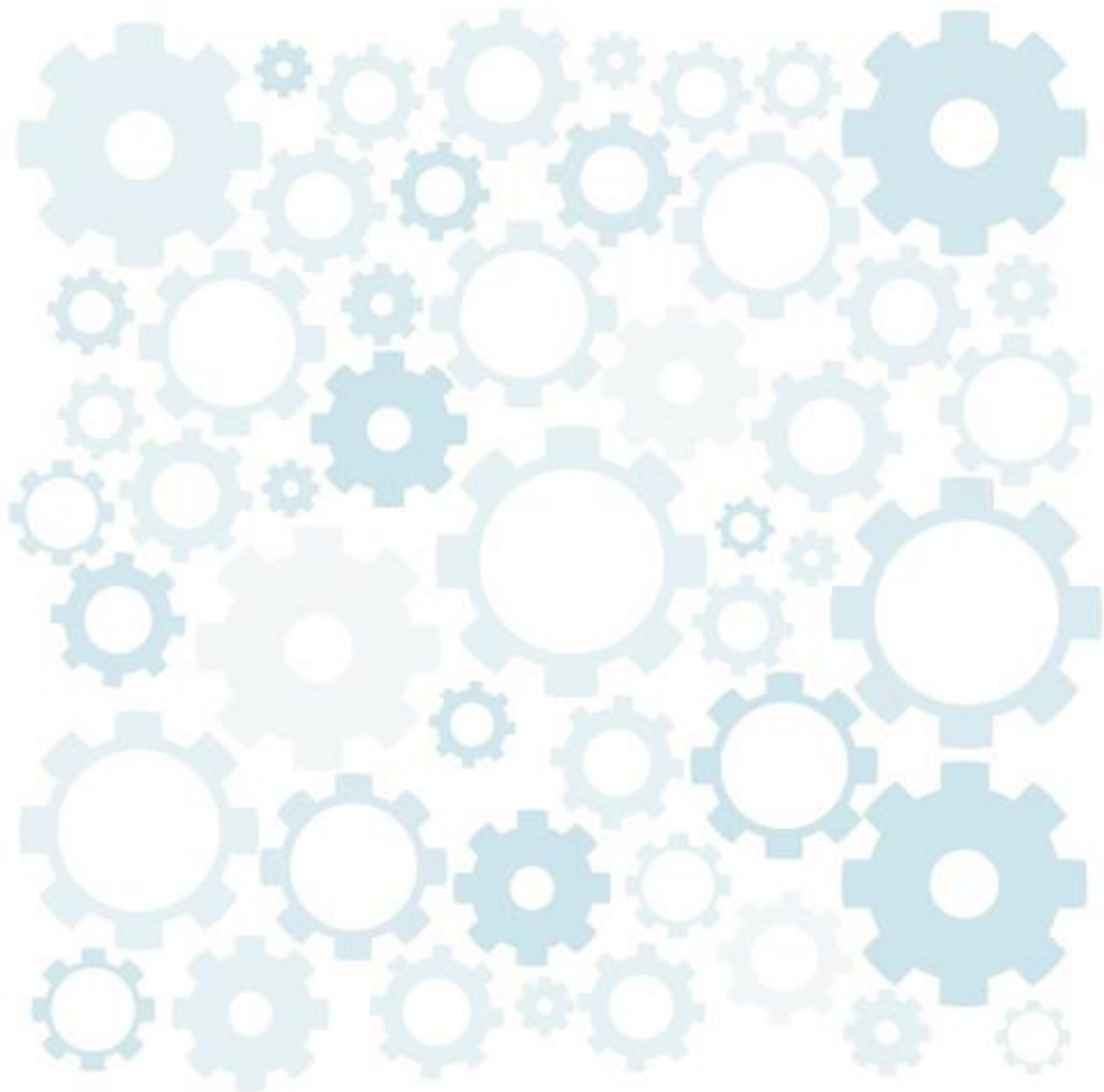


What do people think about NHS prescriptions?

Our response to NHS England's consultation



Introduction

Throughout September and early October 2017, we ran a survey to gather people's views on NHS prescriptions. This work was conducted to inform NHS England's consultation on the future availability of low value medications on prescription.

NHS England describes low value medications as:

- Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns;
 - Products which are clinically effective but where more cost effective products are available, including some products that have been subject to excessive price inflation; and
 - Products which are clinically effective but due to the nature of the product are deemed a low priority for NHS funding.
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What we did

Our survey focused on questions around which products people should be expected to buy over the counter.

In total we had 654 responses from 113 local Healthwatch areas across the country.

We have given a flavour of the 1,313 detailed comments we received but have provided NHS England with all the anonymised responses so they can analyse in full¹.

We would like to express our thanks to Healthwatch Camden, who helped develop the survey, and all the other Healthwatch who have helped share it. This has given many more people the opportunity to feed in to NHS England's consultation.

A copy of the survey questions can be found at the end of this submission.

What we heard

One of the main things we heard was that people with chronic conditions were concerned about their ability to afford the various treatments they'd need to buy.

"I have a condition called albinism where I have no melanin in my skin so rely on prescription sunscreen as I am at risk of skin cancer. I also suffer with a lot of skin rashes. I'm on a limited income so cannot afford factor 50 sun cream and skin creams/ointments."

Healthwatch survey respondent

¹ All personal identifiable data has been removed in accordance with Healthwatch England policy on data sharing with other organisations.

We raised these concerns with NHS England as part of their initial consultation. In response, NHS England has made some changes to ensure that certain people will still be able to get these products on prescription, including:

- people with long-term health conditions;
- people receiving treatments that are only available on prescription;
- people with more complex or major conditions (including patients on immuno suppressants);
- people who may lack capacity to buy their own medication.

NHS England is now running a [second consultation](#) on this issue to find out what people think about the proposed national guidance and we believe there are still a number of issues that need to be addressed.

What are the issues?

From speaking to the public, we know that they understand the pressures the NHS is under. They're willing to take more responsibility for their own health and wellbeing and are open to some changes in the way our services are run to make them more effective.

“I use the pharmacy advice and buy over the counter when possible to save the doctor’s time and NHS resources.”

Healthwatch survey respondent

However, it’s important that NHS England understands the impact these proposed changes will have on the people using their services.

1. People raised concerns that those from low income backgrounds are more likely to lose out

People from low income backgrounds and those needing treatment for multiple conditions are more likely to be financially affected.

- One in five respondents thought they or their family would be financially affected if these items were no longer available on NHS prescription. However, of those respondents, two thirds identified as being on a low income.
 - 37% of the people we spoke to thought their wider community would be financially affected.
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“There are some people in our community who would either not be able to afford the items (foodbank use is heavy in some areas) or would not know what to buy.”

Healthwatch survey respondent

If they can’t afford it on their own, people might be discouraged from buying over the counter products and seeking treatment. This could lead to complications or symptoms getting worse, which could cost the NHS more in the long run.

“Please consider the issue of false economy. Leaving relatively minor conditions untreated often leads to complications and/or a worsening of the condition, therefore eventually requiring more expensive treatment.”

Healthwatch survey respondent

2. People want to know what the NHS is doing to save costs elsewhere

While NHS England believes these changes could save up to £136 million a year to spend on treatments for major illnesses, this figure doesn't seem to take into account exemptions to the proposed changes.

We would urge NHS England to provide the public with a more accurate view of the potential savings and to be clearer about who would be affected and the impact these changes will have.

People who have spoken to Healthwatch have also asked to see what else the NHS is doing to save money on medications. They suggested that if the NHS is asking people to pay more for their medications then they expect to see the NHS doing its part to reduce waste.

3. More pressure on GPs could lead to inconsistencies

NHS England has outlined in the draft guidance that GPs will be able to take a patient's social factors into account when prescribing. Throughout the consultation process, they have implied this means doctors will be able to continue prescribing these products to patients they believe can't afford to buy them for themselves.

However, resources are stretched and GPs have limited time to spend with their patients. They may not be in the best position to assess a patient's social circumstances and ability to afford over the counter products. Putting the burden of this decision on already stretched GPs is could lead to inconsistencies in the treatment people receive across the country.

What do we think NHS England should do?

After we shared what people told us, NHS England has made some changes to ensure that certain people will still be able to get these products on prescription, including:

- people with long-term health conditions;
- people receiving treatments that are only available on prescription;
- people with more complex or major conditions (including patients on immuno suppressants);
- people who may need help buying the right medication.

However, there are still some changes we'd like to see:

- A more accurate assessment of the savings these changes will make, taking into account any exemptions where people will still be able to get these products on prescription. This figure must be clearly communicated to the public and progress against this savings target should be tracked and assessed to see if it's working.
 - Better communication about what measures the NHS is taking to do its part by being more efficient when purchasing and managing use of medication.
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- Clear guidance for doctors that explicitly includes a patient's financial position in the list of 'social factors' they can take in to account when prescribing.
- Evaluation of the impact of these changes. In particular, we want to see the effect on people from low income backgrounds and those with multiple conditions.
- A meaningful conversation with the public around better use of NHS resources and improving awareness of the different services available.

Appendix 1: Healthwatch survey summary

Demographics

- In total we had 654 responses from 113 local Healthwatch areas across the country.
- In terms of age, those between 45 and 64 represented the largest group, accounting for 38% of all responses.
 - 18-24 yrs - 2%
 - 25-44 yrs - 21%
 - 45-64 yrs - 38%
 - 65-85 yrs - 19%
 - 85+ yrs - less than 1%
 - No response - 19%
- We asked respondents about their income and how they felt it compared with the national average for their age group. It was pleasing to note we had a good spread across the categories, with those identifying as having below average income making up the largest group.
 - Above average - 15%
 - Average - 26%
 - Below average - 32%
 - Either don't know, prefer not to say or provided no answer - 28%
- In terms of ethnicity, the overwhelming majority were white British, accounting for 73%, with 7% from other ethnic groups. 20% did not declare their ethnicity.
- Almost a quarter of respondents (24%) identified as having a disability.

Section one

The NHS is looking at over 3,200 products which are currently available on prescription from a GP but which people could buy for themselves. Encouraging patients to buy these medications directly would enable the NHS to spend money elsewhere.

NHS England has provided a list of the kind of conditions that these medicines treat:

- Constipation
- Teething
- Acute Pain
- Nappy rash
- Athlete's foot
- Mouth ulcers
- Fever
- Haemorrhoids
- Oral and vaginal thrush
- Ear wax
- Head lice
- Joint injury
- Eye infection
- Contact dermatitis
- Scabies
- Sore throat
- Ring worm
- Headache
- Mild acne
- Indigestion and heartburn
- Minor burns and scalds
- Insect bites and stings
- Warts and verrucae

1. Have you or your family ever suffered from any of the above conditions?

98% of respondents said they or a family member had suffered from one of the conditions mentioned in the consultation document - either currently, or at some point in the past.

2. Would you seek advice from your GP if you or a family member developed one of the above conditions?

87% said they would seek advice from their GP about the condition, suggesting that a large proportion of respondents might have been offered over the counter treatments on prescription in the past.

3. Would you expect to get medicines for these conditions on the NHS?

When asked whether or not they would expect to get over the counter medications on prescription, respondents said:

- Yes for all or most of them - 11%
- Yes for some of them - 33%
- Yes for a few of them - 40%
- No, none of them - 14%
- Don't know - 2%

We also received 248 free text comments in relation to this question.

“A major problem is that OTC drugs are often lower dosage than would routinely be prescribed e.g. Ranitidine is supplied as 50% of the effective dose. These inadequate doses can also be expensive, especially for low income families.”

“Although most people are happy to access advice and treatment from community pharmacies, there are some vulnerable groups that will be unable to pay. The option for those people must be available to prevent further costs on the NHS at a later date when the condition is not resolved.”

“Common ailments and pains which need only aspirin/ibuprofen type drugs should not be treated free, we should all buy our laxatives, anti-itch cream, painkillers and only consult a doctor if the problem persists.”

“I have a condition called albinism where I have no melanin in my skin so rely on prescription sunscreen as I am at risk of skin cancer. I also suffer with a lot of skin rashes. I'm on a limited income so cannot afford factor 50 sun cream and skin creams/ointments.”

“I think it should be up to the doctor to decide whether a prescription is necessary.”

Section two

At the moment certain groups of people get free prescriptions on the NHS. These including people aged over 60 or under 16; aged 17 or 18 and in full time education; pregnant, on a low income and claiming certain benefits, as well as people with certain conditions such as diabetes.

Everyone else has to pay towards their prescriptions - currently £8.60. People who need a large amount of medicines over time can buy a monthly subscription to have as many items as needed for £104 over 12 months.

If the items mentioned in section one were no longer provided under prescription this will affect the cost people have to pay themselves. As a rough guide, we have listed the “over the counter” (non-NHS) prices for some of the items as listed on a well-known pharmacy website.

- Painkillers and medicines for fever, such as paracetamol and ibuprofen (paracetamol from 50p for 16 doses or £4.79 for 16 doses of paracetamol and codeine)
- Laxatives (between 6p and 13p per tablet)
- Antifungal creams (approx. £4.59 - £5 for a 20g tube)
- Lubricating eye drops (from £3.10 upwards for 10ml bottle and £8.99 upwards for 7.5ml preservative free)
- Nasal sprays (£3.49 -£7.49 per 100ml)
- Eczema creams and ointments from 70p - £39.97 per 100g
- Cough syrup (from around £3.79 -£4.99 per 100ml)
- Antiviral creams (£4.15 - £6.99 for 2g)
- Sunscreens (£4.50 - £6.00 for 200ml own brand bottle)
- Ear wax removal liquid (£3.89 - £6.29 per 10ml)
- Teething gel (£1.80 - £2.99 for 10g)
- Nappy rash cream (£1.50 - £12 for 100g)
- Heartburn relief (21 - 29p per tablet)
- Antihistamine tablets (40 - 70p per daily dose)
- Scabies cream (around £8 for one dose, two doses may be required)
- Thrush cream (from £10.99 for both as a special offer, otherwise from £13.68)

4. Thinking financially, if these items were no longer available on NHS prescription, to what extent do you feel this would affect you and your family?

We asked respondents to rank from 1 (severely affected) to 5 (not at all affected) how they think they and their family would be affected financially if these items were no longer made available on NHS prescription.

- 1 (severely affected) - 11%
- 2 - 10%
- 3 - 19%
- 4 - 18%
- 5 (not at all affected) - 26%
- N/A - 16%

We also received 401 free text comments in relation to this question.

“I would buy them anyway as most are cheaper than the prescription charge.”

“I use the pharmacy advice and buy over the counter when possible to save the doctors time and NHS resources.”

“I take nasal sprays, antihistamines and a PPI on a regular basis and I estimate this would cost me £30-£40 / month. It's different for stuff you only need occasionally.”

“Perhaps people on benefits and the disabled should still get these on prescription, but most of us should buy them over the counter.”

“My son has psoriasis (doesn't live with us). He comes into the working poor bracket, good job with reasonable pay but family to support and private house rent to pay. Just about keeping head above water. He would struggle to pay for the amount of lotions and creams he needs to manage his condition.”

5. Thinking financially, if these items were no longer available on NHS prescription, to what extent do you feel this would affect other people in your local community?

We asked respondents to rank from 1 (severely affected) to 5 (not at all affected) how they felt members of their wider community might be affected financially if these items were no longer made available on NHS prescription.

- 1 (severely affected) - 16%
- 2 - 21%
- 3 - 26%
- 4 - 13%
- 5 (not at all affected) - 6%
- N/A - 18%

We also received 367 free text comments in relation to this question.

“Before I retired, I used to see patients who just failed to qualify for free prescriptions who couldn't afford everything prescribed for them and would make arbitrary decisions as to which to get dispensed. I think there has to be a distinction between one off treatments for self-limiting conditions and long term medication.”

“There are some people in our community who would either not be able to afford the items (foodbank use is heavy in some areas) or would not know what to buy.”

“I think people's attitudes need to change. People need to take responsibility for themselves and seek help from the right sources. The cost wouldn't effect most people. Medicine is not what it was when the NHS was set up.”

“It may affect some people that is a given, but the NHS really shouldn't be there for such prescriptions, the majority could be self-managed.”

“I am sure that we're not the only family going through financial hardship.”

6. If you had to go to a shop or a pharmacy to buy medicines for the conditions being discussed, how confident are you that you could buy the correct product for the condition?

We asked people to rate from 1 (not at all confident) to 5 (very confident) how they felt about their ability to buy the correct product for their condition if a specific item was not prescribed by their GP.

- 1 (not at all confident) – 6%
- 2 – 9%
- 3 – 16%
- 4 – 19%
- 5 (very confident) – 32%
- N/A – 17%

7. If you had to go to a shop or a pharmacy to buy medicines for the conditions being discussed, how confident are you that you could figure out which product offered the best value for money?

We asked people to rate from 1 (not at all confident) to 5 (very confident) their ability to buy the best value product.

- 1 (not at all confident) – 11%
- 2 – 11%
- 3 – 15%
- 4 – 17%
- 5 (very confident) – 30%
- N/A – 17%

8. Is there anything else you think the NHS should consider whilst looking at this issue?

At the end of the survey we asked people if there was anything else they want to share with NHS England in relation to the proposals. We received 297 free text responses to this question.

“If some of the medications under consideration for removal are on the list due to cost, the NHS needs to replace their contract managers for some who can negotiate a far better deal. Medications like Liothyronine are available at much, much more reasonable prices in Europe than the NHS pays for them currently.”

“Public should be made aware of costs of wasted medications from repeat prescription not used. Some people assume it is their right to obtain any medication they need whether needed or not and do not appreciate the costs

incurred. The NHS is trying to save money and spend money wisely on priority areas and there is a lot of waste.”

“Please consider the issue of false economy. Leaving relatively minor conditions untreated often leads to complications and/or a worsening of the condition, therefore eventually requiring more expensive treatment.”

“Keep pushing the notion that people should ask their pharmacist. There should be information showing that non branded items are the same as far as active ingredients are concerned. Knowledge and education needed.”

“My chemist often offers the more expensive brand until I ask for a generic version. A lot of people wouldn't realise this.”

About us

We are the independent consumer champion for health and care. Our job is to make sure that those who run local health and care services understand and act on what really matters to people.

A local Healthwatch exists in every area of England. We support them to find out what people want from health and care services and to advocate for services that work for local communities. Local Healthwatch also act as our eyes and ears on the ground, telling us what people think about local health and social care services. We use the information the network shares with us and our statutory powers to ensure the voice of the public is strengthened and heard by those who design, commission, deliver and regulate health and care services.



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