

7 March 2018

Dear NHSE and NHS CC

Re Consultation on ‘Conditions for which over the counter items (OTC) should not be routinely prescribed in primary care’

Newcastle CVS is the lead infrastructure organisation for Newcastle and Gateshead’s voluntary and community sector. As well as developing and supporting voluntary and community organisations to be more sustainable and resilient, we organise networks and events and represent the voluntary and community sector in strategic discussions. We carry out research and produce policy studies. We have over 750 member and associate organisations that are local voluntary and community organisations, CICs and social enterprises and operate in Newcastle and Gateshead.

We engage actively in health issues and local health involvement and engagement activities. We were not made aware of this consultation and given that voluntary and community groups work with the people who are most likely to be affected by these proposals, we are surprised about this. It is not clear how any consultation was carried out in the North East of England to involve organisations representing people with particular characteristics.

The issue of OTC medications was discussed with the North East STP initial consultation last January in a disproportionate way. Clearly stopping anything will usually save money, but we believe this a drop in the ocean compared to such initiatives as PFI, the NHS IT Spine and the duplication of all the management costs and groups and structures within the current NHS. This seems to be the NHS trying to prove it is “cutting costs”, albeit at the expense of some of the poorest communities.

This issue has been on the NHS agenda for many years, and we recognise that doesn’t mean it shouldn’t be tackled; however it is somewhat ironic it is being consulted upon in a time of austerity, when even the costs of medication are too high for many people to cover.

The paper is written in such a way that it can’t be considered to be an objective document. Appendix 3 (page 37 of 44) considers the ‘unintended consequences’; whereas Page 6 which includes a list of alternative treatments for funding illustrates how “*every £1m saved on prescriptions for OTC could fund*”. Whilst this list is presumably correct, it could equally apply to £1m saved by less managerial bureaucracy, duplication, PFI payments, wastage on the NHS IT Spine or anything else.

There are apparently a number of issues that are being conflated:

- Cost
- Efficacy
- And those conditions that will selfheal

The issues of efficacy and effectiveness are also raised and we believe this is a deliberate ploy to confuse the issue. Clearly nobody wants to prescribe products, treatments and procedures that don't work; but this proposal doesn't refer to the many other items which would total a lot more than £569 million, which are of similar, even less, clinical value. Look at all the NICE guidance which hasn't been implemented. In some instances, the placebo effect might be worth it.

It is hard to believe that the NHS own purchasing power, cannot buy items cheaper than the general public. In my local chemist yesterday I noted three different packs of paracetamol yesterday – basic, company own and branded. Although all exactly the same, these were priced between 25p and 97p. This could push poorer people into spending even more on identical items.

The document fails to consider **why** patients get these items on prescriptions. In the majority of cases this is down to cost. Simply for those individuals and households who have very low incomes, it is about cost. We work with people who are destitute, who have been sanctioned by the Job Centre and receive no benefits, and others with exceptionally low incomes. Few people would choose to get an appointment, go and see a doctor, pick up a prescription, go to a chemist, if they didn't have to; and clearly this isn't a good use of resource. This is a set of regressive measures as they impact disproportionately upon people with low incomes, people who don't currently pay for prescriptions, and these are people for communities that are most likely to experience health inequalities. It will have a disproportionate impact on the most vulnerable residents.

The initial Equality and Health Inequalities Analysis (page 40) acknowledges that *“all groups protected by the Equality Act 2010 and/or groups that face health inequalities are likely to be affected...”* and *“...the impact of the proposals on certain groups could lead to a widening in inequalities in health outcomes if patients in particular groups cannot access or afford items they may have to purchase.”*

The initial Equality and Health Inequalities Analysis goes on to acknowledge that:

- *“there is evidence that children under 16 (and those under 18 and in full time education) and adults aged over 60 will be particularly affected by the recommendations to restrict prescribing of OTC items for minor conditions (children and those over 60 make up the largest groups of patients exempt from prescription charges – 18% and 50% nationally).*
- *“those exempt from the prescription charge due to low income make up the third largest group, on average 15% of all patients.”*
- *“the Family Resources Survey 2011 to 2012 found that a substantially higher proportion of individuals who live in families with disabled members live in ‘poverty’, compared to individuals who live in families with where no-one is disabled. Therefore, these patients may be impacted to a greater extent by the proposed guidance...”*
- *“...evidence has shown that people from minority ethnic groups are statistically more likely to be in lower income brackets...therefore these patients may be impacted to a greater extent by the proposed guidance...”*

- *“a substantially higher proportion of individuals who live in families with disabled members live in ‘poverty’, compared to individuals who live in families where no-one is disabled. Therefore these patients may be impacted to a greater extent by the proposed guidance if they are not covered by other exceptions in the draft guidance.”*
- *“as many patients in the above groups (including those on low incomes) would previously have received an exemption from paying for prescriptions, “our proposals may require them to pay for an item they would have not previously paid for”.*

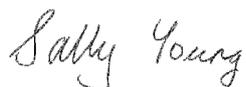
As it stands, therefore, the proposals have the potential to widen health inequalities for the groups mentioned above (a point that was frequently made in responses/feedback from an earlier consultation last year on the ‘principles’ of restricting the prescribing of medicines which are readily available OTC).

This response is not objecting to the principles of self care and self treatment, and the use of more efficient and efficacious treatments; however this appears to be the thin end of the wedge. The document refers to the identification of additional *“potential conditions to be retained, retired or added to the current guidance”* and this will have an (even more) limited consultation period to ‘interested parties’ only.

We completely support the reduction of unnecessary episodes at GP practices, Walk In Centres and A&E Departments, with the shift towards more support at community pharmacies and through more community focused support. But unless the reasons **why** people use these treatment routes are addressed, they will not be reduced.

I am happy for this letter to be made public as part of the response exercise

Yours sincerely



Sally Young
Chief Executive