

Question and Answers – Medicines Management

Implementation

Question	Answer
<p>I live in rural Lincolnshire where none of my local shops stock gluten-free/wheat-free foods – what do you propose for those people whose local services do not offer alternative foods – this has only been considered for those who live in the major towns. Especially those without transport options</p>	<p>Gluten-free products are more widely available now. In addition, these products can be purchased online and some patients might be able to ask their families or carers for help with their shopping.</p> <p>The consultation has not concentrated on a specific area and the results take into account all of the responses received.</p>
<p>Why is gluten-free being selected for consultation when vanity procedures are still being funded?</p>	<p>This is just one of a wide range of initiatives that the Lincolnshire CCGs are looking into. The consultation has not focused on procedures of low clinical value, it has focused solely on the prescribing of over the counter medicines and other products available to buy. Currently, across Lincolnshire, the four CCGs prescribe around £16million worth of these products every year.</p>
<p>What about the impact on premature babies (nutritional supplements and baby milk/specialist products)</p>	<p>The prescribing of baby milk, including specialist infant formula, will be restricted if they can be purchased over the counter. However, baby milks which are only available on prescription for premature babies or those with long-term conditions will still be prescribed.</p> <p>Oral nutritional supplements will also no longer be prescribed unless for those with serious, long-term conditions and patients will be encouraged to follow the ‘food first’ approach to ensure they get all their nutritional requirements from liquidized and fortified foods.</p>
<p>Are the savings made from this consultation plan only to be used for deficit reduction and not increasing service provision?</p>	<p>The NHS works to a finite budget and faces an ever increasing demand for its resources. The Lincolnshire CCGs are required to make savings and operate within the resource given to them, and have a duty to spend their money in such a way that achieves the best possible outcomes for all patients.</p>
<p>How much money will this save?</p>	<p>Unfortunately we are currently unable to quantify likely savings, however, we do know that the four CCGs currently spend around £16million per year on medicines available over the counter, gluten-free foods, baby milks and oral nutritional supplements.</p>
<p>What will you spend the savings on?</p>	<p>Any savings will be used now, rather than in the future, and will support the activities the CCGs commission or buy on behalf of patients in Lincolnshire.</p>

<p>How can we buy the quantities we need of certain over the counter medications if it is illegal for supermarkets/chemists to sell them to us in the size/strength we need - i.e. paracetamol.</p>	<p>In those instances where the patient has a long-term condition, they will still be prescribed medicines. For example, in the case of paracetamol, where a patient requires long-term pain relief, his/her GP will still prescribe accordingly.</p>
<p>Will the changes to over the counter medications lead to an increase in workload and pressure on the county's GPs?</p>	<p>In the long-term GPs should see a reduction in the number of patients, as those who typically present for short-term self-limiting conditions will be encouraged to self-care and buy their own remedies</p>
<p>Is this the first of several changes to the way prescribing is accessed?</p>	<p>The CCGs have finite budgets and are continually looking at ways to provide the highest quality and safe care, with the best possible outcomes, they can afford.</p>
<p>Will this be applied to my existing prescription?</p>	<p>All patients currently receiving prescriptions for medication and treatment that will no longer be prescribed will be expected to purchase these themselves from their local chemist or supermarket. However, this will be done over a period of time and they will be kept informed- they will not be left without medication</p>
<p>How will you implement this equitably?</p>	<p>Each CCG will implement the recommendations made and patients will be advised if the changes affect them. The consultation and subsequent decision were countywide and are summarised in a countywide policy document.</p>
<p>How will you ensure that GPs implement this?</p>	<p>GP practices are members of the four CCGs and as such have a critical role to play in the implementation of this.</p>
<p>What about prescriptions from other places, like hospitals?</p>	<p>All prescribers in Lincolnshire are receiving the same information as GPs and are expected to follow the same guidelines.</p>
<p>My baby/child has a prescription from hospital, will this now stop?</p>	<p>The prescribing of baby milk, including specialist infant formula, will be restricted if they can be purchased over the counter. However, baby milks which are only available on prescription for premature babies or those with long-term conditions will still be prescribed. Other medicines prescribed by the hospital will be subject to the same guidelines that the GPs follow.</p>
<p>As a GP, does the GMS Contract oblige me to issue a prescription as part of a consultation with a patient even where the required medicine is available to buy from a local retailer or community pharmacy?</p>	<p>Paragraph 14.2.2 of the NHS England Standard General Medical Services Contract 2016/17 (July 2016) states the following:</p> <p>‘a prescriber shall order any drugs, medicines or appliances which are needed for the treatment of any patient who is receiving treatment under the contract by:</p> <p>(a) issuing to that patient a non-electronic prescription form or non-electronic repeatable prescription completed.</p> <p>(b) or creating and transmitting an electronic</p>

prescription.

Advice from Lincolnshire Local Medical Committee confirms that where a clinical need is established by the prescriber during the course of a consultation and an appropriate treatment is available on NHS prescription to address that need, a prescription should be issued on accordance with (a) or (b) above. This is particularly important when the treatment is a Prescription Only Medicine (POM) and only available on prescription.

However, it is important to distinguish between wants and needs. Paragraph 14.2.2 does not give the patient or carer the right to demand a preferred treatment or a list of treatments on prescription as part of a consultation. Nor does it give the patient or carer the right to request treatments that are not currently needed but may become so at some point in the future.

Patients currently exempt from prescription charges should have their clinical needs met on NHS prescription, but should not be enabled to stock their medicine cupboard or the medicine cupboards of their family and friends through FP10 prescription.

In addition, the General Medical Council guidance on 'Good Practice in Prescribing and Managing Medicines and Devices' (2013) defines prescribing as 'many related activities, including supply of prescription only medicines, prescribing medicines, devices and dressings on the NHS and advising patients on the purchase of over-the-counter medicines and other remedies'. From this it can be concluded that prescribing includes a much wider range of activities that simply writing and signing a prescription including advising patients on the use of over-the-counter medicines and signposting to other healthcare professionals and services (e.g. community pharmacies, local retailers, weight loss services etc).