Prescribing Wisely – Supplementary EQIA Report

1. Introduction

1.1 This report has been prepared as a supplementary report to the Equalities Impact Assessment report commissioned by the North West London Collaboration of Clinical Commissioning Groups (NWLC CCGs) to support the programme of work, and subsequent proposals, for Prescribing Wisely (formerly referred to as Choosing Wisely). The report has been prepared for the Accountable Officers of the NWLC CCGs based on the feedback received from local residents and organisations and has been written in order that final decisions can be taken with regard to the implementation of the Prescribing Wisely programme.

2. Background

2.1 In Spring a decision was taken to review the potential opportunities for delivering a level of QIPP savings from across NWL based on potential changes to the way in which repeat prescribing of medicines were managed and the opportunities for some medicines and products currently prescribed to be purchased over the counter. In July 2017 the eight Governing Bodies of the NWLC CCGs discussed proposals that would:

- Ask GPs to ask patients if they would be prepared to purchase a range of medicines and products that can be purchased without a prescription but that may historically have been prescribed and
- Change the current arrangements for ordering repeat prescriptions

2.2 In advance of the Governing Body meetings in July and August a period of public engagement on the proposals was undertaken over a three week period from 12 June to 30 June. The NWLC CCGs commissioned PHAST to undertake an Equalities Impact Assessment (EQIA) on the proposals. As a result of the public engagement, a number of changes were made to the list of proposed medicines and products that patients would be asked to consider purchasing over the counter. Adjustments were made to the groups of patients to whom this would apply, together with specific mitigations to take account of concerns raised during the engagement period. The proposals for repeat prescribing were also reviewed in light of the comments received and changes made. The changes made to both sets of proposals were detailed in the Governing Body papers that were presented at the July Governing Body meetings in public.

2.3 Whilst all Governing Bodies accepted the proposals set out in the papers based on the feedback from the public engagement and agreed that they should be implemented, six of the eight Governing Bodies did so on the basis that further work was undertaken on the EQIA as they did not consider the outcomes presented in the report from PHAST to be adequate. Consequently a period of 5 weeks was set aside to enable people to comment specifically on the equalities related elements of the proposals. This report provides the feedback from the comments received and the proposed actions to mitigate concerns raised.

3. Comments and Feedback on EQIA

3.1 On 8 August 2017 a listening event was held in Harrow. A wide range of people from across North West London attended and were given the opportunity to get an update on the discussions that had taken place at the eight Governing Body meetings and to hear about the changes and mitigations that had been made/put in place in respect of the original proposals following the engagement period. It was explained that a further period of five weeks would be given for people to feedback on the equalities related elements of the proposals given the concerns raised by Governing Bodies over the adequacy of the original. This would provide time for consideration of what further changes/mitigations might be needed to the proposals before implementation. The listening event provided people with the opportunity to discuss the EQIA implications in respect of the nine protected characteristic groups (as set out in regulations) plus a further category of low income. Participants were provided with a form (appendices A&B) to assist with their considerations of the EQIA issues arising from the proposals. Each group produced a list of issues and concerns (appendix C). Participants were advised that a period of five weeks would be given for feedback from the wider community on the EQIA elements of the proposals and that the forms used at the listening event would be circulated widely across North West London. Appendix D provides a sample of the organisations (based on the Hammersmith and Fulham CCG distribution) sent the information and the details of the five week feedback period and process for submitting comments.

3.2 The five week feedback period closed at 9am on 18 September. A total of 481 comments were received from 88 people. This is a combination of those who attended the August listening event and those who completed the templates. A full summary of the feedback received from the templates is provided at appendix E. This sets out, by protected characteristic area, the comments received in relation to the two proposals, whether mitigation had already been put in place based on feedback from the original engagement exercise and a suggestion of the mitigation required where this had not been actioned previously. The summary also provides details of those comments that it was felt did not directly relate to the specific proposals or were generic, in order that all comments were captured.

3.3 In relation to **over the counter medicines and products** the main feedback has been:

- A significant number of respondents raised concerns about the impact on peoples' financial position if they were to be asked to purchase the medicines and products on the list. It was felt that many patients would feel too embarrassed to say that they could not afford to purchase an item and would answer "yes" to the question when asked. Respondents felt that this would put patients at risk as the likelihood was that they would not then purchase the product and their medical need would go untreated.
- Many respondents raised concerns about how GPs would be able to determine whether the patient responding "yes" would actually be in a position to afford to purchase one or more medicines or products on the list.
- Many respondents were concerned about whether patients who do not have English as a first language would understand that they were being asked to purchase an item from the list. Additionally cultural norms in certain

communities of not saying “no” to someone like a GP may leave patients vulnerable if they are unable to afford a medicine or product on the list.

- Many respondents were concerned that vulnerable groups, such as people with a learning disability, the disabled, children, people with dementia or who are confused, the elderly, people with mental health problems and people in care homes would be asked to pay for products on the list which was thought to be unacceptable.
- Respondents felt that it was unacceptable to ask patients on often life long multiple medicines/products to consider paying for one or more of these. There was a concern that if they decide not to purchase a particular product they have been using long term this may have an adverse clinical or social impact.
- Respondents were concerned that the reliance on carers to make decisions on behalf of the patient would place an additional burden on them and was inappropriate
- Respondents highlighted concerns that domiciliary carers are not insured to administer medicines and products to people unless prescribed by a doctor. This would potentially lead to vulnerable patients not receiving a particular medicine or product as they might forget to self administer or do it inappropriately.
- In relation to children a number of comments highlighted the potential safeguarding impacts on requiring medicines or products to be purchased as the decision on whether to purchase them may be a financial one for the parent or carer and could impact a child’s health if the medicine or product was not purchased.
- Respondents felt that the approach added further to a sense of stigmatisation felt by groups such as those undergoing gender reassignment, people on low income, people with mental health problems

3.4 At the Governing Body meetings in July and August the paper on over the counter medicines highlighted the specific mitigations that had been put in place following feedback from the engagement exercise. Specifically these were:

Table1: Mitigations put in place following engagement

Refinement	**Rationale**
The proposed recommendations have been reworded in an attempt to make them clearer	A number of responses to the engagement seemed to misunderstand - or not understand with sufficient precision - what the proposed recommendations were
Hypoallergenic infant formulas for cow’s milk allergy diagnosed by a doctor – excluded from proposal	The retail purchase price of these products ranges from approx £100 to over £500 for one month’s supply. Any avoidable prescribing of these products is best addressed by a different intervention.
Emollients – reasonable criteria for prescribing amended from ‘medium to severe eczema or psoriasis’ to ‘eczema or psoriasis’	Mild eczema that is not treated with emollient is not unlikely to worsen to medium or severe eczema.
Prescribable sun creams - addition	Many are likely to believe it is unreasonable to

to reasonable criteria: as recommended by the British Association of Dermatologists response to the engagement, including photosensitivity caused by other, unavoidable, treatment	ask if a patient will buy sunscreen to treat the side effect of a prescription only medicine, for example
Chloramphenicol eye drops – add a note that this can only be purchased for adults or children over 2 years	
Acne treatment – change title to 'OTC acne treatment e.g. benzoyl peroxide'. Amend reasonable criteria for prescribing from 'moderate to severe acne' to 'acne'	Topical benzoyl peroxide is probably the only OTC medicine for acne that should be recommended. Because of the legacy of mental health problems that can follow acne, it seems wise to avoid the question of whether a patient has 'mild' or 'moderate' acne.
Antihistamines - addition to reasonable criteria: angioedema. Add note 'treatment of urticaria often requires doses of antihistamine above OTC licensed doses'	British Association of Dermatologists response to the engagement.
Headlice treatment – add a reasonable criterion 'homeless people with severe headlice'	This is belt and braces as homeless people are excluded from the proposal - see below.
Mouthwashes other than benzydamine – add 'dentists may prescribe antiseptic and fluoride mouthwashes'	To reduce the impression that there are no reasonable indications for these.
School age children, if the product would have to be given at school – excluded from proposal	Many schools will not administer medicines that do not have a dispensing label bearing the child's name and the dose.
People with learning disabilities – excluded from the proposal, unless seen with a non-disabled carer who readily agrees to buy the product that is indicated	The proposed recommendation to GPs is that they inform the patient that the medicine or product can be purchased and ask if they will buy it. This will only be possible if the patient can understand and answer the question, and buy the product if they answer 'yes'.
Homeless people – excluded from proposal	Likely to have multiple factors that together make it unlikely that indicated medicines would be purchased.
Care home residents, if there is no facility to purchase medicines for residents who cannot visit shops themselves – excluded from proposal	(Some residential homes will have the capability to buy OTC medicines or products for a resident, using the resident's money)
Choosing Wisely (the title used for the proposal before and during the engagement) – cease use of this title.	The title is being used by the Academy of Medical Royal Colleges for a different initiative
List of reasonable criteria for prescribing the products – note added that the criteria are indicative	Legal advice. Such lists are unlikely ever to be exhaustive.

3.5 Whilst these mitigations are reasonable and were fully accepted by the Governing Bodies there were a number of issues raised in the EQIA feedback above in 3.3 that require further mitigation. Specifically:

- The need for clear, explicit and unambiguous communications to both prescribers and the public. It needs to be very clear that no one will be denied a prescription that the GP considers is necessary. There remains considerable concern based on the feedback received that patients will feel pressurised into agreeing to pay for a medicine or product that they really cannot afford
- Communication to and with GPs needs to ensure that there is no suggestion of a blanket ban on products on the list of over the counter medicines and that if they are in any doubt about a person's ability to pay then they should prescribe in the usual way

3.6 Feedback from the small group who reviewed the outcomes from the additional EQIA process has suggested that, in order to support GPs in reaching a view on whether a patient would be able to afford an over the counter medicine or product, a clear list of excluded groups should be agreed and sent out to GPs. This would enable to GP to ask, initially, whether the patient identified themselves with one of the exempt groups and that if they confirm that they do then the GP would not ask if they would be prepared to purchase the medicine or product. Based on the feedback, and in order to make current mitigations simpler the following groups should be exempt:

Table 2: Proposed Exempt Groups

Proposed Exempt Group	**Rationale**
All people with a diagnosed learning disability	The current mitigation suggests that where a person with a learning disability has a carer present it would be appropriate to ask the question as to whether the patient would be prepared to buy a medicine or produce over the counter. This suggests that the carer present has the authority to act on behalf of the patient which might not always be the case. It therefore potentially undermines a person's rights if it is assumed a carer can act on their behalf when they are not authorised to do so. To ensure that this does not happen all people who have a diagnosis of learning disability should be exempt
All people with a diagnosis of dementia	People with dementia are less likely to be able to make an informed choice, depending on the stage of their dementia, and would create added stress on the patient and their carer if consideration of having to pay for medicines or products had to be taken in to account. To ensure that this group of vulnerable patients are not put at further risk all patients with a diagnosis of dementia should be exempt
Any person who has a funded care package and would need a carer to administer the medicine or product	In many instances domiciliary carers are not insured to administer medicines and products to people unless prescribed by a doctor. This would

	potentially lead to vulnerable patients not receiving a particular medicine or product as they might forget to self-administer or do it inappropriately. Therefore this group of patients should be exempt
Any resident in a registered care home setting	Although current mitigation suggests that this group should be exempt unless they have the ability to purchase medicines or products, for example by asking a carer to do so on their behalf, it is felt that this group are vulnerable by virtue of their status as need to live in a registered care home environment and therefore should be exempt from being asked whether they would be prepared to purchase a medicine or product
Any person who has been officially declared homeless	This group of people are economically and socially very vulnerable and in the majority of cases at greater risk of on-going ill-health if they do not have access to the medicines and products that they need. Therefore this patient group should be exempt

3.7 There are other groups of patients who, based on the feedback from respondents, it may be appropriate to consider some degree of mitigation. However, as can be seen below it is believed that appropriate mitigation is already in place and this report does not, therefore, make the recommendation to include these groups as exempt at this point. The groups are as follows:

Table 3: Groups where exemption could be considered but where mitigation is in place

Potential Group for Exemption	**Rationale**	**Is Mitigation In Place?**
All people who are registered disabled and in receipt of a means tested state benefit as a result of their disability	The main rationale for this group being considered for exemption is economic. A number of people who are registered disabled will be on low income and may not be able to afford to purchase medicines or products that can be purchased without a prescription	Yes, in so far as if someone says that they are unable to afford to purchases a medicine or product the GP will prescribe in the usual way
All pregnant women	Some pregnant women will vulnerable, may not be economically active and have a limited income. To make it easier exempting all pregnant women makes the decision process easier for GPs	Yes, in so far as if someone says that they are unable to afford to purchases a medicine or product the GP will prescribe in the usual way
All children under the age of 18	There will be some vulnerable children whose vulnerability could be increased if parents/guardians, although agreeing to purchase something over the counter, then opted not to. This would have the potential of increasing the risk	Yes, in so far as if someone says that they are unable to afford to purchases a medicine or product the GP will prescribe in the usual way Advice from Safeguarding colleagues has suggested that

	for those children. To make it easier for GPs all children should be considered exempt	not purchasing an over the counter medicine or product would not necessarily increase the safeguarding risk although it could add to any evidence of neglect
All residents over the age of 80.	This is based on an economic position that the majority of people as they get older find it harder to afford things. In order to ensure equity exempting all those over 80 should be considered	Yes, in so far as if someone says that they are unable to afford to purchases a medicine or product the GP will prescribe in the usual way
All people on three or more long term medicines or products where any one or more might be on the list of over the counter medicines	This is based on an economic position as significant numbers of patients with long term conditions and multiple medicines or products may be less likely to afford to purchase one or more of their current medicines or products over the counter	Yes, in so far as if someone says that they are unable to afford to purchases a medicine or product the GP will prescribe in the usual way
Any person who is registered as unemployed and in receipt of unemployment related financial support	This is based on an economic position as this group of people are less likely to have money to spend on over the counter medicines or products and are therefore likely not to purchase something that will have a positive impact on their health	Yes, in so far as if someone says that they are unable to afford to purchases a medicine or product the GP will prescribe in the usual way
All those entitled to free prescriptions as a consequence of a pre-existing exemption from prescription charges	This group of patients already receive free medicines and products, many of whom have long term conditions and might find it financially difficult to have to purchase a proportion of their routine medicines or products over the counter	Yes in so far as if someone says that they are unable to afford to purchase a medicine or product the GP will prescribe in the usual way

3.8 In respect of **requesting repeat prescriptions** the following concerns were highlighted:

- Vulnerable people are less likely to remember to order their repeat prescriptions and could therefore be left without medicines that they require
- Some groups of people are unable to use computers and smart phones and would be disadvantaged by the proposed changes
- Inappropriate to assume that patients who cannot manage to request their own repeat prescription would always be happy disclose medical details to a carer or family member to manage on their behalf
- Increased time pressure on GPs in relation to those patients unable to access or use technology to re-order their prescriptions as they would have to revert to this being done directly at the GP practice
- Those patients who do not have English as a first language may not fully understand the changes and therefore may misunderstand the need for them to put in place alternative arrangements to those that they currently have

- For patients who would need to refer back to the practice to arrange their repeat prescribing some find it difficult to access their GP practice because of their personal circumstances or because surgeries are not open at times convenient to them and therefore would be disadvantaged as a result of having to revert to ordering their repeat medicines from the GP rather than this being managed by the community pharmacist

3.9 At the Governing Body meetings in September the paper on repeat prescribing highlighted the specific mitigations that had been put in place following feedback from the engagement exercise. Specifically these were:

Table 4: Mitigations put in place following engagement

Risk	**Mitigation**
Resistance from community pharmacists	Continue to liaise with community pharmacists and LPCs aiming for the repeat prescriptions system to work well for patients, pharmacies and general practices; promote growth in use of MURs and the New Medicines Service, which NHSE funds from an annual global sum.
Continued growth in the use of electronic repeat dispensing, with the risk that everything on the prescription is dispensed without the dispenser checking, shortly before dispensing, what the patient actually needs	Increase discouragement to use electronic repeat dispensing (eRD); lobby NHS Digital and NHSE about the (probably expensive) disadvantages of eRD in reality; review the appropriateness of eRD in individual cases in line with the table in Appendix 3
Failure to increase, at pace, the number of patients who request their own repeat prescriptions using a smartphone app or computer	Identify reason(s) for failure and address them.
Community pharmacies do not give some/many patients the blank repeat prescription request slip when handing over dispensed medicines	Increase liaison with community pharmacies and LPCs to correct this.
Community pharmacies retain and submit repeat prescription request slips on patients' behalf, with the patient's permission	Whenever possible, get patients to sign and date to confirm that they have completed the request personally
Patients forget to reorder medicines they need	Review capability and whether the patient has a carer. Capable patients: the responsibility for reordering is rightly theirs. Often they will not be taking the medicine, so they have no need to reorder. Incapable patients with no carer: the GP may decide, with the patient, that allowing a community pharmacy to request repeat prescriptions on their behalf is appropriate.
Monitoring progress is difficult	See below.

Implementation is rushed and inadequately executed	High quality execution will be essential. Sufficient resource should be devoted to implementation so that it is done well, as well as quickly.

3.10 These mitigations were fully accepted by the Governing Bodies. In essence these mitigations do address the majority of the concerns raised from the additional EQIA work. As the majority of concerns related to those people who might struggle to put in place alternatives to their current arrangements because of their current condition, level of vulnerability, personal circumstances etc it would be worth considering a further generic element of mitigation. As much of the success of this will depend of effective communication, it is suggested that the information made available to GPs, pharmacists and patients is very explicit that where a patient will not be able to put alternative arrangements in place that are safe and workable for the patient, their existing arrangements should be maintained.

4. Conclusions

4.1 Undertaking the additional EQIA work has provided valuable additional information and feedback from people across North West London. In respect of over the counter medicines and products the majority of concerns raised related to the financial impact on certain groups of patients within the protected characteristic groups and specifically the risks associated for those people who, for whatever reason, do not purchase their medicine or product despite advising the GP that they were happy to do so. The second main area related to those patients who may have some confusion or not have English as their first language as these groups of people may not fully understand, or in the case of those who are confused, remembering what is being asked of them. Whilst the mitigations agreed by the Governing Bodies in July go a long way to address the concerns raised in the initial engagement, there needs to be further mitigation in order to provide greater support to GPs in making a judgement on whether to ask a patient if they would be prepared to purchase a medicine or product on the list. This will also provide patients with the confidence and assurance that they are not going to be pushed in to making a decision that they do not fully understand or can fully implement for themselves.

4.2 For repeat prescribing the majority of concerns related to those who would find it difficult to make the changes agreed by the Governing Bodies due to their personal circumstances or other over-riding issues. The key to this would appear to be to ensure that communications state that being able to continue with the status quo is an option for this group of patients.

5. Recommendations

5.1 Based on the feedback received it is evident that the existing mitigations in place for the over the counter proposals need strengthening in order to reduce the inequalities that people have told us about. It is recommended therefore that the following additional mitigations are considered:

- Current proposed communications for GPs and the public are strengthened to ensure that they are clear, explicit and unambiguous with regard to when

patients might be asked whether they would be prepared to purchase a medicine or product on the list

- Current proposed communications to patients is clear and unambiguous in stating that no one will be denied a prescription if the GP considers that a patient requires one or more of the medicines or products on the proposed list
- Communication to and with GPs needs to ensure that there is no suggestion of a blanket ban on products on the list of over the counter medicines and that if they are in any doubt about a person's ability to pay then they should prescribe in the usual way
- The list of groups set out in table 2 be agreed in advance of the go live date. Self-declaration by a patients that they fall into one or more of the exempt groups would mean that the question of whether the patient would be prepared to purchase one or more of the medicines or products would not be asked
- No recommendation to extend the exempt groups to those in table 3 is made although as part of the on-going review of the implementation consideration should be given to whether any of these groups should be included in the exempt groups

5.2 Based on the feedback on the repeat prescribing proposals it is recommended that the following additional mitigation be put in place:

- A strengthening of the communication to GPs, pharmacists and patients to make it clear and explicit that where a patient will not be able to put alternative arrangements in place that are safe and workable for the patient, their existing arrangements should be maintained.

5.3 In discussion with Janet Cree, SRO for Prescribing Wisely, she has agreed that changes to the communication materials should be made in line with the recommendations and that the letters to GPs and Pharmacists should be amended to include the additional exempt groups set out in table 2. The full list of exempt groups would therefore be:

- Individuals with funded care packages where a carer is required to administer a medicine or product
- School age children, if the product needs to be given at school.
- Care home residents
- Anyone officially declared homeless
- People with a diagnosis of dementia
- People with a diagnosed learning disability

5.3 Subject to the additional mitigations set out in the recommendations being ratified by the Accountable Officers I believe that the concerns raised as a result of the additional EQIA feedback will have been addressed. I would, therefore, recommend that Accountable Officers can be assured that sufficient attention has been paid to the feedback and that through implementation of the additional mitigation the equality impacts will be mitigated.

Mark Jarvis
Head of Governance and Engagement
Hammersmith and Fulham CCG
For and on behalf of the North West London Collaboration of CCGs
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