin conditions. Patients with mild dry skin can be successfully managed using OTC products on a long term basis. | N/A |
| **Mild to moderate hay fever/ seasonal rhinitis** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Hay fever is a common allergic condition that affects up to one in five people. There's currently no cure for hay fever, but most people with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist. | Symptoms not improving with OTC medication. Pregnant/breastfeeding |
| **Minor burns/scalds** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Depending on how serious a burn is, it is possible to treat burns at home. Antiseptic creams and treatments for burns should be included in any products kept in a medicine cabinet at home. | More serious burns always require professional medical attention. Burns requiring hospital A&E treatment include but are not limited to: chemical and electrical burns, large or deep burns, burns that cause white/charred skin, burns on face, hands, feet, legs or genitals that cause blisters |

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| **Minor conditions associated with pain, discomfort and/or fever (e.g. aches and sprain, headache, period pain, back pain)** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Patients should be encouraged to keep a small supply of OTC analgesics in their medicines cabinets at home so they are able to manage minor conditions at home without the need for a GP appointment. | Severe symptoms not controlled with OTC medication. |
| **Mouth ulcers** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Mouth ulcers are common and can usually be managed at home, without seeing your dentist or GP. However, OTC treatment can help to reduce swelling and ease any discomfort. | Last longer than 3 weeks. Recurrent mouth ulcers, |
| **Nappy rash** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Up to a third of babies and toddlers in nappies have nappy rash at any one time. Nappy rash can usually be treated at home using barrier creams purchased at the supermarket or pharmacy. | If the rash doesn't go away or the baby develops a persistent bright red, moist rash with white or red pimples that spreads into the folds of their skin. |
| **Oral thrush** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Oral thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. It can be easily treated with OTC gel. Milk residue can differentiated from thrush as it can be scraped off the tongue with ease whereas thrush cannot.[3] | Patients taking warfarin should not take OTC Daktarin oral gel. Babies. Persistent symptoms that do not resolve with treatment. Immunocompromised. |
| **Prevention of dental caries** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | The dentist may advise on using higher-strength fluoride toothpaste if you are particularly at risk of tooth decay. Some higher fluoride toothpastes (~1500 ppm) and mouthwashes can be purchased OTC | N/A |
| **Probiotics** | Should not be routinely prescribed due to Limited evidence of clinical effectiveness. | Insufficient clinical evidence | ACBS approved indications |

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| **Ringworm/ athletes foot** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Ringworm is a common fungal infection that can cause a red or silvery ring-like rash on the skin. Athlete's foot is a rash caused by a fungus that usually appears between the toes. These fungal infections, medically known as "tinea", are not serious and are usually easily treated with OTC treatments. | No improvement after 2 weeks treatment with OTC cream. Immunocompromised patients. Diabetic patients with athletes foot. Symptoms or history of cellulitis and/or lymphedema |
| **Sunburn due to excessive sun exposure** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket. | Severe symptoms including blistering or swelling of the skin. Fever, chills, signs of heat exhaustion. |
| **Sun protection** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket. | N/A |
| **Teething/mild toothache** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething and these can be purchased from a pharmacy. If baby is in pain or has a mild raised temperature (less than 38C) then paracetamol or ibuprofen suspension can be given. Toothache can come and go or be constant. Eating or drinking can make the pain worse, particularly if the food or drink is hot or cold. Mild toothache in adults can also be treated with OTC painkillers whilst awaiting a dental appointment for further investigation. | N/A |
| **Threadworm** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Threadworms (pinworms) are tiny worms in your stools. They are common in children and can be spread easily. They can be effectively treated without the need to visit the GP. Treatment for threadworms can easily be bought from pharmacies. This is usually a chewable tablet or liquid you swallow. Strict hygiene measures can also help clear up a threadworm infection and reduce the likelihood of reinfection. Everyone in the household will require treatment, even if they don't have symptoms. | Pregnant or breast feeding women, Children under 2 years of age. |

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| **Travel sickness** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Mild motion sickness can be treated by various self-care measures (e.g. stare at a fixed object, fresh air, listen to music etc.); more severe motion sickness can be treated with OTC medicines. | N/A |
| **Vitamins and minerals** | Should not be routinely prescribed due to limited evidence of clinical effectiveness. | Essential nutrients which most people can get from eating a healthy balanced diet. Vitamin D supplementation is recommended to all over the winter months and for high risk groups (list) all year round. | 1. Medically diagnosed deficiency including lifelong or chronic condition/following surgery (review on regular basis) 2. Calcium/Vit D for osteoporosis. 3. Malnutrition including alcoholism. 4. Vitamin D analogues. **NB maintenance/prevention should be bought OTC** |
| **Warts and verrucae** | Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care. | Most people will have warts at some point in their life. They are generally harmless and tend to go away on their own eventually. Several treatments can be purchased from a pharmacy to get rid of warts and verrucae more quickly if patients require treatment. | Warts on face, or genitals. Recurrent or very large or painful warts/verrucae. Warts that bleed or change appearance. |

The following conditions are not covered in the national guidance, however as part of its self-care strategy, NHS Nottingham North and East, NHS Nottingham West, NHS Rushcliffe and NHS Nottingham City have classified them as self-limiting conditions and therefore routine prescriptions for treatment should not be offered.

| Self-Limiting Condition | Rationale | Referral criteria/ Exceptions |
|---|---|---|
| **Fungal nail infections** | Topical antifungal therapy offers very little benefit for the management of fungal nail infections. There is limited evidence for efficacy in dermatophyte infections and therefore they should not be prescribed. All topical products are low priority or non-formulary. | If more than two nails are affected. Immunocompromised/ diabetic patients. If OTC treatment hasn't worked – patients should be advised that OTC treatment can take up to 12 months. |
| **Upset stomach** | Common causes of sickness includes: gastroenteritis, norovirus, food poisoning or infections picked up whilst travelling abroad. Vomiting usually lasts 1 to 2 days and can usually be treated at home by increasing fluid intake. Oral rehydration sachets can be taken if there are signs of dehydration | Symptoms of dehydration persist even after taking rehydration sachets. Symptoms of dehydration in a baby. Constant vomiting – not able to keep fluids down. Persistent vomiting that lasts for longer than 2 days. |

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| **Vaginal thrush** | Thrush is a common yeast infection that affects men and women. You can buy antifungal medicine from pharmacies if you've had thrush diagnosed in the past and you know the symptoms. This can be a tablet you take, a tablet you insert into your vagina (pessary) or a cream to relieve the irritation. Symptoms should clear up within a week, after one dose of medicine or using the cream daily. You don't need to treat partners, unless they have symptoms. | Thrush symptoms occurring for the first time. Infection has occurred more than twice in the last six months. Under 16 or over 60 years old. Pregnancy or breast feeding. Immunocompromised patients. OTC treatment has not worked. |

References:

1. NHS England, NHS Clinical Commissioners. Conditions for which over the counter items should not routinely be prescribed in Primary Care: Guidance for CCGs.

https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/ (accessed April 2018)

2. NHS choices: https://www.nhs.uk/pages/home.aspx (Accessed April 2018)

3. The Self Care Forum: http://www.selfcareforum.org/ (Accessed April 2018)

4. Antimicrobial Prescribing Guidelines for Primary Care 2017 http://www.nottsapc.nhs.uk/media/1044/antimicrobial-guidelines.pdf ( Accessed May 2018)

5. Clinical Knowledge Summaries https://cks.nice.org.uk/headache-medicationoveruse#!scenario (Accessed May 2018)

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# EQuality Impact Assessment (EQIA) Template

## Introduction

The EQIA template has been introduced to bring together equality and quality impact considerations into a single systematic assessment process.

An EQIA should be completed whenever the initial screening process on each scheme in the Financial Recovery Plan indicates that one is required.

The EQIA Panel will oversee the development and quality assurance of EQIAs.

To support understanding and completion of the EQIA process, this document is hyperlinked to a glossary of key terms.

## Purpose

The EQIA is designed to:

- Enable details of supporting evidence to be recorded
- Assess the impact of proposed changes in line with the CCGs' duty to reduce health inequalities in access to health services and in health outcomes achieved
- Assess the impact of proposed changes to services in line with the CCGs' duty to maintain and improve the three elements of quality (patient safety, patient experience and clinical effectiveness)
- Assess whether proposed changes could have a positive, negative or neutral impact, depending on people's different protected characteristics defined by the Equality Act 2010
- Identify any unlawful discrimination or negative effect on equality for patients/service users, carers and the general public
- Consider the impacts on people from relevant inclusion health groups (e.g. carers, homeless people, people experiencing economic or social deprivation)
- Identify where any information to inform the assessment is not available, which may indicate that patient engagement is required
- Provide a streamlined process and prevent equality and quality risks from being considered in isolation
- Determine whether a scheme can proceed, proceed with identified action, or not be progressed.

Decisions on whether schemes will be implemented, amended or stopped will be based on a combination of EQIAs, engagement findings and consultation outcomes.

**EQIAs are 'live' documents, and as such, are required to be revisited at key stages of scheme development and implementation, particularly following the conclusion of any engagement and consultation activities to inform decision-making.**

**Scheme title:** Personal and Self Care Medicines Proposal

**Assessor name:** Beth Carney

**Date of assessment: 31/3/18**

**Summary description of QIPP scheme being assessed:**

The results of the national consulation on the routine prescribing of medicines available over the counter have just been published and state that patients with self limiting short term conditions should be directed to purchase medication to treat the condition

In 2017 Nottingham North and East (NNE), Nottingham West (NW) and Rushcliffe CCG's adopted guideline to promote the Self-care agenda to patients.

This paper looks at a proposal to align self-care guidelines across Greater Nottingham in line with the outcome of the national consultation and proposes initial areas for review for patients receiving personal care and self-care medications on prescription.

To support the proposal a leaflet will be available for prescribers to write information on for the patient. In Nottingham City CCG Pharmacy First will be identified as an available resource in local pharmacies to support individuals on free prescriptions to access medication for minor ailments

It is also proposed that the policy is actively implemented across Greater Nottingham by reviewing the prescribing of self-care medicines. The initial areas targeted include prophylactic minerals and vitamins, emollients, hayfever medicines, upset stomach and pain, although any self-care medicine currently on a repeat template could be stopped if for a minor ailment.

Total potential savings across GN around personal and self-care total £767,000 over 2 years

**Details of any supporting evidence:**

Evidence checklist of web based resources

**https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/**

The above link shows the results of the national conusltaion and states:

In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets. These prescriptions include items for a condition:

- That is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord;
- Which lends itself to self-care i.e. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly. These prescriptions also include other common items:
- That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
- For which there is little evidence of clinical effectiveness.

*Spend on personal-care and self-care items across Greater Nottingham in 17/18 is estimated to be £1.9m including Vitamin D prescribing. Prescribing data does not provide an indication for the medicine therefore it is not*

*possible to ascertain the level of spend on these items for the treatment of acute minor ailments. Many of these medicines will also be used for the treatment of chronic long term conditions.*

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.

The costs to the NHS for many of the items used to treat minor conditions are often higher than the prices for which they can be purchased over the counter as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.182 from a pharmacy whereas the cost to the NHS is over £3.003 after including dispensing fees. The actual total cost for the NHS is over £35 when you include GP consultation and other administration costs.

A wide range of information is available to the public on the subjects of health promotion and the management of minor self- treatable illnesses. Advice from organisations such as the Self Care Forum and NHS Choices is readily available on the internet. Many community pharmacies are also open extended hours including weekends and are ideally placed to offer advice on the management of minor conditions and lifestyle interventions.

The Royal Pharmaceutical Society offers advice on over the counter products that should be kept in a medicine cabinet at home to help patients treat a range of self-treatable illnesses. Research shows that in many cases, people can take care of their minor conditions if they are provided with the right information; thereby releasing health care professionals to focus on patients with more complex and/or serious health concerns. Past experience with self-care builds confidence in patients, with 84 per cent choosing to self-care for new episodes.

More cost-effective use of stretched NHS resources allows money to be spent where it is most needed, whilst improving patient outcomes. As an example, every £1m saved on prescriptions for over the counter treatments could fund (approx.)

: • 39 more community nurses; or

• 270 more hip replacements; or

• 66 more drug treatment courses for breast cancer; or

• 1000 more drug treatment courses for Alzheimer's; or

• 1040 more cataract operations6.

CCGs need to make increasingly difficult decisions about how to spend the NHS budget and this means prioritising those things that will give patients the best clinical outcomes. Any savings from implementing the proposals could be reinvested in improving patient care.

**The national guideance includes the following exceptions:**

• Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).

• For the treatment of more complex forms of minor illnesses (e.g. severe

migraines that are unresponsive to over the counter medicines).

- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments.
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breastfeeding. Community Pharmacists will be aware of what these are and can advise accordingly.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to selfmanage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

The above link also has a national EQIA

**Other National Evidence**

The paper: Personal and Self Care Medicines Proposal looks at the evidence of how other areas in the UK have implemented such policies for specific medicines – See attached paper

Self Care Medicines Proposal final March 1

**Local Guidance:**

Locally NNE, NW and Rushcliffe have had a self care guidance since March 2017. The CCG's at the time went out to patient engagement over a 1 month period. Please see the guidance and engagement report below.

NNE NW Rushcliffe Self Care Guidelines F

Engagement report -OTC-Meds-Feb17-we

The guidelines within NNE, NW and Rushcliffe have not been actively implemented by the local prescribing teams. However on implementation

there has been XX number of patient complaints through PALS and little negative feedback from GP's about the policy. There have been a few issues with community pharmacists not being aware of the policy, despite communication to all local community pharmacy's at the launch of the guidelines.

Mid Notts also put similar self care guidance in place at a similar time to NNE, NW and Rushcliffe CCG's. The plan in Mid Notts is to review their guidance in light of the new national guidance and will decide if they need to update their policy shortly.

*When completing this section a review of the latest evidence should be undertaken. Use the checklist provided for sources of evidence and trusted websites to visit to find evidence. Describe the key findings from your evidence search and how they have informed this scheme.*

**If you have been unable to find evidence, please describe what you have based this scheme on instead (e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion etc.):**

**Health inequalities:**

**What will be the effect of the scheme in terms of reducing health inequalities in outcomes and in access?**

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

**Comments/rationale:**

Patients will be asked to access medicines from their local pharmacy for acute minor ailments, many pharmacies are open more hours than a GP practice and no appointment is required therefore these medicines will be more available. Pharmacists are experts in medicines and can offer medication use reviews, explain how to take medicines, check for interactions. They are ideally placed to help patients access medicines for acute minor ailments in a timely manner, therefore access is potentially better than via a GP

For those patients who do not pay for their medicines they can access a range of treatments for minor ailments from the Pharmacy First scheme (Pharmacy First runs in Nottingham City, NNE and NW CCG's). This includes:

- Athlete's foot
- Constipation
- Diarrhoea
- Earache
- Haemorrhoids
- Hay fever
- Head lice
- Insect bites and stings
- Sore throat
- Teething pain
- Temperature or fever
- Threadworm
- Toothache
- Vaginal thrush
- Warts and verrucas

There are potential negative impacts on patients who are currently able to access free medication and treatments for the conditions covered in the guidance who will now be required to buy them over the counter if their ailment is not covered by pharmacy first or pharmacy first doesn't run in their area. This will affect those on low incomes who currently do not pay for their prescriptions, however there is an exclusion within the national guideance for such patients. These patients should still receive such medication on prescription.

The following question should be addressed and responses provided for each of the protected characteristic and inclusion health groups listed below. Highlight where the scheme has (or could potentially have) a positive or negative impact, either directly or indirectly, considering proportionality and relevance.

**Could the scheme have a positive impact or negative impact on people who may, as a result of being in one or more of the following protected characteristic or inclusion health groups, experience barriers when trying to access or use NHS services?**

In addressing this question, please consider whether the scheme could potentially have a positive or negative impact in any of the following areas:

- The CCGs' duty to maintain and improve the three elements of quality – patient safety, patient experience and clinical effectiveness
- Access to services (including patient choice)
- Transfers between services (whether between specialities, care settings, or during a person's life course)
- Safeguarding adults
- Safeguarding children
- Dignity and respect (including privacy)
- Person-centred care
- NICE requirements
- Shared decision-making

Please draw out in your comments/rationale any differential impact between CCG populations.

**Protected characteristics and inclusion health groups:**

**Impact on the protected characteristic of Age**:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

**Comments/rationale:**

**The national EQIA states:**

There is evidence that children under 16 (and those under 18 and in full time education) and adults aged over 60 will be particularly affected by the recommendations to restrict prescribing of OTC items for minor conditions. Prescriptions issued for children and those over 60 make up the largest groups of patients exempt from prescription charges (18% and 50% respectively). Although patients in all age groups are issued prescriptions. During the national consultation, responses were monitored to ascertain if there are any unintended consequences on this protected characteristic. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk. Although a proportion of older people and children may still fall outside of these exceptions, we do not have indication data to know what this proportion would be. Children and older people would be able to access medicines via pharmacy first for certain conditions, as listed above.

**Impact on the protected characteristic of Disability**:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

**Comments/rationale:**

The national EQIA states: There is no routinely collected data on prescribing and disability so we cannot definitively assess the impact of our proposals fully. Although we do know that some people with a disability (as legally defined) will be entitled to a Medical Exemption Certificate and so be in receipt of free prescriptions. We note the Family Resources Survey 2011 to 2012 finding that a substantially higher proportion of individuals who live in families with disabled members live in 'poverty', compared to individuals who live in families where no-one is disabled. Therefore these patients may be impacted to a greater extent by the proposed guidance if they are not covered by other exceptions in the guidance. https://www.gov.uk/government/publications/disability-facts-and-figures/disability-factsand-figures.

The Joseph Rowntree Foundation also found that in 2013/14, 27 per cent of people in families where someone is disabled were in poverty, compared with 19 per cent of those in families where no one is disabled, using the standard after housing costs measure. https://www.jrf.org.uk/mpse-2015/disability-and-poverty. The prevalence of disability rises with age. Around 6% of children are disabled, compared to 16% of working age adults and 45% of adults over State Pension age. During the national consultation, responses were monitored to ascertain if there are any unintended consequences on this protected characteristic. To mitigate risk of inequality a number of changes were made to the exceptions in the national guidance following the national consultation to ensure that those most vulnerable were not at risk. Such patients who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above.

**Impact on the protected characteristic of Gender re-assignment:**

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

**Comments/rationale:**

The national EQIA states:

The proposals will apply to all patients regardless of whether they have changed gender or are transgender. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

**Impact on the protected characteristic of Pregnancy and maternity:**

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

**Comments/rationale:**

The national EQIA states: Such patients can apply for an exemption from prescription charges. However there is no routinely collected data on prescribing and pregnancy/maternity status in cases where an exemption is not applied for so we cannot definitively assess the impact fully at a national level. However where an exemption is applied for, 2% of patients prescribed an OTC item have been exempt from prescription charges due to pregnancy/maternity.

For some products, the product licence does not allow sale of OTC medicines to certain groups of patients which can include women who are pregnant or breastfeeding. This has been considered in the development of the proposals and factored into the proposed exceptions. An individual may be exempt from the recommendation to self-care if he or she is not covered by the product license for an OTC product.

**Impact on the protected characteristic of Race:**

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

**Comments/rationale:**

The national EQIA states: The proposals will not discriminate against patients from different racial backgrounds, as any changes will apply to all patients regardless of their race. However evidence has shown that people from minority ethnic groups are statistically more likely to be in lower income brackets (http://www.poverty.org.uk/summary/uk.htm) therefore these patients may be impacted to a greater extent by the proposed national guidance if they are not covered by other exceptions. Such patients who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above.

**Impact on the protected characteristic of Religion or belief:**

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

**Comments/rationale:**

Proposals will not discriminate against patients with religions or beliefs, or with no religion. Any changes would apply to all patients regardless of their religion, or religious beliefs and there is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

Such patients who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above

**Impact on the protected characteristic of Sex:**

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

**Comments/rationale:**

The National EQIA states: Proposals would apply to all patients regardless of their sex. More women (64%) than men (36%) get prescriptions for OTC items. Further sex specific trends by condition show that over 70% of prescriptions were for women for some conditions such as: mild migraine (80%), head lice (73%) and cold sores (72%). Vitamins and minerals were prescribed to women in 74% of cases. The only conditions where males showed a higher proportion of prescriptions than females was for items prescribed for the prevention of dental caries (58%) and for infant colic (51%).

Such patients who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above

**Impact on the protected characteristic of Sexual orientation:**

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

**Comments/rationale:**

The National EQIA states: Patients of differing sexual orientation will not be affected any differently to other patient groups as any changes would apply to all patients regardless of their sexual orientation. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group

Such patients who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above

**Impact on people in any of the following Inclusion Health Groups:**

**Carers**

**Homeless people**

**People who misuse drugs**

**New and emerging communities, including refugees and asylum seekers**

**People experiencing economic or social deprivation**, including those who are long-term unemployed, have limited family or social networks

**Gypsies, Roma and Travellers**

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

**Comments/rationale** (with an indication of which of the above groups have specifically influenced your impact conclusion)**:**

**Carers:**

The National EQIA states: People who care for adults or children could be impacted by any changes as they are often responsible for self-care for the patient. During the national consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. To mitigate risk of inequality a number of changes were made to the exceptions in the national guidance following the national consultation to ensure that those most vulnerable were not at risk, although carers are not specifically referred to.

**Homeless People:**

The National EQIA states: There is no data available on the prevalence of homeless people and rough sleepers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. During the national consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group, To mitigate risk of inequality a number of changes were made to the exceptions in the national guidance following the national consultation to ensure that those most vulnerable were not at risk.

**People who misuse drugs:**

The National EQIA states:There is no data available on the prevalence of alcohol and/or drug misusers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the national consultation that indicated this.

**New and Emerging communities, including refugees and asylmun seekers:**

The National EQIA states: There is no data available on the prevalence of asylum seekers and/or refugees who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. During the national consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. To mitigate risk of inequality a number of changes were made to the exceptions in the national guidance following the national consultation to ensure that those most vulnerable were not at risk, although carers are not specifically referred to.

**People experiencing economic or social deprivations:**

This group of people are excluded from the national guidance and therefore will not be affected by it.

**Gypsies, Roma and Travellers**

The national EQIA states: There is no data available on the prevalence of gypsies, Roma and travellers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

Such patients from all the above groups who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above

**Impact Assessment Outcome:**

| |
|---|
| **Details of any risks identified and overall comments:** |
| **Recommendation:**<br>○ Proceed ○ Proceed with action* ○ Stop<br>***Please provide details of action required:<br>**It is recommended that NHS Nottingham City CCG go out to engagement around the proposed Self Care Guidelines** |

**GLOSSARY** *The descriptions for the following terms are worded specifically for this EQIA.*

| Term | Description |
|---|---|
| Access | Access includes the ability of patients to obtain and understand information about their health and health services, as well as being able to access clinical advice and treatment. Patients' access may be limited by a range of factors such as mobility limitations, cognitive function and language barriers. |
| Age | The protected characteristic of Age refers to being of a specific age or belonging to a particular age range. |
| Carers | Carers may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. |
| Clinical effectiveness | Clinical effectiveness is a component of quality in the NHS. It is the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice. |
| Dignity and Respect | This is one of the values incorporated in the NHS Constitution: "We value every person - whether patient, their families or carers, or staff - as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do." Respect, dignity, compassion and care should be at the core of how patients and staff are treated - not only because that is the right thing to do, but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported. |
| Disability | The protected characteristic of Disability includes people with physical or mental impairments or illnesses that have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.<br>'Substantial' is more than minor or trivial – e.g. it takes much longer than it usually would to complete a daily task like getting dressed.<br>'Long-term' means 12 months or more – e.g. a breathing condition that develops as a result of a lung infection.<br>Someone automatically meets the disability definition under the Equality Act 2010 from the day they are diagnosed with HIV infection, cancer or multiple sclerosis, even if they are currently able to carry out normal day to day activities.<br>A disability can arise from a wide range of impairments which can be:<br>• Sensory impairments, such as those affecting sight or hearing<br>• Mental health conditions<br>• Mental illnesses<br>• Learning disabilities<br>• Organ specific – e.g. respiratory conditions, cardiovascular diseases, stroke<br>• Developmental – e.g. autistic spectrum disorders |

| Term | Description |
|---|---|
| | • Produced by injury to the body, including to the brain<br>• Impairments with fluctuating or recurring effects – e.g. rheumatoid arthritis<br>• Progressive* – e.g. motor neurone disease, muscular dystrophy, and forms of dementia<br>• Auto-immune conditions, such as systemic lupus erythematosis (SLE).<br>*A progressive condition is one that gets worse over time.<br>The Equality Act 2010 covers people who have had a disability in the past – e.g. if a person had a mental health condition in the past which lasted for over 12 months, but has now recovered, they are still protected from discrimination because of that disability.<br>For further information see Equality_Act_2010-disability_definition.pdf |
| Engagement | The range of activities designed and deployed by CCGs to:<br>• Gain the views of patients, service users and carers on commissioning and service delivery<br>• Include patients, service users and carers in considering their own health, care and treatment. |
| Equality Act 2010 | A single piece of legislation that replaced previous anti-discrimination Acts. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. The Act outlaws direct and indirect discrimination, harassment and victimisation of people with relevant protected characteristics in relevant circumstances and requires that reasonable adjustments be made for disabled people. The Equality Act includes a public sector equality duty (PSED), which applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services that are efficient and effective, accessible to all, and which meet different people's needs. |
| Evidence | Information from research and other sources e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion, NICE, national strategies, policy documents and reports, evaluation, clinical audit, etc.<br>Evidence-based practice is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values. |
| Gender re-assignment | A person has the protected characteristic of gender reassignment if s/he is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning her/his sex by changing physiological, behavioural or other attributes of sex. |

| Term | Description |
|---|---|
| Gypsies Roma and Travellers | A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups. |
| Health inequalities | Preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. |
| Homeless people | A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups. |
| Inclusion health groups | Groups of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. These include carers, homeless people, people who misuse drugs, asylum seekers and refugees, Gypsies and Travellers, sex workers, people experiencing economic and social deprivation, people who are long-term unemployed, people who have limited family or social networks and people who are geographically isolated. |
| Negative impact | An effect that could, for example:<br>• Decrease or exclude access to a service or activity<br>• Be detrimental to treatment outcomes<br>• Have an adverse impact on patient experience. |
| New and emerging communities, including refugees and asylum seekers | A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups. |
| Patient choice | Informed decision-making by patients over where/how they receive health care. |
| Patient experience | Patient experience is one of the three components of quality in the NHS. Experience of care, clinical effectiveness and patient safety together make the three key components of quality in the NHS. Good care is linked to positive outcomes for the patient and is also associated with high levels of staff satisfaction. Patient experience means putting the patient and their experience at the heart of quality improvement. |

| Term | Description |
|---|---|
| Patient safety | The NHS is expected to treat patients in a safe environment and protect them from avoidable harm. Patient safety is one of the three components of quality in the NHS and is defined as the prevention of errors and adverse effects to patients associated with health care. While health care has become more effective it has also become more complex, with greater use of new technologies, medicines and treatments. Patient safety issues are the avoidable errors in healthcare that can cause harm (injury, suffering, disability or death) to patients. |
| People experiencing economic and social deprivation | A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. It includes people who are long-term unemployed, or who have limited family or social networks. To comply with the Equality Act 2010, CCGs are required to consider how their strategic decisions might help to reduce the inequalities associated with socio-economic disadvantage, such as inequalities in employment, education, health, housing and crime rates. It is for individual CCGs to consider which socio-economic disadvantages it is able to influence. |
| People who misuse drugs | A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups. |
| Person-centred care | Person-centred care is the principle of 'shared-decision making' – enabling people to make joint decisions about their care with their clinicians. It involves putting patients, and their families and carers, at the heart of deciding what is most valuable for individuals with a range of health conditions, rather than clinicians or other health professionals independently deciding what is best. |
| Positive impact | An effect that could, for example:<br>• Increase access to a service or activity<br>• Improve treatment outcomes<br>• Enhance patient experience. |
| Pregnancy and maternity | Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. |
| Privacy | Interpreted most broadly, privacy is about the integrity of the individual. It therefore encompasses many aspects of the individual's social needs – privacy of the person, personal information, personal behaviour and personal communications. |

| Term | Description |
|---|---|
| Protected characteristics | The Equality Act 2010 outlines nine protected characteristics - Age, Disability, Gender re-assignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief (including no religion or belief), Sex and Sexual orientation. The Equality Act outlaws direct and indirect discrimination, harassment and victimisation of people with relevant* protected characteristics. *Marriage and civil partnership is not a 'relevant' protected characteristic. (This distinction applies only in relation to work, not to any other part of the Equality Act 2010) We all have at least five of the nine protected characteristics - age, race, religion or belief/no religion or belief, a sex and a sexual orientation. |
| Quality | The definition of quality in health care, enshrined in law, includes three key components: patient safety, clinical effectiveness and patient experience. The NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care – ie care that is safe, clinically effective and focused on providing as positive an experience to service users as possible. |
| Race | This protected characteristic refers to groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. |
| Religion or belief | This protected characteristic includes any religion and any religious or philosophical belief. It also includes a lack of any such religion or belief. A religion need not be mainstream or well-known but it must be identifiable and have a clear structure and belief system. Denominations or sects within religions may be considered a religion. Cults and new religious movements may also be considered religions or beliefs.<br>Belief means any religious or philosophical belief and includes a lack of belief. Religious belief goes beyond beliefs about and adherence to a religion or its central articles of faith and may vary from person to person within the same religion. A belief need not include faith or worship of a god or gods, but must affect how a person lives their life or perceives the world. |
| Safeguarding adults | The Care Act 2014 defines adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect with people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. Safeguarding balances the adults right to be safe with their right to make informed choices, whilst at the same time making sure that their wellbeing is promoted including, taking into consideration their views, wishes, feelings and beliefs in deciding on any action (s). The Care Act 2014 defines an adult at risk of harm as: 'someone who has needs for care and support, and is experiencing, or at risk of, abuse or neglect and is unable to protect themselves'. |

| Term | Description |
|---|---|
| Safeguarding children | Safeguarding children and young people means the actions that are taken to promote their welfare and protect them from harm, abuse and maltreatment. This includes preventing harm to their health or development, ensuring that they experience safe and effective care as they grow up and enabling them to have the best outcomes. Child protection is part of the safeguarding process and focuses on protecting individual children identified as suffering or likely to suffer significant harm. Safeguarding children and child protection guidance and legislation applies to all children up to the age of 18. |
| Self-care | Also known as self-management. Refers to the key role that individual people have in protecting and managing their own health, choosing appropriate treatments and managing long-term conditions. They may do this independently or in partnership with the healthcare system. |
| Sex | This protected characteristic refers to whether a person considers that they are a man or a woman. |
| Sexual orientation | This protected characteristic refers to whether a person's sexual orientation is towards their own sex, the opposite sex or to both sexes. |
| Shared decision-making | Shared decision-making is a process in which patients, when they reach a decision crossroads in their health care, can review all the treatment options available to them and participate actively with their healthcare professional in making that decision. |

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NHS
Greater Nottingham
Clinical Commissioning Partnership


# Engagement report

## Should over the counter medicines for minor ailments be available on prescription?

August 2018

# Contents



# Appendices

# Report Summary


On Monday 2 July 2018, a four-week engagement campaign was launched to invite patient, public and stakeholder feedback about proposals to limit prescriptions for over the counter (OTC) medicines for minor ailments. This report will detail the findings of that engagement.

The engagement was jointly led by the Greater Nottingham Clinical Commissioning Partnership on behalf of Nottingham City CCG. Engagement included paper and on-line surveys and local drop-in sessions.

The campaign was promoted widely across patient groups, City GP Practices, via partners and stakeholder, the media and social media.

We received 177 responses from patients, public and professionals across Nottingham City.

Taking into consideration all the responses, the findings from this report are that respondents would, in line with National Guidance, broadly support a proposal to restrict over the counter medicines for minor illnesses bearing in mind the exceptions are adhered to as long as some issues were taken into consideration:

- Vulnerable patients who may not be have access or be able to access or afford over the counter medicines
- The ultimate decision about whether to prescribe remains with the GP
- That it is enforced that this is for minor illness not long-term conditions
- This decision must be widely communicated and have GP support.
- More support is given to help patients self-care

The concerns highlighted by patients are broadly covered by the exceptions to the over the counter/ self care policy.

Please read the full report below and the associated self care policy for more details.

# 1. Introduction

In July 2018, an engagement campaign was launched to invite patient, public and stakeholder feedback about CCG proposals to limit prescriptions for over the counter (OTC) medicines for short term conditions/ minor ailments. This report will detail the findings of that engagement.

The engagement campaign ran from **Monday 2 July to Monday 30 July 2018** and was led by the Greater Nottingham Clinical Commissioning Partnership's communications and engagement team on behalf of Nottingham City Clinical Commissioning Group.

The aim was to gather the views of patients, clinicians, partners and the wider public in Nottingham City to understand the potential impact of the following proposal:

- **To limit prescriptions of over the counter medicines on prescription for minor ailments**
- **To gain patient feedback about the suitability of the exceptions as set down nationally for Nottingham patients.**

# 2. Background

Like other areas in the country, the local NHS is under increasing financial pressure. The demand on NHS services and the costs of new treatments and medicines is more than the money available. To make sure that we are making the best use of NHS money, we are reviewing some of the services we provide and this means sometimes we need to make difficult decisions about what services can be funded.

We are committed to working with patients, carers and local people to make sure that we consider people's views when making decisions about the services that are most needed.

Where we are looking at making a big change to services, we will always engage or consult with the people affected and the wider public about what we want to do.

In Greater Nottingham, we have a dedicated patient engagement campaign designed to start the conversation with patients about the challenges the NHS faces. The campaign is the Big Health Debate. This engagement about over the counter medicines for minor ailments on prescription forms part of the Big Health Debate.

The Government recently undertook a national consultation about whether over the counter medicines should be available on prescription for minor ailments.

Following the consultation, guidance has been produced by NHS England and NHS Clinical Commissioners to restrict prescribing medications for conditions which fall into the following categories:

- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own
- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
- Vitamins, minerals and probiotics: these are classified as items of limited clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.

In addition to this national guidance, neighbouring areas of Rushcliffe, Broxtowe, Gedling, Ashfield, Mansfield and Newark have already limited over the counter medicines for short term illnesses.

Approximately 20% of GP time and 40% of their total consultations are used for minor ailments and common conditions at an estimated cost of £2 billion per year to the NHS.

It is proven that individuals that care for themselves have better health and reduced demand for services. This in turn allows more time for health professionals to see patients that require treatment for more complex conditions. Pharmacists are well placed to give patients advice on minor ailments.

Moreover, within Nottingham City there is also a minor ailment service, Pharmacy First, delivered through community pharmacies enabling patients who are exempt from prescription charges to receive treatment for minor ailments. It is suggested that in the short-term patients could be directed here when the proposals go ahead.

The proposal addresses two issues - one is to ensure the best use of NHS funds in a challenging financial climate and two to encourage people to self-care by empowering them to take responsibility for their own health and wellbeing.

The below conditions are those, the CCG is proposing can be treated safely and effectively using over the counter medicines.

**We are proposing that the following minor illnesses can be treated safely and effectively using over the counter medicines. Our recommendation is that treatments for these conditions are no longer available on prescription.**

- Acute sore throat
- Conjunctivitis
- Coughs, colds and nasal congestion
- Cradle Cap
- Dandruff (mild scaling of the scalp without itching)
- Diarrhoea (adults)
- Dry eyes/sore tired eyes
- Earwax
- Excessive sweating (hyperhidrosis)
- Haemorrhoids
- Head lice
- Infant colic
- Infrequent cold sore of lips
- Indigestion and heartburn
- Infrequent constipation
- Infrequent migraine
- Insect bites/stings
- Mild cystitis
- Mild irritant dermatitis
- Mild acne
- Mild dry skin
- Mild to moderate hay fever/seasonal rhinitis
- Minor burns/scalds
- Minor conditions associated with pain, discomfort and/or fever (e.g. aches and sprain, headache, period pain, back pain)
- Mouth ulcers
- Nappy rash
- Oral thrush
- Prevention of dental cavities
- Probiotics
- Ringworm/athletes foot
- Sunburn due to excessive sun exposure
- Sun protection
- Teething/mild toothache
- Threadworm
- Travel Sickness
- Vitamins and minerals for prevention/ maintenance.
- Warts and verrucae
- **Fungal nail infections ***
- **Upset stomach ***
- **Vaginal thrush ***

* these are local additions to the national guidance

## These are the exceptions to the guidance

The national guidance has some exceptions, which would also be implemented in Greater Nottingham. There are certain situations where patients should continue to have their treatments prescribed. They are:

- Patients prescribed an over the counter treatment for a long term condition (e.g. regular pain relief for chronic arthritis).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
- For those patients that have symptoms that suggest the condition is not minor.

- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments.
- Patients prescribed over the counter products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications.
- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding.
- Patients with a minor condition suitable for self care that has not responded enough to treatment with an over the counter product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care.

- Please note - being exempt from paying a prescription charge does not automatically provide an exception to the guidance (this includes having a prescription pre-payment certificate).

## 3. Engagement methodology and feedback

The aim of the engagement campaign was to gather the views of patients, clinicians, partners and the wider public in Nottingham City to understand the potential impact of the following proposal:

- **To limit prescriptions of over the counter medicines on prescription for minor ailments and**
- **To gain patient feedback about the suitability of the exceptions as set down nationally for Nottingham patients.**

In order to ensure relevant and robust feedback, the engagement approach was as follows:

- A full EQIA (Equalities Impact Assessment) was developed to assess the risk of the proposals.
- A engagement document and associated materials were developed that asked for feedback on the options identified, and summarised the engagement and

consultation to date and explained how the options being proposed have been arrived at

- The approach was approved at formal Health Scrutiny Committees
- Feedback was invited from local representative groups and individuals and organisations (e.g. Councillors, MPs, PPGs)
- A series of drop-in events were promoted and delivered in the City, supported by staff able to explain the clinical case and the financial case for proposals
- To present findings and proposed course of action to formal OSC committees.

Local people had the opportunity to have their say in a number of ways:

- To fill in a consultation document at their GP Practice and return to the Freepost Address. GP
- To complete online at: www.surveymonkey.com/r/City-OTC.
- To call: **0115 883 9594** for a printed copy or to complete over the phone
- To join us at a drop in session - see Appendix 2.

An equality impact assessment was carried out and learning taken from when the South Nottinghamshire CCGs - NHS Nottingham North and East, Nottingham West, Rushcliffe - went out to engagement on over the counter medicines in January/ February 2017.

EQIA highlighted that there are risks associated with restricting access to over the counter medicines for short term ailments in the City.

The EQIA stated that the level of deprivation is significantly higher in areas of Nottingham City than in most other parts of Greater Nottingham. People living in more deprived areas have less healthy lifestyle choices and poorer health outcomes. The EQIA points out that cost, availability and accessibility may be an issue for some patients particularly in more deprived or multicultural areas and student population.

However, it acknowledges that for those patients who do not pay for their medicines they can access a range of treatments for minor ailments from the Pharmacy First scheme. The scheme includes:

- Athlete's foot
- Constipation
- Diarrhoea
- Earache
- Haemorrhoids
- Hay fever
- Head lice
- Insect bites and stings

- Sore throat
- Teething pain
- Temperature or fever
- Threadworm
- Toothache
- Vaginal thrush
- Warts and verrucas

The EQIA stated that there are potential negative impacts on patients who are currently able to access free medication and treatments for the conditions covered in the guidance who will now be required to buy them over the counter if their ailment is not covered by pharmacy first or pharmacy first is not commissioned in their area. This will affect those on low incomes who currently do not pay for their prescriptions; however there is an exclusion within the national guidance for such patients. These patients should still receive such medication on prescription.

The main route by which people were invited to comment was via a survey, but within the survey there was opportunity for people to give free text comments, which many chose to do. In addition, people were able to speak to us face-to-face at one of our drop-in events. A survey was chosen as the primary route because, via utilising our communications channels, it was the best way to ensure the most responses.

Engagement documents and information were distributed widely across Nottingham City to gather views from a wide range of audiences.

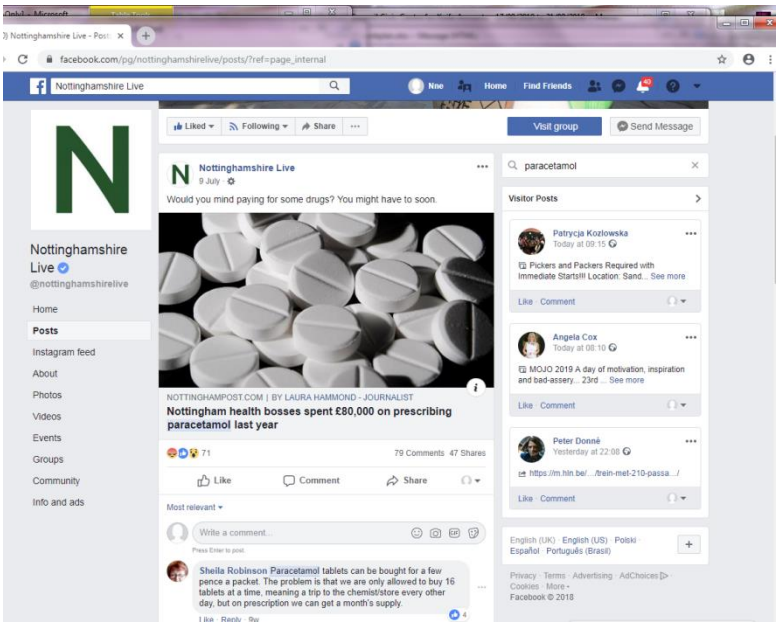
Five drop in events were also held across the City - in Radford, St Ann's, City Centre, Forest Fields and Bulwell. The areas were chosen are multi-cultural areas with higher deprivation scores than, for example, more affluent City areas such as Wollaton or Mapperley.

A total of **177** responses were received during the four week period. This included:

- 176 direct responses to the survey online or via return of paper surveys to the patient experience team
- Email received from the Chief Officer at the Nottinghamshire Local Pharmaceutical Committee.

The survey was promoted through social media, traditional media via press releases and online. It was also promoted to stakeholders, patient participation groups, and community groups as well as the general public.

The Nottingham Post covered the engagement campaign story - www.nottinghampost.com/news/nottingham-news/plan-limit-over-counter-prescriptions-1746996 379 shares, 6 comments on the Nottingham Post site - and this generated a lot of feedback on Facebook (79 comments, 47 shares), which can be found in Appendix 2 of this document.




We provided all GP practices across Nottingham City with an Over the Counter medicines pack, which included posters and printed copies of the engagement document so they could promote and display materials. We also provided them with digital assets and website information so they could share via their digital channels.

We invited local patients, partners, organisations and local clinicians to tell us their views on the options by completing the questionnaire online or via their GP Practice.

Notice of the engagement was given by direct stakeholder information statement to a wide range of statutory and voluntary sector stakeholders, including Healthwatch.

We raised awareness of the engagement by sending out information to stakeholders, partners and community groups and asked them to share the information with their staff, groups and the wider public. Attached to this briefing were copies of the engagement document and promotional posters and digital asset.

We have also been heavily promoting the engagement via social media and via community groups. The social media channels we concentrated our efforts on the most

were Nottingham City's Twitter page (with over 10,000 followers) and NHS South Notts Facebook page, which covers all four CCG areas.

Our engagement teams used a number of community events over the six weeks to talk to people - you can see a list of these in Appendix 2. These events were to help to increase the response rate but also promoted as a place people could come and talk through the options and the issues.

# 3. Survey results

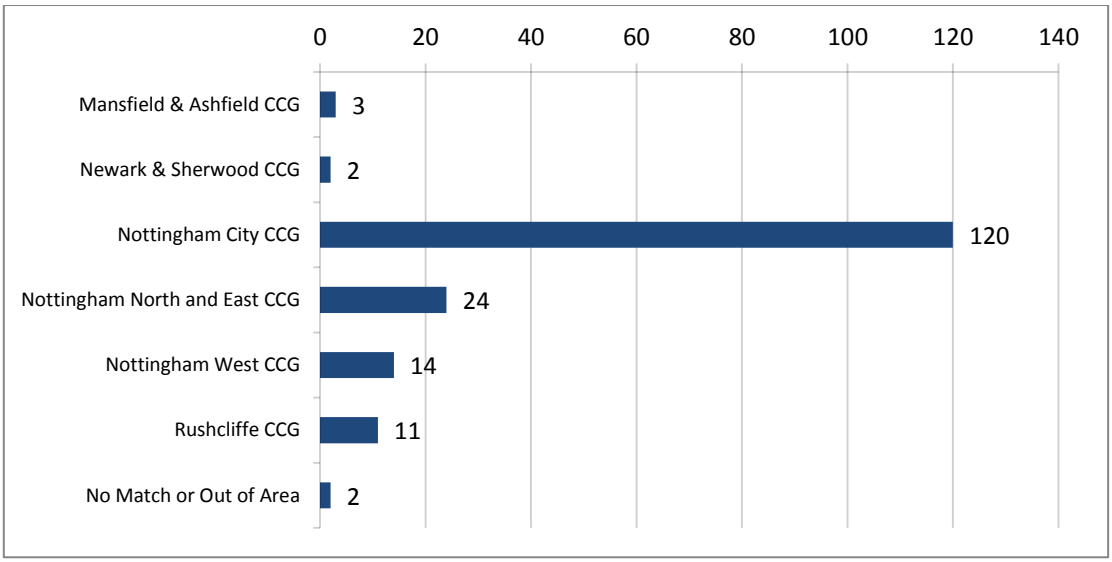
There were **176** responses in total to the survey. Equality and diversity monitoring information can be found in Appendix 1.

The feedback was collated from the survey. Other responses to the questions were analysed by a Greater Nottingham Clinical Commissioning Partnership Analyst.

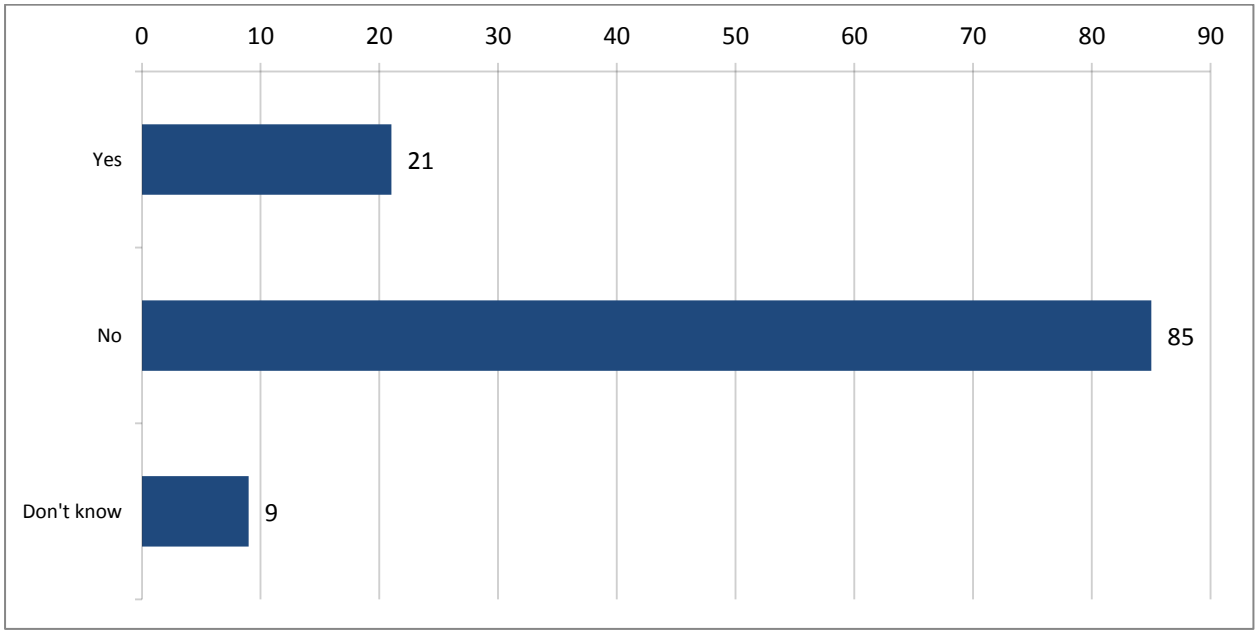
The full survey is below, it includes analysis of the themes in individual question's 'other comments' sections.

'Other' responses are listed from highest to lowest numbers of respondents.

## Q1. This survey is anonymous, please provide the first part and first number on the second part of your postcode



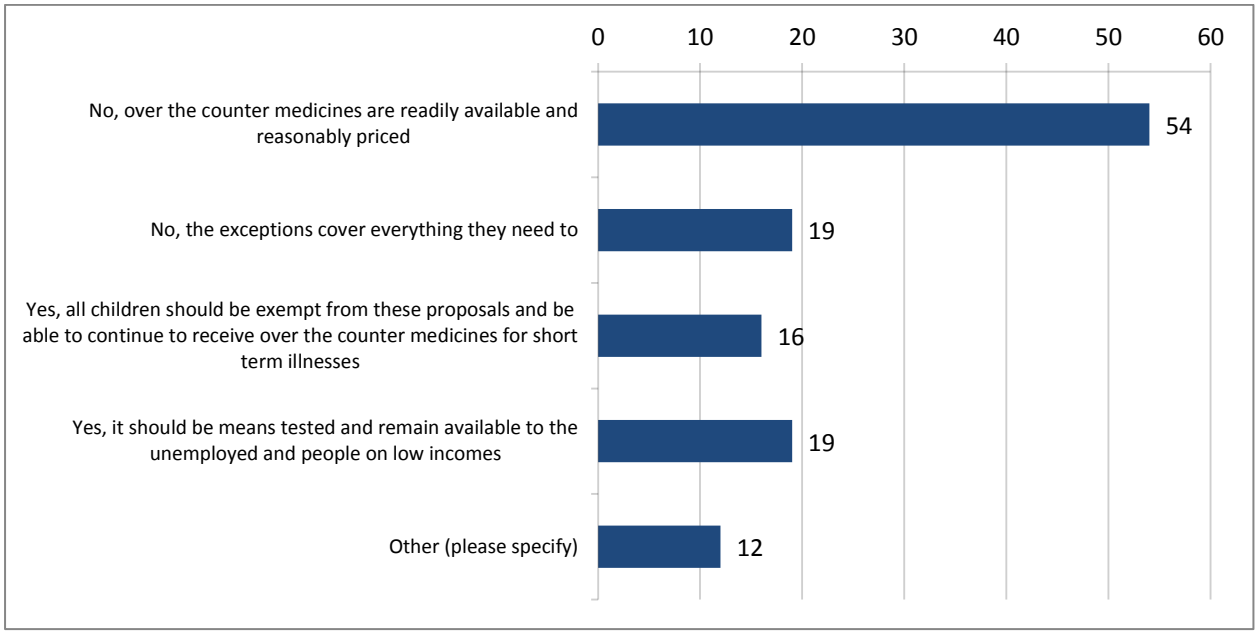
## Q2. Do you think that over the counter medicines should be available on prescription for minor illnesses?




There were seven comments on this question. The main themes were:

- Cheap enough to buy/ patient should prioritise their health (5)
- Do patients have the capacity to make decisions about what is a minor ailment (1)
- Should be exception for low income (1)

## Q3. The proposal has a number of exceptions (click here for detail). Do you think there are any other exceptions we need to think about?




There were 22 comments on this question. The main themes were:

- Children should be exempt
- People on benefits/with low income should be exempt, elderly should be exempt
- it's difficult to make an appoint with a doctor or nurse

## Q4. Would you like to make any further comments in relation to the prescribing of over the counter medicine for short term illnesses?

### 3 Key themes and findings

The thematic analysis for Question 4 'Would you like to make any more comments in relation to the prescribing of over the counter medicines for short term illnesses?' was completed through multiple passes of the data. Initial familiarisation was used to define themes which were added to and expanded during later passes. A final pass was used for scoring and assignment to each of the defined themes.

**The proposal will save the NHS money**

- A lot cheaper over the counter and can save the NHS a lot of money
- Believe this is a good initiative to save money within the NHS
- This is a big drain on NHS. available cheaply. waste of resource
- It is a waste of doctors' time and requires unnecessary medical appointments
- It is costing the NHS too much money when most things are cheap to buy now and pharmacy first if you are on benefits. We have so many wasted GP appointments due to people with minor illnesses that could be treated by themselves.
- The NHS is clearly struggling and needs to prioritise life changing/ saving treatments. Patients need to become more self sufficient in management of simple conditions and reduce their unrealistic expectations of the NHS

**There is an issue with affordability for the patient**

- This should depend on the financial status of patient, also chose option about means tested.
- not everyone can afford to buy these products even for minor illnesses
- what might be considered minor to some people could have a very negative effect on others - it should be means tested
- The cost of prescriptions is often higher than medicine. This should be looked at. Sometimes I cannot afford over the counter medicine, so it should be income related.

**How do we define a short-term illness/ GP knows best**

- Depend what is short term - I can't decide if it is more serious
- I disagree with no provision on prescription for fungal nail infection. Products available over the counter are often less effective and require prolonged treatment, at great expense. This increases the likelihood that people may not be able to afford to complete the course.
- On the proviso that someone with **a medical background can make the judgment** on what is a minor illness. Patients should use reasonably priced items OTC medicines as a first thought. Who would go to see a doctor just for paracetamol when they are cheap to buy over the counter? The judgment of what is a minor ailment eg nappy rash - meningitis, this could have grave reprecussions.
- Certain patients have a language barrier and therefore requiring explanation of OTC is difficult
- Still medicines should still require professional involvement

**There is an accessibility issue**

- Chemists are often more accessible than doctors.
- consistency across all areas of the healthcare profession to avoid mixed messages
- Could these be available from the GP surgery to purchase? Or would this require additional licenses and payment methods?

**It's my right**

- Having 'paid in' all these years now I need its provisions your proposed reneging on the deal is despicable

**Full comments are listed in Appendix 4**

## Findings

The majority of respondents 70 % said 'No' to the question 'Should over the counter medicines be available on prescription for minor ailment?'

Given that this is now National guidance and taking into consideration the survey results, social media feedback and feedback at drop in sessions, the findings from this report are that respondents would broadly support a proposal to restrict over the counter medicines for minor illnesses as long as some issues were taken into consideration:

- That it is enforced that this is for minor illness not long-term conditions
- The ultimate decision about whether to prescribe remains with the GP and they can do so based on their knowledge
- More support and information about minor ailments, symptoms and self care.
- This decision must be widely communicated and have GP support.

# 5. Next steps

This engagement report will be made available on the Nottingham City website and will be sent directly to respondents who requested a copy. This engagement will form part of the consideration of the CCGs when making a final decision.

This report will now, with the proposals to limit prescribing of OTC medicines for minor ailments along with the self care policy, be presented at the Greater Nottingham Clinical Commissioning Partnership Joint Commissioning Committee on Wednesday 26 September.

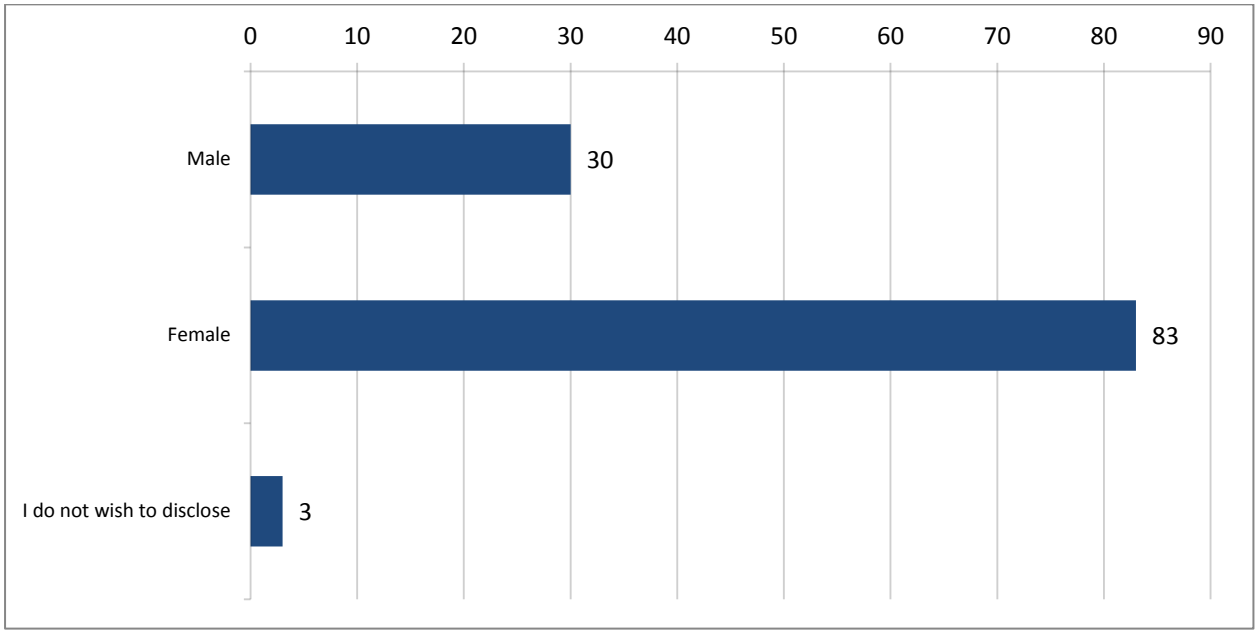
Thank you to everyone who took part in this engagement.

# Appendix 1

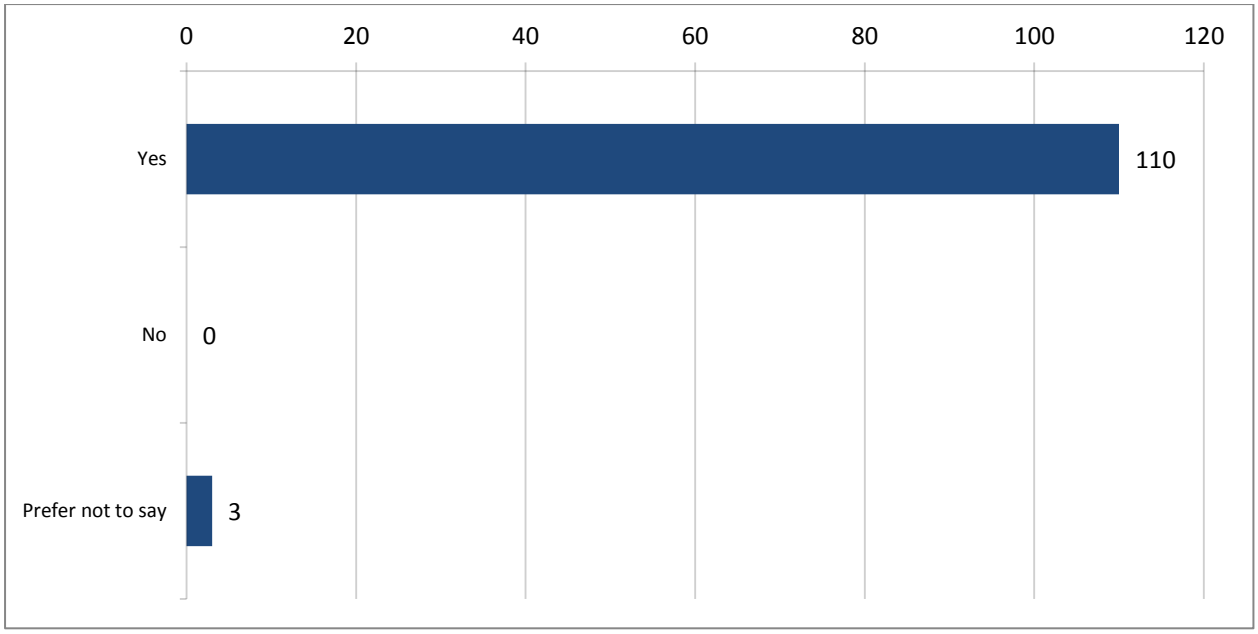
## The following questions were optional.

## Demographic Information

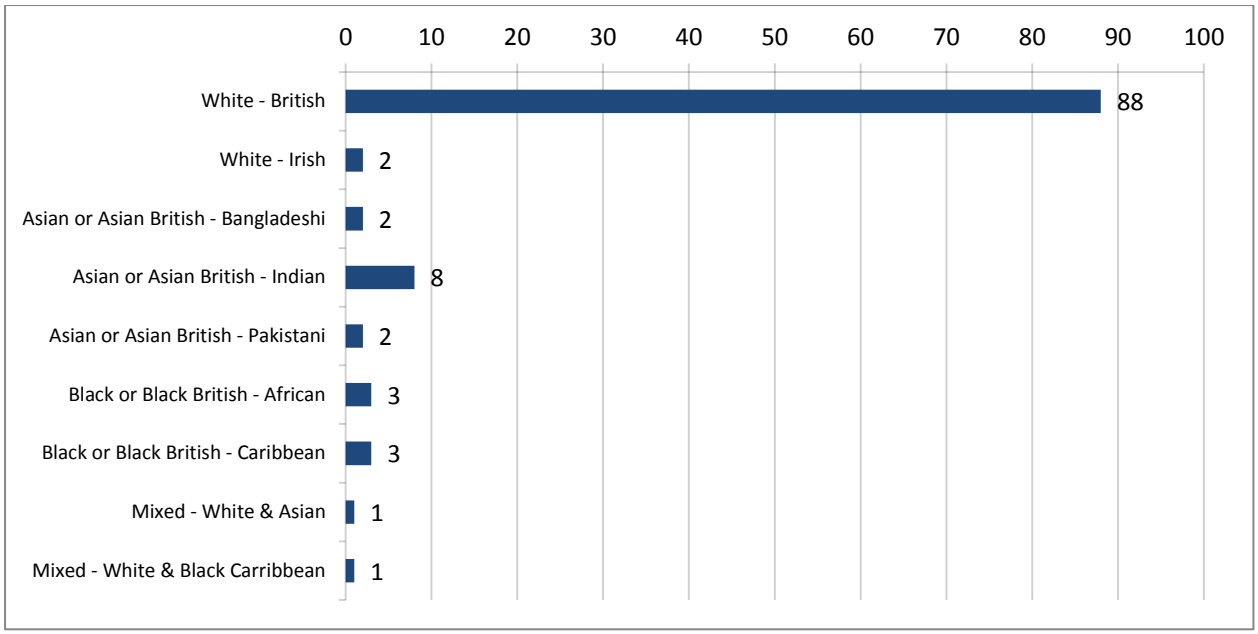
### What is your gender?



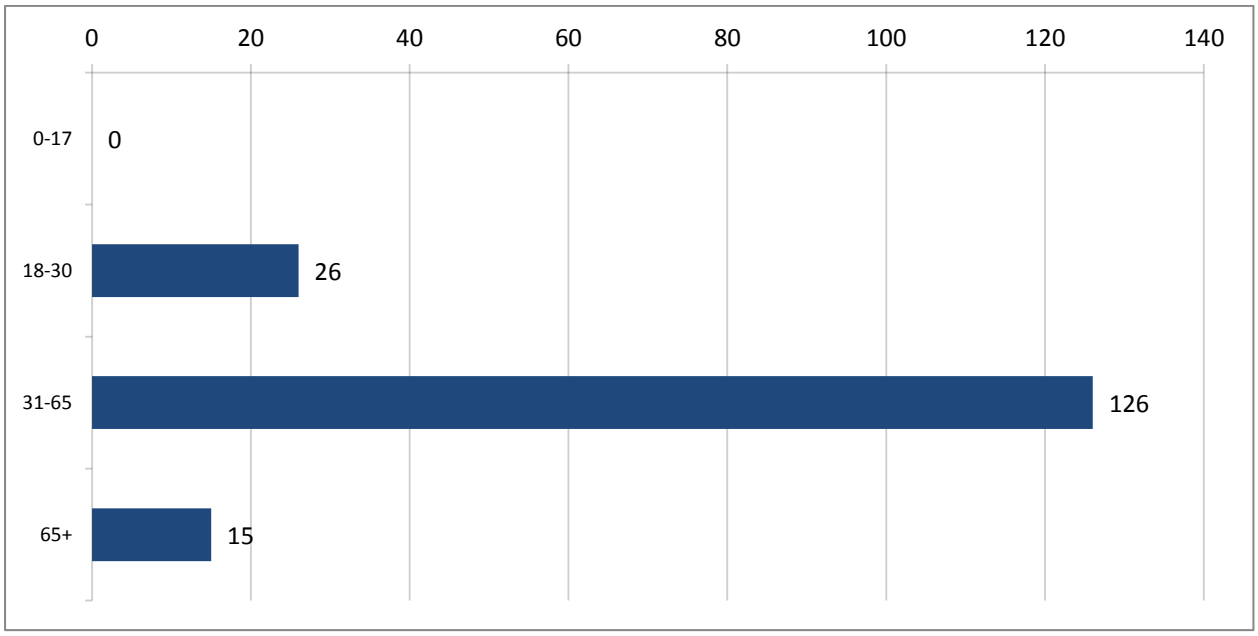

### Is your gender the same as the gender you were originally assigned at birth?



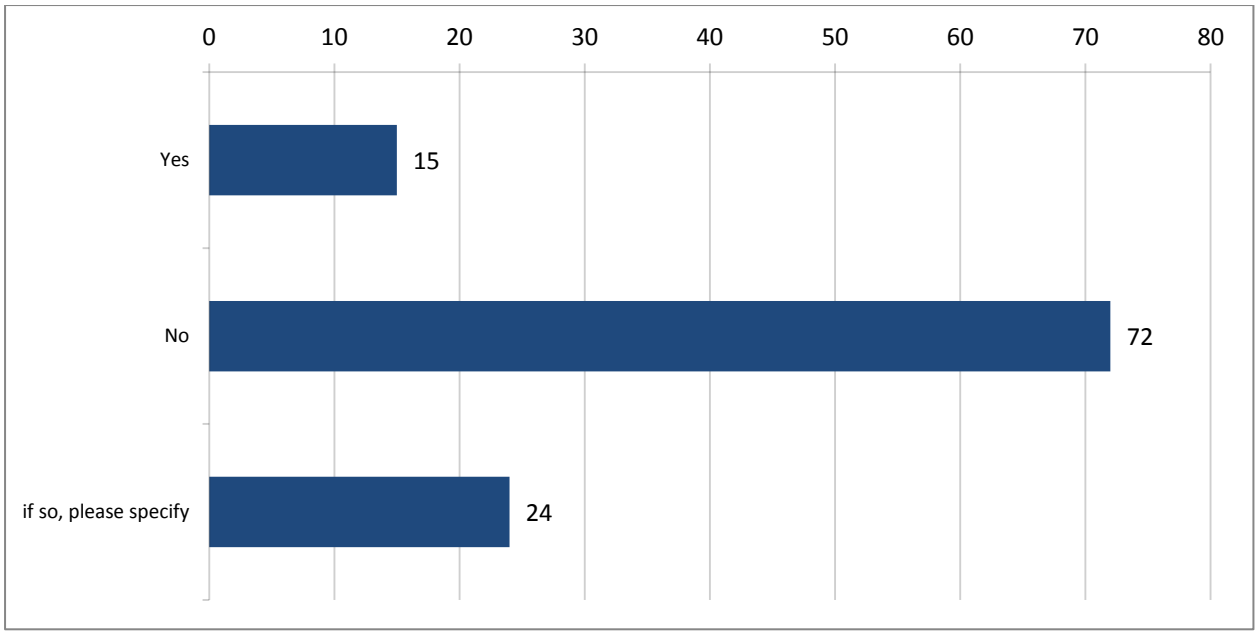
## What is your ethnic origin?




## What is your age?

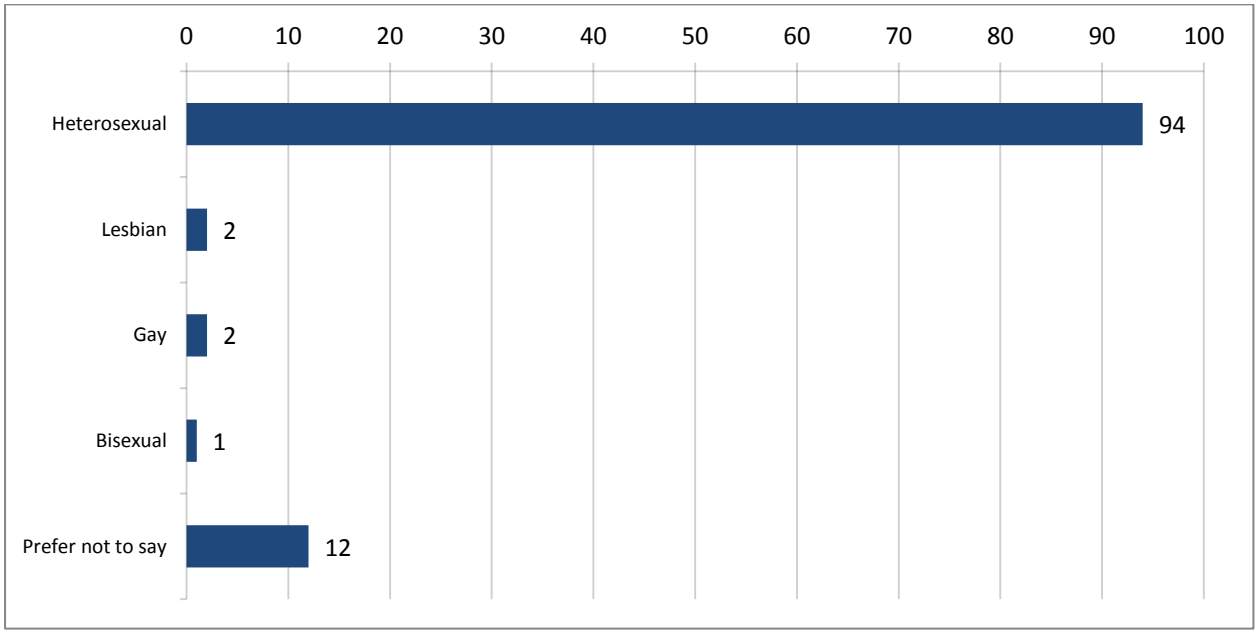


## Do you consider yourself to have a disability or long term condition?

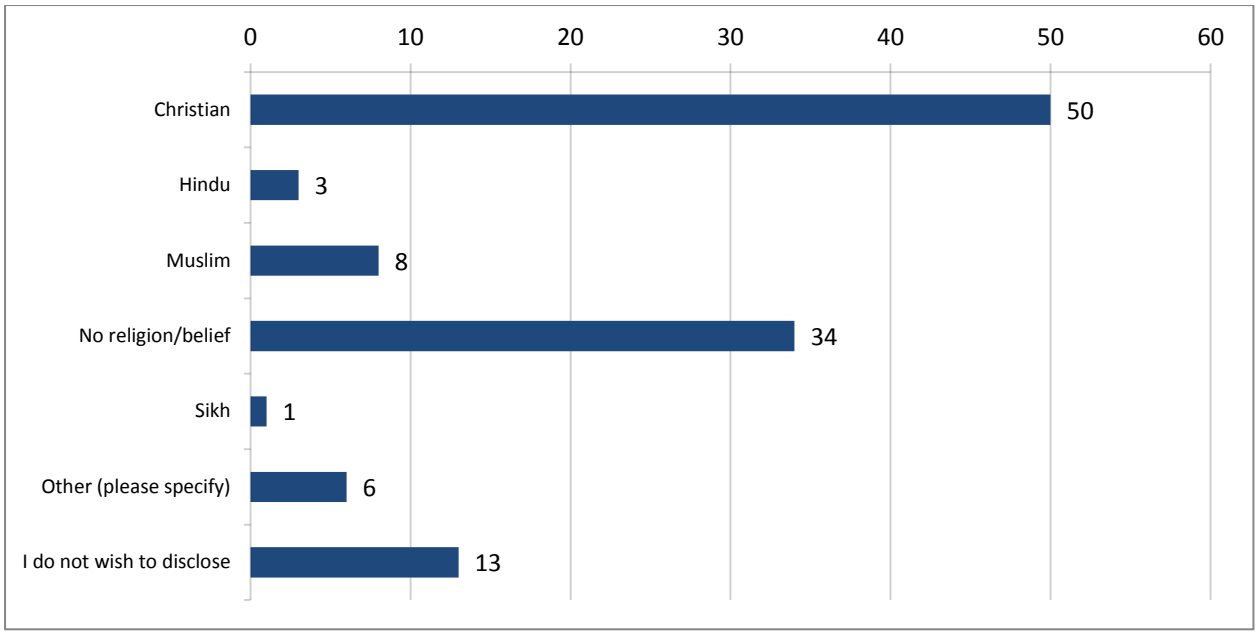



Specified: Diabetes, arthritis, heart disease, epilepsy

## What is your sexual orientation?

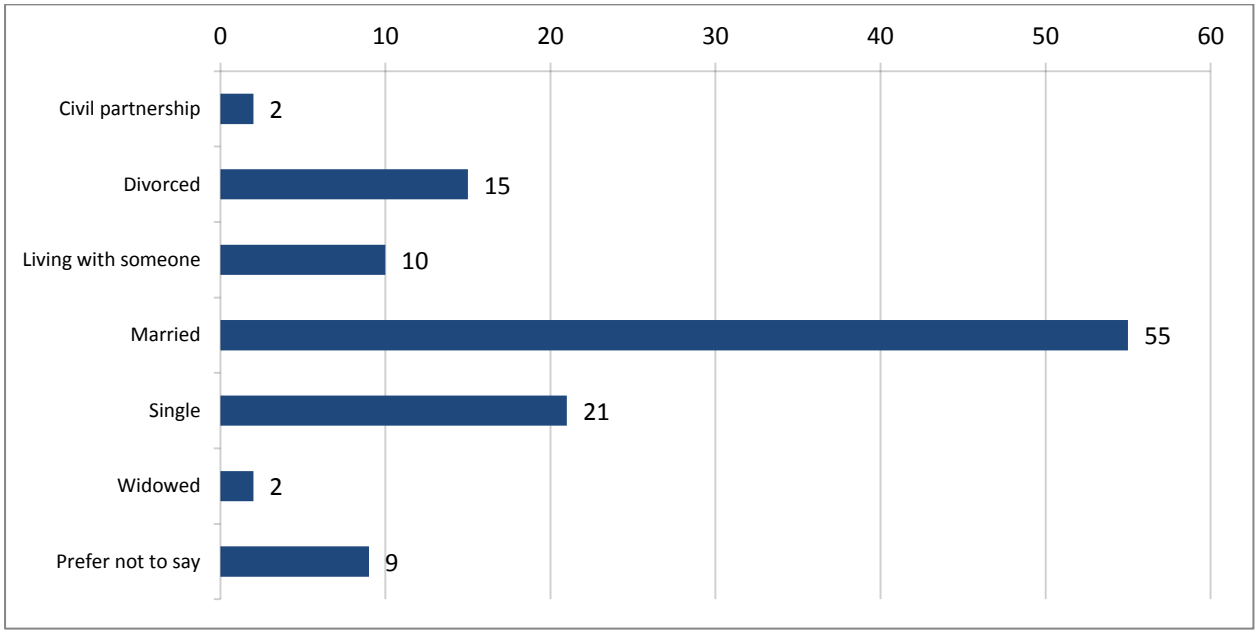


## What is your religion or belief?

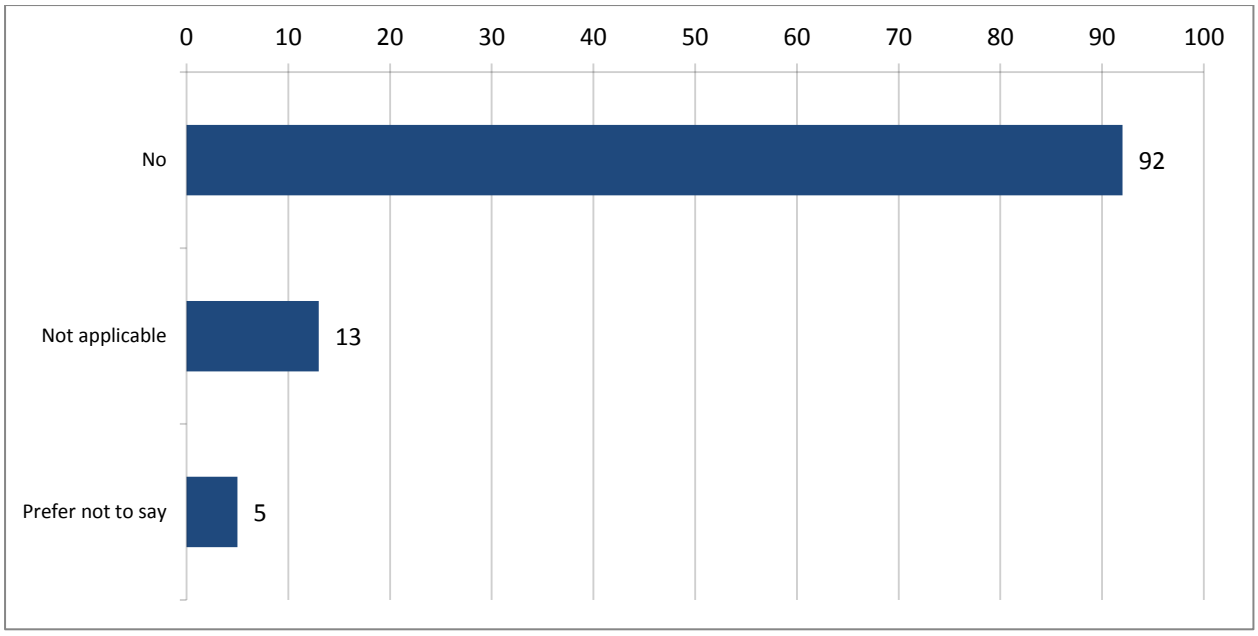



Other: Agnostic, Catholic, Mormon, Spiritualist, Taoist

## What is your marital/civil partnership status?



## Women - Pregnancy and Maternity Are you currently pregnant?



# Appendix 2

## Example of communications resources stakeholder statement

**Nottingham City CCG launch engagement activity to talk to patients about over the counter medicine on prescription for minor illnesses**

We are writing to let you know about an engagement exercise we are currently undertaking about proposals to limit over the counter medicines on prescription for minor illnesses. We are sending this for information and also to ask if you can help us promote this to Nottingham City residents.

Nottingham City Clinical Commissioning Group (CCG) are asking Nottingham residents to share their views on proposals in an engagement campaign which will run over a four week period from Monday 2 July to Monday 30

Minor illnesses are those which can be treated with self-care and over the counter medicines, which are medicines you can buy in a supermarket, shop or pharmacy. A minor ailment might be a cold, headache, sore throat, hay fever etc.

In the last financial year (2017/18) Nottingham City GPs spent £1,393,513 prescribing over the counter medicines for short term illnesses.

Following a recent Government consultation, and in line with the subsequent national guidance, the CCG is proposing that patients with minor ailments are provided with advice on how to self-care and asked to purchase medicines themselves over the counter.

This would be done through a new set of GP guidelines that would list a range of conditions which would be better directed to self-care rather than medicines prescribed by the NHS - see the consultation document for details. The consultation document also details the national exceptions to these guidelines.

The patient engagement will runs from Monday 2 July to Monday 30 July and people can have their say:

- online at: www.surveymonkey.com/r/City-otc
- call **0115 883 9594** to request a printed version or complete over the phone
- Join our team at a drop in event in the City
    - **Wednesday 4 July 2018**
      10am - 12pm, Nottingham Central Library, Angel Row, Nottingham NG1 6HP
    - **Wednesday 4 July 2018**
      1pm - 3pm, Mary Potter Centre, 76 Gregory Blvd, Nottingham NG7 5HY
    - **Wednesday 11 July 2018**
      10am -12 noon, Clifton Cornerstone, Southchurch Drive, Clifton
    - **Tuesday 24 July**
      10am - 1pm, Bulwell Riverside, Main Street, Bulwell, Nottingham, NG6 8QJ

Nottingham City GP and Chair of Nottingham City CCG, Hugh Porter, says:

“Despite recent announcements the NHS, both locally and nationally, is facing unprecedented demand and financial challenge. In order to manage services safely and effectively, Nottingham City CCG has to review some services to ensure best value for the resources we have available, in line with Government recommendations.

“Providing small quantities of over the counter medicines on prescription for minor and self-limiting illness is not the most effective use of our limited funds. In addition when medicines are prescribed, the NHS incurs extra charges through dispensing and administrative fees, and if you include the GP time then the costs are even higher.

“Taking paracetamol as a simple example, everyone is aware that it can be bought cheaply and easily at shops, supermarkets and pharmacies, but to provide paracetamol on prescription for minor illnesses costs at least five times the average over the counter cost.”

For more information: www.nottinghamcity.nhs.uk/get-involved/otc

NHS
Nottingham City
Clinical Commissioning Group


We'd like to hear your views about proposals to restrict over the counter medication on prescription for minor illnesses. We invite you to join us at one of our drop-in events..

| Date | Time | Venue |
|---|---|---|
| Thursday 28 June 2018 | 10am - 12pm | St Ann's Valley Centre, 2 Livingstone Road, Nottingham NG3 3GG |
| Wednesday 4 July 2018 | 10am - 12pm | Nottingham Central Library, Angel Row, Nottingham NG1 6HP |
| Wednesday 4 July 2018 | 1pm - 3pm | Mary Potter Centre, 76 Gregory Blvd, Nottingham NG7 5HY |
| Wednesday 11 July 2018 | 10am -12 noon | Clifton Cornerstone, Southchurch Drive, Clifton, Nottingham NG11 8EW |
| Wednesday 24 July | 10am - 1pm | Bulwell Riverside, Main Street, Bulwell, Nottingham, NG6 8QJ |

(note these are drop-in sessions, please drop in during the time listed)

## Can't make it?

Go to: **www.surveymonkey.com/r/City-OTC**

Call: **0115 883 9594** for a printed copy or complete over the phone

**This engagement will run from Monday 2 July to Monday 30 July 2018**

NHS
Greater Nottingham
Clinical Commissioning Partnership

NHS
Nottingham City
Clinical Commissioning Group


## What do you think about proposals to restrict over the counter medicines on prescription for minor illnesses?

Over the counter medicines are those that can be bought easily at shops, supermarkets and pharmacies like paracetamol, cough medicines, ibuprofen and antihistamines.

Currently, in Nottingham City, these medicines are available on prescription for all conditions including minor illnesses like colds and headaches.

Across Nottingham City, last year, we spent over £1.3 million prescribing over the counter medicines for short term ailments and over £80,000 on paracetamol alone.

To make sure that we are making the best use of NHS money, we are reviewing some services we provide. This means sometimes we need to make difficult decisions about what can be funded.

In line with recent Government advice, **we plan to limit prescribing of over the counter medicines for minor illnesses and want to know what you think.**

You can read more about these proposals, including the list of conditions we are proposing for self care, on the CCG website - see link below.

## How to have your say:

Complete online at: www.surveymonkey.com/r/City-OTC
Call: 0115 883 9594 for a printed copy or to complete over the phone
Join us at an event: Nottingham City Web link
You can have your say any time from Thursday 28 June to Thursday 26 July

# Appendix 3

Selection of comments from Facebook

1. Paracetamol tablets can be bought for a few pence a packet. The problem is that we are only allowed to buy 16 tablets at a time, meaning a trip to the chemist/store every other day, but on prescription we can get a month's supply.
2. You can buy 32 tablets.
3. People need to stop being so lazy. And as above you can buy two packets at a time and go to several shops if needing more
4. You can actually buy 100 over the counter from a pharmacist who will just ask a couple of quick questions. It's only 32 max for ' off the shelf' ones.
5. Some people are pretty much housebound and don't have somebody to go to the shops for them every other day. Sure, there are some lazy bones out there, but please don't tar everyone with the same brush.
6. you obviously didn't read the original post...it doesn't mention anyone who isn't capable...she said it means a trip to the chemist or store more than once...that doesn't sound like someone who isn't capable of going and getting them themselves does it???
7. If they can make it to a chemist or a doctor's they can go to a store. It's only the ones that get home visits from the doctor etc. that what your comment would affect...not your everyday Joe
8. It isn't a black and white situation. Yes, you'll have housebound people who get home visits from doctors etc. and will rightly be prescribed large amounts. Then you'll have perfectly mobile people who get free prescriptions and will take them when needed occasionally, despite paracetamol being so cheap. That's the people the article is talking about. My point is that there is a half-way point. People with chronic pain and limited mobility who may be able to get out occasionally with assistance. I don't think it's unreasonable for them to be prescribed large amounts at a time, as physically getting to the shops and visiting several every week to buy paracetamol could be difficult if they have no assistance, and could be very painful to do so regularly. Chronic pain conditions are exhausting just to do every day things, and more and more people who should have carer support now don't due to cuts. People who fall through the cracks. Everybody is fighting their own battle, and we usually don't see that.
9. Never have, never will ask or except a prescription for things such as Paracetamol. It's such a drain on an already under pressure NHS. Also, I pay for a prepay card even though I'd be entitled to free scripts. Most people should pay at least a little towards them imho
10. Generally people who pay for prescriptions won't ask for paracetamol on prescription. It's people who get free prescriptions

11. 30p for 16. (Double checked pricing and quantity)
12. Works out at £8.96 for 168 (typical 28 day usage)
13. I know we are bean counting, but when you scale it into a monster system like the NHS, those decimals became substantial amounts. Amounts that's could easily be remedied and used elsewhere (:
14. I told my GP that I would buy my own Paracetamol, but he said that as I need 240 a month, I would have to go to the shops too often. I get free prescriptions, but I don't ask for them on repeat prescription and get them from Aldi at 19p a pack.
15. The pharmacy only collects the £8.80 on behalf of the govt. They don't get to keep it. They are paid a fee for dispensing which is currently £1.25.
16. Never have, never will ask or except a prescription for things such as Paracetamol. It's such a drain on an already under pressure NHS. Also, I pay for a prepay card even though I'd be entitled to free scripts. Most people should pay at least a little towards them imho
17. I told my GP that I would buy my own Paracetamol, but he said that as I need 240 a month, I would have to go to the shops too often. I get free prescriptions, but I don't ask for them on repeat prescription and get them from Aldi at 19p a pack.
18. Daniel Kingston the pharmacy only collects the £8.80 on behalf of the govt. They don't get to keep it. They are paid a fee for dispensing which is currently £1.25.
19. If paracetamol are being given put on prescription, they cost pennies to make so surely they are making money if the daft patient is willing to pay about £9 for them, those who get it free should not be allowed on prescription.
20. It is the people on free age related prescriptions who were in at the beginning of the NHS and who worked and contributed to it for many years. It was compulsory
21. I was a bit irritated when I was given two large boxes of paracetamol by the hospital that I didn't need and already had at home!
22. Did you tell them you didn't want / need them? I'm not saying they would have taken them back to the dispensary for sure, as they can be funny about returned stock...
23. I was never even asked. Just handed a big bag full of medication on the first day if my treatment.
24. The worst thing is trying to buy enough. The Dr will prescribe a box of 100. I can only buy 2 small packs (32) in the shop. That lasted me 2 /3 days. My mobility is limited, my health is bad and I have to take a taxi to the nearest shop, (£7 round trip
25. I get the impression our surgery is doing a review of all patients medication, doubtless with a view to stopping repeat prescriptions where possible. I have a blood test appointment in a few days with a request to make an appointment with the practice pharmacist when the results are in.

26. Anything that can be purchased without the need for a prescription should not be prescribed at all, and purchased over the counter, unless you have exceptional circumstances.....if we don't take positive steps, we will have no NHS. Without paying to even see a doctor that's for sure
27. When we pay for a prescription some drugs cost pennies some cost thousands. Even our pharmacist gets a bonus for the amount of prescriptions filled ( I know a pharmacist )
28. So the smaller costing drugs level out the overall cost of the expensive ones
29. I think this is aimed at the elderly who have prescriptions delivered they can't just nip to the supermarket every few days elderly should still be allowed to receive paracetamol.
30. My hubby was prescribed antibiotic eye cream...but he could buy it over the counter for £3.50. I was very surprised as was totally unaware you could do this
31. That is shocking but not surprising people actually brag what they can get for free but doctors shouldn't be prescribing them I don't remember times without NHS and do appreciate it
32. Paracetamol is no longer given on prescription at my Drs; you can get 3 boxes of 32 tablets from chemist if pharmacist is there. Approx. £2.
33. Used to have it on prescription. Last 8 years paid for them myself. For 19p from hone bargains can't grumble.
34. My 16 tablets for 30p at Tesco, why waste more of the NHS budget when you can pop to your local supermarket and literally get it for less effort than at the doctors?!
35. Well if that the case our taxes we pay should be cut. What next we have to pay for fire brigade to come out oh my house is on fire that will be £85.09 we do take visa
36. Isn't the question why paracetamol costs 5 xs as much through the NHS? Someone's getting rich
37. Paracetamol should not be prescribed to anybody! They are like 20p 👀 
38. I already pay for paracetamol which I take 2 4 times a day!
39. I think that's fair enough tbh. Especially for things like paracetamol!
40. There cheap enough to buy, the NHS is struggling as it is!

# Appendix 4

## Full comments

- Do not need a medic for trivial things
- "I feel that too many 'large' amounts are often prescribed. I realise this is to prevent extra consultations, but many people 'offer around' things like paracetamol, etc.!"
- I find it could be a waste of resources and time
- I think that unemployed & low incomes benefits would easily cover over the counter medications
- it can be a hassle to get an appt to see doctor
- It depends on the circumstances of the individual/family and if the product is cheaper to buy than it should be brought. *Also chose unemployed option too.
- It is a waste of doctors' time and requires unnecessary medical appointments
- It is costing the NHS too much money when most things are cheap to buy now and pharmacy first if you are on benefits. We have so many wasted GP appts due to people with minor illnesses that could be treated by themselves.
- It is totally unnecessary as it ends up costing the NHS too much when they can be picked up for pennies
- It's too expensive and is misused
- maybe hay fever tablets
- "Medicine like paracetamols are very cheap, the cost of an appointment and prescriptions is a waste of money for a cash strapped NHS"
- "No comments on prescribing, but this questionnaire has some flaws, e.g. only allowing one answer to be selected when two or more would make sense, no 'other' option for gender (what about non-binary trans people who DO wish to disclose?) And the disability/LTC question doesn't allow you to select yes AND add detail."
- not everyone can afford to buy these products even for minor illnesses
- "On the proviso that someone with a medical background can make the judgment on what is a minor illness. Patients should use reasonably priced items OTC medicines as a first thought. Who would go to see a doctor just for paracetamol when they are cheap to buy over the counter? The judgment of what is a minor ailment e.g. nappy rash - meningitis, this could have grave repercussions"
- Over the counter medicines are a lot cheaper so shouldn't be prescribed because this would save a lot of money that could be used elsewhere
- "Paracetamol and Ibuprofen are so much cheaper than OTC medicines, and would save the NHS an absolute fortune."
- people with lung disease ...skin problems... cancers ...arthritis...heart problems..Diabetes...should have it free

- People with prepayment certificates should continue to receive over the counter medicines
- Please encourage patients to self care for simple health problems through better education e.g. like the books printed by Boots in the 1990's and sent to households.
- Save a lot of money for NHS
- "Seeking OTC medications on prescriptions takes up valuable appointment time with clinicians at GP surgeries, adding to pressure on appointments and access"
- Short term illness should be all be self treated
- sometimes can buy cheaper OTC
- Still medicines should still require professional involvement
- "The cost of prescriptions is often higher than medicine. This should be looked at. Sometimes I cannot afford over the counter medicine, so it should be income related."
- The NHS is clearly struggling and needs to prioritise life changing/ saving treatments. Patients need to become more self-sufficient in management of simple conditions and reduce their unrealistic expectations of the NHS
- "These medicines are readily available. The NHS is under pressure, we need to take more responsibility to look after ourselves. "
- Think the doctor should be given leeway to prescribe free medication but that normally people can be trusted and can afford medication for short term illnesses.
- "This is all about money, you should reduce your managers and all the pen pushers in CCGs and put the money released into front line care "
- This should depend on the financial status of patient. Also chose option about means tested.
- Too costly to this NHS and misused
- Misuse of NHS resources
- What might be considered minor to some people could have a very negative effect on others. should be means tested
- Why waste GP time and add to NHS burden
- In my experience it is only families with problems where they have really needed to get pain relief etc. and their mum couldn't buy it. The children were carers who could collect medication for each other.
- Much cheaper and more cost effective for the NHS if patients buy over the counter, Doctors shouldn't spend their time writing prescriptions for medicines available over the counter, people with a low income should still receive prescriptions for medicines available over the counter, patients with longer term illnesses should still receive prescriptions for medicines available over the counter, patients should be more willing to look after themselves for minor illnesses.

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| **HEALTH SCRUTINY COMMITTEE** |
| **18 OCTOBER 2018** |
| **SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND GREATER NOTTINGHAM INTEGRATED CARE SYSTEM** |
| **REPORT OF HEAD OF LEGAL AND GOVERNANCE** |

## 1 Purpose

1.1 To receive an update on the Nottinghamshire Sustainability and Transformation Partnership and Greater Nottingham Integrated Care System.

## 2 Action required

2.1 The Committee is asked to review the latest position regarding local impact and implications of the Nottinghamshire Sustainability and Transformation Partnership and Integrated Care System for Greater Nottinghamshire.

## 3 Background information

3.1 The Committee has previously received updates on the Nottinghamshire Sustainability and Transformation Partnership (STP) and development of an Integrated Care System (ICS) for Greater Nottingham.

3.2 David Pearson, STP lead, will be attending the meeting to provide an update on the STP and ICS, with a particular focus on the implications for Nottingham City.

3.3 Councillor Webster, Nottingham City Council Portfolio Holder for Adult Social Care and Health and the Council's Director of Strategy and Policy will also be attending the meeting to speak about the City Council perspective on the STP and ICS.

## 4 List of attached information

4.1 None

## 5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

## 6 Published documents referred to in compiling this report

6.1 Nottinghamshire Sustainability and Transformation Plan

Minutes of Health Scrutiny Committee meetings held on 22 June and 23 November 2017 and 19 April 2018

## 7 Wards affected

7.1 All

## 8 Contact information

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 8764315

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|---|
| **HEALTH SCRUTINY COMMITTEE** |
| **18 OCTOBER 2018** |
| **PLANNING FOR WINTER PRESSURES** |
| **REPORT OF HEAD OF LEGAL AND GOVERNANCE** |

## 1 Purpose

1.1 To review plans and preparations for managing winter pressures.

## 2 Action required

2.1 The Committee is asked to review Nottingham University Hospital NHS Trust's plans for managing winter pressures during winter 2018/19.

## 3 Background information

3.1 During winter 2017/18, health and social care services both nationally and locally experienced significant pressures. During this period the Committee received information from commissioners and providers about the issues that they were facing and how these issues were being responded to.

3.2 In March the Committee spoke to representatives of Nottingham University Hospitals NHS Trust and East Midlands Ambulance Service NHS Trust, who had both issued alerts regarding their services in the post-Christmas period, about the reasons and context for those pressures; how pressures were dealt with, including the effectiveness of the implementation of winter pressures planning and business continuity planning; and lessons to be learnt for the future to minimise the impact on patients and patient outcomes. The Committee heard about the initial areas of learning from this period and areas of focus for the future including admission and discharge pathways, supporting the needs of an ageing population and community bed provision.

3.3 The Committee decided to review system plans for winter 2018/19.

3.4 Representatives of Nottingham University Hospitals and the A&E Delivery Board will be attending the meeting to give a presentation (attached) and answer questions.

## 4 List of attached information

4.1 Presentation from Nottingham University Hospitals NHS Trust 'System plans for winter and our shared commitment to improving urgent and emergency patient care'

## 5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

## 6 Published documents referred to in compiling this report

6.1 Minutes of the Health Scrutiny Committee meeting held on 22 March 2018

## 7 Wards affected

7.1 All

## 8 Contact information

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 8764315

Nottingham University Hospitals NHS Trust

# System plans for Winter & our shared commitment to improving urgent and emergency patient care

October 2018



We Listen We Care

# To cover:

- System performance
- Increase in demand
- Quality & safety monitoring
- Patient feedback/experience
- System progress
- System plan for Winter
- Ongoing challenges
- Future plan
- Questions



We Listen
We Care

# System performance

- National requirement: at least 95% through ED within 4 hours

- 17/18: 81.4%
- 18/19 (YTD): 83.8%
- August 2018: 83.2%

# Increase in demand

- Last winter busiest on record
- Average of 543 A&E attendances to QMC a day, a 1.3% increase on 16/17
- 4.6% overall increase in emergency admissions
- 23.1% increase in respiratory-related admissions (900 extra patients)



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# Safety & quality monitoring

- 2 patients had 12 hr trolley waits in 17/18 (6 in 16/17). 3 year-to-date (mental health)
- RCA on all waits >8hrs
- Board & Quality Assurance Committee oversight
- Consistently strong patient experience scores re: care
- A&E Delivery Board – oversees system's urgent & emergency care performance



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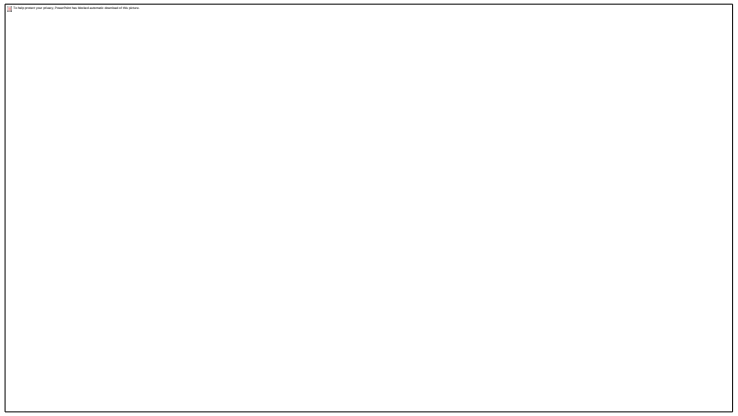
# Patient feedback



We Listen
We Care

# System progress (1)

- **Discharge to Assess**

- Since 1 October 2017: ambition for no patients to be assessed for their post-hospital care needs within NUH



We Listen
We Care

# System progress (2)

- Frailty hub with integrated pathways
- Integrated Discharge Team
- Best ambulance handover times in region
- EndPJParalysis/EDFit2Sit
- Red2Green and SAFER
- Respiratory service at home developments
- Home First
- System-wide discharge policy



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# System winter plan

- Planning 116 extra acute beds (NUH) subject to Board approval at cost pressure – 1 more ward than last winter
- Investment in community-based care, including 20 more enhanced care beds (care home)
- 48 community-run beds at St Francis at City Hospital for patients who no longer need acute care (£1.9M national funding for capital)



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# System winter plan

- QMC front door – redesigning emergency and urgent care pathways and modernising and expanding A Floor (£4.5M national funding for capital works). 30 cubicles in majors (from 20)
- Expanding NUH's nationally-renowned Surgical Triage Unit model to wider specialties
- Focus on reducing long stay patients (LOS >20 days)
- Flu campaign & infection prevention
- Focus on staff health and wellbeing
- Preparing our workforce for winter
- Joined-up, system & NHS-wide public-facing comms campaign (including 'Home First' and 'Help us help you')



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# Challenges

1. System Demand vs Capacity
2. Staffing - particularly medical staff (ED) and home care staff (recruitment campaign underway)
3. Environmental constraints (overcrowding)
4. Consistency of NUH processes
5. Staff morale



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# Future plan

- We have previously described our ambition to develop a case for a new urgent and emergency care centre
- This will now be considered as part of a system-wide clinical services strategy  part of the Sustainability and Transformation Partnership (STP)
- Care navigators supporting care outside of hospital
- System-wide demand and capacity modelling



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# Questions?



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| **HEALTH SCRUTINY COMMITTEE** |
|---|
| **18 OCTOBER 2018** |
| **GYNAECOLOGY SERVICES** |
| **REPORT OF HEAD OF LEGAL AND GOVERNANCE** |

## 1 Purpose

1.1 To inform the Committee about changes to gynaecology services.

## 2 Action required

2.1 To receive a briefing on Greater Nottingham Clinical Commissioning Partnership's procurement of a community gynaecology service for Nottingham City residents.

## 3 Background information

3.1 Greater Nottingham Clinical Commissioning Partnership has advised that it is commissioning a community gynaecology service that will be available to Nottingham City residents.

3.2 A written briefing is attached to inform about the Committee about the new service. Representatives of the commissioner and provider organisations have not been invited to attend the meeting but if the Committee identifies any issues that it wishes to explore further with the commissioner and/ or the provider then they will be followed up after this initial briefing.

## 4 List of attached information

4.1 Paper from Greater Nottingham Clinical Commissioning Partnership 'Procurement of a Greater Nottingham Community Gynaecology Service'

## 5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

## 6 Published documents referred to in compiling this report

6.1 None

## 7 Wards affected

7.1 All

## 8 Contact information

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 8764315

NHS
Greater Nottingham
Clinical Commissioning Partnership

**Procurement of a Greater Nottingham Community Gynaecology Service**

**A Briefing for the City & County Council Health Overview & Scrutiny Committees**

Both Nottingham West Clinical Commissioning Group (CCG) and Rushcliffe CCG launched Community Gynaecology services as pilots in 2016. Nottingham West's pilot (provided by Primary Integrated Community Services Ltd. (PICS)) was launched March 2016, with Rushcliffe's pilot (provided by Partner's Health) launching in May 2016.

It was found that certain procedures and treatments out of scope of general practice in primary care could be done within a community clinic instead of secondary care. This included:

- Menstrual disorders (excluding post-coital bleeding and post-menopausal bleeding)
- Fibroids
- Cervical polyps
- Polycystic ovarian syndrome
- Pelvic pain
- Ovarian cysts
- Prolapse
- Sterilisation requests
- Vulval disorders
- Urinary incontinence/prolapse/pessary changes currently carried out in secondary care
- Menopause problems /severe premenstrual syndrome.

As expected, with the launch of both community gynaecology services there was a reduction in secondary care activity seen in both secondary care providers (Circle and Nottingham University Hospitals (NUH)) in Nottingham West and Rushcliffe CCG.

Currently both Nottingham North & East CCG and Nottingham City CCG do not have Community Gynaecology Services. Patients in both CCGs requiring care above and beyond the scope of their general practitioner are referred into secondary care. In Greater Nottingham there are two secondary care providers who provide Gynaecology clinics, NUH (City Campus) and Circle (Treatment Centre).

Greater Nottingham CCG has approved the development of a Greater Nottingham Community Gynaecology Service to ensure equity of access across the Greater Nottingham footprint. This will be developed with Mid-Nottinghamshire CCG colleagues to ensure the reduction of unwarranted clinical variation across Nottinghamshire.

Currently patient engagement is being carried out through patient questionnaires that have been developed jointly with Healthwatch Nottingham & Nottinghamshire. Women's groups across Greater Nottingham are also being targeted for focus groups to ensure input into the development of the service including the model of the service, clinic locations, clinic opening hours etc.

It is anticipated that a Greater Nottingham Community Gynaecology Service will be launched in July 2019.

**Sophia Wilson**
**Planned Care Manager**
**Greater Nottingham CCG**
**28th September 2018**

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| **HEALTH SCRUTINY COMMITTEE** |
| **18 OCTOBER 2018** |
| **WORK PROGRAMME 2018/19** |
| **REPORT OF HEAD OF LEGAL AND GOVERNANCE** |

## 1. Purpose

1.1 To consider the Committee's work programme for 2018/19 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

## 2. Action required

2.1 The Committee is asked to note the work that is currently planned for the municipal year 2018/19 and make amendments to this programme as appropriate.

## 3. Background information

3.1 The Health Scrutiny Committee is responsible for carrying out the overview and scrutiny role and responsibilities for health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City.

3.2 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.3 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service commissioners and providers about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.

3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.5 The work programme for the municipal year 2018/19 is attached at Appendix 1.

## 4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee 2018/19 Work Programme

## 5. Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

## 6. Published documents referred to in compiling this report

6.1 Reports to and minutes of the Health Scrutiny Committee during 2017/18 and 2018/19.

## 7. Wards affected

7.1 All

## 8. Contact information

8.1 Jane Garrard, Senior Governance Officer
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

**Health Scrutiny Committee 2018/19 Work Programme**

| Date | Items |
|---|---|
| **24 May 2018** | • **Nottingham CityCare Partnership Quality Account 2017/18**<br>To consider the draft Quality Account 2017/18 and decide if the Committee wishes to submit a comment for inclusion in Quality Account document<br>(Nottingham CityCare Partnership)<br><br>• **Out of Hospital Community Services Contract**<br>To review progress in mobilising the new Out of Hospital Community Services contract<br>(Greater Nottingham CCGs, CityCare Partnership)<br><br>• **Nottingham Treatment Centre**<br>To receive an update on the Treatment Centre procurement<br>(Greater Nottingham Clinical Commissioning Groups)<br><br>• **Work Programme 2018/19** |
| **21 June 2018** | • **Reducing unplanned teenage pregnancies**<br>To hear about outcomes of the work requested by the Committee to review local activity and provision to reduce unplanned teenage pregnancies in the Aspley and Bulwell areas; and review work to reduce unplanned teenage pregnancies levels in wards with the consistently highest levels of unplanned teenage pregnancy.<br>(Nottingham Teenage Pregnancy Taskforce)<br><br>• **Nottingham CityCare Partnership Workforce Equality**<br>To review actions being taken by CityCare in relation to workforce equalities issues, in support of its 2018/19 Quality Improvement Priority to support its staff.<br>(Nottingham CityCare Partnership)<br><br>• **STP Workforce Programme**<br>To hear about work taking place through the Sustainability and Transformation Partnership (STP) Workforce Programme to address workforce challenges in the City, ensuring that the |

| Date | Items |
|---|---|
| | right workforce is in place to deliver services.<br>(Sustainability and Transformation Partnership)<br><br>• **Work Programme 2018/19** |
| **19 July 2018** | • **Seasonal Flu Immunisation Programme**<br>To review the performance of the seasonal flu immunisation programme 2017/18 and the effectiveness of work to improve uptake rates<br>(NHS England/ Nottingham City Council)<br><br>• **Update on implementation of Targeted Intervention budget savings**<br>To review progress in implementing changes to Targeted Intervention services agreed as part of the Council's budget in March 2018<br>(Nottingham City Council)<br><br>• **Healthwatch Nottingham and Nottinghamshire Annual Report**<br>To receive and consider the Healthwatch Annual Report, with a focus on issues of relevance to Nottingham City<br>(Healthwatch)<br><br>• **Nottingham Treatment Centre Procurement**<br>To receive an update on the governance arrangements and timescales for the procurement process; and to consider engagement activity and outcomes so far of clinical services review.<br>(Greater Nottingham Clinical Commissioning Groups)<br><br>• **Development of new vision for East Midlands Ambulance Service**<br>To be consulted by East Midlands Ambulance Service on the development of its new vision<br>(East Midlands Ambulance Service)<br><br>• **Work Programme 2018/19** |
| **20 September 2018** | |

| Date | Items |
|---|---|
| | • **Scrutiny of Portfolio Holder for Adult Social Care and Health**<br>To scrutinise the performance Portfolio Holder for Adult Social Care and Health, with a particular focus on delivery against relevant Council Plan priorities<br><br>• **Adult Social Care Strategy**<br>To be consulted on development of the Adult Social Care Strategy<br>(Nottingham City Council)<br><br>• **Carer Support Services Review**<br>To consider the findings and recommendations of the review of service user experience of carer support services; and how service user feedback is used to improve services<br><br>• **Work Programme 2018/19** |
| **18 October 2018** | • **Update on the Sustainability and Transformation Partnership and Integrated Care System**<br>To review progress with the STP and ICS, including results of the Phase 3 analysis<br>(Greater Nottingham STP and ICS Group)<br><br>• **Prescribing of Gluten Free Foods**<br>To consider proposals for future prescribing of gluten free foods.<br>(Greater Nottingham Clinical Commissioning Groups)<br><br>• **Prescribing of Over-the-Counter Medicines**<br>To consider future prescribing of over-the-counter medicines<br>(Greater Nottingham Clinical Commissioning Groups)<br><br>• **Planning for winter pressures**<br>To review plans for dealing with winter pressures across the health and social care system<br><br>• **Nottinghamshire Healthcare Trust Waiting Times** |

| Date | Items |
|---|---|
| | To review actions planned/ being taken in relation to the Trust's Quality Improvement Priority 'to reduce waiting times in services where delays in access could potentially cause harm and improve the experience whilst waiting'; and progress in delivering on this priority.<br>(Nottinghamshire Healthcare Trust)<br><br>• **Written briefing on gynaecology**<br>To inform the Committee about development of a community gynaecology service<br><br>• **Work Programme 2018/19** |
| **22 November 2018** | • **Nottingham City Council's fulfilment of its public health responsibilities**<br>To review progress in implementation of changes to Targeted Intervention services agreed as part of the Council's budget in March 2018; and review the Council's strategic approach to fulfilling its public health responsibilities and improving the wellbeing of citizens<br>(Nottingham City Council)<br><br>• **Adult Mental Health Services**<br>To hear about proposals for future provision of inpatient adult mental health services<br>(Nottinghamshire Healthcare Trust)<br><br>• **Emergency Pathways Transformation**<br>To update on the emergency pathway transformation programme, including the QMC front door development<br>(NUH Trust)<br><br>• **Work Programme 2018/19** |
| **13 December 2018** | • **Homecare services** (tbc)<br>To review provision, including waiting times and quality of care, of homecare services under the new framework.<br>(Nottingham City Council) |

| Date | Items |
|---|---|
| | • **Children and Young People's Mental Health and Wellbeing** (tbc)<br>To review progress in implementation of the Transformation Plan and the impact on outcomes for children and young people.<br>(Commissioners/ Nottinghamshire Healthcare Trust)<br><br>• **Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update** (tbc)<br>To review the implementation (including transition period) of service provision at Hopewood – new CAMHS and perinatal mental health services site<br>(Nottinghamshire Healthcare Trust)<br><br>• **Work Programme 2018/19** |
| **24 January 2019** | • **Inpatient Detoxification Services**<br>To review the effectiveness of current arrangements following closure of The Woodlands Unit and move to Framework as the provider; and intentions for the service specification for future commissioning of inpatient detoxification services<br>(Nottingham City Council/ Framework)<br>• **Carer Support Services Review**<br>To consider the progress in implementing recommendations of the review of service user experience of carer support services; and how service user feedback is used to improve services.<br><br>• **Work Programme 2018/19** |
| **21 February 2019** | • **General Practice Services in Nottingham**<br>To review work taking place to ensure that all residents have access to good quality General Practice (GP) services now and in the future<br><br>• **Work Programme 2018/19** |

| Date | Items |
|---|---|
| | |
| **21 March 2019** | • **Review of 2018/19 and work programme 2019/20** |

**To schedule**

- **Role of local pharmacies**
  To speak to local stakeholders about the future role for pharmacies within local communities
  Contact: Local Pharmaceutical Committee/ NHS England/ local pharmacy? KLOE: context of GP access issues; financial pressures on local pharmacies; Healthy Living Pharmacies
- **Suicide Prevention Plan**
  To scrutinise progress in implementation of the Suicide Prevention Plan and review proposals for the refreshed Suicide Prevention Plan for Nottingham
- **East Midlands Ambulance Service – Nottinghamshire Division**
  To review the impact of the new national ambulance service standards on performance in the Nottinghamshire Division
  (East Midlands Ambulance Service)
- **Future configuration of head and neck cancer services**
  To engage with NHS England on proposals for future configuration of head and neck cancer services
  (NHS England)
- **Nottingham Treatment Centre Procurement**
  To hear about the outcome of the procurement process and review plans for contract mobilisation
  (Greater Nottingham CCGs)

**Additional evidence gathering sessions e.g. visits, informal meetings**

- QMC Emergency Department visit – date TBC

**Study groups**

- **Carer Support Services** (June/ July 2018)
  To explore how service user feedback is used to inform the commissioning and provision of carer support services to ensure that services meet the needs of carers

- **Quality Accounts** (April/ May 2019)
    - Nottinghamshire Healthcare Trust
    - EMAS Trust
    - Nottingham University Hospitals Trust
    - Treatment Centre

**Other informal meetings attended by the Chair**

- Briefings with Greater Nottingham Clinical Commissioning Groups
- Briefings with Portfolio Holder for Adult Social Care and Health
- Nottinghamshire County Council Health Scrutiny Committee Chair
- Regional health scrutiny chairs network

**Items to be scheduled for 2019/20**

- **Out of Hospitals Service Contract**
  To review the provision of services by Nottingham CityCare Partnership under the Out of Hospital Community Services contract
- **Reducing Unplanned Teenage Pregnancies**
  To review progress in reducing levels of unplanned teenage pregnancy in areas with the highest levels of teenage pregnancy

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