



**West Kent
Clinical Commissioning Group**

Over The Counter (OTC) medicines.

HOSC: November 2017

Patient focused,
providing quality,
improving outcomes

Introduction

Each year 57 million people in the UK visit their GP and 3.7 million people visit the accident and emergency department of their local hospital for symptoms that could be treated with self-care and over the counter (OTC) products widely available in community pharmacies and supermarkets. The NHS in England spends approximately £645million p.a. on such medicines (NHS England, 2017). A significant proportion of GP appointments and GP practice time is taken up in processing prescriptions for minor ailments. Currently around 20 per cent of a GP's time and 40 per cent of their total consultations are used for minor ailments and common conditions at a cost of an average £2 billion per year to the NHS.

It is recognised that referring patients to their community pharmacist for over the counter medicines aligns with the Five Year Forward View, utilising the skills and competencies of this profession, as well as promoting self-care. Community Pharmacists are well placed to give patients advice on minor ailments and this fits with self-care as well as NHS England's proposals to enhance the offering from community pharmacists as part of the wider health and social care economy.

The proposal to amend the prescribing of over the counter (OTC) medicines was drafted by the medicines optimisation team (MOT), alongside the medicines optimisation group (MOG) in response to the national consultation regarding the prescribing of over the counter medicines

What are 'Over the Counter' medicines?

These include products that:

- Can be purchased over the counter, and sometimes at a lower cost than that that would be incurred by the NHS;
- Treat a condition that is considered to be self-limiting as it will heal/be cured of its own accord; and/or
- Treat a condition which lends itself to self-care, i.e. that the person suffering does not normally need to seek medical care and/or treatment for the condition.
- Over the counter products can be classified as general sales list (GSL) or pharmacy only (P). Pharmacy only products need to be purchased under the supervision of a pharmacist (General Pharmaceutical Council, 2013). Paracetamol and other painkillers in reduced pack sizes are widely available in supermarkets and at local chemists and cost around 1p per tablet, compared to 3p per tablet on the NHS. However a point to note is that not all pack sizes and doses are available 'over the counter'. For example paracetamol pack size 100 is a prescription only medicine and paracetamol pack size 16 is a GSL.

These conditions commonly treated with OTC medicines include but are not limited to the following, which in most cases are minor and/or self-limiting conditions:

Diarrhoea	Cold sores
Constipation	Teething
Acute Pain	Nappy rash
Athlete's foot	Mouth ulcers
Fever	Haemorrhoids
Oral and vaginal thrush	Ear wax
Head lice	Warts and verrucae
Insect bites and stings	Soft tissue injury/musculoskeletal joint injury
Conjunctivitis	Viral upper respiratory tract infections
Contact dermatitis	Scabies
Sore throat	Ring worm
Headache	Mild acne
Indigestion and heartburn (Dyspepsia)	Minor burns and scalds

NHS England and NHS Clinical Commissioners have identified two separate categories of product which are available over the counter and may be considered appropriate for restriction, such that the product is not routinely prescribed in primary care. These categories are:

- Medicines which are used to treat generally time-limited/short term conditions that are suitable for self-care (this will include many conditions which are self-limiting). Medicines within this category account for approx. £50m - £100m p.a. of NHS spend in England. In this category, we mean conditions which are episodic and which do not require ongoing or long term treatment. By self-limiting, we mean conditions which without treatment to alleviate symptoms, would normally heal of their own accord, for example the common cold; and
- Medicines which are used for longer term, chronic conditions but which are being prescribed at an estimated cost of approx. £545m p.a. For example, some but not all of the £70m spent annually on paracetamol might fall into this category, as may antihistamines on which the NHS spends £14m p.a. (NHS England, 2017)

Finance

For the 16-17 financial year, west Kent spent ~£1.8million on the prescribing of all self-care products. Compare that to the year to date extrapolated for 17-18 financial year, west Kent is predicted to spend ~£2.1 million (based on spend from April – May 2017) on the prescribing of all self-care products.

Based on the restricted list agreed by the Medicines Optimisation Group (below), the maximum potential full year savings for 2017/18 would be £1,706,022*. Please note that implementing from December 2017 to March 2018 would produce a maximum potential saving of £568,674. (See Appendix 1 for complete figures). These figures are based on a complete 100% cessation of prescribing of OTC products included in the restricted list, without consideration of the clinical exclusions outlined in the restricted list. .

*Figures obtained from ePact searches and PrescQIPP data

Survey Feedback

Engage Kent reported that 274 people contributed their views (See Appendix 2 for the full report). They found;

- 85% of people currently receiving free prescriptions would buy items from pharmacy if their GP asked them.
- 15% of people said that if one or more of the medicines listed, were no longer available on prescription, it would be a problem for them.
- 45% of people felt that the NHS should provide only the most effective drugs and treatment, regardless of what they cost.
- 68% of people felt that none of the listed medicines discussed with them needed to remain on prescription.
- Some GPs have already reduced what medicines they are prescribing and encouraging patients to buy over the counter. GPs require a CCG wide decision with guidance about a wider range of medicines, as most are currently focused on paracetamol products. (Engage Kent, 2017)

What are other CCGs doing to tackle OTC prescribing?

The MOG debated the approach from other CCGs as part of the review and looked at what other areas were doing to tackle the matter raised.

1. Encouraging and directing patients to buy these medicines over the counter through promotional materials by;
 - Cascading relevant messages to GPs and other healthcare professionals through the distribution of posters which aim to suggest prescribers think twice about prescribing OTC medicines.
 - Distributing posters and other correspondence to prescribers and displaying them within GP practices and community pharmacies.
 - Ensuring GPs can still comply with the GMC contract by not restricting prescribing and encouraging GPs if a prescription is required, to prescribe a small quantity, not on repeat and encourage the patient to purchase any further supplies.
 - Encouraging community pharmacists not to refer patients to a GP when an over the counter product would be suitable.
2. Changing the prescribing policy for only specific groups of OTC medicines;
 - Bath and north Somerset CCG chose to limit the prescribing of painkillers and hayfever medicines.
 - They highlighted the need to avoid a blanket policy and to create some exemptions for certain groups, i.e. those taking painkillers for long-term conditions, for those on low incomes and for young children.

- They stated that in certain exceptional cases GPs may deem it medically necessary to prescribe these treatments because the patient is highly unlikely to source the medicines and self-care independently.
3. Awaiting the results of the national consultation from NHS England. Once that is confirmed, take action according to the result.
 4. Completely restrict prescribing of all OTC products

Other points to consider

Pharmacy first

West Kent CCG currently commissions a minor ailment service, Pharmacy first common ailments scheme, across west Kent to reduce the burden on GPs and support the self-care agenda. Pharmacy First Common Ailments Scheme is a well-established service allowing patients to have access to free of charge over the counter medicines to treat minor ailments via a consultation with a community pharmacist.

So far 37 pharmacies out of a total of 69 across west Kent are actively participating in this service. The service has led to an average of 170 saved GP appointments per month.

Pharmacy first and other similar services are integrated into the NHS 5-year forward view. The 5-year forward view highlights the role that pharmacies can play; emphasising there is a need to build the public's understanding that pharmacies can really help patients to deal with minor ailments.

West Kent is the only CCG across Kent and Medway to have pharmacy first. It is therefore an important safety net which other CCGs don't have, which allows patients to still have access to these medicines free of charge if required.

Local Medical Committee (LMC)

The LMC are in agreement to the beneficial impact of promoting self-care and appropriate use of NHS resources. They recognise that prescribing items for self-limiting, short-term, minor conditions has an impact on workload for NHS staff as well as prescribing costs.

The LMC have highlighted that GPs have a contractual obligation to prescribe medication on an FP10 that the GP feels is clinically necessary whether the medication is available over the counter or not.

Other CCG's have sought professional legal advice on this matter, and this has been passed onto the MOT. The CCG who procured the advice is happy for this to be shared with CCG colleagues. However, they have stated it does not constitute NHS England or NHSCC legal advice, and should not preclude CCGs obtaining their own legal advice. The following is an excerpt from the legal advisor addressing the contractual regulations within the GMS contract, specifically relating to the duty of physician to prescribe when a need has been identified

"A prescriber is obliged, where drugs/medicines are "needed for treatment", to offer those to patients on prescription. That is not to say that a GP cannot inform patients (and there is nothing in the GMS Regulations or the standard GMS/PMS contracts to prevent a GP from doing so) that the drug/medicine which is clinically required is available over the counter as an alternative to a prescription. Where, despite that information being conveyed, the patient still requests the

drug/medicine on prescription, however, the prescriber must (ie: is contractually obliged) provide that prescription and a failure to do so would result in breach of contract. It is therefore likely that, whether the drug/medicine is requested on prescription will turn on an assessment of its cost to the patient i.e. whether the patient pays for prescriptions and if the patient does, whether the cost of the prescription is cheaper than the over the counter cost of the item.

It may also be that whilst a drug/medicine could relieve symptoms, it is not “needed for treatment” within the meaning of the regulations and, as such, the prescriber could direct the patient to an over the counter remedy in lieu of prescribing.”

Risks

Restricting the prescribing of certain over the counter medicines could result in the following risks;

- Reputational risk to the CCG
- Some groups of patients may be disproportionately effected
- Patients who have purchased pre-payment certificates may be negatively affected

On a counterbalance there are risks associated with not restricting the prescribing of OTC medicines which could include waste of NHS resources. This has an impact on other priority services that the residents of west Kent need across all age groups, geographic and social groups.

What has happened so far?

1/3/17-20/3/17 – Pre-consultation carried out by Engage Kent to reach targeted communities within west Kent to seek their views and thoughts regarding possible changes to the prescribing of Over the Counter (OTC) Medicines, 274 people contributed their views.

28/3/17 - NHS England announced that it would be undertaking a review to consider the prescribing of medicines which are of relatively low clinical value or priority or are readily available ‘over the counter’ and in some instances, at far lower cost. It is anticipated that this review will cover medicines included in this report such as treatment for coughs and colds, antihistamines and sun cream.

10/8/17 – OTC medicines paper outlining what other CCGs are doing to tackle OTC prescribing was taken to the medicines optimisation group (MOG). The MOG consists of GPs from various areas of different levels of deprivation in west Kent, members of the medicines optimisation team, a community pharmacist representative and a patient representative. The MOG recommendation was for the medicines optimisation team to formulate a restricted OTC medication list and to provide educational materials to patients and GPs prior to this change. This was supported by all members of the MOG.

22/8/17 – MOG recommendations were taken to the governing body. The Governing Body were asked to consider the MOG proposals which were;

- To agree on the principal to promote self-care and encourage patients to buy OTC medicines where available

- Authorise the MOG to create a definitive restricted list.

The governing body agreed but also asked for an equality impact analysis to be carried out. Furthermore, the governing body asked for the paper to be brought back with more detailed analysis of the pre-consultation in terms of a breakdown of the demographics that were represented in the pre-consultation. This is available in appendix 3 of the pre-consultation paper (below).

Target Areas

Target areas	Postcode		No of people
Maidstone 28%	ME14	Maidstone, Bearsted, Grove Green	5
	ME15	Bearsted (Madginford), Downswood, Shepway, Senacre, Maidstone Town Centre, Loose, Mangravel, Park Wood, Tovil, East Farleigh, West Farleigh	60
	ME17	Hollingbourne, Hucking, Harrietsham, Lenham, Boughton Monchelsea, Linton, Coxheath, Chart Sutton, East Sutton, Langley, Kingswood, Sutton Valence	11
Sevenoaks 28%	TN 13	Riverhead, Dunton Green	65
	TN14	Cudham, Otford	7
	TN15	Kemsing, Ightham, Plaxtol, Wrotham, Sevenoaks Weald	4
Rural Tunbridge Wells 30%	TN1	Royal Tunbridge Wells (town centre)	2
	TN2	Pembury	78
	TN3	Langton Green, Groombridge, Frant, Speldhurst, Lamberhurst	2
Unknown 6%			19
Out of target areas 8%	ME1	Rochester, Burham, Wouldham	2
	ME16	Barming, Allington and west Maidstone	1
	ME19	West Malling, Kings Hill, Leybourne	1
	TN4	Rusthall, Southborough	2
	TN9	Tonbridge	1
	TN16	Westerham, Biggin Hill, Tatsfield	3
	TN17	Cranbrook, Goudhurst, Benenden, Frittenden	1
	TN11	Penshurst, Hildenborough, Hadlow	6
	TN12	Paddock Wood, Staplehurst, Brenchley, Horsmonden	4

14/9/17 – OTC restricted list was agreed at the MOG. Analgesia medication as removed from the restricted list due to concerns raised by the MOG and the governing body.

29/9/17 – Equality analysis carried out and ratified by north east London commissioning support unit (NELCSU) equality team.

Summary of equality analysis.

The proposal was ratified by the medicines optimisation group, which contains GPs, members of the medicines optimisation team, a community pharmacist representative and a patient representative. The GPs are members of different practices across west Kent, each with varying levels of deprivation. The community pharmacist representative is a member of the local pharmaceutical committee (LPC) and feeds back the thoughts from the LPC and the patient representative gives the MOG a lay person's opinion on potential new policies.

An equality analysis was carried out retrospectively on 29/9/17 with the help of NELCSU quality team and WKCCG communications team. Following an independent pre-consultation carried out by Engage Kent, all negative impacts to the protected characteristics included in the equality act have been considered. Those protected characteristics identified to have potential negative outcomes include;

1) Age: Patients who currently receive free prescriptions because of age will no longer be able to receive over the counter medicines free of charge on prescription. These groups would therefore have to pay for any over the counter medications for conditions that can be managed by self-care, which could negatively impact their income or their management of self-limiting conditions.

2) Disability: Patients with a disability (e.g. physical or learning disabilities) or those patients who are housebound may have difficulties in purchasing products over the counter and this change may make it less safe for these patients than receiving these items on prescription. Those housebound patients or those with disabilities may not be able to purchase products safely and independently over the counter and thus may be negatively affected by this change.

3) Care home residents: Care home residents, who are currently prescribed over the counter medicines, may be negatively affected by this change. Currently care homes can give patients over the counter medicines via a homely remedy policy, but this only covers for up to 72 hours. Thereafter, carers cannot administer these medicines and patients may be negatively affected.

Mitigating actions have been identified for these negative outcomes and can be found in the full equality analysis in Appendix 3. We plan to monitor for any unintended consequences during the first 6 months from implementation to see if any negative effects have been missed and take action to mitigate these.

Restricting the prescribing of over the counter medicines

NHS West Kent Clinical Commissioning Group supports GPs to reduce their prescribing of over the counter products for patients with short-term, minor, self-limiting conditions.

These medicines can be purchased from pharmacies and supermarkets which are open late and at weekends. A pharmacist is a fully trained healthcare professional and expert on medicines whose broad knowledge and advice is available without an appointment.

Some clinical exclusions to buying these products over the counter are provided below, e.g. pregnancy, breastfeeding and age, these can be applied at the discretion of the prescriber.

Prescribers are also asked to take into account accessibility issues to purchasing these medicines over the counter e.g. disabilities, housebound patients, care home residents etc

Prescribers are reminded that west Kent has a 'safety net' in Pharmacy First, where a prescriber can refer patients who normally get free prescriptions, to Pharmacy first, so that these patients can still have access to medicines.

The below list is not exhaustive (See Doris for complete list)

Medicine group	Common examples (not exhaustive)	OTC indications	Common OTC exclusions	OTC age restriction
Antifungals	Clotrimazole cream, miconazole cream, amorolfine/Loceryl [®] /tioconazole/Trosyl [®] nail lacquer, Canesten [®] , Daktarin [®]	Skin infections due to dermatophyte, yeasts, moulds and other fungi	<ul style="list-style-type: none"> •Pregnancy and breastfeeding •Diabetes •Nail lacquer – Maximum 2 nails 	<ul style="list-style-type: none"> •>10 years for Canesten HC •16-60 years for genital thrush treatment •>18 years for nail lacquer
Antihistamines (drowsy)	Chlorphenamine, Pirton [®]	Hayfever, rhinitis, urticaria, allergies and insect bites.	•Pregnancy and breastfeeding	•>1 years
Antihistamines (non-drowsy)	Cetirizine, Loratadine, Claritin [®]	Allergic rhinitis and urticaria	•Pregnancy and breastfeeding	<ul style="list-style-type: none"> •>2 years for hayfever •>6 years for urticaria
Cold-sore treatments	Aciclovir cream, Zovirax [®] cream	Cold sores	<ul style="list-style-type: none"> •Immunocompromised •Pregnancy and breast feeding •Only for use on face and lips 	•N/A
Cough and cold remedies	Simple linctus, Tixylis [®] , pholcodine, codeine phosphate linctus, Sudafed [®] , Dequadin [®] , Tyrozete [®]	Acute cough and cold symptoms	<ul style="list-style-type: none"> •Present for > 3 weeks •Pregnancy and breast feeding •Decongestants – Hypertensive patients 	<ul style="list-style-type: none"> •>6 years for cough mixtures •>18 years for decongestants
Diarrhoea/Constipation	Rehydration sachets, Dioralyte [®] , loperamide, Immodium [®] , lactulose, Senna [®] , Movicol [®] , Fybogel [®] , Buscopan [®]	Acute diarrhoea/constipation symptoms	<ul style="list-style-type: none"> •Other bowel conditions e.g. IBD •Pregnancy and breast feeding •Non-acute causes •Rehydration salts – Liver/kidney disease, low sodium/potassium diets, diabetes 	<ul style="list-style-type: none"> •>6 years for Fybogel[®] •>2 years for Movicol[®] •>12 years for loperamide •>12 years for Senna[®]
Eye drops (infective)	Chloramphenicol 0.5% drops/1% ointment	Treatment of acute bacterial conjunctivitis	<ul style="list-style-type: none"> •Non-bacterial causes •Pregnancy and breastfeeding 	•>2 years
Eye drops (allergic)	Sodium cromoglicate 2% drops, Opticrom [®]	Relief and treatment of hayfever symptoms	•Pregnancy and breastfeeding	•>6 years
Emollients	Oilatum [®] , Epadem [®] , Zerobase [®] , Cetraben [®] , E45 [®] , Aqueous cream, etc.	Contact dermatitis, atopic eczema, senile pruritus, ichthyosis and related dry skin conditions.	•N/A	•N/A
Hayfever nasal sprays	Beclometasone 50mcg, Triamcinalone 55mcg, Sterimar [®] , Fluticasone 50mcg, Pirinase [®]	Prevention and treatment of allergic rhinitis	•Pregnancy and breastfeeding	•>18 years
Haemorrhoid preparations	Preparation H [®] , Gemoloids [®] , Anusol [®] , Anusol Plus HC [®]	Internal and external haemorrhoids, pruritus ani, proctitis and fissures	<ul style="list-style-type: none"> •Pregnancy and breastfeeding •Bleeding/blood in stool 	•Not recommended for use in children
Heartburn/Indigestion	Gaviscon [®] , Pepsac [®] , magnesium, trisilicate	Acute indigestion/heartburn	<ul style="list-style-type: none"> •Pregnancy and breastfeeding •Over 55 years 	<ul style="list-style-type: none"> •>12 years for Gaviscon[®] •>1 years for Gaviscon[®] infant
Head lice treatment	Dimeticone 4%, Hedrin [®] , Lydear [®]	Visible head lice	•Pregnancy and breastfeeding	•>6 months
Shampoos and skin rashes	Alphosyl [®] , Capasal [®] , calamine lotion/cream	Shampoos; Seborrhoeic dermatitis, itchy, oily scalp, dandruff. Calamine; Mild sunburn and other minor skin conditions	•N/A	•>12 years for shampoos
Steroid creams/ointments	Hydrocortisone, Eurax [®] , Eurax HC [®]	Allergic contact dermatitis, irritant dermatitis, insect bite reactions and mild to moderate eczema	<ul style="list-style-type: none"> •Use on the face, anogenital region or broken skin •Pregnancy and breast feeding •Duration of use > 1 week •Infected skin 	•>10 years

CCG Decision

The MOG were supportive of the decision to promote self-care and have agreed the restricted list. The Governing Body approved the MOGs proposal of the restricted list, and approved cascading of the list alongside relevant communications, including posters, leaflets etc. to GP practices, pharmacies and patients.

Following the governing body's approval, the Medicines Optimisation Team will attempt to quantify clinical exclusions and devise a more accurate potential saving opportunity for NHS West Kent CCG.

References

Engage Kent, March 2017. Report on public engagement regarding Over the Counter medicines in west Kent.

General Pharmaceutical Council, November 2013. Developing guidance to support the safe and effective supply of 'Pharmacy (P)' medicines.

NHS England, July 2017. Items which should not routinely be prescribed in primary care: A Consultation on guidance for CCGs.

PrescQIPP, July 2017 – accessed August 2017.

Appendix 1: West Kent CCG OTC prescribing figures (PrescQIPP, 2017)

	Total Spend YTD (April 17-July 17)	Forecast total spend financial year 17-18
Diarrhoea/Constipation	£196,760	£590,280
Antihistamines (OTC)	£46,925	£140,775
Conjunctivitis	£28,352	£85,056
Fungal infection	£18,727	£56,181
Cough and cold remedies	£1,388	£4,164
Heartburn and indigestion	£41,016	£123,048
Nasal Sprays (OTC)	£6,626	£19,878
Eczema	£12,058	£36,174
Head lice and scabies	£3,718	£11,154
Haemorrhoid treatment	£2,817	£8,451
Cold Sore	£1,115	£3,345
Threadworm	£567	£1,701
Emollients (OTC)	£204,784	£614,352
Skin rash	£3,821	£11,463
Total	£568,674	£1,706,022



Report on public engagement regarding Over the Counter medicines in West Kent.



Engage Kent
March 2017

Executive summary

This report has been prepared for the Medicine Optimisation Group who, via the Clinical Group and the Governing Body, oversaw the public engagement project.

From 1st to 20th March 2017, Engage Kent undertook engagement activities to reach targeted communities within West Kent to seek their views and thoughts regarding possible changes to the prescribing of Over the Counter Medicines, as part of West Kent CCG's wider work to address the financial and operational pressures faced by the CCG and wider NHS. 274 people contributed their views.

We found;

- 85% of people currently receiving free prescriptions would buy items from pharmacy if their GP asked them.
- 15% of people said that if one or more of the medicines listed, were no longer available on prescription, it would be a problem for them.
- 45% of people felt that the NHS should provide only the most effective drugs and treatment, regardless of what they cost.
- 68% of people felt that none of the listed medicines discussed with them needed to remain on prescription.
- GPs have already reduced what medicines that are prescribing and encouraging patients to buy over the counter and would welcome a CCG wide decision with guidance about a wider range of medicines, as most are currently focused on paracetamol products.
- Pharmacists support reducing the range of medicines available on prescription. However, they have concerns about monitoring and support of high risk client groups and the potential for people to be frustrated when Pharmacists are not able to sell something over the counter without the patient having previously seen a GPs.

On 28th March, NHS England announced that it would be undertaking a review to Consider the prescribing of medicines which are of relatively low clinical value or priority or are readily available 'over the counter' and in some instances, at far lower cost. It is anticipated this this review will cover medicines included in

this report such as treatment for coughs and colds, antihistamines and sun cream.

In addition, to inform future thinking and planning, Engage also spoke to people about what they felt were most effective methods of getting information from the NHS/CCG, to help inform future promotional activities.



What are 'Over the Counter' medicines?

'Over the Counter' medicines refer to those medicines which can be bought from pharmacies, supermarkets and other retail outlets without the supervision of a pharmacist. They include medicines that treat minor self-limiting complaints people may feel are not serious enough to see their GP or pharmacist about. The list of medicines that was discussed with the public can be found in Appendix 1

Project design and methodology

The project was designed around an impact and inequalities assessment that ensured that the engagement activities were tailored to target those that the proposals will most impact, for example people on low incomes, in receipt of free NHS prescriptions or with chronic or long term conditions such as arthritis pain, allergies and minor joint and muscle pain.

A desk top review of the deprivation indices and health inequalities across the West Kent CCG area, plus urban and rural geographical factors, highlighted three target areas;

- Park Wood and Shepway South wards in Maidstone.
- Sevenoaks
- Rural Tunbridge Wells

In order to gain a full 360 perspective, the project was designed to work with public, GP surgeries and Pharmacies within the same target geographical area.

These pairings of GPs and Pharmacies were:

- Wallis Avenue Surgery and Lloyds Pharmacy in Maidstone
- Town Medical Centre and Paydens in Sevenoaks
- Waterfield House Surgery and Pembury Pharmacy in rural Tunbridge Wells

Engaging GPs and pharmacists

Practice Managers were sent a set of questions that they discussed with GPs in their practice and then relayed in a phone interview.

Pharmacists were interviewed using the public questionnaire as a semi structured interview.

Engaging patients and public

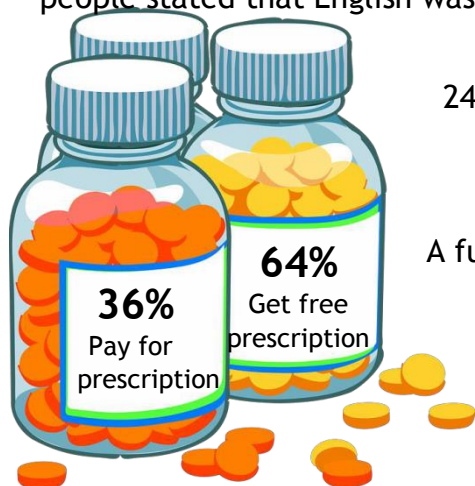
The main methods used to engage the public were;

- Fliers were distributed at participating GP surgeries (Appendix 2)
- Face to face interviews were undertaken with people waiting to collect prescriptions in participating pharmacies (Appendix 3)
- Fliers were handed to morning commuters (7am-8.30am) at three mainline stations within target areas, Maidstone East, Tunbridge Wells and Sevenoaks station.

Who we spoke to

274 members of the public contributed their views, of whom 30% of respondents came from the target area in rural Tunbridge Wells, 28% from Sevenoaks and 28% from the target area in Maidstone.

The majority of respondents were white English/ Welsh or Scottish (90%) and 94% of people stated that English was their first language.



24% identified themselves as carers and 13% identified themselves as disabled. 66% of those engaged were female.

A full profile of the public can be found in Appendix 4

What we found

People were shown a list of medicines and asked to say if they had had this on prescription in the last 6 months, bought it over the counter, or had it on repeat prescription.

The levels of people reporting to buy the listed medicines over the counter were consistently high with an average of 91%. They ranged from items such as hair removal cream and sun creams being exclusively bought over the counter, to the lowest reported over the counter purchased item of soya and infant thickened formulas, with a majority of people saying that they had bought this item.

The levels of people reporting that they had received some of the listed medicines on prescription was significantly lower with an average of 11%. Of the list, the most frequently reported items gained on prescription were soya and infant thickened formula and fungal nail infections for minor conditions, with 20% of people indicating they had this on prescription.

The level of people reporting that they had received some of the listed medicines on repeat prescription was very low, with an average of 0.5%. The most frequent items on repeat were painkillers (3%) Antihistamines (2%), bath additives moisturisers (2%) and nasal sprays (2%). Full breakdown for each listed medicine can be found in Appendix 5

People were also asked what items they thought should remain available on prescription. 68% of people felt that none of the listed items needed to remain on prescription.

It is worth highlighting that 32% of people considered what they perceived the needs of others to be, as well as their own needs in answering this question. There were some common clusters of thinking;

- Painkillers, in terms of frequency and volumes currently gained under prescription.
- Infant formula milk, for families on lower incomes.
- Fungal nail treatments, as they are expensive to buy over the counter.
- Everything should remain available, as NHS should provide everything.



Detailed breakdown can be found in Appendix 6.

To get a sense of the public's expectations of the NHS, people were asked to identify with one of three statements. We found that of the total number of people we spoke to;

45% of people felt that the NHS should provide only the most effective drugs and treatment, regardless of what they cost.

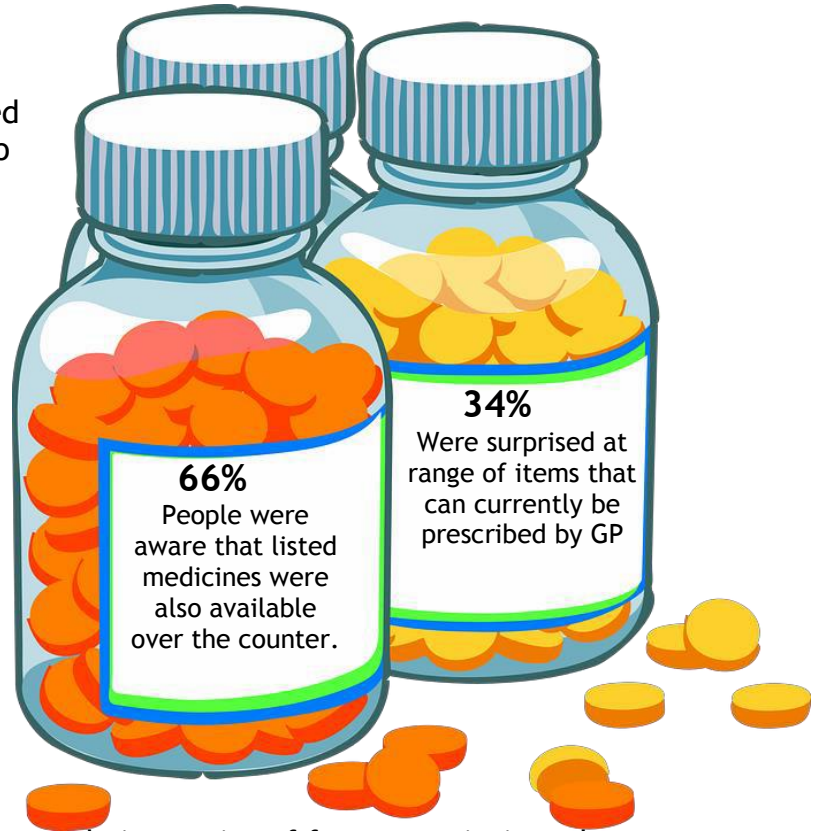
38% of people felt that the NHS should provide the most effective drugs and treatments only if they represent good value for money.

17% of people felt that the NHS should provide all drugs and treatments no matter what they cost.

What we heard from the public

Whilst there was support for reducing the amount of medicines available on prescriptions, there were areas of consideration raised by the public;

- The need to see a GP to determine the seriousness of a condition or to confirm its diagnosis. This included issues such as;
 - Fungal nail infections
 - Nasal congestion
- A greater move to return unused medicines and greater ability to re-enter them into stock.
- Discretionary power for GPs to offer items on prescription for low income families.
- Vitamins to remain on prescription for clinically diagnosed conditions
- Infant formula milks, should come from social services budgets rather than NHS budgets.



64% of the people we spoke to were currently in receipt of free prescriptions, but only 15% said that buying medicines over the counter would be difficult for them.

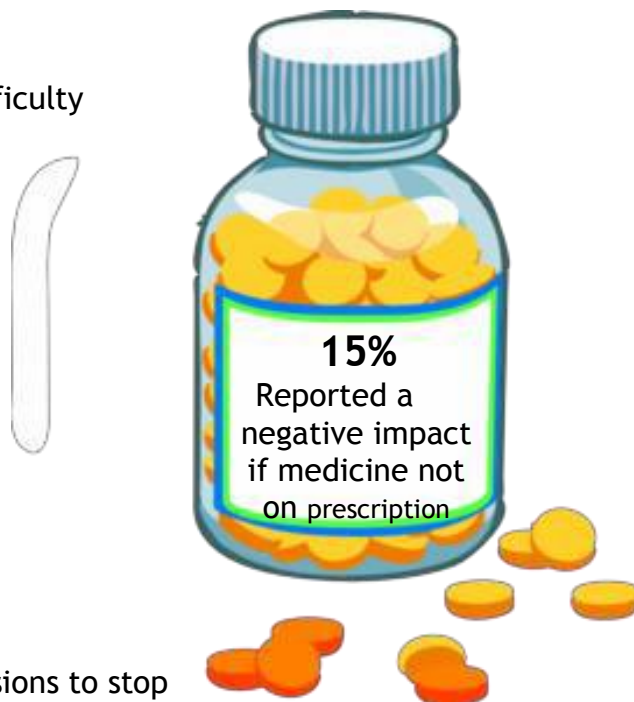
The single biggest area of concern about buying medicine over the counter was the financial impact. Many people were supportive, in principle, of buying relatively cheap items over the counter but expressed a concern about agreeing to buy something without knowing the actual cost.

One 25yr old female explained that it would cost her £14.50 for a tub of food for her baby and that her child benefit wouldn't cover the cost.

Four people raised concerns about being able to buy the volume of painkillers that they needed on a regular basis.

One person highlighted that they would have difficulty accessing a pharmacy to buy medicines on a regular basis.

Whilst surveying the public in Pharmacies the project looked at shelf prices for the medicines listed and noted the average price. For detail see Appendix 7



What we heard from GPs

Each practice reported that they had made decisions to stop prescribing some medicines on the list, such as paracetamol, tablets and suspension for all patients, Ibuprofen and one had stopped freezing verrucae.

One practice explained that when the pharmacy scheme came on line they had made proactive moves to encourage people to get medicines via this scheme.

Example data from one surgery showed that as of end of February 2017, 50% of their patients were in receipt of repeat prescriptions. Not surprisingly the greater numbers of those receiving repeats prescriptions are aged 60-79yrs, with 16% of this group having 5 or more medicines on regular repeat.

The reported reducing of prescribing the listed medicines would seem to be supported by our findings. Given the illustration from one surgery regarding the number of medicines being prescribed to people within age bracket 60-79yrs, we found very small numbers of people in this age bracket reporting being in receipt of the listed medicines via prescription and even fewer in receipt via a repeat prescription.

One GP practice manager explained that they are taking time to talk to frustrated patients who are being advised that the GP is not now prescribing items that they have previously had for free on prescription. They reported that the time invested in these conversations, explaining the reasoning behind the decision is making a difference to how patients feels about buying their medicines over the counter. Patients who raise particular concerns are 'flagged' so that GPs are alerted to discuss direct with the patient during the consultation.

The participating GP surgeries would welcome the possibility of a CCG/ NHS wide decision and guidance on medicines beyond paracetamol. Surgeries felt it would support local decisions made within the practice and enable them to frame the issue better when explaining the personal impacts on patients.



The GP surgeries that we talked to are all promoting the common ailments scheme and are actively promoting more 'self-care' among their patients.

The surgeries we spoke to would like the CCG to consider;

- Needs of care homes to still get items on prescription to enable them to work within medicine management frameworks. One surgery went further to ask about possibility of a bulk prescribing policy to recognise the number of residents that have multiple repeat prescriptions.
- Continuation and promotion of Pharmacy Scheme to support patients on limited income.

What we heard from Pharmacists

The number of pharmacists we spoke to was limited to the participating Pharmacies and the Chair of the LPC. However, the single greatest issue they raised was regarding Paracetamol and other painkillers.

Pharmacists noted that they were seeing a growing number of people with prescribed Vitamin D and Iron supplements.

Pharmacists gave examples of how items such as Ensure had made significant contributions to wellbeing of elderly people and the terminally ill. Although not named in the list of medicines we talked to the public about, it could be included under food supplements. Pharmacist asked the CCG to consider the merit of maintaining this on prescription.

Pharmacies feel that they are the face to face contact point with the public and that it may fall to them to manage people's potential frustrations about having to pay for medicine which they currently get free on prescription.

Finally, Pharmacists raised the question of how the CCG sees the future use of the common ailment scheme, which enables patients to see a pharmacist and reduce the demand for GP appointment time.

Pharmacists asked the CCG to further consider;

- Issues around monitoring and building relationships with high risk groups

such as older people and maintaining an oversight of possible additional sources of paracetamol within medicines, i.e. cough and cold products

- The ability for people who take paracetamol for chronic conditions such as arthritis to purchase the volumes that they require over the counter
- The ability of those whose mobility is reduced due to a chronic condition, such as arthritis to access a pharmacy to buy medicines on a regular basis, especially as funding for home delivery services operated by some local pharmacies is now being reduced.

- Ongoing monitoring of people with high blood pressure and diabetes to ensure that pharmacists are not having to refer people back to a GP before being able to sell a medicine over the counter.
- Existing limits to Pharmacists ability to sell fungal nail infection treatments over the counter.

The Local Pharmacy Committee also made the following comments about the design and findings of the engagement activities;

- 4 of the postcode areas surveyed within this engagement (ME17, TN14, TN15, TN3) have dispensing doctors. Dispensing doctors cannot sell OTC products so if they stopped being available through prescriptions then those patients will have to make a special journey to the pharmacy. 24 people from these postcode areas were engaged.
- The area targeted in terms of levels of deprivation, (ME15) also contains Bearsted, Loose and East & West Farleigh which are recognized as more affluent areas. All the other target areas are reasonably affluent, therefore the responses may not reflect areas where people may find the additional cost of purchasing medicines prohibitive and therefore decide to go without (e.g. treatments for fungal nail infections, some of which can be quite expensive). Has the CCG any comparative data with other CCGs areas such as Thanet.
- It appears that few of the patients spoken receive these medications already on a repeat prescription. This suggest that there will be few savings to be made as this is where the scheme such as this could be most effective.
-

Future communication with the public

The public were asked how they found out about changes to the NHS in West Kent and what ideas they had to help ensure that the local NHS (CCG) communicate as effectively as possible with them.

Most people felt that the best way for them to hear about changes would be at their GP surgery, directly from the GP during the consultation when talking about possible treatments. This was closely followed by getting information from the Pharmacy at the point of collecting their prescription. People reported looking at posters and leaflets as they waited.

However, there was mixed feedback about the use of leaflets, many saying that they didn't bother to pick them up, preferring now to get information from social media or from websites direct.

It was noted that the pharmacies that participated had very limited space for display of posters and storage of leaflets and in fact stated a preference for not having them.

Lots of people suggested advertising the changes on packaging for medicines, or on prescription slips or prescription bags. This also included suggestions to include costs of medicines to help raise public awareness of real costs to the NHS.

The most frequently mentioned ways of reaching the wider public was the use of advertising media, such as local radio, national day time TV and local press. Ideas included adverts on local buses, at bus stops and billboards.

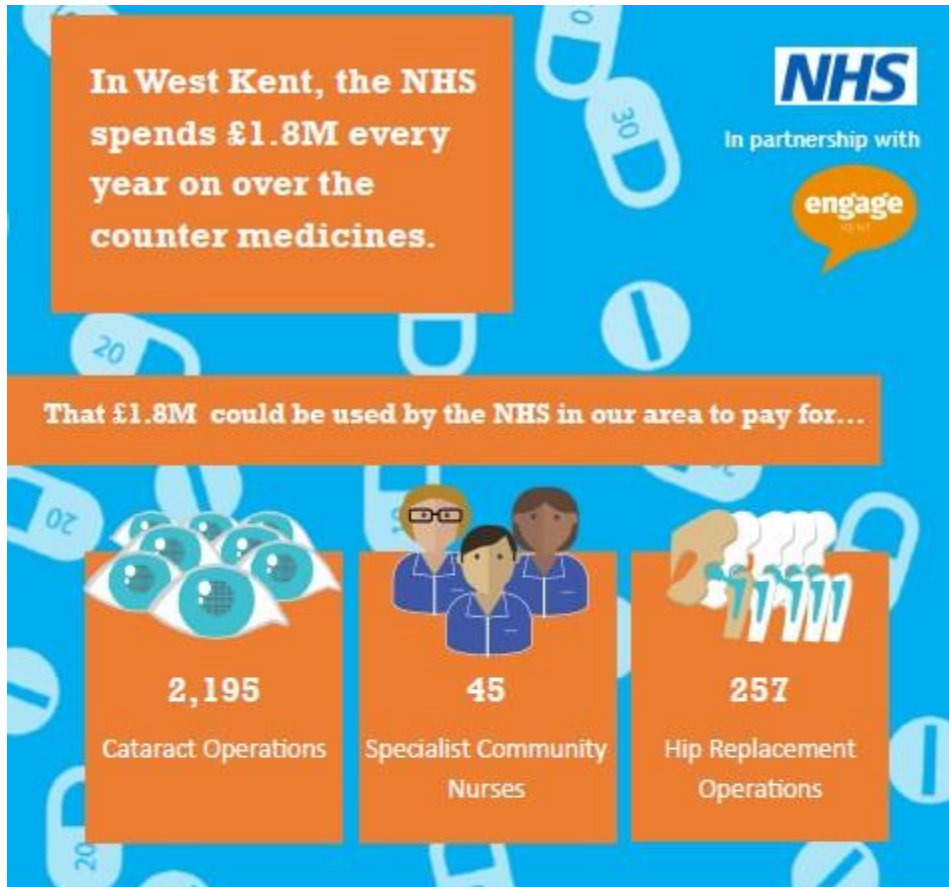
Pharmacists suggested that it would be useful to have a FAQ that Pharmacy staff could use to answer any questions from the public.

Appendix 1

List of medicines discussed with the public

Painkillers for minor aches and pains ie paracetamol, ibuprofen, aspirin
Vitamins
Moisturisers and bath additives for dry skin (not diagnosed eczema conditions)
Antihistamines - bites and stings, hayfever, itching
Ear wax removers
Hair removal cream
Creams for minor scars
Lozenges, throat sprays mouthwashes, gargles and toothpastes
Cough and cold remedies
Nasal sprays for acute nasal congestion
Sun creams (not diagnosed photo sensitivity)
Food and food supplements
Soya and thickened infant formulas
Infant formula for lactose intolerance
Hemorrhoid treatments
Fungal nail infections for minor conditions

Appendix 2 Flier



The NHS in West Kent wants to hear what you think.

How would you feel about buying some of your medicines rather than receiving them on prescriptions?

Please could you spare 10 minutes to complete a short questionnaire at:
<https://www.surveymonkey.co.uk/r/medicinesinWestKent>

Appendix 3

Questionnaire

Do you know how much your medicines cost the NHS?
It's a lot more than you think.

Did you know that many medicines are cheaper to buy at a pharmacist than get on prescription?

In West Kent, the NHS spends **£1.8 million** every year on medicines that could be bought cheaper in a pharmacy.

That £1.8 million could be used by the NHS in our area to pay for other essential services such as;

- **2,195** cataract operations or
- **45** specialist community nurses or
- **257** hip replacement operations

How would you feel about buying some of your prescriptions directly from your pharmacy rather than receiving them on prescription?

The NHS in West Kent wants to hear what you think to help them make decisions on how best to spend their limited budget.

Please could you spare 10 minutes to complete a short questionnaire so that we can tell the NHS in West Kent your thoughts.

Q1 Do you currently pay for your prescriptions?

Yes

No

Don't know

Q2 Below is a list of medicines that can currently be bought over the counter and do not require a prescription.

In the last 6 months have you...?



Appendix 3

	Had this on prescription	Bought this over the counter	Had this on repeat prescription
Painkillers for minor aches and pains ie paracetamol, ibuprofen, aspirin			
Vitamins			
Moisturisers and bath additives for dry skin (not diagnosed eczema conditions)			
Antihistamines - bites and stings, hayfever, itching			
Ear wax removers			
Hair removal cream			
Creams for minor scars			
Lozenges, throat sprays mouthwashes, gargles and			

	Had this on prescription	Bought this over the counter	Had this on repeat prescription
toothpastes			
Cough and cold remedies			
Nasal sprays for acute nasal congestion			
Sun creams (not diagnosed photo sensitivity)			
Food and food supplements			
Soya and thickened infant formulas			
Infant formula for lactose intolerance			
Hemorrhoid treatments			
Fungal nail infections for minor conditions			

Q3 Did you realise that so many medicines, currently prescribed in West Kent, were available over the counter?

Yes No

Q4 If anything from the previous list was no longer available on prescription and you had to buy it from a pharmacy, would it affect you?

Yes No

How would this affect you?

Q5 Please tick which item, if any, you think should remain available on prescription

Q6 Which statement do you agree with most

- The NHS should provide the most effective drugs and treatments only if they represent good value for money
- The NHS should provide only the most effective drugs and treatment, regardless of what they cost
- The NHS should provide all drugs and treatments no matter what they cost

Q7 If you do not pay for your prescriptions, would you be prepared to buy those that are cheaper at a pharmacy rather than on an NHS prescription?

Yes

No

Q8 The NHS in West Kent would like to make people more aware of the costs of medicine on prescription. What do you think would be the best way to tell as many people as possible?

Appendix 4

Profile of public engaged

Age

Under 25 yrs	4%
25 to 39yrs	20%
40 to 49yrs	14%
50 to 59yrs	20%
60 to 69yrs	15%
70 to 79yrs	16%
80yrs of older	11%

Gender

Male	34%
Female	66%

Carer

-Yes	24%
-No	76%

Disabled

-Yes	13%
-No	87%

Appendix 4

First Language

English	94%
Other	6%

Ethnicity

English / Welsh / Scottish	90%
Other white background	5%
Irish	1%
Other ethnic background	1%
Other Asian background	1%
White and Black African	1%
Pakistani	0.5%
Chinese	0.5%

Target Areas

Target areas	Postcode		No of people
Maidstone 28%	ME14	Maidstone, Bearsted, Grove Green	5
	ME15	Bearsted (Madginford), Downswood, Shepway, Senacre, Maidstone Town Centre, Loose, Mangravel, Park Wood, Tovil, East Farleigh, West Farleigh	60
	ME17	Hollingbourne, Hucking, Harrietsham, Lenham, Boughton Monchelsea, Linton, Coxheath, Chart Sutton, East Sutton, Langley, Kingswood, Sutton Valence	11
Sevenoaks 28%	TN 13	Riverhead, Dunton Green	65
	TN14	Cudham, Otford	7
	TN15	Kemsing, Ightham, Plaxtol, Wrotham, Sevenoaks Weald	4
Rural Tunbridge Wells 30%	TN1	Royal Tunbridge Wells (town centre)	2
	TN2	Pembury	78
	TN3	Langton Green, Groombridge, Frant, Speldhurst, Lamberhurst	2
Unknown 6%			19
Out of target areas 8%	ME1	Rochester, Burham, Wouldham	2
	ME16	Barming, Allington and west Maidstone	1
	ME19	West Malling, Kings Hill, Leybourne	1
	TN4	Rusthall, Southborough	2
	TN9	Tonbridge	1
	TN16	Westerham, Biggin Hill, Tatsfield	3
	TN17	Cranbrook, Goudhurst, Benenden, Frittenden	1
	TN11	Penshurst, Hildenborough, Hadlow	6
	TN12	Paddock Wood, Staplehurst, Brenchley, Horsmonden	4

Appendix 5

Prescription, purchase and repeat data

	Had on prescription	Bought over the counter	Had on repeat prescription
Painkillers for minor aches and pains ie paracetamol, ibuprofen, aspirin	14%	88%	3%
Vitamins	15%	89%	1%
Moisturisers and bath additives for dry skin (not diagnosed eczema conditions)	13.0%	89%	2%
Antihistamines - bites and stings, hayfever, itching	16%	86%	2%
Ear wax removers	8%	94%	0%
Hair removal cream	0%	100%	0%
Creams for minor scars	8%	92%	0%
Lozenges, throat sprays mouthwashes, gargles and toothpastes	4%	96%	0.5%
Cough and cold remedies	3%	97%	0%
Nasal sprays for acute nasal congestion	15%	86%	2%
Sun creams (not diagnosed photo sensitivity)	0%	100%	0%
Food and food supplements	11%	91%	1.5%
Soya and thickened infant formulas	20%	80%	0%
Infant formula for lactose intolerance	16%	84%	0%
Hemorrhoid treatments	9%	97%	0%
Fungal nail infections for minor conditions	20%	83%	0%

Appendix 7

What medicines should remain on prescription.

	Number of people who thought item should remain on prescription
Infant formula for lactose intolerance	87
Soya and thickened infant formulas	71
Antihistamines - bites and stings, hayfever, itching	60
Painkillers for minor aches and pains ie paracetamol, ibuprofen, aspirin	59
Nasal sprays for acute nasal congestion	49
Hemorrhoid treatments	47
Food and food supplements	41
Fungal nail infections for minor conditions	35
Moisturisers and bath additives for dry skin (not diagnosed eczema conditions)	32
Vitamins	29
Cough and cold remedies	29
Creams for minor scars	20
Ear wax removers	20
Creams for minor scars	20
Lozenges, throat sprays mouthwashes, gargles and toothpastes	17
Sun creams (not diagnosed photo sensitivity)	10
Hair removal cream	9

Appendix 7

Indicative medicine costs as of March 2017

Data taken from three participating pharmacies, with pharmacists highlighting products most frequently referred to on prescription

	Price range
Painkillers for minor aches and pains ie paracetamol, ibuprofen, aspirin	Junior Paracetamol liquid from £2.50 16 paracetamol tablets from 25p
Vitamins	From £2 - £5
Moisturisers and bath additives for dry skin (not diagnosed eczema conditions)	£12
Antihistamines - bites and stings, hayfever, itching	£5 - £6
Ear wax removers	£5 - £6
Hair removal cream	£4 - £7
Creams for minor scars	£5 - £15
Lozenges, throat sprays mouthwashes, gargles and toothpastes	£4 - £6
Cough and cold remedies	£2 - £5
Nasal sprays for acute nasal congestion	£5 - £8
Sun creams (not diagnosed photo sensitivity)	£7 - £12
Food and food supplements	Ensure £30 for 12
Soya and thickened infant formulas	£11 - £13
Infant formula for lactose intolerance	£11 - £13
Hemorrhoid treatments	£4
Fungal nail infections for minor conditions	£20 - £22

Equality Analysis Template

This document should be completed in conjunction with the Equality Analysis Guidance document. Should you have any queries, please contact your designated SECSU Equality & Diversity Lead who will be pleased to help (alternatively please contact the Equality & Diversity Team at SECSU.Equality@nhs.net).

Section 1: Policy, Function or Service Development Details and Authorisation	
Name of Organisation:	NHS West Kent Clinical Commissioning Group
Name of the policy, function or service development being assessed:	Medicines Optimisation – Restricting the prescribing of over the counter medicines for minor, short-term, self-limiting conditions
Is this a new/existing/revised policy, function or service development?	New policy for implementation
Briefly describe its aims and objectives	NHS England are undertaking a review to consider the prescribing of medicines which are of relatively low clinical value or priority or are readily available 'over the counter' and in some instances, at far lower cost. It is anticipated that this review will cover medicines such as treatment for coughs and colds, antihistamines and sun cream. West Kent CCG has taken the decision to action this work prior to national guidance. The aim of this policy is to reduce the

	<p>prescribing of medicines that are available to purchase over the counter from pharmacies and supermarkets.</p> <p>This will be implemented by drawing up a restricted list of medicines not to be prescribed, which are readily available over the counter, and allows a GP to advise patients who present with minor, self-limiting conditions that they can purchase products to manage those symptoms over the counter.</p> <p>This policy will help promote patients to self-care as in line with the NHS 5 year forward view, and also free up GP time for more serious, complex conditions.</p> <p>An independent pre-engagement was carried out by health watch to target specifically identified areas to capture a broad range of responses.</p> <p>This policy will have some exceptions to allow GPs to continue prescribing over the counter medicines in certain at risk groups and to ensure that it complies with the 3 aims of the equality duty;</p> <ol style="list-style-type: none"> 1. Eliminate unlawful discrimination, harassment, and victimisation and any other conduct that is prohibited by the Act. 2. Advance equality of opportunity between people who share a protected characteristic and those who do not. 3. Foster good relations between people who share a protected characteristic and those who do not.
Analysis Start Date:	Aug - 17
Lead Author of Equality Analysis:	Mohammed Soomro/Nigel Gumbleton
Equality & Diversity Lead Approved? Yes/No (please indicate)	Yasmin Mahmood

Equality & Diversity Lead Name:	
Date of approval:	
Have any financial or resource implications been identified?	No
Date of Governing Body Meeting where the Equality Analysis was ratified:	TBC

Section 2 : Equality Analysis Checklist

For each of the nine protected characteristics in the table below, consider whether the policy/function/service development could have a positive or negative outcome on each of these groups. Involve service users where possible to obtain their opinion, use demographic/census data (available from public health and other sources), surveys (previous surveys or perhaps conduct one), ask PALS and Complaints for reports/data, obtain subject specific reports from providers and other published data. Ensure any remedial actions are Specific, Measureable, Achievable, Realistic, and Timely (SMART)

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Age</p> <p>Think about different age groups and the policy/function/service development and the way the user would access it, is it user friendly for that age group?</p> <p>What is the age breakdown in the community/workforce? Will the change/decision have significant impact on certain age groups?</p>	<p>In the 16/17 financial year, WKCCG spent £1.8million on prescribing medicines that could be bought over the counter from pharmacies and supermarkets.</p> <p>NHS England are consulting on some principles for this type of product to inform national policy which will then be implemented locally</p> <p>Pre-consultation was carried out from 1st-20th March 2017 by engage Kent. The profile of the ages of patients engaged is;</p> <p>Under 25 yrs - 4% 25 to 39yrs - 20% 40 to 49yrs - 14% 50 to 59yrs - 20% 60 to 69yrs - 15% 70 to 79yrs - 16% 80yrs of older - 11%</p>	<p>In March 2017, there was an independent pre-engagement carried out by health watch.</p> <p>The areas, GP practices and pharmacies targeted in the pre-engagement, were chosen by the MOT, to identify areas where it was thought health inequalities may be present.</p> <p>The urgent care team have also previously carried out scoping work with regards to deprivation levels in west Kent prior to rolling out the Pharmacy first scheme. This information was used to influence areas targeted in the pre-consultation.</p> <p>The medicines optimisation group (MOG) consists of GPs, members of the</p>	<p>Negative - Patients will generally not receive prescriptions for medicines available over the counter for short term self-limiting conditions and will be directed to a pharmacy for advice and to purchase the product if required.</p> <p>Currently, patients can get free NHS prescriptions if, at the time the prescription is dispensed, they are:</p> <ul style="list-style-type: none"> •60 or over •under 16 •16-18 and in full-time education <p>These groups would therefore have to pay for any over the counter medications for conditions that can be managed by self-care, which could impact income or their management of self-limiting conditions</p>	<p>CCG staff will work with communications team and primary care staff to ensure appropriate education of self-care via posters and leaflets.</p> <p>Have communication with patient participation groups and their chairs to ensure the correct message is given to these patients and is understood</p> <p>Ensure patients in this group who are eligible for free prescriptions are aware of the pharmacy first scheme, which may minimise any negative impact on these patients by providing a route to obtain over the counter medicines free of charge from a pharmacy.</p>	<p>Mohammed Soomro/Nigel Gumbleton, OTC restricted list to be developed for MOG September 2017</p> <p>Restricted list and policy document to be presented by October 2017 Governing body</p> <p>Communications team, Leaflets and posters to be distributed following go ahead from governing body – October to December 2017</p> <p>Restricted list to be implemented January 2018</p> <p>Monitor fall-out from the first 6 months since implementation.</p>

	<p>Feedback from the pre-consultation by engage Kent suggests 85% of people currently receiving free prescriptions would buy items from the pharmacy if their GP asked them while 15% of people said that if one or more of the medicines listed, were no longer available on prescription, it would be a problem for them. 64% of those asked get free prescriptions. 42% of those who currently receive free prescriptions are over 60 years of age.</p> <p>West Kent Population Health and Wellbeing Profile published in 2015 states over the next five years it is estimated that the population aged over 85 years will increase by 22.4% (2,848 individuals). Over the next twenty years, there will be a population increase of 19%. The largest increase is expected in the over 65 age band, with an</p>	<p>medicines optimisation team, community pharmacy representative, and a patient representative.</p> <p>Each of the GPs represents a GP practice within a different area of west Kent and with varying levels of deprivation.</p> <p>The patient representative brings feedback from herself but also from her friends and family, which offers a direct patients view of proposals brought to the MOG.</p>	<p>School aged children who require OTC medicines to be given at school may be negatively affected. Care home residents who cannot purchase these items themselves may also be negatively affected.</p>		
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	increase of 59.4%				
<p>Disability</p> <p>Think outside the box – you may not be able to see the disability. It could be physical (for instance hearing or visual impairment), unseen (for instance mental health) or a learning disability (for instance Autism). Consider for example:</p> <p>Accessibility – venue, location, signage, furniture and getting around</p> <p>Disability awareness training for staff</p> <p>Actively involve the service user and talk it through with them</p> <p>Mental Health – does this affect significant communities in the local population?</p>	<p>In financial year 16-17, WKCCG spent £1.8million on prescribing medicines that could be bought over the counter from pharmacies and supermarkets.</p> <p>NHS England are consulting on some principles for this type of product to inform national policy which will then be implemented locally</p> <p>Feedback from the Pre-consultation by engage Kent suggests 85% of people currently receiving free prescriptions would buy items from the pharmacy if their GP asked them and 15% of people said that if one or more of the medicines listed, were no longer available on prescription, it would be a problem for them.</p> <p>. 13% of those spoken to</p>	As above	<p>Negative - Patients will generally not receive prescriptions for medicines available over the counter for short term self-limiting conditions and will be directed to a pharmacy for advice and to purchase the product if required. Some patients with disabilities may currently receive prescriptions free on the NHS, of which some of these items may include over the counter medicines. Following this change, some individuals in this group may have to pay for those medicines over the counter rather than on prescription.</p> <p>Patients with disabilities may not be able to purchase products safely and independently over the counter and thus may be negatively affected.</p>	<p>As above</p> <p>Work with charities which support groups of patients who are disabled, housebound etc to help communicate this policy.</p> <p>Ensure patients and prescribers are aware to consider accessibility issues when confronted with a decision to prescribe over the counter medicines or not.</p>	As above

	<p>identified themselves as disabled</p> <p>From 2011 census, West Kent CCG Households with one person with long term disability is 22.75% and Of whom 4.18% have dependents</p>		<p>One other group of patients who may be negatively affected would be housebound patients or those with accessibility issues</p>		
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<p>Gender Reassignment</p> <p>Think about creating an environment within the policy/function/service development that is user friendly and non-judgemental. Does the organisation need to raise awareness / offer training?</p> <p>If the policy/function/service development is specifically targeting this protected characteristic, think carefully about confidentiality, training, and communication skills</p>	<p>In financial year 16-17, WKCCG spent £1.8million on prescribing medicines that could be bought over the counter from pharmacies and supermarkets Other CCGs have begun empowering GPs to restrict their prescribing of over the counter products. This has been done by producing a list of over the counter medicines not to prescribe and extensive education/communication campaigns, with the use of posters, leaflets etc.</p> <p>NHS England are consulting on some principles for this type of product to inform national policy which will then be implemented locally</p>	<p>As above</p>	<p>No outcomes – The policy or products chosen do not discriminate against gender reassignment patients</p>	<p>As above</p>	<p>As above</p>
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<p>Marriage and Civil Partnership</p> <p>Think about access and confidentiality, the partner may not be aware of involvement or access to the service</p> <p>Staff training to raise awareness of ensuring equal status to spouses and civil partners in all HR policies, terms and conditions and services.</p>	<p>In financial year 16-17, WKCCG spent £1.8million on prescribing medicines that could be bought over the counter from pharmacies and supermarkets Other CCGs have begun empowering GPs to restrict their prescribing of over the counter products. This has been done by producing a list of over the counter medicines not to prescribe and extensive education/communication campaigns, with the use of posters, leaflets etc</p> <p>NHS England are consulting on some principles for this type of product to inform national policy which</p>	<p>As above</p>	<p>No outcomes - The policy or products chosen do not discriminate against marriage and civil partnership</p>	<p>As above</p>	<p>As above</p>

	will then be implemented locally.				
<p>Pregnancy & Maternity</p> <p>The policy/function/service development must be accessible for all e.g. opening hours</p> <p>Are the chairs appropriate for breast feeding? Is there a private area? Are there baby changing facilities and is there space for buggies?</p> <p>What are the future projections for birth rates, neo natal statistics? Will the service/decision have a significant impact on this protected characteristic?</p>	<p>In financial year 16-17, WKCCG spent £1.8million on prescribing medicines that could be bought over the counter from pharmacies and supermarkets Other CCGs have begun empowering GPs to restrict their prescribing of over the counter products. This has been done by producing a list of over the counter medicines not to prescribe and extensive education/communication campaigns, with the use of posters, leaflets etc.</p> <p>NHS England are</p>	As above	<p>Positive outcomes – Patients under this protected characteristic will not be negatively affected by this proposal. Medicines available over the counter generally do not have a license for use in pregnancy or breastfeeding, and therefore cannot be bought over the counter for these patients. In these cases, the GP would need to prescribe if they feel clinically appropriate rather than refer the patient to self-care or pharmacy first.</p>	As above	As above

	<p>consulting on some principles for this type of product to inform national policy which will then be implemented locally</p> <p>Preconsultation by engage Kent - 85% of people currently receiving free prescriptions would buy items from the Pharmacy if their GP asked them.</p> <p>15% of people said that if one or more of the medicines listed, were no longer available on prescription, it would be a problem for them.</p> <p>66% of those spoken to were female</p>				
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<p style="text-align: center;">Race</p> <p>You need to think carefully about the local demographics of the population who will be accessing the policy/function/service development. Talk to public health. Consider for example:</p> <p>Cultural issues (gender, clothing etc.)</p> <p>Languages</p> <p>Support to access</p> <p>Staff training on cultural awareness, interpreting etc.</p>	<p>In financial year 16-17, WKCCG spent £1.8million on prescribing medicines that could be bought over the counter from pharmacies and supermarkets Other CCGs have begun empowering GPs to restrict their prescribing of over the counter products. This has been done by producing a list of over the counter medicines not to prescribe and extensive education/communication campaigns, with the use of posters, leaflets etc.</p> <p>NHS England are consulting on some principles for this type of product to inform national policy which will then be implemented locally.</p> <p>From WK CCG Annual Equality Report 2013; WK CCG Strategic Commissioning Plan, The proportion of the West Kent population</p>	<p>As above</p>	<p>No outcomes The policy or products chosen do not discriminate against race</p>	<p>As above</p> <p>There needs to be a provision to ensure that the promotional material distributed to patients and displayed within GP practices would be available in other key languages. These will be available upon request and the policy will be communicated through community centres and places of worship</p>	<p>As above</p>
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	<p>who are from a non-white British background is 9%, this includes 0.4% from a gypsy and traveller community and 3.6% from a 'white other' background which would include eastern European populations and 5% from a Black or Asian background (BME). The percentage of the BME population is higher in the 0 to 15 age group compared to over 16.</p>				
<p>Religion or Belief</p> <p>Again, think about the local population and what religion or beliefs they may have. Consider for example:</p> <p>Staff training on respecting differences and religious beliefs</p> <p>Are you trying to implement a change/activity at an inconvenient time e.g. during a time of religious holiday such as Ramadan?</p> <p>Is there an area for prayer times, religious rituals e.g. washing area?</p>	<p>In financial year 16-17, WKCCG spent £1.8million on prescribing medicines that could be bought over the counter from pharmacies and supermarkets Other CCGs have begun empowering GPs to restrict their prescribing of over the counter products. This has been done by producing a list of over the counter medicines not to prescribe and extensive education/communicati</p>	As above	No outcomes The policy or products chosen do not discriminate against religion or belief	As above	As above

	<p>on campaigns, with the use of posters, leaflets etc.</p> <p>NHS England are consulting on some principles for this type of product to inform national policy which will then be implemented locally</p> <p>From the 2011 census, the proportion of West Kent CCG that has a religion is 66%</p> <p>No religion 26.58% and Religion not stated 7.42%. Of those reported to have a religion,</p> <p>Christian 63.49% Buddhist 0.44% Hindu 0.59% Jewish 0.14% Muslim 0.87% Sikh 0.10% Other religion 0.37%</p>				
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<p style="text-align: center;">Sex</p> <p>This is the impact on males and females. For example same sex accommodation - are there areas for privacy? Is it accessible for both taking into account working service users? Would it be a venue they would go to?</p> <p>What does research show regarding the incidence of for example, mental health, cancers, early or late diagnoses for males or females?</p>	<p>In financial year 16-17, WKCCG spent £1.8million on prescribing medicines that could be bought over the counter from pharmacies and supermarkets Other CCGs have begun empowering GPs to restrict their prescribing of over the counter products. This has been done by producing a list of over the counter medicines not to prescribe and extensive education/communication campaigns, with the use of posters, leaflets etc.</p> <p>NHS England are consulting on some principles for this type of product to inform national policy which will then be implemented locally. Pre-consultation engagement carried out by engage Kent had over 60% of the respondents as female – who may be more likely to be negatively</p>	<p>As above</p>	<p>No outcomes The policy or products chosen do not discriminate against sex</p>	<p>As above</p>	<p>As above</p>
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	affected by this change.				
<p>Sexual Orientation</p> <p>Don't make assumptions as this protected characteristic may not be visibly obvious.</p> <p>Providing an environment that is welcoming - for example visual aids, posters, leaflets.</p> <p>Using language that respects LGB&T people.</p> <p>Staff training on how to ask LGB&T people to disclose their sexual orientation without fear or prejudice.</p>	<p>In financial year 16-17, WKCCG spent £1.8million on prescribing medicines that could be bought over the counter from pharmacies and supermarkets Other CCGs have begun empowering GPs to restrict their prescribing of over the counter products. This has been done by producing a list of over the counter medicines not to prescribe and extensive education/communication campaigns, with the use of posters, leaflets etc.</p> <p>NHS England are consulting on some principles for this type of product to inform</p>	As above	No outcomes The policy or products chosen do not discriminate against sexual orientation	As above	As above

	national policy which will then be implemented locally				
<p>Carers</p> <p>Does your policy/function/service development impact on carers? Ask them. Do you need to think about venue, timing? What support will you be offering?</p>	<p>In financial year 16-17, WKCCG spent £1.8million on prescribing medicines that could be bought over the counter from pharmacies and supermarkets Other CCGs have begun empowering GPs to restrict their prescribing of over the counter products. This has been done by producing a list of over the counter medicines not to prescribe and extensive education/communication campaigns, with the use of posters, leaflets etc.</p>	As above	No outcomes The policy or products chosen do not discriminate against carers	As above Need to promote this change of policy through carer support networks to ensure there is adequate education among carers who are usually involved in the discussion related to the care and medication of the patient.	As above

	<p>NHS England are consulting on some principles for this type of product to inform national policy which will then be implemented locally. From 2011 census, There were approximately 42,937 carers.</p>				
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<p style="text-align: center;">Other</p> <p>Does your policy/function/service development impact on for example, those on low incomes, who are homeless etc.?</p>	<p>As above</p>	<p>As above</p>	<p>Negative outcomes – Care home residents who are currently prescribed over the counter medicines, may be negatively affected by this change. Care homes can give patients over the counter medicines via a homely remedy policy, but this only covers for up to 72 hours. Thereafter, carers cannot administer these medicines and patients may be negatively affected by this.</p>	<p>As above</p>	<p>As above</p>
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Section 3 : Action Plan

For any negative outcomes identified in Section 2, it is important to identify the steps you will take to mitigate consequences on the nine protected characteristics. Complete the Action Plan below to identify and record how you will address these.

Equality Group	Negative Outcome	Mitigating Action (Identify any resource/other implications)	Named Lead and Timeframe
<p>Age</p>	<p>Patients will generally not receive prescriptions for medicines available over the counter for short term self-limiting conditions and will be directed to a pharmacy for advice and to purchase the product if required. Currently, patients can get free NHS prescriptions if, at the time the prescription is dispensed, they are:</p> <ul style="list-style-type: none"> •60 or over •under 16 •16-18 and in full-time education <p>These groups would therefore have to pay for any over the counter medications for conditions that can be managed by self-care, which could impact income or their management of self-limiting conditions</p> <p>School aged children who require</p>	<p>The policy will aim to reduce health inequalities in the following ways;</p> <p>Over the counter medicines are widely available from supermarkets and pharmacies, which are open late in the evenings and at weekends and the majority are available at lower cost than to patients who would normally pay £8.60 per item for their NHS prescription.</p> <p>For patients who normally receive their prescription free of charge, west Kent has a Pharmacy first service, which can act as a safety net, whereby these patients could still access these over the counter medicines free of charge, if they are unable to purchase them.</p>	<p>Mohammed Soomro/Nigel Gumbleton</p>

	<p>OTC medicines to be given at school may be negatively affected. Care home residents who cannot purchase these items themselves may also be negatively affected</p>	<p>Monitoring any fallout from the first 6 months since implementation to see if any negative effects have been missed and take action to mitigate these.</p> <p>The policy aims to tackle the prescribing of OTC products for minor self-limiting complaints. It includes an exemption for when a treatment is needed for a long-term chronic condition or there are legal restrictions on the amount of medicine that can be purchased over the counter, then the patient's regular clinician will still be able to prescribe.</p> <p>The care of the individual patient must remain a prescribers first concern as described in the GMC 'duties of a doctor'</p> <p>Therefore the prescriber should recommend treatment based on clinical need but if there are concerns about an individual patient's ability to source a medicine themselves the GP may prescribe, e.g. school children, patients in care/nursing homes.</p> <ul style="list-style-type: none"> •Entail asking patients if they will buy products, recognising that the answer can be 'yes' or 'no' •No 'official ban' on any medicine or product from being prescribed 	<p>(From January 2018)</p> <p>All prescribers – January 2018</p>
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		<ul style="list-style-type: none">•Do not require prescribers to ask patients about their financial circumstances•Enable every patient with an indication for a medicine or listed product to access it <p>Produce and implement a comprehensive marketing and communications plan – This to include:</p> <ul style="list-style-type: none">• Support for GPs and other prescribing health professionals• Information for the public on the rationale of the changes• Self-care information for patients• Facts and myths on the changes• Ensure key messages on what is NOT changing, i.e. prescriptions for people with long term conditions• Fact sheets on the medications including alternatives, where over the counter medications can be purchased with appropriate costs and differences, if any, between brands names and shops own brands to reduce cost• Communications to be supported by national campaigns <p>The implementation of a policy will reduce variation between practices' prescribing approaches, providing consistency for patients across west</p>	West Kent communications team and Mohammed Soomro/Nigel Gumbleton (From October 2017)
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		Kent.	
Disability	<p>Patients will generally not receive prescriptions for medicines available over the counter for short term self-limiting conditions and will be directed to a pharmacy for advice and to purchase the product if required. Some patients with disabilities may currently receive prescriptions free on the NHS, of which some of these items may include over the counter medicines. Following this change, some individuals in this group may have to pay for those medicines over the counter rather than on prescription</p> <p>Patients with disabilities may not be able to purchase products safely and independently over the counter and thus may be negatively affected.</p> <p>One other group of patients who may be negatively affected would be housebound patients or those with accessibility issues</p>	<p>As above</p> <p>Patients with a disability (learning or physical) that the prescriber deems them not suitable to be able to purchase medicines over the counter themselves safely, are still able to receive these items on prescription.</p> <p>There will be an exemption within this policy for GPs to use for patients they feel would have issues with physically accessing community pharmacies and shops to purchase these medicines and safely able to self-care independently. In cases such as this, the GP is encouraged to continue prescribing.</p> <p>We will visit disability forums organised by health watch to communicate this and answer questions.</p>	All prescribers – January 2018

Gender Reassignment	N		
Marriage & Civil Partnership	N		
Pregnancy & Maternity	N		
Race	N		
Religion or Belief	N		
Sex	N		
Sexual Orientation	N		
Carers	N		
Other	<p>Care home residents who are currently prescribed over the counter medicines, may be negatively affected by this change. Care homes can give patients over the counter medicines via a homely remedy policy, but this only covers for up to 72 hours. Thereafter, carers cannot administer these medicines and patients may be negatively affected if they are not available on prescription and carers cannot administer them.</p>	<p>As above</p> <p>There will be an exemption to this policy to allow GPs to prescribe over the counter medicines if they feel this is appropriate and the GP believes there may be accessibility issues for the patient to obtain over the counter medicines safely and self-care independently. Care home residents may fall under this category of patients, and thus will still be able to obtain over the counter medicines on prescription.</p>	<p>All prescribers – From January 2018</p>

Section 4 : Submission

On completion of all sections of the Equality Analysis Form, submit your draft along with the policy, function, or service document to your Equality & Diversity Lead. Once reviewed, you will be provided with feedback and any recommended amendments. Having made any necessary changes, the final version should then be submitted to the CCG Equality and Diversity Working Group for quality assurance. The policy can then proceed to ratification at the required Board meeting. The completed EA Template should be appended to the policy, function or service development documentation. The completion of Equality Analysis Forms will be monitored by the Company Secretary.