

Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practices when submitted to the appropriate committee for consideration and approval.

	Yes/No/ Unsure	Comments
Title of Document		
Could this policy be incorporated within an existing policy?	N	
Does this policy follow the style and format of the agreed template?	Y	
Has the front sheet been completed?	Y	
Is there an appropriate review date?	Y	
Does the contents page reflect the body of the document?	Y	
Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?		
Are all appendices appropriate and/or applicable?	Y	
Have all appropriate stakeholders been consulted?	Y	
Has an Equality Impact Assessment been undertaken?	Y	
Is there a clear plan for implementation?	Y	
Has the document control sheet been completed?	Y	
Are key references cited and supporting documents referenced?	Y	
Does the document identify which Committee/Group will approve it?	Y	

Is there an implementation plan for this policy?		
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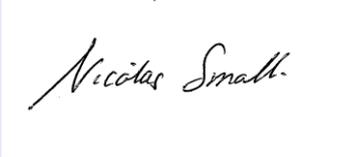
Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name	Charlotte Earl, Pharmacy & Medicines Optimisation Team	Date	24 th November 2017
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name	Dr Nicolas Small, Chair	Date	24 Nov 2017
Signature			



OVER-THE-COUNTER MEDICINES POLICY

Version Number	1.0
Ratified By	Herts Valleys CCG Board
Date Ratified	9 th November 2017
Name of Originator/Author	Pharmacy & Medicines Optimisation Team
Responsible Director	Dr David Buckle
Staff Audience	Herts Valleys CCG
Date Issued	November 2017
Next Review Date	November 2019

DOCUMENT CONTROL

Plan Version	Page	Details of amendment	Date	Author
1.0		Policy ratified by Herts Valleys CCG Board	09/11/17	Pharmaceutical Advisor, PMOT



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1. INTRODUCTION

This policy sets out the NHS Herts Valleys Clinical Commissioning Group (CCG)'s approach to the prescribing of over-the-counter (OTC) medicines for patients with self-limiting conditions and to promote self-care where possible. All individuals will now be expected to purchase OTC medicines for conditions that can be managed through self-care and this includes groups that currently receive free prescriptions (such as children, elderly and those on low incomes). GPs will be able to prescribe in exceptional cases. This policy does not cover long-term conditions.

2. PURPOSE

- 1) Promote health management through self-care.
- 2) Support patients to access minor ailments care from the right place; encourage patients to consult pharmacists and other healthcare professionals.
- 3) Avoid unnecessary use of appointments (currently approx. 20% of a GP's time and 40% of their total consultations are used for minor ailments and common conditions).
- 4) Allow GPs to focus time and efforts in managing those with more complex health conditions.
- 5) Release resources to spend elsewhere within the NHS.

3. DEFINITIONS

Over the Counter (OTC): Medicines which are available to purchase in pharmacies, supermarkets and shops. Some require the supervision of a pharmacist (Pharmacy medicines) and some do not (General Sales List).

Minor ailments: Uncomplicated conditions which can be diagnosed and managed without seeing the doctor¹.

Self-limiting/short term conditions: Illnesses or conditions which will either improve on their own or which have no long-term harmful effect on a person's health².

Self-care: The care taken by individuals towards their own health and well-being, and includes the care extended to their children, family, friends and others in neighbourhoods and local communities³.

Long-term conditions: Conditions for which there is currently no cure, and which are managed consistently with drugs and / or other treatments, e.g. diabetes.

4. ROLES AND RESPONSIBILITIES

4.1 Roles and responsibilities of clinicians managing the care of Herts Valleys CCG patients

All clinicians with the responsibility for care of Herts Valleys CCG patients should ensure that they are aware of the contents of this policy. This includes a requirement to review the contents and assess the relevance in managing the care of their patients.

4.2 Roles and Responsibilities of Herts Valleys CCG staff

All Herts Valleys CCG staff should ensure that they review the contents of this policy and assess the relevance to their role. Herts Valleys CCG will provide additional patient information resources to practices including information and frequently asked questions. These resources will be available to be downloaded from the Herts Valleys CCG website. The policy will also be available in the public domain.

4.3 Consultation and Communication with Stakeholders

Herts Valleys CCG and East and North Herts CCG conducted a major public consultation programme called 'Let's Talk' which included OTC medicines, from 6th July – 14th September 2017. The consultation involved community meetings, drop in sessions and community events being held. Additionally meetings with stakeholder groups were held including district council health-based committees. Herts Valleys CCG also held five traditional-style public meetings, with Chief Executive Officers and GP board members presenting proposals and taking questions, followed by more detailed discussions in smaller groups. The Healthwatch Hertfordshire Chair or Chief Executive Officer facilitated the majority of these events.

Following this, a joint committee of representatives from Herts Valleys CCG and East and North Herts CCG reached a decision, at a public meeting, that medicines, products and food items which are available to buy from shops or pharmacies for minor ailments/self-limiting conditions will need to be purchased, unless in exceptional circumstances.

In addition to the local consultation held on OTC medicines, there is currently a national consultation, results of which are due to be published in November 2017.

5. CONTENT

Minor ailments are minor and / or self-limiting conditions and can be managed by the individual themselves. Products aimed at treating the symptoms of many minor ailments should not routinely be prescribed at the expense of the NHS as such items are widely available in pharmacies or shops at a retail price that is often lower than the NHS prescription charge (currently £8.60 per item).

In 2016, NHS services in Hertfordshire spent over £4 million on providing items which are also readily available to buy without a prescription. As the local population size continues to grow, this prescribing places pressure on scarce NHS resource. Therefore it is vital that patients feel empowered to self-manage their short-term conditions and take responsibility for their own health. This will in turn aid NHS resources reaching the right patients (those with more complex needs) within the right time frame.

It can also be acknowledged that patients and the public currently have a wide range of resources that they may refer to for further advice on medicines use, e.g. community pharmacists, NHS 111, NHS Choices. These can be used to enable self-care. Patients are expected, where possible, to try to alter their diet and life-style if it is probable that this is the cause of a minor health problem, e.g. dyspepsia.

The following conditions have been identified as being self-limiting and therefore Hertfordshire patients will be expected to purchase medicines to treat:

Acne	Fungal nail infection
Allergies (including hayfever)	General wellbeing (vitamins, supplements and probiotics) <i>Short- and long-term</i>
Athlete's foot	Haemorrhoids
Cold sores	Head lice
Colic	Nappy rash
Conjunctivitis	Short-term pain and inflammation
Constipation (short-term)	Sore throat
Coughs and colds	Protection from sunburn
Dandruff	Sweating
Dental hygiene	Teething
Diarrhoea (less than 72 hours)	Threadworms
Dry eyes	Thrush (short-term)
Dry skin conditions with no diagnosis	Travel protection

Excessive earwax	Verrucas
Food items (if not on agreed guidelines)	Warts

This may be subjective to further addition, once the results of the national consultation are published in November 2017.

5.1 National Policy Drivers

In 2017, the ‘*Next Steps On The NHS Five Year Forward View*’ was released, which contained the ‘NHS 10 point efficacy plan’. The latter acts as an aid to accrue further NHS savings. In order to obtain the best value from pharmacy and also from medicines, one work stream identified was limiting the prescribing of OTC medicines on the NHS⁴.

The NHS in England spends approximately £645 million per annum on OTC medicines⁴. NHS England is currently holding a national consultation which closed in October 2017, which proposes cutting back on wasteful prescribing (such as OTC medicines)⁴. The outcome of this consultation will not be known until November 2017. Should there be a national consensus which is in agreement of this proposed restriction, it may result in this local policy being extended to incorporate additional short term conditions.

5.2 Local Policy Drivers

A ‘*Healthier Future*’ is a sustainability and transformation plan for Hertfordshire and West Essex and looks into ways to improve health and care in the local area. These plans are in line with Herts Valleys CCG strategy ‘*Your Care Your Future*’⁵.

89% of the respondents to the proposal on OTC agreed with the proposition to limit the prescribing of OTC products on the NHS. This was taken into consideration when a joint committee of representatives from Herts Valleys CCG and East and North Herts CCG reached a decision, at a public meeting, that medicines, products and food items which are available to buy from shops or pharmacies for self-limiting conditions will need to be purchased.

Several bordering CCGs (e.g. Chiltern CCG, Aylesbury Vale CCG, Bedfordshire CCG and others) have implemented a similar policy which encourages patients to purchase OTC medicines where appropriate.

5.3 Demographics

This policy will affect all patients. Results from our local consultation highlighted:

- 89% of respondents strongly agreed or tended to agree with the proposal to limit the prescribing of medicines, products and foods items that are available without a

prescription.

- 11% of respondents tended to or strongly disagreed with the proposal.
- 55% of respondents felt there are many OTC medicines which are cheaper to buy / doctors do not always need to see patients / prescriptions should only be reserved for medicines not available OTC.
- 17% of respondents expressed concerns about low income families
- 8% of respondents suggested people need to take responsibility for themselves .

Please refer to Appendix 1 for Equality Quality Impact Assessment for further details.

5.4 Exceptionality

This policy should not be used when patients are unable to purchase appropriate products over the counter due to licensing restrictions (e.g. in pregnancy), or where quantities required cannot be sold (e.g. large quantities of paracetamol).

In exceptional cases the GP may prescribe, for example:

- If there are safeguarding concerns such as where a child has a dangerously high fever and there are concerns that the parent will not buy paracetamol for immediate administration; it may place the child in danger if the GP does not prescribe.
- This policy does not cover where a treatment is needed on a long-term (chronic) basis, e.g. paracetamol regularly four times daily in osteoarthritis. The patient's GP should prescribe.
- Where treatment of thrush with clotrimazole is requested on prescription for a pregnant patient, the patient's GP should prescribe as clotrimazole cannot be sold over the counter for treatment in pregnancy. Herts Valleys CCG will provide GPs with a comprehensive list of OTC medicines and scenarios when they should be prescribed.

Where treatment of head lice with a medicated lotion is requested on prescription because a patient is of low income, the GP should not prescribe as wet-combing is a recommended alternative treatment.

For patients who are not an exception to this policy (as described above) but where a GP believes a product should be prescribed on a repeated basis rather than purchased, a *Double Red Drug Request* form may be completed and submitted to Herts Valleys CCG Pharmacy and Medicines Optimisation Team for consideration for approval for on-going prescribing. It is important to note that this process is reserved for cases which do not require immediate resolution and that no additional funding for prescribing will be provided. This process is being put into place so that contentious cases can be discussed and to improve the consistency between practices with implementing this policy.

6. MONITORING COMPLIANCE

Providers will be audited as per the Terms of Reference within their Herts Valleys CCG contracts for compliance to the policy.

The impact of the policy will be monitored by using electronic prescribing data, patient feedback and comments.

For clinical exceptionality clinicians are requested to make themselves familiar with the *Double Red Drug Request* process, to be used if they consider their patient's clinical case warrants the provision of NHS prescriptions.

7. EDUCATION AND TRAINING

Clinicians managing the care of Herts Valleys CCG patients, and Herts Valleys CCG staff should be aware of this policy and its implications.

8. REFERENCES

- 1) Welle-Nilsen K, Morken T, Hunskaar S, Granas A. Minor ailments in out-of-hours primary care: An observational study. *Scand J Prim Health care*. 2011 Mar; 29(1): 39–44. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3347927/>
- 2) Davies N. Minor ailments and self limiting conditions. *Can Pharm J (Ott)*. 2014 May; 147(3): 137. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4025888/>
- 3) Self-Care for minor ailments 2.0. *Prescqipp*. Document. Available from: <https://www.prescqipp.info/resources/send/141-self-care-webkit/1748-t8-self-care-for-minor-ailments> (accessed 18th October 2017)
- 4) NHS England. *Next Steps on the NHS Five Year Forward View*. Available from: <https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/> (accessed 18th October 2017)

5) Herts Valleys Clinical Commissioning Group. *Our strategy- Your care your future.*

Available from: <http://hertsvalleysccg.nhs.uk/your-care-your-future> (accessed 18th October 2017)



Policy Brief

Over-the-Counter medicines

November 2017

In this briefing

Background

Definitions

Procedures

Consequences

National guidance

Click on the following link to access the national guidance:

<https://www.england.nhs.uk/2017/07/medicine-consultation/>
(July 2017)

Further information

The full policy can be found on: <http://hertsvalleysccg.nhs.uk/> and/or please contact Head of Pharmacy and Medicines Optimisation.

Background

Following a review of policy and a public consultation, 'Let's Talk', a new policy is in place to cover the prescribing of over the counter (OTC) medicines for short term conditions and minor ailments. The majority of people who responded to the consultation supported the proposal.

Self-care plays an important role in helping patients take ownership of their own health. It helps us make best use of resources, focussing on those with more complex health needs and it will help free-up GP time.

GPs will not normally prescribe treatments for symptomatic relief of a minor ailment. This policy includes prescriptions for patients who do not pay for their own prescriptions.

Over-the-counter medicines, depending on their licensing status, are widely available for purchase from community pharmacies, supermarkets and shops and are often cheaper to be purchased than being prescribed on an NHS prescription.

Definition

Over-the-counter (OTC) medicines which are available to purchase in pharmacies, supermarkets and shops. Some require the supervision of a pharmacist (Pharmacy medicines) and some do not (General Sales List).

Procedures to be followed

- GPs will not prescribe OTC medicines for use in treating minor ailments / short-term conditions, unless in exceptional circumstances.
- Clinical discretion should be used to assess whether a circumstance is exceptional and this will be where there are serious concerns that not prescribing a product could lead to patient harm.

- For patients who are not an exception to this policy but where a GP believes a product should be prescribed on a repeated basis rather than purchased, a *Double Red Drug Request* form may be completed and submitted to Herts Valleys CCG Pharmacy and Medicines Optimisation Team for consideration of approval for on-going prescribing.

Consequences of a breach

Breaches of this policy could lead to:

- Failure of delivery of financial balance
- Wastage of limited NHS resources
- Complex patients are not attended to as rapidly as they could be

Specific changes made to policy

None. This is a new policy.

Appendix 1: Full Equality Impact Assessment (EqIA) Over-the-Counter Medicines Policy

Equality Analysis – Full Equality Impact Assessment

Title of policy, service, proposal etc being assessed:

Over-the-Counter Medicines Policy

What are the intended outcomes of this work?

The intended outcome for patients is that individuals will be expected to pay for over-the-counter medicines for short-term minor conditions that can be managed through self-care, including groups that currently are exempt from paying for prescriptions (such as children, older people and those on low incomes). Where prescribers have concerns regarding safeguarding / welfare of the patient they should exercise professional judgment and may issue a prescription.

GP and practice capacity will be released to diagnose and treat patients with more complex needs.

Limited NHS resources will be used more effectively to achieve best value for patients.

How will these outcomes be achieved?

The CCG will promote the purchasing by patients of over-the-counter medicines and self-care where possible to reduce unnecessary costs. An increasing range of medicines are available for purchase from pharmacies, supermarkets and other outlets. The CCG will support patients to access minor ailments care from the right place at the right time; encouraging them to consult community pharmacies and other healthcare professionals. There are 247 Community Pharmacies in Hertfordshire that are open for at least 40 hours per week, 16 of which are open 100 hours a week.

Community pharmacists should not advise patients to request their GP to prescribe medicines available for self-limiting conditions and minor health problems where these are available to purchase.

Who will be affected by this work?

This proposal will affect all patients.

Patients and the public have an accessible range of resources for advice on medicines use, e.g. community pharmacists, NHS 111, NHS Choices, which can be used to enable self-care, as well as their GP or Nurse. Patients are expected, where possible, to try to adjust their lifestyle if it is probable that this is the cause of a minor health problem, e.g. dyspepsia.

The CCG will provide additional patient information resources to practices including information and frequently asked questions, press releases in the media and social media and GP support in case of queries.

Where a treatment is needed on a long-term (chronic) basis e.g. paracetamol regularly four times daily in osteoarthritis, the patient's regular clinician should prescribe.

If there are concerns about an individual patient's safeguarding issues the GP may prescribe.

Evidence

What evidence have you considered?

Against each of the protected characteristics categories below list the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic).

This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section of this template.

Several bordering CCGs (e.g. Chiltern CCG, Aylesbury Vale CCG, Bedfordshire CCG and others) have implemented a similar policy which encourages patients to purchase OTC medicines where appropriate. We are consulting across Hertfordshire, and West Essex CCG are also consulting on the same list so we hope that this will reduce issues with differences in different areas.

Nationally, NHS England are consulting on some principles for these types of products to inform national policy which will then be implemented locally:

<https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/supportingdocuments/consultationitemsnotroutinelyprescribedinprimarycare.pdf> (page 25 onwards).

However we do believe we should get feedback from our local public in Hertfordshire, and due to our work being across a smaller patch we believe that we could be ready to implement (if the public agree with this) earlier than the national work.

The idea that people may contribute to their treatment costs by purchasing readily available medicines over-the-counter rather than having them prescribed also fits our ethos of attempting to streamline work of GPs by reducing appointments for more trivial conditions such as colds.

Age

Patients will not receive medicines over the counter for short term self-limiting conditions and will be directed to a pharmacy for advice and to purchase the product if required.

Currently, patients can get free NHS prescriptions if, at the time the prescription is dispensed, they are:

- are 60 years or over
- are under 16 years
- are 16-18 years and in full-time education

These groups would therefore have to pay for any over the counter medications for conditions that can be managed by self-care, which could impact income or their management of self-limiting conditions.

Mitigating actions:

Where a treatment is needed for a long-term chronic condition or there are legal restrictions on the amount of medicine that can be purchased over the counter, then the patient's regular clinician will still be able to prescribe.

Pre-payment certificates are also available enabling the patient to make a fixed quarterly or annual payment for prescription medicines.

The care of the individual patient must remain a prescribers first concern as described in the GMC 'duties of a doctor'

<http://www.gmc-uk.org/guidance/goodmedicalpractice/dutiesofadoctor.asp>

Therefore the prescriber should recommend treatment based on clinical need but if there are concerns about an individual patient's ability to pay, resources, safeguarding or welfare issues the GP may prescribe.

Gender reassignment (including transgender)

There is currently no evidence of likely differential impact because of the protected characteristic.

Marriage and civil partnership

There is currently no evidence of likely differential impact because of the protected characteristic.

Pregnancy and maternity

Currently, you can get free NHS prescriptions if, at the time the prescription is dispensed, you are pregnant or have had a baby in the previous 12 months and have a valid maternity exemption certificate (MatEx). This proposal will potentially increase costs for this group of people.

Mitigating actions:

Where a treatment is needed for a long-term chronic condition or there are legal restrictions on the amount of medicine that can be purchased over the counter, then the patient's regular clinician will still be able to prescribe. The prescriber must also take into account safeguarding and welfare issues of the mother and unborn child.

Pre-payment certificates are also available enabling the patient to make a fixed quarterly or annual payment for prescription medicines.

Race

There is currently no evidence of likely differential impact because of the protected characteristic.

Religion or belief

There is currently no evidence of likely differential impact because of the protected characteristic.

Sex

There is currently no evidence of likely differential impact because of the protected characteristic.

Sexual orientation

There is currently no evidence of likely differential impact because of the protected characteristic.

Carers

There is currently no evidence of likely differential impact because of the protected characteristic.

Other identified groups

Currently, you can get free NHS prescriptions if, at the time the prescription is dispensed, you:

- have a specified medical condition and have a valid medical exemption certificate (MedEx)
- have a continuing physical disability that prevents you from going out without help from another person and have a valid MedEx
- hold a valid war pension exemption certificate and the prescription is for your accepted disability
- are an NHS inpatient.

These groups of people may therefore be negatively impacted as a result of this proposal for self-limiting conditions only (not for on-going prescriptions for long-term conditions).

Mitigating actions:

Where a treatment is needed for a long-term chronic condition or there are legal restrictions on the amount of medicine that can be purchased over the counter, then the patient's regular clinician will still be able to prescribe.

Pre-payment certificates are also available enabling the patient to make a fixed quarterly or annual payment for prescription items.

If there are concerns about an individual patient's safeguarding or welfare issues the GP may prescribe.

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

How have you engaged stakeholders in testing the policy or programme proposals?

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Herts Valleys CCG and East and North Herts CCG conducted a major public consultation programme called 'Let's Talk' which included this issue, from 6th July – 14th September 2017. Engagement activities included: public meetings in all localities; discussions with local community groups and young people; attendance at community events including Herts Pride and places with high public footfall; promotion via local media; a major social media campaign – primarily via Twitter and Facebook; and sessions in GP practices. In total 2,500 people responded to the survey and thousands more have had access to the consultation information as a whole.

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Summary of respondents:

- 68% were female
- 68% were of working age: 19% in 26-40 years age bracket; 49% 41-65 years.
- 31% have disability or long term condition
- 95% white British (population of Herts is 83% white British)
- 38% stated that they have caring responsibilities

More information on this process, including the questions and comments which emerged from the consultation, is included in the presentation on Consultation Findings included earlier in this report.

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?

Impact on all patient groups has been considered and will be mitigated where possible.

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

Eliminate discrimination, harassment and victimisation

People who are entitled to free prescriptions because of low income may find the impact of having to purchase medicines over the counter bigger than a person with a larger income, however the policy is intended to apply equally to all, across all ages, walks of life, race and cultures.

Advance equality of opportunity

Access will improve as no appointment needed in pharmacy and GP appointment time will be released for other patients.

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Patients will be in control of access to medicines and advice and treatment will be available more speedily. There will be increased choice of product and formulation. Increased cost to patient may impact on whether they view this as a positive impact.

Promote good relations between groups

This policy will apply equally to all Hertfordshire residents.

Next Steps

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research. This is your action plan and should be SMART.

This document will be updated following the decision of the joint CCG committee meeting on 12th October 2017.

How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public.

The completed Equality Impact Assessment will be published on the East and North Herts CCG and Herts Valleys CCG websites if any changes are made to the commissioning of over-the-counter medicines.



Privacy Impact Assessment – Initial Screening tool

1. Policy	PIA Completion Details		
Title: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing Date of Completion: 08/06/17 Review Date:	Names & Titles of staff involved in completing Stacey Golding/Pauline Walton Lead Pharmaceutical Adviser, AD Pharmacy & Meds Optimisation		
2. Details of the Policy. Who is likely to be affected by this policy?			
<input checked="" type="checkbox"/> Staff	<input checked="" type="checkbox"/> Patients	<input checked="" type="checkbox"/> Public	
	Yes	No	Please explain your answers
Technology Does the policy apply new or additional information technologies that have the potential for privacy intrusion? <i>(Example: use of smartcards)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Identity By adhering to the policy content does it involve the use or re-use of existing identifiers, intrusive identification or authentication? <i>(Example: digital signatures, presentation of identity documents, biometrics etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
By adhering to the policy content is there a risk of denying anonymity and de-identification or converting previously anonymous or de-identified data into identifiable formats?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

<p>Multiple Organisations Does the policy affect multiple organisations? <i>(Example: joint working initiatives with other government departments or private sector organisations)</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>There is a consultation on the prescribing of over-the-counter medicines in Herts Valleys CCG, E&N Herts and West Essex CCGs as well as other CCGs. No patient data will be shared.</p>
<p>Data By adhering to the policy is there likelihood that the data handling processes are changed? <i>(Example: this would include a more intensive processing of data than that which was originally expected)</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The CCG prescribing and medicines optimisation team (PMOT) will be involved in additional monitoring of prescribing data to assess the impact of the policy when implemented (this is identifiable by GP practice but not by patient).</p>



<p>If Yes to any of the above have the risks been assessed, can they be evidenced, has the policy content and its implications been understood and approved by the department? *Ticking 'Yes' to any section will require completion of the full screening tool – for advice contact Head of Governance.</p>	<p>Not applicable</p>
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<p>Assessments Completed by</p>	
<p>Name:</p>	<p>Stacey Golding (E&N Herts) & Sarah Crotty (HVCCG) Pauline Walton (ENHCCG)</p>
<p>Position:</p>	<p>Lead Pharmaceutical Adviser (E& N Herts) and Head of Medicines Optimisation (HVCCG)</p>
<p>Date:</p>	<p>3rd October 2017</p>

This policy has been reviewed by:

**Head of Information E&N Herts CCG= David Hodson
Equality and Diversity Manager, HVCCG = Paul Curry**

SIRO or Caldicott Guardian.

Sheilagh Reavey (E&N Herts) and Diane Curbishley (HVCCG)
Directors of Nursing and Quality



Appendix 2: Quality Impact Assessment Stage 1

No longer prescribing over the counter medicines which can be purchased

CCGs covered by the scheme: HVCCG and ENHCCG.

Lead CCG: HVCCG

Project Lead for scheme: Sarah Crotty

Senior Manager/ Executive Sponsor: David Buckle

Brief description of scheme: Requesting that GPs no longer prescribe medications which are suitable for purchase by patients

Intended Quality Improvement Outcome/s:

As part of prioritising services offered within the CCG to provide maximum healthcare value with the finances available, prescribing of medicines which are available over-the-counter are under review. This would allow for reallocation of funding from areas assessed as being of lower value to services which would provide the greatest possible benefit to the population as a whole

Methods to be used to monitor quality impact: ePACT data, complaints

	Pos/ Neg or N/A	Risk Score if N	Comments (include reason for identifying impact as positive, negative or neutral)	Full Assessment Required Yes (Risk > 8 Stage 2 full assessment required)
<p>Duty of Quality</p> <p>Could the proposal impact positively or negatively on any of the following:</p> <p>a) Compliance with NHS Constitution right to:</p> <p> a) Quality of Care and Environment</p> <p> b) Nationally approved</p>	N	10	<p>a) Patients should have access to all medicines as before but they will need to purchase some lower cost medicines that are available to purchase in pharmacies and shops.</p> <p>This may be seen by some patients as having an impact on some aspects of their care not being free.</p>	

Policy for over the counter medicines v1.0 November 2017

<p>treatments/ drugs</p> <p>c) Respect, consent and confidentiality</p> <p>d) Informed choice and involvement</p> <p>e) Complain and redress</p> <p>Partnerships</p> <p>Safeguarding children or adults</p>	<p>n/a</p> <p>n/a</p>	<p>It may be more difficult for patients of low income to afford this.</p> <p>b) n/a</p> <p>c) no effects</p> <p>d) no effect</p> <p>e) The only exception is where welfare (safeguarding) of a person is at stake in this situation the policy can be discretionary.</p> <p>Partnerships –not affected</p> <p>Safeguarding – as e) above the discretionary element takes into account safeguarding issues</p>	
<p>NHS Outcomes Framework</p> <p>Could the proposal impact positively or negatively on the delivery of the five domains (assess all separately):</p> <p>1. Preventing people from dying prematurely</p>	<p>n/a</p>	<p>No effect on deaths</p>	
<p>2. Enhancing quality of life</p>	<p>n/a</p>	<p>No effect on quality of health, but may pose some financial hardship for poorest in our community</p>	
<p>3. Helping people recover from episodes of ill health or following injury</p>	<p>n/a</p>	<p>No effect on recovery from episodes of ill health</p>	
<p>4. Ensuring people have a positive experience of care</p>	<p>n/a</p>	<p>No effect on the experience if care</p>	
<p>5. Treating and caring for people in a safe environment and protecting them from avoidable harm</p>	<p>n/a</p>	<p>No effect on avoidable harm</p>	
<p>Access</p> <p>Could the proposal impact positively or negatively on any of the following:</p> <p>a) Patient Choice</p> <p>b) Access</p>	<p>n/a</p>	<p>Choice - unaffected</p> <p>Access – unaffected</p> <p>Integration - unaffected</p>	

c) Integration			
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Name of person completing assessment:
 Position: Head of Pharmacy & Medicines Optimisation Team
 Signature: *Sarah Crotty* Date of assessment: 11/9/17

Reviewed by:
 Position:
 Signature: Date of review:
 Proposed frequency of review: Six monthly/ Quarterly/ Monthly/ Other please specify: _____
 (minimum monitoring is six monthly (scores 6 or below), every 4 months (scores 8-9), quarterly (scores 10- 12) and monthly (15-20), weekly or more frequent (score 25) Use boxes below to record outcome of reviews
 Date of next review:

Signed off by:
 Position:
 Signature: Date of review:
 Requires review at Quality Committee: Y/N
 Date considered at Quality Committee:
 Logged on spreadsheet: Y/N Date:

Post Implementation Review

(use the template below to record outcomes of reviews- if more than one is required cut and paste the box below)

Have the anticipated quality impacts been realised? Y/N
 Comments:
 Have there been any unanticipated negative impacts? Y/N
 Comments:
 Are any additional mitigating actions required? Y/N
 Comments:



Do any amendments need to be made to the scheme? Y/N

Comments:

Reviewed by:

Position:

Signature:

Date of review:



Appendix 3: Quality Impact Assessment Stage 2

No longer prescribing over the counter medicines which can be purchased

Stage 2 **completed if score is more than 8**

Escalation proforma:

To be completed when the initial impact assessment indicates a high risk (8 or above) and a more detailed assessment is required.

On identification of a high risk business case, commissioning decision or business plan this proforma must be submitted along with the business case to inform the decision making process and ensure informed choice. A copy of the complete impact assessment must be submitted to the next available Quality Committee to ensure scrutiny from a quality perspective.

Background and context of the business case/plan/decision for approval.
<p>Many CCGs have already implemented a similar proposal to reduce the prescribing of items available to purchase over the counter being prescribed.</p> <p>Implementation depends on clinical engagement with our GPs.</p> <p>The policy has to be discretionary for when it is not legal to purchase a product over the counter (e.g. in pregnancy), or where quantities required cannot be sold (e.g. large quantities of paracetamol).</p> <p>In rare instances where safeguarding issues will arise there may also be exceptions/exemptions.</p>
What are the benefits?
Release of resources to spend elsewhere within the NHS.
What are the risks if the business case is not approved?
Financial risks.
What are the high risks that the initial impact assessment indicates to quality?
<p>Patients should have access to all medicines as before but they will need to purchase some lower cost medicines that are available to purchase in pharmacies and shops. This policy may be seen by some patients as having an impact on some aspects of their care not being free. It may be more difficult for patients of low income to afford this, causing financial hardship.</p>
What plans are in place to ensure identified risks are mitigated?
<p>Where true welfare (safeguarding) issues arise the policy is discretionary. However for most patients it is expected that suitable will no longer be prescribed and will be purchased instead.</p>
After mitigation, what are the remaining residual risks?

Low risks

For patients in poverty we will not be means testing patients - so there is a risk that the policy could be applied differently by different GPs.

Recommendations for the Quality Committee to consider.

Is it possible to give examples where we feel exceptions are reasonable so that there is an increase in consistency between different practices?

Assessment completed by

Name: Sarah Crotty

Position: Head of Pharmacy & Medicines Optimisation

Date: 6/10/17

Line Manager Review

Name: David Buckle

Position: Medical Director

Date:6/10/17

