

Notes from the Community Partnership Forum meeting 31th January 2018

1. Welcome, Introduction and Apologies

Peter Haley opened the meeting and said that a different format was being tried this evening with a focus on the topic of the national consultation on items that should not be routinely prescribed in primary care. A briefing paper had been provided in advance. Based on feedback from people who had watched on Facebook live before, microphones would be used to aid the sound quality and he asked anyone that was going to speak to the whole meeting to use a microphone and say if they did not want to be broadcast. Online polling software would be used during the evening.

Apologies had been received from Sheila Holmes.

2. There were no declarations of interest.

3. The notes of the meeting on 29 November were accepted as a true and accurate record.

4. Main topic of the discussion - 'whether some over the counter items should continue to be prescribed by doctors/ nurses?'

Viki presented the ability to vote interactively via a mobile device.

Summary & Questions

5. Dr William Tong asked the audience how many had been to buy over the counter prescriptions in the last 6 months.

Response - 83% audience present had purchased over the counter prescriptions. Dr Tong also asked the audience to consider where the responsibility of the individual stopped with regards to paying for prescriptions and at what point should the NHS pick up those costs.

6. Presentation from Dawn Best. Objectives: To support the CCG in the decision making to help address unwanted variation and differences in practise costs relating to a GP prescription and to provide clear national advice. This presentation followed the national consultation on the same topic.

Statistics - currently 57 million UK GP consultations relate to minor illnesses from patients with self-limiting or self-care conditions of which 90% (51.3 million) walk out with a prescription, 80% of those prescriptions (41 million) are available to purchase over the counter & 70% not requiring medical intervention. Examples of the types of over the counter items currently prescribed and annual costs to the CCG:

- Ear wax £1.7k
- Sunscreen £22k
- Head lice ointment £3k
- Paracetamol £76k
- Cough medicine £22k
- Antihistimine £30k

It was highlighted that the costs to the NHS were often higher as patients can buy them cheaper e.g. - £ 4.5 million anti dandruff shampoos were currently prescribed by GPs. These items are cheaper to buy over the counter than via NHS (excluding GP consultation costs).

Benefits to not prescribing for some of these treatments and self-care:-

- Money could be used to expand other treatments
- Reduce the demand in general practice enabling people who are sick to get their appointments

- Encourage collaborative working between public clinicians
- Improve patient education

The national consultation debate didn't include patients who have chronic / long term conditions.

General Medical Council had advised that GPs are expected to make good use of resources. The CCGs will take decisions on local implementation and engage with local communities based on the outcome of the national consultation.

- 7. Audience question - why are GPs prescribing dandruff shampoos?**
8. Response – often patients will come to the GP with an itchy scalp and be unsure. They could be reassured they could go to a pharmacy and ask about that and self-care.
- 9. Audience question – to what extent are you trying to keep people away from their GP & self-care and to what extent are you trying to encourage patients to go to their GP to get advice and pay for their own medication?**
10. Response – to educate patients is not an easy fix. With current patient behaviour we need to make it clear that if you do go to your GP you may be referred to a pharmacist or to self-care.
- 11. Audience gave self-care example of a high street chemist that would not let her self-care because they were not insured.**
12. Response - the chemist's restriction wasn't to do with insurances, it was to do with the license related to that medication.
- 13. Audience comments – costs to educate public will be great and it will take years to educate public. Different levels of issues need to be addressed. Need more precise questions. Believes objective was very broad.**
14. Comments from Dr Jim O'Donnell – Many GP appointments will be freed up. 1/3 of patients come with self-limiting conditions (ie conditions that will go away without treatment) or amenable to self-care using ordinary methods or respond to evidence based medication available over the counter. GPs currently struggle to meet demand from patients with conditions that will deteriorate. Need to consider that 1/3 of GPs time will be freed up to see more patients. It needs to be considered that many people who have free prescriptions, ie cannot afford to buy prescriptions would not be able to afford to buy medication over the counter. Consultation is open until 14th March therefore people are encouraged to feedback their views as it is important that these are reflected in the consultation.

The audience then formed into small groups to debate and respond to a number of questions raised by CCG:

A. Self-limiting conditions & conditions appropriate for self-care?

All strongly wanted to encourage healthcare professionals to learn how to say no when no was a justified and evidenced based response when there was a request to prescribe. Self-limiting conditions – people need to know what these are ie., know your disease, know your condition. There was some concern for those that genuinely cannot afford to buy over the counter items and a solution is needed for this. Healthcare professionals – they need to be part of the educational process which is essential. If it were to be developed to include receptionists, it might be worth a try. Finally it should be made clear what medication is available over the counter and the costs.

B. Should Primary Care prescribers be allowed to use discretion to prescribe?

The response from this group was that the ideal is yes however there is too much responsibility on the GP and there are too many conditions to allow this to happen.

C. If the guidance is issued as written in the consultation document how should CCGs communicate this to the public?

This group agreed with the simple and clear message that was being taken to the public. Feedback was that people who initially needed educating were NHS staff - there needs to be consistent message passed onto the public. Message needs to get across in a simple and direct manner as you can. Social media needs to be involved plus 111 service as they can also play a big part. Make use of the PPG groups and other patient groups to assist the various practices spreading this message - the more people in the community talking about this the better.

D. Do you think there are other NHS treatments that CCG should consider for similar discussion?

Areas suggested – Physio, Chiroprody. Initiatives such as Active Solutions and Hip & Knee programme, these ought to be protected. It was felt that people were going to Facebook, Google and failing that their GP – and this group felt the key really is education and looking at education about different treatments.

Here is a link to the presentation document: <X:\Comms & engagement\Engagement\Face to face\CPF\2018\January - Bracknell\consultation presentation.pdf>

Attendees were asked to vote on question posed as part of the discussion and the results of these votes are attached.