



# Engagement report

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

August 2018

## Contents

1. Report Summary	3
2. Full report introduction	4
3. Background	4
4. Methodology	7
5. Survey results	8
6. Key findings	11
7. Next steps	16

## Appendices

1. Equality and diversity data	1
2. Communications	24
3. Facebook comments	26
4. Full survey comments	28

## 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](http://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.

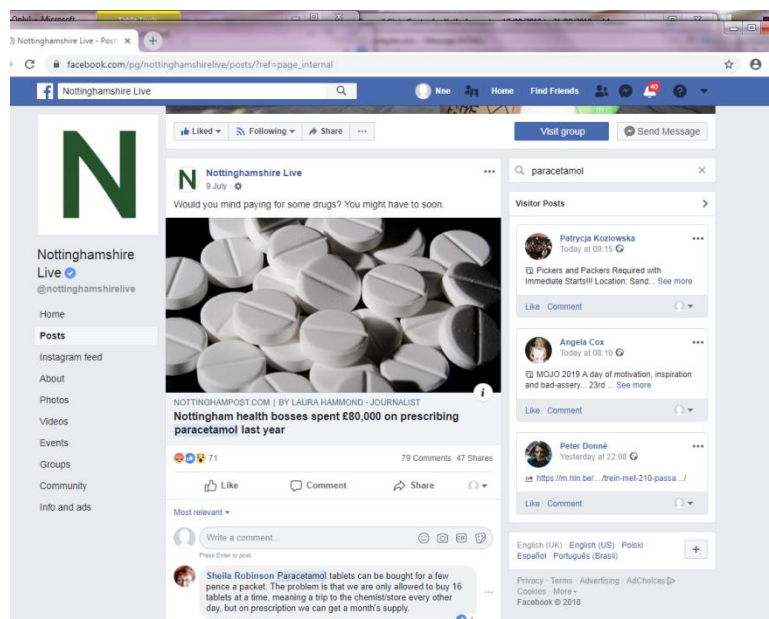
Five drop in events were also held across the City - in Radford, St Ann's, City Centre, Forest Fields and Bulwell. The areas were chosen are multi-cultural areas with higher deprivation scores than, for example, more affluent City areas such as Wollaton or Mapperley.

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](http://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

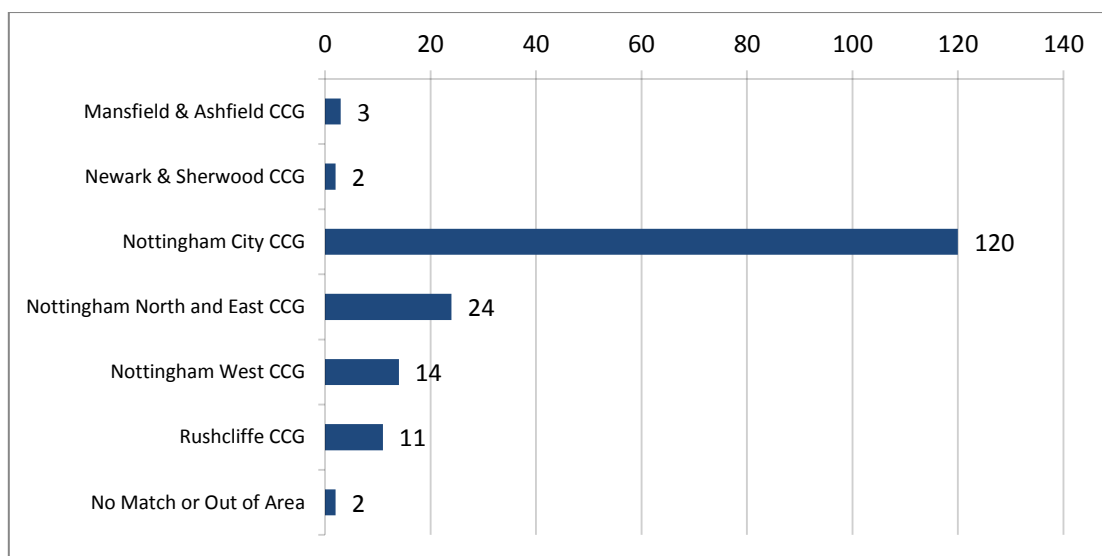
There were **176** responses in total to the survey. Equality and diversity monitoring information can be found in Appendix 1.

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

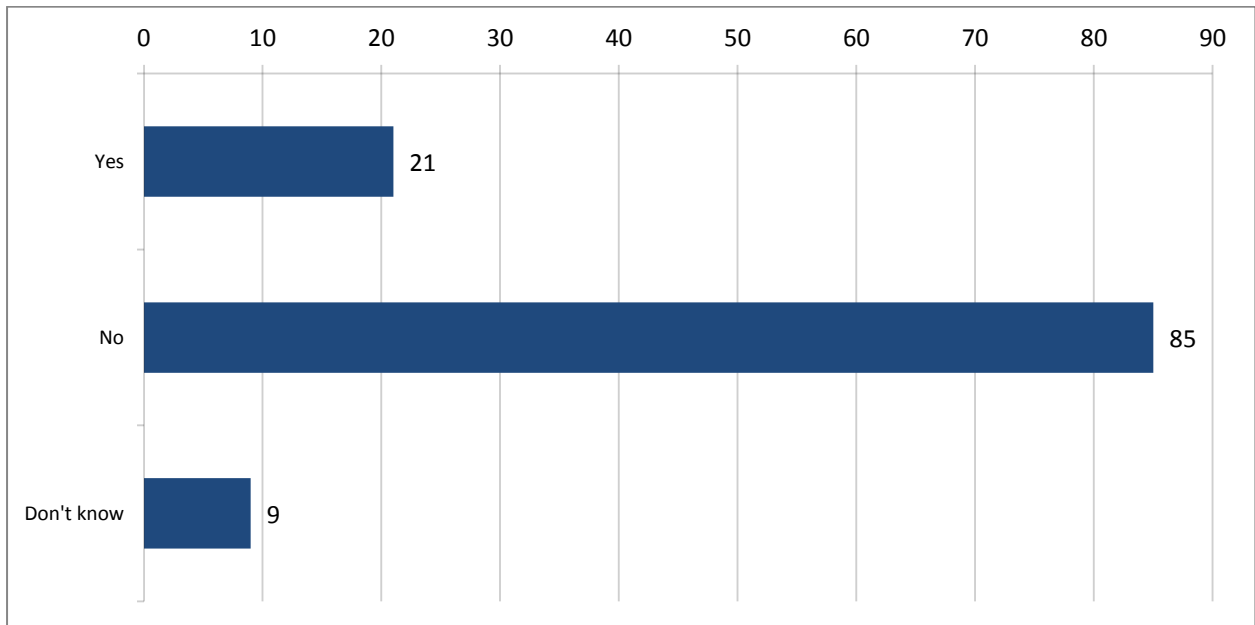
The full survey is below, it includes analysis of the themes in individual question’s ‘other comments’ sections.

‘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



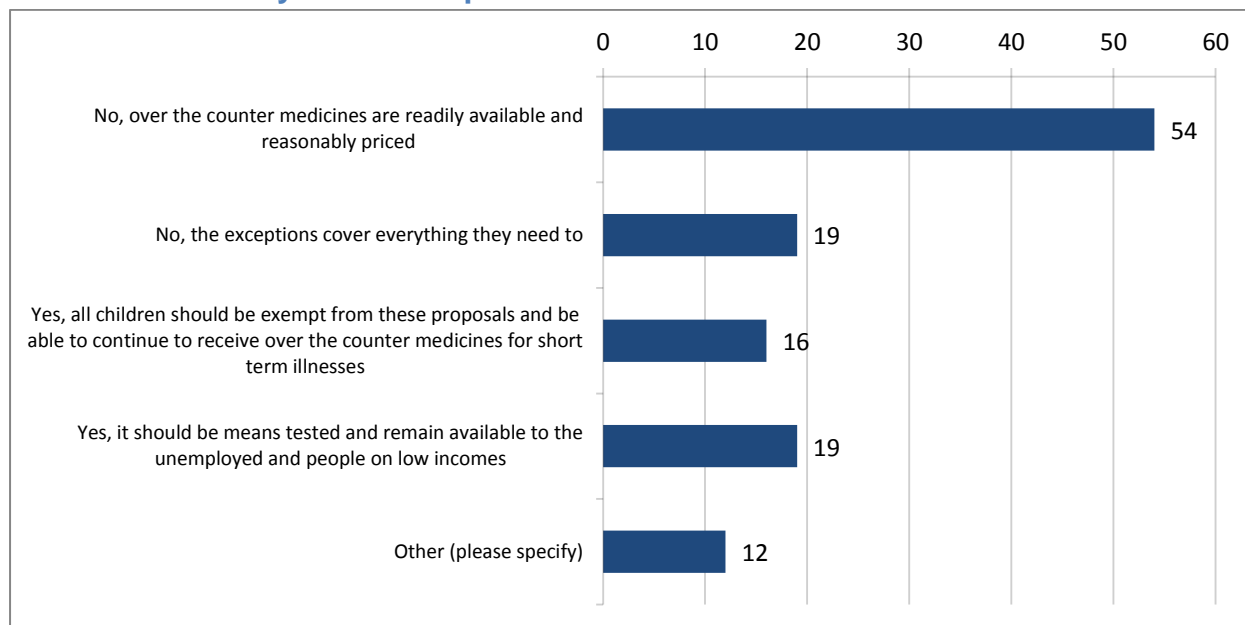
**Q2. Do you think that over the counter medicines should be available on prescription for minor illnesses?**



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 repercussions.
- 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.

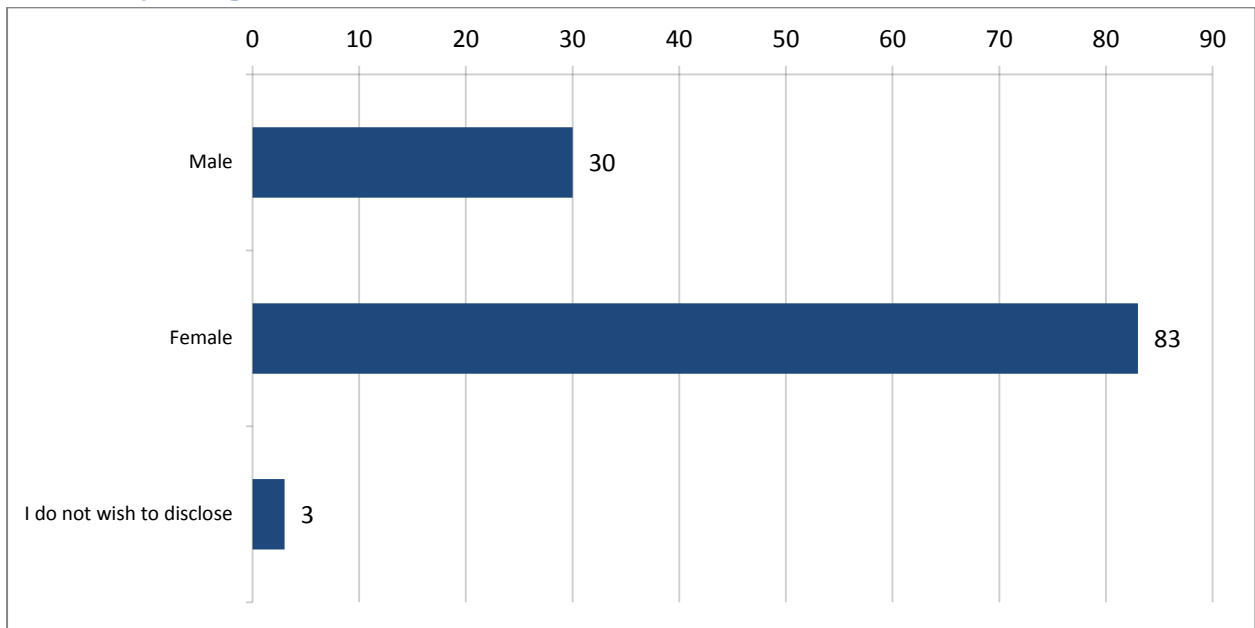
Thank you to everyone who took part in this engagement.

## Appendix 1

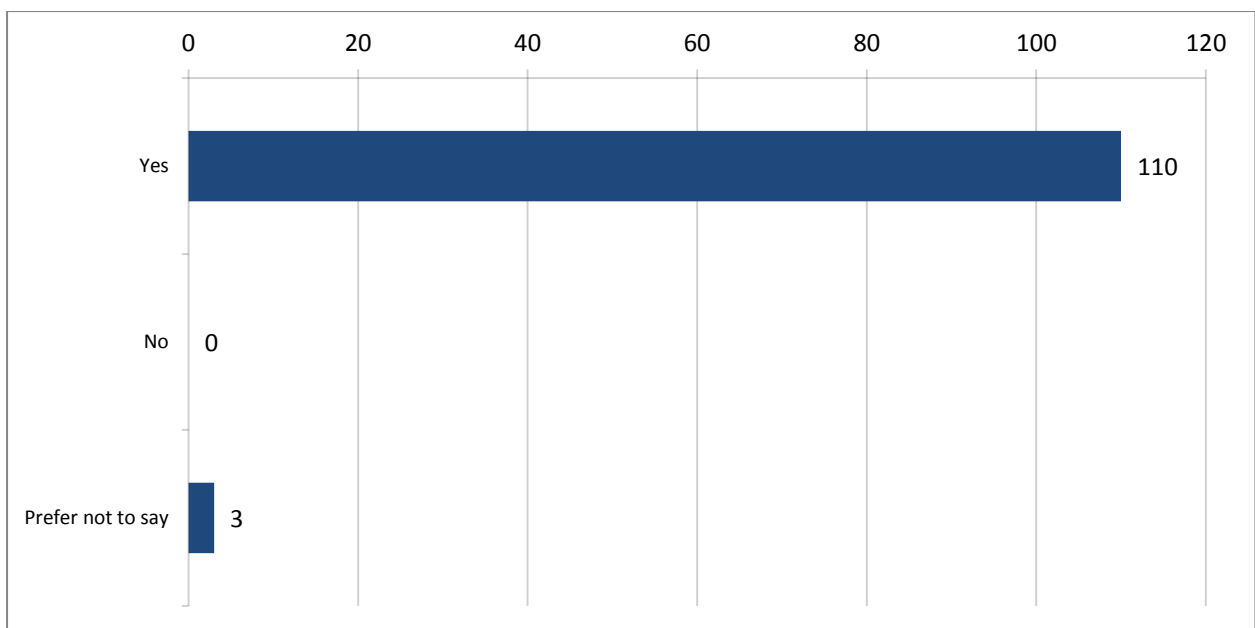
The following questions were optional.

### Demographic Information

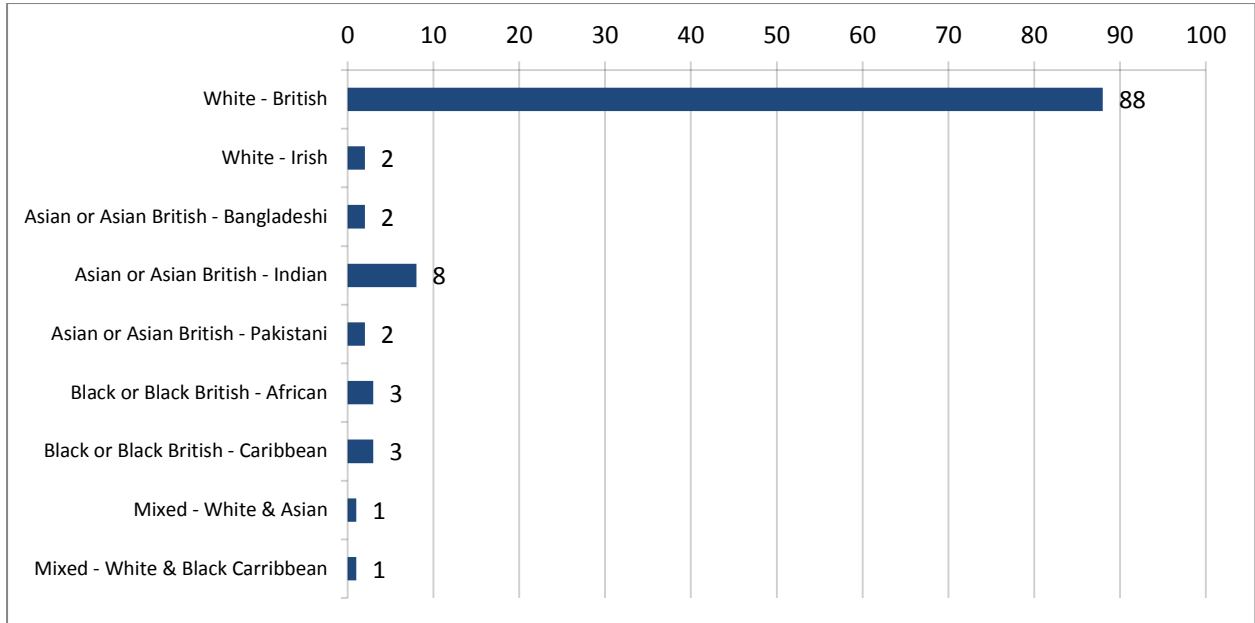
#### What is your gender?



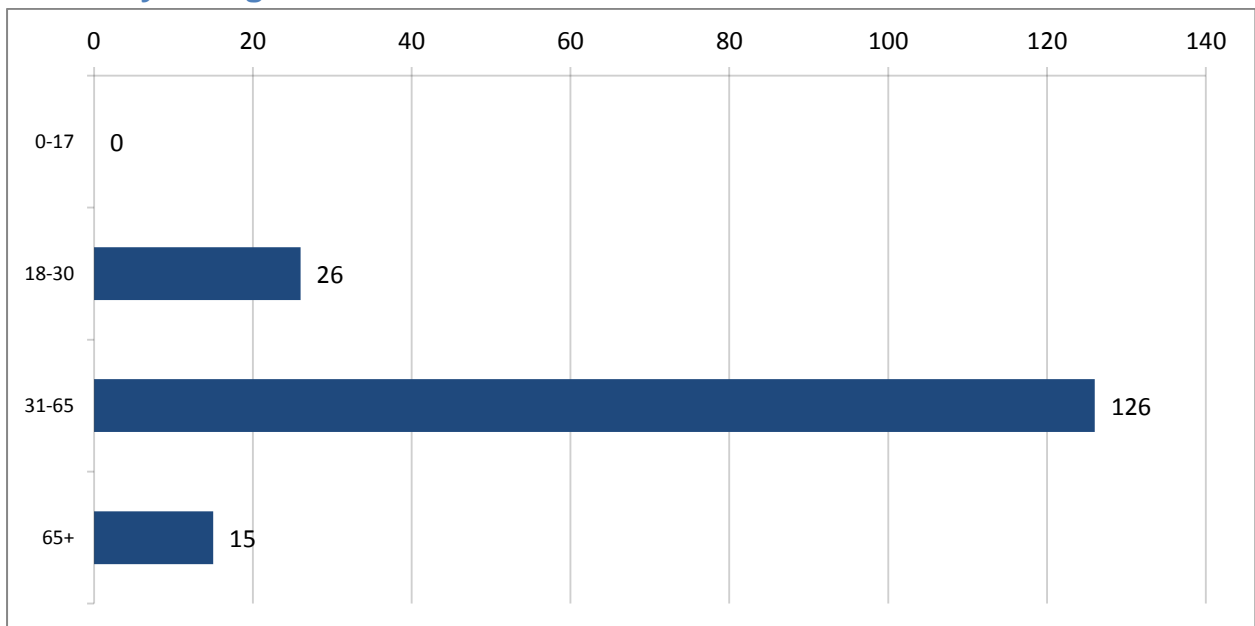
#### Is your gender the same as the gender you were originally assigned at birth?



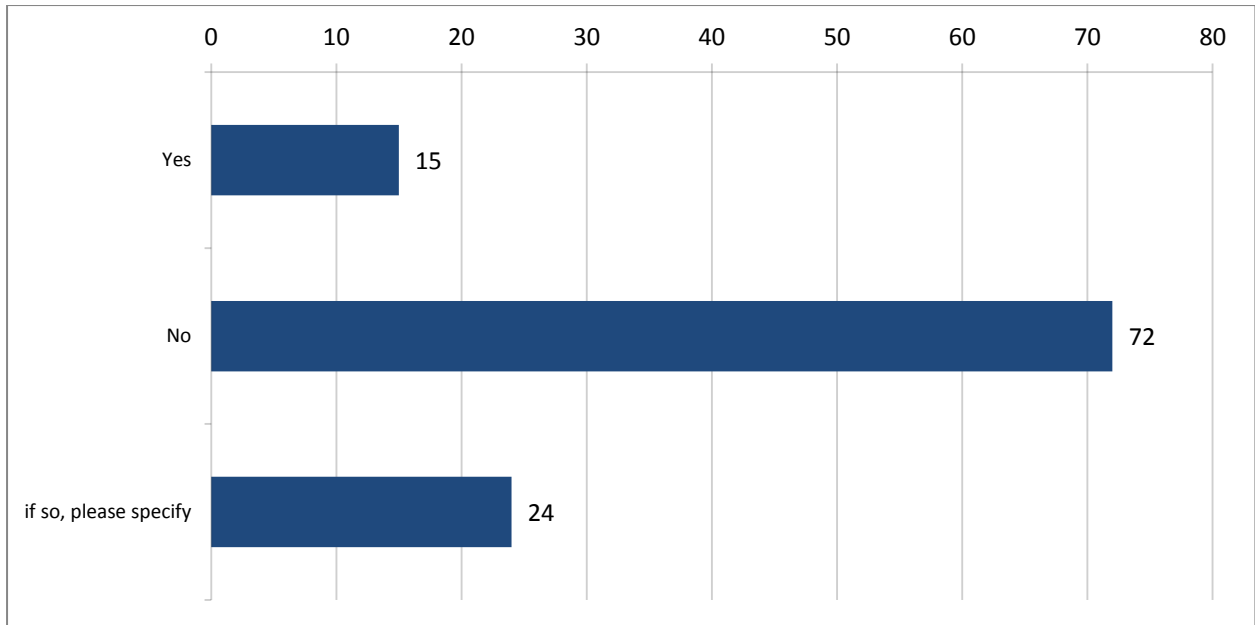
### What is your ethnic origin?



### What is your age?

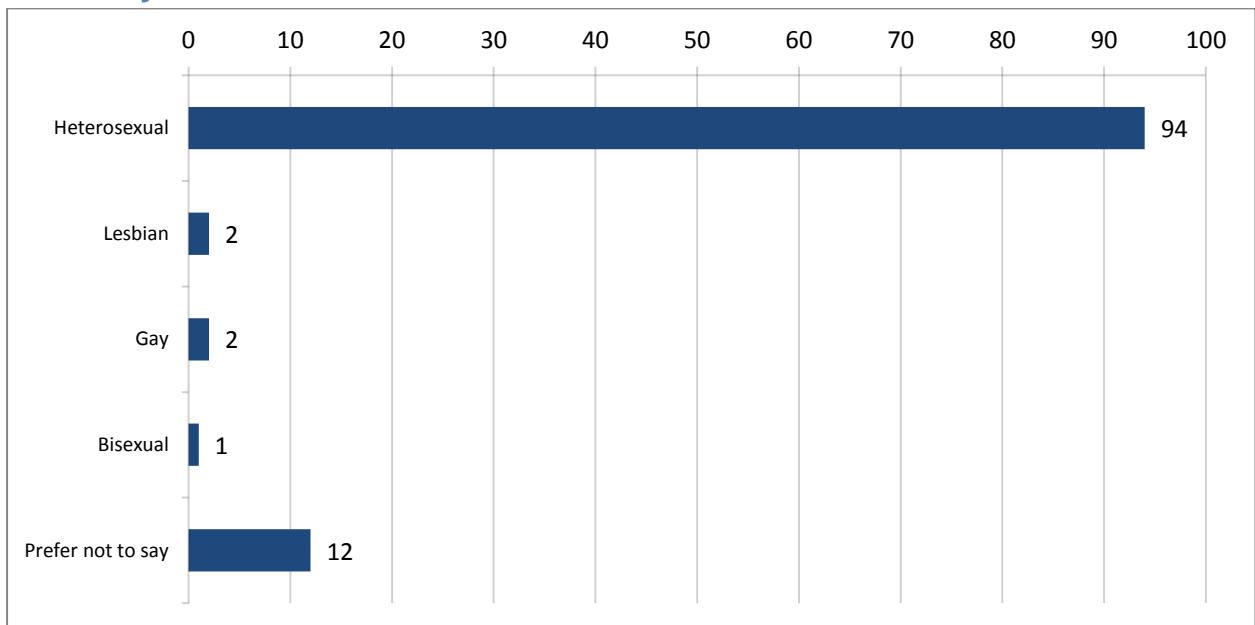


### Do you consider yourself to have a disability or long term condition?

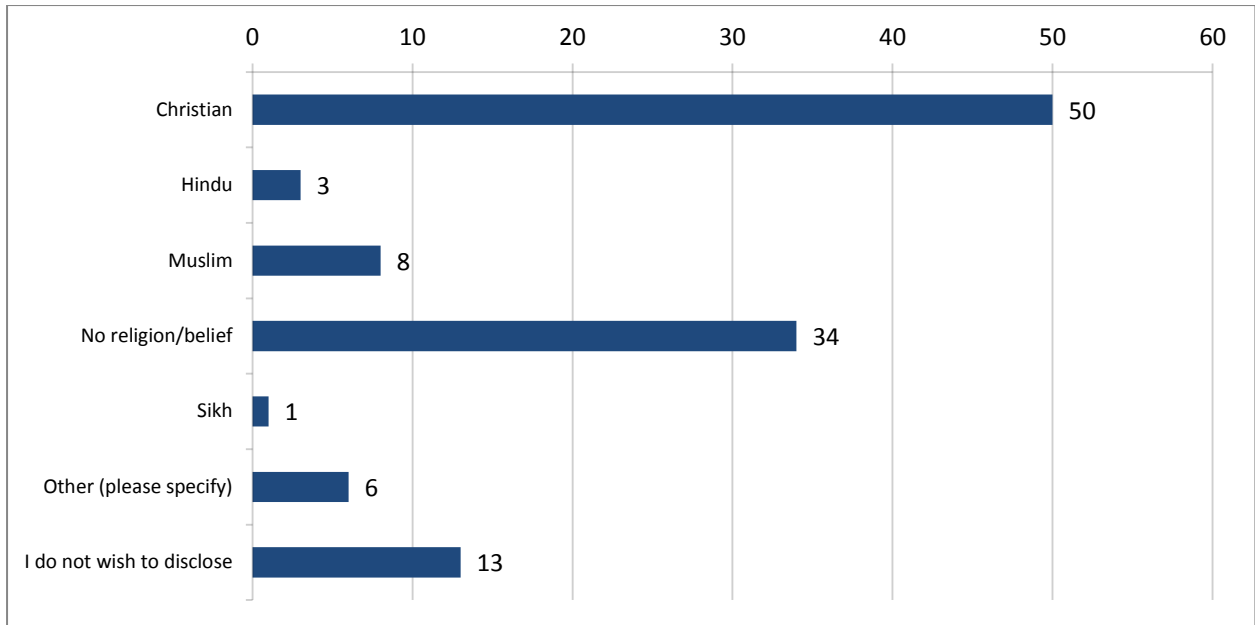


Specified: Diabetes, arthritis, heart disease, epilepsy

### What is your sexual orientation?

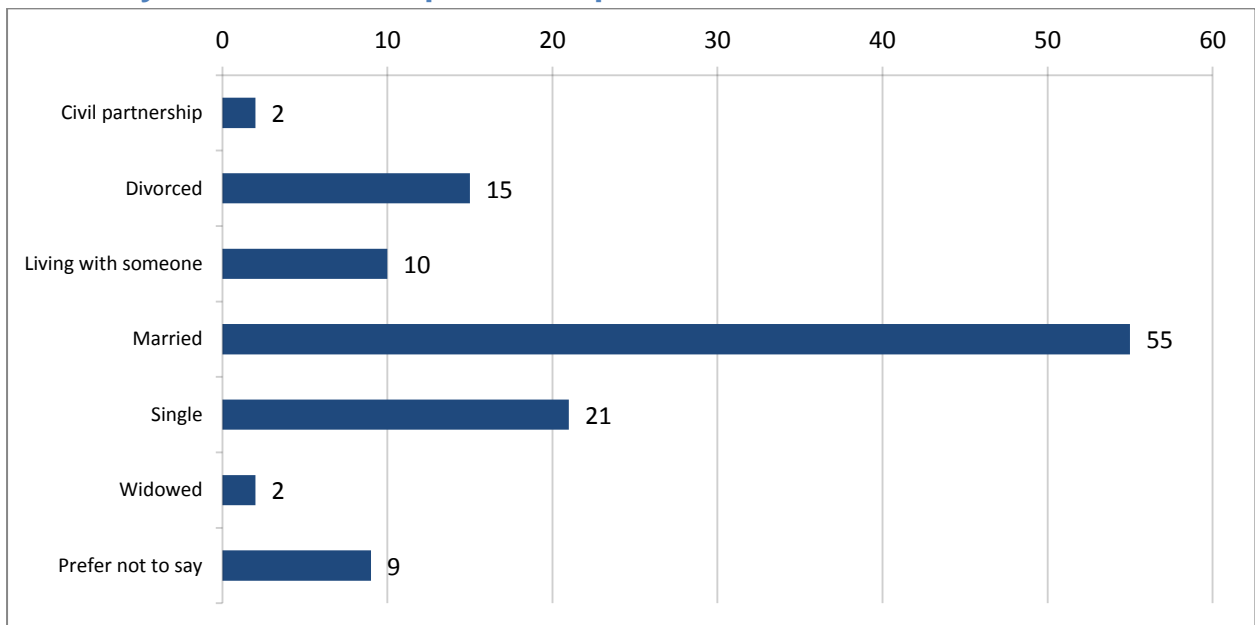


### What is your religion or belief?



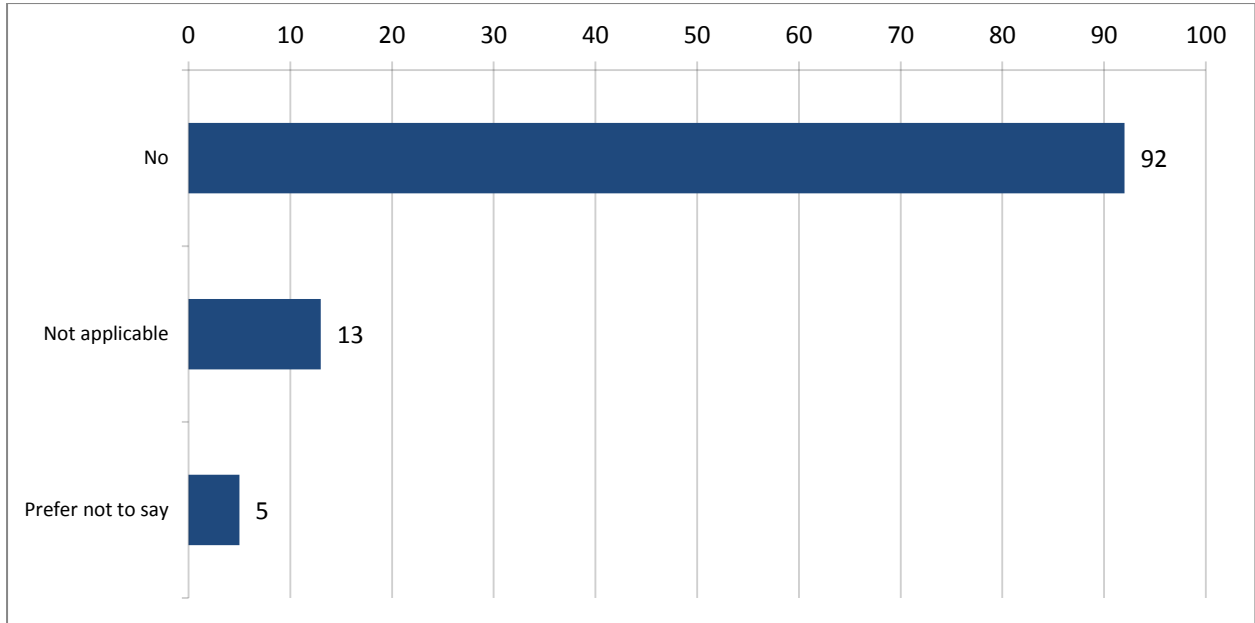
Other: Agnostic, Catholic, Mormon, Spiritualist, Taoist

### 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](http://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](http://www.nottinghamcity.nhs.uk/get-involved/otc)



## Join us to have your say about over the counter medication

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](http://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**



**THE BIG  
HEALTH  
DEBATE**

## 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](http://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.



**Greater Nottingham**  
Clinical Commissioning Partnership