**Community Pharmacy South Central’s (CPSC) response to the NHS England / NHSCC consultation on items which should not routinely be prescribed in primary care**

**Part 1 - Medicines which should no longer be routinely prescribed because they are either clinically ineffective, unsafe or not cost effective; or the NHS can offer a clinically-proven alternative for patients**

CPSC supports the proposals, as strong clinical arguments have been made for the implementation of prescribing restrictions for this group of products. However, we do suggest that careful planning will be required at national and local levels to implement the proposals successfully and avoid any unintended consequences.

To help community pharmacy teams with the provision of appropriate support to their patients, it will be important for communication materials and messages to be developed and approved at a national level. By then making them available locally, they can be used consistently by all healthcare professionals, including community pharmacists and their teams, when discussing amendments to prescribing with individual patients.

For effective patient engagement, it is important that those patients whose regimens are being changed should have the changes explained to them in a face to face consultation with an appropriate member of the MDT. Communication exclusively by a written medium will not achieve the desired outcome.

As our CCGs seek to implement these changes across their areas, it is vital that they should work with us, CPSC, as the local representative for all the pharmacy contractors. This will help to ensure that our community pharmacy teams are provided with appropriate information, and the support they require, to allow them to play their part within the local multi-disciplinary teams (MDT) which will be providing care to patients whose prescriptions will be amended. It is also essential that pharmacy contractors are given adequate notice of changes to prescribing, when these are being implemented at a local level, so that stock levels of the affected products can be properly managed.

**Part 2 - Medicines which are available to purchase over the counter (OTC)**

CPSC recognises the current need for the NHS to make savings, and therefore why CCGs have implemented or may wish to implement such a change in policy. We are however concerned that there are several significant policy issues which need to be carefully considered by NHS England and NHSCC before they reach any conclusions on restricting the prescribing of medicines which are available for patients to purchase OTC.

These include:

* the conflict with Principle 2 of the NHS constitution (‘Access to NHS services is based on clinical need, not an individual’s ability to pay. NHS services are free of charge, except in limited circumstances sanctioned by Parliament’) and the need for such issues to be considered by Government, rather than being determined by the NHS
* the conflict with the regulatory and professional obligations on doctors to prescribe a medicine where clinically indicated
* the probable, disproportionately adverse impact on low income individuals and families, including their children. The data available on PharmOutcomes relating to Minor Ailment Service consultations shows that 61% of these consultations are for patients under 16 years of age
* the risk of unintended consequences, such as:
	+ increased use of A&E as people seek a source of treatment that does not require a payment
	+ increased prescribing of more potent, prescription only items, as a replacement for previous prescribing of OTC medicines
	+ the values and beliefs of patients that lead to them questioning the efficacy of OTC medicines, reducing their willingness to self-care
* the likely practical challenges which will be faced by community pharmacy and general practice teams, such as:
	+ the restricted licensing of some OTC medicines which means that, without amendment of marketing authorisations, some OTC medicines may not be sold to patients in the circumstances where GPs have previously prescribed the product
	+ differentiating between patients using medicines for self-limiting conditions and those where they are using the medicine to manage a chronic condition
	+ managing patients who will need to purchase OTC medicines which were previously prescribed and included in a multi-compartment compliance aid filled by their community pharmacy
	+ the increased workload, in particular for pharmacy teams, associated with explaining to patients why OTC products are no longer prescribed

CPSC recommends that NHS England and NHSCC consider the benefits that could be seen for patients, general practice and the wider NHS if there was nationwide coverage of community pharmacy provided Minor Ailments Services. Such coverage, potentially restricted to all those who are currently exempt from prescription charges on income grounds, could help avoid the potential, unintended, consequences resulting from the implementation of a blanket ban on the prescribing of OTC medicines for some of the most vulnerable groups within society, along with the risk that this policy could thereby increase health inequalities.

CPSC also recommends that NHS England and NHSCC should consider the benefits of supporting local discussions between community pharmacy and general practice teams to establish fast-track arrangements whereby patients who first seek advice at a pharmacy, but who, it is decided by the pharmacist, do need to see a member of the general practice team for resolution of the presenting complaint, can be rapidly referred to the general practice, and receive a consultation in a timely manner.

The proposals for the restriction of prescribing of OTC medicines will need very careful consideration by NHS England and NHSCC, and PSNC, as the national representative for community pharmacy contractors, should be directly involved in those discussions. If it is decided that restrictions should be implemented, there must be a comprehensive implementation plan, developed with the full involvement of community pharmacy.