

## Healthwatch Bradford and District's response to 'Conditions for which over the counter items should not routinely be prescribed in primary care: A consultation on guidance for CCGs

We spoke to 23 members of the public using a short survey based on the easy-read version of the consultation. We spoke to people at a Children's centre, a hospital, and a South Asian women's community group. Most people we spoke to were aged 50 or over, with the second highest group aged 26-49. Only one respondent was 25 or under. Two said they have a disability, and 7 were South Asian - the rest identified as white British.

Most of the people we spoke to said that they would not be directly affected by the proposal, although two said they would be positively affected (because money would be available for other things) and two negatively affected. A number said that while they received free prescriptions, they would not be affected as they already buy these items over the counter.

### Inequalities and health inequalities

#### **Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?**

The people we spoke to raised a number of specific concerns about the impact on children if particular medications are no longer available on prescription. There was particular concern about the impact on children in low income families. There was concern about the impact on larger families, who may struggle to afford the over the counter medicines that could make their children feel better. People highlighted that while they understood the need to save money, this would be experienced against a backdrop of rising council tax bills and water rates, and add more pressure onto families.

One person raised concerns that if treatments such as Calpol are no longer prescribed, schools would refuse to administer them, which could have a knock-on effect on children's education and on parents' ability to work.

Access to treatments for infants, such as Calpol or treatments for colic may have an impact on family wellbeing where parents cannot afford these, increasing suffering for children, but potentially impacting their parents' ability to rest and cope.

A further concern that was raised was the impact on children with headlice. Headlice treatment can be relatively expensive over the counter, and as one person put it 'children need treating for headlice regardless of cost' 'children need to be seen to be lice free' - the stigma of untreated headlice may badly affect children's wellbeing.

We are also concerned about the potential impact of not funding vitamins on those who have a deficiency, and particularly on BME groups who may be at greater risk of vitamin D deficiency, as well as of lower income. [Bradford City CCG highlights](#) that more than 5000 people in the district of all ages were diagnosed as having a vitamin D deficiency between 2007 and 2010 - with the full number expected to be higher. We also heard concerns about the impact on children - one woman was worried because her granddaughter is vitamin D deficient and has low levels of iron, and has to visit the GP regularly for this.

**Do you agree with the three proposed categories for [items] or [conditions] as below?**

- **An item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness**
- **A condition that is self-limited and does not require medical advice or treatment as it will clear up on its own; or**
- **A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy**

**Do you agree with the general exceptions proposed?**

We believe that these exceptions (for those with long term conditions, more complex forms of minor conditions, where symptoms suggest conditions are not minor, complex patients, and those needing prescription-only medications) are necessary to ensure that people get the care that they need.

There was strong support for the idea that people with long term conditions should be able to get prescriptions for medication they need, or for treatment for things like migraines where these were more regular or severe. One person highlighted the importance of being able to get a prescription for paracetamol for a long term condition where they are currently prescribed 200 at a time. Given the restriction on buying paracetamol this would make it difficult to access the quantity they need.

They also felt that people should still be able to get help from their GP where over the counter medicine does not work (“Tonsillitis - need medication for that, as have had it for three years now”) or where a condition becomes more severe.

There was concern among the people we spoke to about the subjectivity of ‘mild’ and ‘severe’ - even where the person was buying it over the counter. There was some concern that lay people would not be able to properly distinguish between, for example, mild and severe acne, and other conditions.

As with Healthwatch England’s submission to the consultation, we heard that people think it is important that the NHS carries out a proper awareness raising campaign to help people make these decisions and understand what to go to the doctor about and what can be dealt with by the pharmacist.

## Should we include any other patient groups in the general exceptions?

Almost everyone we spoke to felt that some groups of people would be more affected than others by these proposals.

The most common responses were that this would particularly affect people on lower incomes, in receipt of benefits, or unemployed. [Bradford has an employment rate](#) of 67.3% compared to a national average of 74%, and it has a higher than average claimant rate of 2.8%.

One person told us they were ‘unhappy with people needing anything for free - but certain people need help financially’. While there was some scepticism about the impact on people with low incomes, on the whole, people felt these groups were at particular risk.

We would urge NHS England and CCGS to consider how to ensure that those on the lowest incomes, particularly those eligible for free prescriptions, are not disadvantaged as a result of any change to the prescribing policy. In particular, we’d echo Healthwatch England’s recommendations that:

- Clear guidance is provided for doctors that explicitly includes a patient’s financial position in the list of ‘social factors’ they can take into account when prescribing
- Evaluation is carried out of the impact of these changes. In particular, to see the effect on people from low income backgrounds and those with multiple conditions.

Other groups that were highlighted as being particularly affected included those with less education, older people who may need to travel to several locations to buy medications, those people with more children, people with chronic pain, people who are homeless, and those who are incapacitated and would struggle to travel to the pharmacy.

## Section one: drugs with limited evidence of clinical effectiveness

**Do you agree with the recommendation to: advise CCG’s to support prescribers in advising patients that [these items] should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness?**

- Probiotics
- Vitamins and minerals

### **Please provide further information**

On the whole, people were supportive of the proposal to stop prescribing probiotics and vitamins where there is less evidence of their effectiveness. These were mostly seen as something that people can access themselves and not essential for health. Some people were not aware that they could be prescribed, and their only experience was receiving drops from the health visitor for newborns. However, there were some concerns raised - as well as those about vitamin D raised above , there was concern about access to primrose oil for MS,

and people wanted to ensure that if vitamins were needed for particular medical conditions these could be accessed.

## **Section 2: Self-limiting conditions**

**Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of [condition] should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?**

Most people told us that this was a good idea, as most people can buy these over the counter. For example, one person told us 'No need - can buy over the counter. Although I'm over 60 and getting it free I would still be happy to pay for non-essential medications'. Other people felt that these items are a waste of money, that home remedies are more useful.

However, there were some concerns raised as well. Some people were worried about the impact on families because the 'costs add up' and 'some people won't be able to afford over the counter. If antibiotics are available that's ok'. Others raised concerns about being able to get hold of the quantity of e.g. paracetamol needed, and another said that they agreed as long as they could go to the GP for a prescription if over the counter medicines did not work.

## **Section 3: Minor Ailments suitable for self-care**

**Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of [condition] should not routinely be offered in primary care as the condition is appropriate for self-care?**

People felt that in many cases, it was fine to reduce prescriptions for these conditions. Some people mentioned that it can be cheaper buying it over the counter.

However, many felt that there should be exceptions to this rule. People were concerned about the impact on people with children, as it can get very expensive - and they were worried about the impact on children with untreated head lice, or if they are not able to receive Calpol at school without a prescription.

People were also concerned about the impact on people with more moderate conditions. One woman told us that her niece's dandruff was affecting her self-esteem and integration at school, and that people should be able to get support from the GP for this. People questioned how easy it would be to judge whether something is mild or more serious, and that they should be able to go to a GP if the problem did not clear up with over the counter treatments. People were clear that people with a serious or long-term condition should still be able to access these medications through a prescription.

**Are there any item or condition specific exceptions you feel should be included, in addition to those already proposed and the general exceptions covered earlier?**

Specific items/conditions raised as potential exceptions by the people we spoke to included head lice treatment, Calpol, colic, and reflux treatment for children; paracetamol for people with long term conditions (we heard from one person who has to buy her paracetamol over the counter despite needing it for a long term condition), vitamins for babies and those with diagnosed deficiencies, and more chronic instances of tonsillitis, migraines, and dandruff.