

Response ID ANON-54E8-7AY5-C

Submitted to **Items which should not be routinely prescribed in primary care: A Consultation on guidance for CCGs**

Submitted on 2017-10-20 12:04:37

Introduction

In what capacity are you responding?

In what capacity are you responding?:

Professional Representative Body

If you have selected 'Other', please specify::

Name? (Optional)

Name:

Devon Local Pharmaceutical Committee

Email address? (Optional)

Email address:

marks@devonlpc.org

Have you read the document 'Items which should not be routinely prescribed in primary care: A Consultation on guidance for CCGs'?

Yes

Equality and Health Inequalities

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

Yes

Equality and Health Inequalities - continued

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

Age, Sex

Please provide further information on why you think this might be the case. :

- The switches in medication regimes proposed could risk de-stabilisation of a patients disease management, causing a risk to good healthcare outcomes. This is more likely to be a problem for those who have multi-morbidity and therefore complex medication regimes. Those most likely to fall into that group is the elderly, the vulnerable (those who are more easily confused), and low skilled/low income people.
- It is clear from the data provided by NHS England that older females are a key group of effected patients.

Equality and Health Inequalities - continued

Do you feel there is any further evidence we should consider in our proposals on the potential impact on health inequalities experience by certain groups e.g. people on low incomes; people from BME communities?

Yes

Please provide further information on why you think this might be the case. :

- Yes we believe there is a need for special consideration for those patients in the groups we identified above. As an example there are four medicines being consulted on for pain management; co-proxamol, fentanyl, glycosamine, oxycodone and naloxone. The NHSE provided document 'equality and Health Inequalities – full Analysis - items which should not be routinely prescribed' states that these medicines are more likely to be taken by patients who have a low income, disabilities, and low an educational level. NHSE should identify evidence based interventions to help support these patients from protected characteristic groups and ensure there is no worsening of their condition caused by the changes.
- The NHS is currently experiencing unprecedented demand from patients and a huge lack in realistic funding this has placed community pharmacy teams under pressure with workload. The de-prescribing of the medicines proposed in this consultation will create additional workload through increased demand for consultations on a patient concerns, complaints, and help to re-optimize a patient's treatment plan. This demand for consultations caused by the switches proposed will fall on GP practices and on community pharmacies.
- To help primary care meet this patient demand we propose an one-off increase in the number of MURs a community pharmacy can complete with an additional 'target group' for patients that currently receive/or have recently stopped any of the 18 medicines included in the NHSE proposed list. These consultations will help support patients when they need additional clinician time to help understand the changes and ensure they are settled effectively on their new treatment regime. The onetime costs of the increased number of MURs would be paid for by the saving made by supporting effective de-prescribing and re-optimisation of regimes.

How will the guidance be updated and reviewed?

How do you feel about the proposed process for identification of items for possible addition to the guidance or indeed possible removal, from the guidance?

Disagree

If needed, please provide further information:

• The guidance will need to be regularly updated to ensure the evidence base on which the recommendations are based has not changed. Changes in the medicines cost to the NHS, medicines availability in the UK (currently a significant issue for some common generics), drug safety and reviews of effectiveness should be pro-actively conducted by NHSE. If any significant changes are identified by NHSE these will need to be acted upon promptly.

Proposals for CCG Commissioning Guidance

Do you want to provide views on the proposals for CCG commissioning guidance?

No

Not Answered

Co-proxamol

Advise CCGs that prescribers in primary care should not initiate co-proxamol for any new patient.

Agree

Advise CCGs to support prescribers in deprescribing co-proxamol in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.

Agree

Advise CCGs that if, in exceptional circumstances, there is a clinical need for co-proxamol to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.

Agree

If needed, please provide further information.

If needed, please provide further information:

If you would you like to provide views on any other medication, please select from the list below:

Prolonged-release Doxazosin

Prolonged-release Doxazosin

Advise CCGs that prescribers in primary care should not initiate Prolonged-release Doxazosin for any new patient.

Disagree

Advise CCGs to support prescribers in deprescribing Prolonged-release Doxazosin in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.

Disagree

Advise CCGs that if, in exceptional circumstances, there is a clinical need for Prolonged-release Doxazosin to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.

Disagree

If needed, please provide further information.

If needed, please provide further information:

The trial below indicates less side-effects caused by doxazosin MR tablets.

Os I, Stokke HP. Effects of doxazosin in the gastrointestinal therapeutic system formulation versus doxazosin standard and placebo in mild-to-moderate hypertension. J Cardiovasc Pharmacol 1999; 33:791-797

UKMI Summary: A gradual reduction in blood pressure was seen with both formulations over a five-week period. Dose titration was not necessary with the GITS formulation because it did not produce the pronounced peak plasma concentrations as seen with standard formulations. Fewer discontinuations and serious adverse side effects were seen in the trials in patients taking the GITS formulation. From combined safety data, 5.3% of patients on doxazosin GITS and 9.3% on

standard doxazosin withdrew because of adverse events. Serious side effects were reported in 0.9% patients on GITS and 3.2% on standard formulation.

If you would you like to provide views on any other medication, please select from the list below:

I would not like to provide further feedback on any more of these medicines

Items that are prescribed in primary care and are available over the counter

Please provide your views and/or any relevant evidence that we should consider when developing proposals to potentially restrict items that are available over the counter.

Please provide your views and/or any relevant evidence that we should consider when developing proposals to potentially restrict items that are available over the counter. :

The NHSE proposal on the 3,200 medicines that can otherwise be purchased over the counter and cost the NHS £645 million per annum has a number of major issues:

1. The NHS has binding constitutional founding principles and these state that the NHS should provide a comprehensive service which is free at the point of access. The NHSE proposed restriction of medicines available to patients who would receive free medication will break these fundamental NHS principles, and therefore this change would need to be consulted on nationally.
2. Community pharmacy in England current does not have a commissioned NHS service to support patients with minor and acute illness (unlike Scotland). We would recommend that if the proposal to limit prescribing for over the counter products is enacted then a NHS service should be commissioned to reduce any health inequalities caused to the groups listed below. A service could be commissioned in a way where the access to the service could be limited to those on low incomes, this would support those people with protected characteristics that would be affected by the OTC restrictions. An evidenced based community pharmacy minor illness service (commissioned nationally) would help support patients with managing certain conditions. The service would consist of a bespoke consultation to identify their condition; the patient would then be provided with specific disease management advice and can receive appropriate OTC medicine treatment if it is needed. The prescribing savings created from this NHSE proposal would easy cover the funding required to cover such a service being commissioned in community pharmacy.
3. Community pharmacy is currently experiencing unprecedented demand from patients. The restriction of OTC medicines proposed in this consultation will create additional workload through increased demand for consultations by patients with concerns and complaints. We would recommend that NHSE or the local CCG have a complaints team that pharmacies could signpost patients to.
4. If the NHSE OTC proposal is taken forward we recommend that the categories of medicines that would be identified to be included in this restriction were first put through a similar consultation process as will be used in the 'low value medicines consultation'. This would ensure there was a reduced risk of un-intended consequences.

Do you agree with our proposed criteria to assess items for potential restriction?

Disagree

If needed, please provide further information.

If needed, please provide further information.:

1. Patients who have low incomes rely on the NHS to meet their healthcare needs, if a restriction of over the counter medicines is recommended to CCGs the access to care for this patient group is likely to suffer significantly. The proposed prescribing restrictions would only grow the inequalities in health care accessibility. We would recommend that NHSE re-considers a community pharmacy minor illness service to help reduce the inequalities caused by any OTC medication restrictions (see above).
2. Pharmacy medicines have very specific licenses for their use 'over the counter' with quite strict usage guidance for the professional and the patient. This will mean that for some of the medicines that are restricted from being prescribed will not have a direct licensed alternative available as OTC, which could full-fill an identical treatment plan as the POM ('prescription only medicine' licensed version).
3. The eventual guidance NHS England and NHS Clinical Commissioners will not be a blanket ban on items, but a requirement for prescribers to follow best practice. Hence, there is likely to huge variation between prescribers, this will cause inequity for patients and difficulties for pharmacy teams who will be asked by patients to explain these differences. We would recommend that NHSE or the local CCG have a complaints team that pharmacies could signpost patients to.

Are there individual products, which are either clinically ineffective or available over the counter which you believe should be prioritised for early review?

Please give detailed reasons for your response. :

NO

about you

Which age group are you?

Which age group are you?:

Prefer not to say

Please indicate your gender.

Prefer not to say

Do you consider yourself to have a disability?

Prefer not to say

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

Not Answered

Please indicate your religion or belief.

Please indicate your religion or belief:

Prefer not to say

Please indicate the option which best describes your sexual orientation.

Please indicate the option which best describes your sexual orientation:

Prefer not to say