

Devon LPC Response To NHS England's Consultation On: Conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs, NHSE

Closing Date: Wednesday the 14th March 2018

Appendix 4 - Consultation Questions

Equality and Health Inequalities

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

Yes (please tick all that apply)/No/Unsure

Age/disability/gender reassignment/race/religion or belief/sex/sexual orientation/marriage and civil partnership/pregnancy and maternity

YES –

- i. **Age (under 16 years and over 60 years):** These groups will be disproportionately affected because of the following reasons; the over 60 year's age group and under 16 years of age does not currently pay for medication and hence restrictions on prescribing will reduce access to those patients who have low incomes to evidenced based medicines. These patients will not be to access the provision of medicines and advice through a NHS service (this would be against Principle 1 of the NHS constitution - The NHS provides a comprehensive service available to all). The consultation data shows prescriptions issued for children and those over 60 make up the largest groups of patients exempt from prescription charges (18% and 50% respectively).
- ii. **Disability:** This group will be disproportionately affected because of the following reasons; this group of the population is unlikely to be required to pay for medication and hence restrictions on prescribing will reduce access to those patients who have low incomes to evidenced based medicines. These patients will not be to access the provision of medicines and advice through a NHS service (this would be against Principle 1 of the NHS constitution - The NHS provides a comprehensive service available to all).
- iii. **Pregnancy:** This group will be disproportionately affected because of the following reasons; this group of the population is unlikely to be required to pay for medication and hence restrictions on prescribing will reduce access to those patients who have low incomes to evidenced based medicines (this would be against Principle 1 of the NHS constitution - The NHS provides a comprehensive service available to all). Medicines used in treatment of this group of patients have major regulatory restrictions, nearly all 'General Sales List' and 'Pharmacy Only' medicines are not licensed for use in pregnancy and lactation. This fact would mean a pharmacist would not be able sell almost all medicines to this group, severely limiting the access to evidenced based medicines and better health outcomes.
- iv. **Maternity:** This group will be disproportionately affected because of the following reasons; this group of the population is unlikely to be required to pay for medication and hence restrictions on prescribing will reduce access to those patients who have low incomes to evidenced based medicines (this would be against Principle 1 of the NHS constitution - The NHS provides a comprehensive service available to all). Medicines used in treatment of this

group of patients have major regulatory restrictions, nearly all 'General Sales List' and 'Pharmacy Only' medicines are not licensed for use in pregnancy and lactation. This fact would mean a pharmacist would not be able sell almost all medicines to this group, severely limiting the access to evidenced based medicines and better health outcomes.

2. Do you feel there is any further evidence we should consider in our proposals on the potential impact on health inequalities experienced by certain groups?

Yes/No/Unsure

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

- i. The consultation documents states there is no 'data available' about other groups (asylum seekers and /or refugees; carers; ex-service personnel / veterans; those who have experienced Female Genital Mutilation (FGM); Gypsies, Roma and travellers; homeless people and rough sleepers; those who have experienced human trafficking or modern slavery; those living with mental health issue; trans people or other members of the non-binary community) and places the emphasis on the consultation responses to provide this. This lack of a structured research for evidence could increase the risk of unintended consequences that occur because of the imposed prescribing restrictions.
- ii. The alcohol and / or drug misusers group of patients will have a number of complex health needs one of which will be vitamin and mineral deficiency, as NICE recommends some supplements for patient groups who are at risk of deficiency¹ these patients could be adversely effected by these proposed consultation changes to restrict the prescribing of multivitamins and minerals.

Proposals for CCG commissioning guidance

- 3. Do you agree with the three proposed categories for [items] or [conditions] as below:**
- a. An item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness;
 - b. A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; or
 - c. 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

Agree/Neither agree or disagree/Disagree/Unsure (for each category)

Please provide further information.

We understand the rationale of three categories for the grouping of the medicines to be included in this CCG guidance to restrict prescribing.

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 (Principle 1 and 2), and therefore this change should need to be consulted on nationally.

¹ National Institute for Health and Care Excellence (NICE), Clinical Guideline 100. Alcohol-use disorders: Diagnosis and clinical management of alcohol-related physical complications. June 2010. Accessed 02/03/2018. Available online at <http://www.nice.org.uk/guidance/cg100>

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.

Without the full understanding and awareness of patients and health care professional this proposed CCG guidance on prescribing restrictions it will not elicit any patient behavioural changes and therefore no savings in prescribing costs. In fact it could increase costs as patients seek advice from the incorrect health care professional thus causing a duplication of efforts, wasting very valuable clinician time.

4. Do you agree with the general exceptions proposed?

Agree/Neither agree or disagree/Disagree/Unsure (for each exception)

Please provide further information.

General exceptions that could apply to the recommendation to self-care

- i. Clinicians should continue to prescribe taking account of NICE guidance as appropriate for the treatment of long term conditions – Unsure. NICE guidance is not the only best practice guidance commonly used by clinicians all prevailing best practice guidance should be applicable to this exemption.
- ii. Treatment for complex patients (e.g. immunosuppressed patients) and patients on treatments that are only available on prescription – Unsure, this would need to be clearly defined to healthcare professions and to the public. If a fully comprehensive advertisement campaign is not undertaken then it is likely this change will not reduce prescribing costs, and could increase health system costs.
- iii. Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications – Unsure. However, we would recommend that the likely ‘complex illnesses’ be defined in the final CCG guidance.
- iv. Circumstances where the product licence doesn’t allow the product to be sold over the counter to certain groups of patients – Unsure. If a medicine product license is not applicable for use as treatment to the specific conditions it should be identified in the CCG guidance so the exemption is clearly defined.
- v. Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product – Agree.
- vi. Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor ailment – Disagree. We would need to understand what is meant by the statement ‘would not be considered a minor ailment’ it is too generalised and ill-defined to pass comment on.
- vii. Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care – Unsure. This term ‘exceptional circumstances’ would need to be clearly defined in the final CCG guidance.
- viii. Patients where the clinician considers that their ability to self-manage is compromised as a consequence of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care – Unsure. This term ‘ability to self-manage is compromised’ would need to be clearly defined in the final CCG guidance.

Devon LPC General statement on the complexities of this guidance: Patients are very likely to need significant support to understand these complex changes to the NHS treatment of 35 minor and/or self-limiting conditions. This curtailment of NHS healthcare provision will need to be communicated effectively to patients, or it will risk unwarranted variation and inequalities. Patients across England will need to be made aware that they will not now (once the change comes into effect) 'routinely' consult their GP for the 35 minor and/or self-limiting conditions, and should seek advice from a community pharmacy.

This very real risk of inaccurate interpretation by clinicians and patients will reduce the forecasted savings provided from this work, and it will likely place 'good patient care' for these conditions at risk. In addition the enactment of the change in scope of NHS healthcare provision will incur huge initial costs advertisement and communication costs to patients.

Community pharmacists will have a number of training needs which will arise because of the proposed change to NHS Healthcare provision. Pharmacies will see a significant increase in patients and the complexity of patients visiting the pharmacy to seek advice and treatment for the 35 minor and/or self-limiting conditions. This will require community pharmacists to upskill in examination techniques, and to be taught in the knowledge for recognition of sepsis and other urgent and acute conditions that would require the patient to receive urgent medical attention. This should be a mandatory step to ensure patient safety is not put at risk by this change. We would recommend that central NHS funds are made available for the necessary training and to backfill the cost of pharmacist and pharmacy assistant time.

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

Yes/No/Unsure

Please provide further information.

Yes – Patients on low incomes or those living in poverty, patients from vulnerable groups such as older age, and patients with disabilities. The NHS Constitution Principle 2 states 'access to NHS services is based on clinical need, not an individual's ability to pay', if the proposals come into force to ban prescribing of 'over the counter medicines' for these patients it will breach this principle and cause an unwarranted health inequality between these groups and the rest of the population.

Section 1: Drugs with limited evidence of clinical effectiveness

6. Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that [item] should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness?

Agree/Neither agree or disagree/Disagree/Unsure (for each item)

Probiotics – agree

Vitamins and minerals – unsure. Some clinical conditions require regular supplementation of multi-vitamins or minerals to stop the patient's clinical condition worsening, such as cobalamin deficiency.

Please provide further information.

Section 2: Self-Limiting Conditions

7. 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?

Agree/Neither agree or disagree/Disagree/Unsure (for each condition)

General statement on the recommendation to advice 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.

Devon LPC can only disagree with each condition – unless there is a centrally commissioned community pharmacy Minor Ailment Service to support safe and effective patient care.

Centrally Commissioned Community Pharmacy Minor Ailment Service: Studies have suggested that 15-18% of the GP managed consultations for minor ailments could be managed in community pharmacy through a commissioned pharmacy minor ailment service². One study indicated that 8% of consultations undertaken in an A&E department could be handled by a community pharmacist³. Evidence from the Scottish Minor Ailment Service (MAS) pilot evaluation demonstrated a 35% reduction in activity in GP minor ailment consultations following the introduction of a community pharmacy MAS⁴. The MINA study undertaken by Pharmacy Research showed that £1.1 billion pounds could be saved by the NHS if a national community pharmacy minor illness service was commissioned⁵, the service would save an estimated 5.5% of GP and 3% of A & E consultations. With the current huge pressures on GP and the urgent and acute care system as described by Sir Bruce Keogh's urgent and emergency care review⁶, this pharmacy service would be well received by patients, and both primary care and secondary care providers. A centrally commissioned pharmacy minor ailment service would ensure that patients would receive integrated, safe and effective care that would be uniformly provided by all accredited community pharmacies across the country - meeting the aim of the consultation NHSE document; reducing unwarranted variation in healthcare services.

Without a minor ailment service being commissioned in community pharmacy we fear that the already stretched pharmacy teams (because of the recent Department of Health funding cuts) will find the additional patient demand placed upon them very difficult to manage. The consultation document states that 9,694,750 patients were prescribed the 'over the counter' medicines (Number of unique per condition patient's prescribed OTC products June 2016 – May 2017, Appendix A table 1). This is a very significant number of consultations that will be moved to community pharmacies, the additional time demand placed on pharmacies will be circa 3,231,583 million hours per year (20

² N.Pillay et al. The Economic Burden of Minor Ailments on the NHS in the UK. Selfcare. 2010;1(3):105-116.

<http://www.selfcarejournal.com/uploads/products/10024/pdf/IMS%203%3B105-16.pdf> (accessed 5/5/2015)

³ Community Pharmacy Management of Minor Ailments. Pharmacy Research UK, 2015.

<http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf> (accessed 27/3/2015)

⁴ Research findings No.29/2003. Scottish Executive Social Research 2003. Direct supply of medicines in Scotland: evaluation of a pilot scheme. Ellen Schafheutle et al. Schafheutle E, Noyce P, Sheehy C, et al. Available from:

<http://www.scotland.gov.uk/cru/resfinds/>

⁵ Pharmacy Research UK. Community Pharmacy Management of Minor Illness. January 2014.

www.pharmacyresearchuk.org (accessed 2/2/2016)

⁶ NHS England. The Keogh Urgent and Emergency Care Review. <https://www.england.nhs.uk/wp-content/uploads/2014/11/comm-pharm-better-quality-resilient-urgent-care.pdf> (accessed 12/2/2016)

minutes per consultation). If a community pharmacy minor ailment service is not commissioned so this additional patient demand placed on community pharmacies can be met with fairly resourced with clinical time, we cannot agree with the change to the NHS service provision for these minor conditions.

- i. Acute Sore Throat – Disagree. If a community pharmacist was consulted on acute sore throat they would need to have effective skills and knowledge in assessment and diagnosis to ensure more severe causes of a sore throat are ruled out. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report'), pharmacies will not be able to safely and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- ii. Cold Sores – Agree.
Conjunctivitis – Disagree. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report'), pharmacies will not be able to safely and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs. Chloramphenicol eye drops are the most common treatment, the medicine is only licensed in over 2 years of age, so those who are younger will need to be an exception to the guidance so they could be treated with a prescription from primary care.
- iii. Coughs and colds and nasal congestion – Disagree. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report'), pharmacies will not be able to safely and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- iv. Cradle Cap (Seborrhoeic dermatitis – infants) - Agree
- v. Haemorrhoids – Disagree. Haemorrhoids can be simple and self-limiting, however there can be complications which can include thrombosis, secondary infection, ulceration and abscess. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as

recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safety and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.

- vi. Infant Colic – Agree if there were formalised fast track referral pathways from community pharmacy to a GP practice to ensure quick escalation of a patient, and hence safe and effective care.
- vii. Mild Cystitis – Disagree. Mild cystitis is a defined in the consultation guidance as 'those that are responsive to symptomatic treatment but will also clear up on their own'. This definition is not clearly defined and in clinical practice as it would only be known that it was 'mild', if the condition spontaneously resolved, something that would not be known at the time of symptoms. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safety and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.

Please provide further information.

Section 3: Minor Ailments Suitable for Self- Care

8. 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?

Agree/Neither agree or disagree/Disagree/Unsure (for each condition)

- i. Contact Dermatitis – Disagree. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safety and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- ii. Dandruff – Agree
- iii. Diarrhoea (Adults) – Disagree. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion

that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safety and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.

- iv. Dry Eyes/Sore (tired) Eyes – Unsure. We believe that opticians are more appropriate clinicians to consult on dry eyes than community pharmacists, hence it would be more appropriate to have pathways for patients to attend clinics at a local opticians. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safety and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- v. Earwax – Disagree. Ear wax can have a number of differential diagnosis, such as otitis media, otitis externa, keratosis obturans, polyp of the ear canal and osteoma of the ear canal⁷. To differentiate each of these more complex conditions a thorough examination of the ear and ear canal is required. We believe currently community pharmacists do not have the examination skills and the clinical knowledge to handle this currently without putting patient safety at risk. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safety and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- vi. Excessive sweating (Hyperhidrosis) – Agree
- vii. Head Lice – Agree
- viii. Indigestion and Heartburn – Disagree. Indigestion and Heartburn can have a number of differential diagnosis, some of which will require emergency medical treatment. Other conditions that may have similar symptoms of indigestion and heartburn include upper gastrointestinal malignancy, gallbladder or hepatobiliary disease, cardiac disease, coeliac disease, Crohn's disease, abdominal aortic aneurysm⁸. To reduce the risk of misdiagnosis the practitioner must undertake a comprehensive assessment which will include a

⁷ CKS Ear Wax, <https://cks.nice.org.uk/earwax#!diagnosissub:2> (accessed 12/3/2018).

⁸ CKS Dyspepsia. <https://cks.nice.org.uk/dyspepsia-unidentified-cause#!diagnosissub:1> (accessed 12/3/2018)

comprehensive history taking, and examination of the abdomen, currently community pharmacists do not have the skills and knowledge to undertake these procedures. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safely and effectively assess, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.

- ix. Infrequent Constipation – Unsure. Infrequent constipation is poorly defined in the consultation guidance, nowhere does it state what is meant by 'infrequent'. Constipation can have a number of more complex causes that can be associated with it such as faecal impaction. To ensure safe and effective care for patients a comprehensive assessment should be undertaken which includes an abdominal examination, currently community pharmacists do not have the skills and knowledge to undertake this procedure. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safely and effectively assess, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- x. Infrequent Migraine – Disagree. Infrequent migraine is poorly defined in the consultation guidance, nowhere does it state what is meant by 'infrequent'. Migraine can have a number of more complex symptoms that require referral such as motor weakness, double vision⁹. To ensure safe and effective care for patients a comprehensive assessment should be undertaken which includes an abdominal examination, currently community pharmacists do not have the skills and knowledge to undertake this procedure. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safely and effectively assess, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- xi. Insect bites and stings – Agree

⁹ Headaches - Diagnosis and management of headaches in young people and adults, published by the National Institute for Health and Clinical Excellence (NICE) [NICE, 2012]

- xii. Mild Acne – Agree
- xiii. Mild Dry Skin/Sunburn – Unsure. Mild dry skin and sun burn is poorly defined in the consultation guidance, nowhere does it state what is meant by ‘infrequent’. Patients, and health care professionals will understand the proposed changes and therefore it necessary that this is defined clearly.
- xiv. Mild to Moderate Hay fever/Seasonal Rhinitis – Agree
- xv. Minor burns and scalds – Disagree

A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safety and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned minor injury and illness service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- xvi. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain) – Disagree. Minor conditions associated with pain is poorly defined in the consultation guidance, nowhere does it state what is meant by ‘minor conditions associated with pain’, this would need to be clearly defined. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safety and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- xvii. Mouth ulcers - Agree
- xviii. Nappy Rash – Disagree. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report), pharmacies will not be able to safety and effectively asses, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- xix. Oral Thrush – Disagree. Oral thrush can have a number of differential diagnosis, some of which will require emergency medical treatment¹⁰. A community pharmacist would need to

¹⁰ Oral Candida CKS Guidance and UKPCS Guidance. <https://cks.nice.org.uk/candida-oral#!diagnosissub:1> (accessed 12/3/2018)

have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report'), pharmacies will not be able to safely and effectively assess, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.

- xx. Prevention of dental caries – Agree
- xxi. Ringworm/Athletes foot – Agree. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report'), pharmacies will not be able to safely and effectively assess, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- xxii. Teething/Mild toothache – Disagree. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report'), pharmacies will not be able to safely and effectively assess, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- xxiii. Threadworms – Agree. A community pharmacist would need to have effective skills and knowledge in assessment and diagnosis. Devon LPC has consulted a representative number of community pharmacists that work in the county of Devon to form the opinion that without a minor illness service as recommended by the Department of Health review of community pharmacy services ('The Murray Report'), pharmacies will not be able to safely and effectively assess, diagnose and treat patients with the conditions listed in this CG guidance. The NHSE impact assessment to this consultation shows that there are over 9,694,750 patient consultations that could be moved to community pharmacy. Without a nationally commissioned service to allow a fair investment in staffing resource and training to ensure a safe and effective service for patients we would urge NHSE not to issue this guidance to CCGs.
- xxiv. Travel Sickness – Agree
- xxv. Warts and Verrucae – Agree

Please provide further information.

9. 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?

If needed, please provide further information.

Unsure – however with the Scottish experience and learning from their nationally commissioned minor illness service we would recommend that NHS England conduct a review of the conditions being treated and the achieved service outcomes. If there was a nationally commissioned minor illness service in England where appropriate the conditions treated as part of the community pharmacy service could be expanded to include these conditions.