

## Engagement on the 'Pharmacy First' minor ailments scheme review- Nov 2017- March 2018

This information will be used alongside the national consultation and will be used to inform further campaigns that will be designed and implemented with patients and the public.

### **24<sup>th</sup> Nov 2017-Stand at the Carers Rights Day, Riverside House.**

Data and questionnaire taken and we received 23 responses from the questionnaire;

- 13 knew the scheme existed and 10 didn't.
- 20 had never accessed the scheme and 3 had.
- 21 said they would buy it anyway if the scheme was not in place, 1 said they wouldn't and 1 said it depended on the cost of the item.

When asked if we should continue to fund the scheme 17 said no, 5 said yes and 1 said it depended on the cost of the item.

Comment received from a patient who attends respite and we identified that the scheme would not be accessible to them as all medicines require a label for carers. Schools also ask for labelled medication for their protocols. The scheme does not currently require a Pharmacist to label the medication, original packs are given out.

### **6<sup>th</sup> Dec 2017 – Attendance at the Carers Forum Meeting at the Rain Building.**

The group were briefed on the scheme and the reasons why it is under review.

They all answered the questionnaire although most of the group worked with or had a relative with a learning disability and benefit from and promote such schemes.

- 4 knew the scheme existed and 3 didn't
- 1 had accessed the scheme and 6 hadn't
- The one who accessed the scheme would have bought it if the scheme wasn't in place.
- 6 said we should continue to fund the scheme and 1 said we shouldn't

### **13<sup>th</sup> Dec 2017 – Healthwatch Team Meeting**

The group were briefed on the scheme and the reasons why it is under review.

We discussed whether we could engage with any groups that Healthwatch may meet with and they said they did not attend or hold any group sessions but would definitely help promote anything required and circulate any questionnaires etc if we enter a formal consultation. We could not leave the informal questionnaire as without the background information to the review people would fill it in with an uninformed decision as if you ask whether we should stop something people automatically tend to say no as the NHS often commission and decommission services and schemes dependant on need/funding.

### **10<sup>th</sup> Jan 2017 – Rotherham Parent Carers Forum Meeting**

The meeting wasn't heavily attended. Only three people were present but we got some really productive feedback and discussion. Main points recorded are as follows;

- Paracetamol is very cheap to buy and it was felt should be removed from the scheme
- There was an experience of an item purchased at one pharmacy, and offered on the scheme at another
- Cough products it was felt should not be on the scheme, they are cheap and easily available
- Costings of the products may be useful so we can discuss the cost to the patient. If they were all cheap it was felt that a scheme not necessary and if not just keep more expensive items on
- It was felt that thrush, treatment for scabies, threadworm, and conjunctivitis were the only ones that we should keep. However this is also dependant on cost – it was noted that for some of these you need to treat the whole family, and that can be expensive. Also there was concern about infectious conditions.
- Education on buying generic products would be an idea
- Generally, people felt that if an item isn't prescribed it shouldn't be on the scheme.
- There was a lot of discussion on the right treatment pathways and making sure that any scheme or advice followed the best/most current guidance – ie treatment for head lice and diarrhoea. (*Note - We offer rehydration sachets, where the advice on nhs choices is to take water, or water with sugar and salt; broth and diluted fruit juice are mentioned.*)

### **10<sup>th</sup> Jan 2017 – Older Peoples Forum Meeting**

The minor ailments scheme was discussed and the questionnaire handed out. 14 people present (3 were under 65 and were officers in attendance – but were also very interested in the discussion).

- One person had used the scheme, and commented favourably on it- though had experience of one pharmacy promoting the scheme, and another not (where she had bought the same item)
- There were generally mixed views on the scheme; with some consensus that not all products should be on the scheme – ie paracetamol seen as easily and cheaply available.
- Those present were more anxious to discuss personal issues and stockpiling of medicines; and had concerns about the consistent quality of medicine reviews. **We will share the contact number with the group and pick up individual issues.**

11 people completed the paper survey. 5 said we should not fund the scheme, 5 said we should and 1 didn't know.

### Wednesday 24<sup>th</sup> January

#### Ferham Community Centre - via REMA

8 attendees (7 Pakistani Muslim women under 65; 1 m, age 50+ from SYP)

- Several had heard of and used the MAS
  - Example – verruca on child – but wanted opinion before treatment – sought out pharmacist to avoid wait for GP appointment; access through the MAS was secondary
  - Example – one could have accessed treatment for verruca via MAS but choose to purchase a faster treatment
- Generally feeling that this was a good scheme, if used by the right people at the right times (ie greatest need) ‘bang on for communities on the poverty line’
  - Discussion around impoverished families – not always related to benefits
  - Priorities and how families live –we can't force people to make healthy choices, and priorities self care,
  - Concerns that children might be impacted by parents choices/priorities
  - Any scheme like this must be targeted to those most in need
- People would buy the items on the scheme if the scheme was not available; but were not sure that others would
- Lengthy discussion on how the scheme could be ‘policed’ or targeted effectively at those most in need of it
  - Could there be a card system –
    - But how would we reach people, identify/means test?
    - If people use food banks, could they be given an eligibility card
  - Limit times in a year people could use
  - How to track people – ie can/do people use different pharmacies
  - Link to ‘entitlement/exemption??’ card
  - Shown on health record – if the health record can be seen by all ie GP and all pharmacies – and limited
  - **Could any of these be implemented locally, or do these ideas/issues need to feed into national consultation?**
- Education about generics – real appetite to get good messages out to people
  - Generics are as good as branded items
  - Just how cheaply some items can be bought
  - Need to shop around
  - How to read medicines – the code/medicine number
  - Can the GP TV's be used
  - Use of community champions – ie VAR – and others?
- Suggestion – trying stopping it and see what happens
- Discussion about using signposting services and giving health staff enough information so they can signpost to best/most effective service

#### Discussion on individual items

Reason	Bin or keep	Comment
Cough	<b>Bin</b>	People didn't like/use cough linctus much, some preferred sweets, some felt it ineffective
Conjunctivitis	<b>keep</b>	Generally people felt they would not buy this over the counter, as would want some advice from a health professional on the right thing to use – GP or

		pharmacist
Verruca	<b>Keep</b>	Concern as this can be contagious, treatment felt to prevent spread. Also example – parent wasn't sure what it was and the right treatment to use
Constipation	<b>Bin</b>	Generally not felt likely to seek this via a MAS.
Diarrhoea	<b>Remove</b>	Both loperamide and salts.
Paracetamol	<b>Group split.</b>	Under 12's only.
Ibuprofen		Ensure/enforce that child is present Limit times per year available? <i>le issue xxx times then signpost to GP</i>
Head lice	<b>keep</b>	Felt vital in terms of preventing spread – many families unlikely to treat if have to pay Reinforce importance of combing
Colic	<b>Keep?</b>	Noted that this is low cost – most had bought if needed. Felt that many would just buy this as and if needed. However concern expressed that families may use a lot. Impact of screaming distressed baby on family/mum. <i>Post meeting note – but if use a lot, would need GP???? Would this be something that could flag up – 3 bottles and advisee to see GP?</i>
Scabies	<b>keep</b>	Concerns around infection and spread
Threadworm	<b>keep</b>	Concern – cost if treating whole family – larger families especially
Thrush	<b>Group split</b>	Some felt this should be kept, however many also noted that they would be unlikely to request from professional, and would prefer to buy from shelf.

Minor Ailments Scheme - GP Locality Engagement Jan – March 2018			
Locality	Date	In attendance	comments
Wentworth South	13.2.18	SL	<p>Group divided equally between</p> <ul style="list-style-type: none"> <li>stopping the scheme</li> <li>and reservations about stopping extra GP appointments even though the affected practices only had 2.3-2.4 patients\week using the scheme.</li> </ul> <p><b>Can we prove that these patients won't want a GP appointment?</b>  <b>Concerns about loss of income</b> – scrapping minor ailments scheme will result in more patients wanting a GP appointment</p> <ul style="list-style-type: none"> <li><b>Suggestion</b> -the money spent on the current minor ailments scheme needs to be invested in GP services especially as they have lost income recently.</li> </ul> <p><b>Concerns that patients will make appointments just for paracetamol liquid.</b>  <b>Suggestion</b> that the CCG should give money to pharmacies so that paracetamol liquid is cheaper (currently average price £1.70/bottle).</p>
Health Village (St Anns / Clifton); Crown Street; Market Surgery	20.2.18	SL	<p>Unanimously in favour of retiring the minor ailments scheme.  Doesn't meet objectives and contradicts the self-care message.</p>
Health Village Locality meeting	15.3.18	Via Sophie Holden	<p>Health Village have changed their mind about minor ailment scheme –on reflection they feel that it was helpful.  Concern that even though there are only small numbers being diverted to the pharmacy, if the scheme is stopped these patients will then end up being seen by GPs by default to get free meds which isn't necessary.  If the scheme is pulled they have suggested perhaps training school nurses/ other health care professionals to deliver some of the treatments eg providing headlice treatment/ nit combs (like happened in the good ole days)</p>
Health village –	20.3.18	Received via email from JW	<p>It is felt by all the practices represented that there may be more beneficial ways to redesign the service rather than scrapping it altogether. Although it is perceived, by the CCG , that scrapping the scheme will have little impact on the surgeries, that view is not shared. Any additional stresses on our systems at this time are having big impacts on service provision. At a time when more and more is being pushed back to primary care we should be exploring avenues to take the pressure off. Up and down the country community pharmacists are being utilized now as an additional resource, surely we could look at redesigning the system? I wasn't privy to your presentation so I don't know what figures you are looking at reinvesting. GPs are interested in the feasibility of bulk buying schemes where maybe items like nit combs could be purchased and issued through school nurses or 0-19 practitioners.</p> <p>It will also have a big impact on patient behaviours. Currently, through care navigation we are focusing on teaching patients to go to the pharmacy first, for some patients this will only be an option if they can access "free" prescriptions. Surely it is more advantageous for those patients to learn the behaviour of attending the pharmacy first rather than presenting to surgeries.</p> <p>In summary; whilst we appreciate you feel the money currently used by the pharmacy first scheme could be better used elsewhere the practices would like to see some ideas of service redesign and how that money will be reinvested to help practices with the growing demand for services.</p>
Central North Kimberworth Park Medical Centre	Wednesday 21 <sup>st</sup> February 2018 12.30 – 2.30pm	RS	<p>Pharmacy first- OTC minor ailments, Community pharmacy scheme and minor ailment scheme, some patients are being referred and not treated.  £130K is spent annually under the scheme by the CCG. It should reduce the burden on practices, time rich money poor patients in isolated pockets are using this scheme. The top 5 pharmacies using the scheme are all from the same chain of pharmacies (and pharmacies not in disadvantaged areas or high deprivation.)  Some patients are using the service 10 -17 times per year. Then they bounce back from scheme when there are problems. Consistency is needed by pharmacies as GPs will not prescribe, the pharmacies make more money on the scheme than it</p>

			<p>costs the patients to buy the drugs. The majority of patients will buy medication if they need it.</p> <p>Ideas;- labels on bottles for children to take calpol and get from scheme rather than GP.</p> <p>How should we invest the money from the scheme into other ideas? How do we reinvest the money to help the GPs?</p> <p>Consensus – happy for scheme to go and the money to be invested in other ways (voted on this and all agreed)</p> <p>Maybe we could employ someone to do the school asthma plans and get someone to write them – only 40% of patients attend asthma reviews so nurses cannot write the school asthma plans.</p>
<p><b>Central 2</b> Shakespeare rd, Magna, High st, Brookfield,</p>		GB	<p>Shakespeare road – keep the scheme</p> <p>Magna group – Keep the scheme but stop additional payment to community pharmacies to reduce running cost (i.e. pay remuneration for the medication only).</p> <p>High Street – stop the scheme</p> <p>Brookfield – Keep the scheme but in a reduced form with only a couple of indications.</p> <p>Maltby locality meet agreed that the scheme is not fit for purpose and their only concern was the impact on appointments. PW and Tara to return to next meeting with a summary. Pat to circulate summary further.</p>
<p><b>Rother Valley North</b> Treeton Gateway, stag Brinsworth present</p>		ES	<p>I explained the review document to the locality. (Present were doctors and managers from Treeton, Gateway, Stag and doctor from Brinsworth)</p> <ul style="list-style-type: none"> <li>• They agree it is not fit for purpose with the inequality of use by the Pharmacies, families and items.</li> <li>• They think there is a need for a more select service of particular items i.e. chloramphenicol eye drops, and the extremely deprived – i.e. Canklow, Gateway patients</li> <li>• They would like really good back up of the OTC self-care agenda when they send patients to buy items such as poster leaflets – and possibly even further above the CCG in actual bans (but being able to occasionally still prescribe certain items if clinically required). I did mention that all of this is happening at various levels CCG &amp; DoH.</li> <li>• They agreed that the money would be better spent on a more targeted approach on such things as labelling bottles for schools, homely remedies etc, and they would like to be involved in any discussions for ideas and change in the service.</li> </ul> <p>PS – I had to re-explain that the care-navigation DOES NOT support the use of Pharmacy first but the direction to self-care</p>

CCG	Link	What consultation and engagement has been done, and what are the outcomes?
Hounslow CCG	<a href="http://www.hounslowccg.nhs.uk/your-voice/prescribing-wisely.aspx">http://www.hounslowccg.nhs.uk/your-voice/prescribing-wisely.aspx</a>	Led by NW London CCG for London boroughs 3 messages – OTC; restrict prescribing; order own meds
Bristol CCG	Gluten free currently open <a href="https://www.bristolccg.nhs.uk/get-involved/nhs-service-proposals/self-care-and-over-counter/">https://www.bristolccg.nhs.uk/get-involved/nhs-service-proposals/self-care-and-over-counter/</a> July 2017	Work across Bristol, South Gloucester and north Somerset
Wirral CCG	<a href="https://www.wirralccg.nhs.uk/get-involved/public-consultations/">https://www.wirralccg.nhs.uk/get-involved/public-consultations/</a>	Three themes Self care medications/ OTC Products of limited clinical value Gluten free p
Bradford CCG	<a href="http://www.bradforddistrictscg.nhs.uk/your-services/medicines-waste---dont-use-it-dont-order-it/">http://www.bradforddistrictscg.nhs.uk/your-services/medicines-waste---dont-use-it-dont-order-it/</a>	Schemes and info – but can't find consultation on anything other than gluten Gluten free Link to national consultation on meds
East Lancashire CCG	<a href="http://www.pharmacylancashire.org/nhs-contract-2/commissioned-services-2/ccg-services/minor-ailments/">http://www.pharmacylancashire.org/nhs-contract-2/commissioned-services-2/ccg-services/minor-ailments/</a>	MAS scheme stopped sept 2017 No consultation. Scheme had used a pass book to seek to prevent overuse; limit to 6 x per year. However scheme noted not to be reaching patients most in need
Blackpool CCG		Continuing with MAS to July 2017? Removed head lice treatment – no consultation 2016. Restrictions to scheme to prevent overuse
Chorley and south ribble		MAS to March 2018 Restrictions to scheme to prevent overuse
Lanc north		As above <a href="http://www.pharmacylancashire.org/wp-content/uploads/sites/97/2014/03/Withdrawal-of-PMCF-MAS-pilot-letter-to-pharmacies.pdf">http://www.pharmacylancashire.org/wp-content/uploads/sites/97/2014/03/Withdrawal-of-PMCF-MAS-pilot-letter-to-pharmacies.pdf</a>
Hull CCG (revised)	<a href="http://www.hullccg.nhs.uk/minor-ailments-scheme/">http://www.hullccg.nhs.uk/minor-ailments-scheme/</a>	Hull MAS seems to be still quite comprehensive, though it was revised 2 years ago; LPC concerns that the reduction would make the scheme not viable.
East Riding York CCG	<a href="http://www.eastridingofyorkshireccg.nhs.uk/choose-well/pharmacists/">http://www.eastridingofyorkshireccg.nhs.uk/choose-well/pharmacists/</a> <a href="http://www.eastridingofyorkshireccg.nhs.uk/get-involved-1/prescribing/">http://www.eastridingofyorkshireccg.nhs.uk/get-involved-1/prescribing/</a> <a href="http://www.eastridingofyorkshireccg.nhs.uk/your-health/medicines-and-prescribing/">http://www.eastridingofyorkshireccg.nhs.uk/your-health/medicines-and-prescribing/</a>	Can't see that East riding still have a minor ailments scheme  Lots of engagement and a survey – going back to 2015; this was with GPs and others as well as public. It didn't ask about MAS directly; and I think MAS ended at this time.
Cambridge & Peterborough CCG	<a href="https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations/closed-consultations/pharmacy-services/">https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations/closed-consultations/pharmacy-services/</a>	Link to national consultation on meds Consultation in 2016 on a new model for pharmacies. It was agreed to stop <ul style="list-style-type: none"> <li>• gluten-free foods</li> <li>• baby milks (exceptions apply)</li> <li>• MAS</li> </ul> It seems that this was done as a formal consultation, for around 8 weeks; but papers not visible on website
Telford & Wrekin CCG <i>Covered by NHSE NE staff &amp; Shrops</i>	<a href="https://www.telfordccg.nhs.uk/your-health/medicines-management/information-for-patients">https://www.telfordccg.nhs.uk/your-health/medicines-management/information-for-patients</a>	No current consultations; no info on website of past consultations Can't find any ref to MAS They do have a large number of patient leaflets explaining <ul style="list-style-type: none"> <li>• why some things are no longer on prescription,</li> <li>• how to use meds inc inhalers etc</li> <li>• talking heads on using inhalers</li> </ul>
NHSE NE staff & Shrops		Common ailments scheme in place till March 2018 across the region

Shrops CCG	Interim site only	Stopping gluten free June 2017, consultation; challenged by save our NHS body No info on website
Lambeth CCG	<a href="http://www.lambethccg.nhs.uk/get-involved/current-projects-and-events/Pages/Proposed-changes-to-prescribing-guidance-.aspx">http://www.lambethccg.nhs.uk/get-involved/current-projects-and-events/Pages/Proposed-changes-to-prescribing-guidance-.aspx</a>	July 2017; part of work across SE London Focus on :- <ul style="list-style-type: none"> <li>• Self-care medications for acute (short-term) illnesses</li> <li>• Prescriptions for malaria prevention medicines for travel</li> </ul> Prescriptions for selected travel vaccinations.
Warrington CCG	<a href="http://www.warringtonccg.nhs.uk/Page%20Images/get-involved/phase-two-self-care-medicines-outcome.htm">http://www.warringtonccg.nhs.uk/Page%20Images/get-involved/phase-two-self-care-medicines-outcome.htm</a>  <a href="http://www.warringtonccg.nhs.uk/Downloads/Get%20Involved/Self%20Care%20Phase%202%20Consultation%20Outcomes%20Report%20FINAL%2001.18.pdf">http://www.warringtonccg.nhs.uk/Downloads/Get%20Involved/Self%20Care%20Phase%202%20Consultation%20Outcomes%20Report%20FINAL%2001.18.pdf</a>  <b>NB this second doc is worth a look at – not MAS; OTC</b>	Consultation (formal process 2016) on phase 1 of process, restricting prescribed products Second formal consultation with survey, public meeting and engagement events; ran for 12 weeks. 389 survey responses in addition to engagement activity (ie attending community meetings). Full EIA in link Very long list on website of products no longer prescribed.  Warrington does not have a MAS
Warwickshire CCG North and south Coventry and Rugby CCG	Note these all look the same – have same info – run by support organisation? None mention consultation or MAS	Can't see anything re meds Website ref to Minor ailments scheme dependant on where you live- direct lift from NHS choices
Essex LPC CCG area?		Mid Sussex has no MAS
		<b>Conclusion</b> –provision of MAS very variable. No evidence found of formal consultation on withdrawing MAS specifically – covered only as part of bigger pieces of work.