NHS England

Equality and Health Inequalities – Full Analysis Form – Conditions for which over the counter items should not routinely be prescribed in primary care

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Publications Gateway Reference:	**07547**
Document Purpose	Other (see Description)
Document Name	Equality and Health Inequalities – Full Analysis - Conditions for which over the counter items should not be routinely prescribed in primary care
Author	NHS England
Publication Date	20 December 2017
Target Audience	CCG Clinical Leaders, CCG Accountable Officers, Medical Directors, NHS England Regional Directors, NHS England Directors of Commissioning Operations, GPs, Communications Leads
Additional Circulation List	CCG Clinical Leaders, CCG Accountable Officers, Medical Directors, NHS England Regional Directors, NHS England Directors of Commissioning Operations, All NHS England Employees, Directors of
Description	Equality & Health Inequalities impact assessment
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	N/A
Timing / Deadlines (if applicable)	**N/A**
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Document Status

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Document Title: Equalities and Health Inequalities Full Analysis Form

Version number: V1

First published: July 2016

To be read in conjunction with the Equalities and Health Inequalities Analysis Guidance, Equality and Health Inequalities Unit, NHS England, July 2016

Prepared by: Equality and Health Inequalities Unit

Classification: OFFICIAL

PART A: General Information
1. Title of project, programme or work: Conditions for which over the counter (OTC) items should not routinely be prescribed in primary care: Guidance for CCGs
2. What are the intended outcomes? • To address unwarranted variation and to provide clear national advice to make local prescribing practices more effective. • To support CCGs to use their prescribing resources effectively and deliver best patient outcomes from the medicines that their local population uses. • To support the NHS to achieve the greatest value from the money that it spends.
3. Who will be affected by this project, programme or work? Please summarise in a few sentences which of the groups below are very likely to be affected by this work. • Staff – primarily primary care prescribers who prescribe items. Other staff groups (e.g. community pharmacy staff) will also be impacted and will have a role to support patients in changes to their therapies. • Patients • Partner organisations (e.g. NICE, NHSCC). We are using recommendations from partner organisations and they will have a role to play in implementation.
4. Which groups protected by the Equality Act 2010 and/ or groups that face health inequalities are very likely to be affected by this work? The aim of the project is to develop guidance for CCGs which supports a reduction in unwarranted variation and provides a national framework to make local prescribing practices more effective. This national guidance for CCGs focuses on the prescribing of items which can also be purchased 'over the counter' (OTC) for 35 conditions. Anyone in the population who uses such medicines for minor or self-limiting conditions could be affected by the guidance (unless covered by exceptions in the proposals). Therefore all groups protected by the Equality Act 2010 and/ or groups that face health inequalities are likely to be affected by this work. It should be noted that some patients obtaining free prescriptions may do so for several reasons e.g. they are over 60 and in receipt of one or more state benefits. It is not possible to disaggregate the two as, when claiming a free prescription, only one exemption category is normally selected. We have kept this in mind when carrying out this assessment.
PART B: Equalities Groups and Health Inequalities Groups
5. Impact of this work for the equality groups listed below. Focusing on each equality group listed below (sections 5.1. to 5.9), please answer the

following questions:

a) Does the equality group face discrimination in this work area?
b) Could the work tackle this discrimination and/or advance equality or good relations?
c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
e) If you cannot answer these questions what action will be taken and when?

5.1. Age

There is evidence that children under 16 (and those under 18 and in full time education) and adults aged over 60 will be particularly affected by the recommendations to restrict prescribing of OTC items for minor conditions. Table 2 (appendix A) shows prescriptions issued for children and those over 60 make up the largest groups of patients exempt from prescription charges (18% and 50% respectively). Although patients in all age groups are issued prescriptions.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.2. Disability

There is no routinely collected data on prescribing and disability so we cannot definitively assess the impact of our proposals fully at a national level. Although we do know that some people with a disability (as legally defined) will be entitled to a Medical Exemption Certificate and so be in receipt of free prescriptions.

We note the Family Resources Survey 2011 to 2012 finding that a substantially higher proportion of individuals who live in families with disabled members live in 'poverty', compared to individuals who live in families where no-one is disabled. Therefore these patients may be impacted to a greater extent by the proposed guidance if they are not covered by other exceptions in the draft guidance. https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures. The Joseph Rowntree Foundation also found that in 2013/14, 27 per cent of people in families where someone is disabled were in poverty, compared with 19 per cent of those in families where no one is disabled, using the standard after housing costs measure. https://www.jrf.org.uk/mpse-2015/disability-and-poverty

The prevalence of disability rises with age. Around 6% of children are disabled, compared to 16% of working age adults and 45% of adults over State Pension age.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing

the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.3. Gender reassignment

The proposals will apply to all patients regardless of whether they have changed gender or are transgender. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.4. Marriage and civil partnership

The proposals will apply to all patients regardless of their marital or partnership status, and there is no evidence to suggest that the relevant items are prescribed disproportionately to this group. Therefore no patient will be disadvantaged on account of their marital or partnership status.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.5. Pregnancy and maternity

Such patients can apply for an exemption from prescription charges. However there is no routinely collected data on prescribing and pregnancy/maternity status in cases where an exemption is not applied for so we cannot definitively assess the impact fully at a national level. However where an exemption is applied for, Table 4 (appendix A) shows that 2% of patients prescribed an OTC item have been exempt from prescription charges due to pregnancy/maternity.

For some products, the product licence does not allow sale OTC to certain groups of patients which can include women who are pregnant or breast-feeding. This has been considered in the development of the proposals and factored into the proposed exceptions. An individual may be exempt from the recommendation to self-care if he or she is not covered by the product license for an OTC product.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.6. Race

The proposals will not discriminate against patients from different racial backgrounds, as any changes will apply to all patients regardless of their race. However evidence has shown that people from minority ethnic groups are statistically more likely to be in lower income brackets (http://www.poverty.org.uk/summary/uk.htm) therefore these patients may be impacted to a greater extent by the proposed guidance if they are not covered by other exceptions in the draft guidance.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.7. Religion or belief

Proposals will not discriminate against patients with religions or beliefs, or with no religion. Any changes would apply to all patients regardless of their religion, or religious beliefs and there is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.8. Sex or gender

Proposals would apply to all patients regardless of their sex.

Figure 2 demonstrates that more women (64%) than men (36%) get prescriptions for OTC items. Further sex specific trends by condition show that over 70% of prescriptions were for women for some conditions such as: mild migraine (80%), head lice (73%) and cold sores (72%). Vitamins and minerals were prescribed to women in 74% of cases. The only conditions where males showed a higher proportion of prescriptions than females was for items prescribed for the prevention of dental caries (58%) and for infant colic (51%).

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.9. Sexual orientation

Patients of differing sexual orientation will not be affected any differently to other patient groups as any changes would apply to all patients regardless of their sexual orientation. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6. Implications of our work for the health inclusion groups listed below.

Focusing on the work described in sections 1 and 2, in relation to each health inclusion group listed below (Sections 6.1. To 6.12), and any others relevant to your work[1], please answer the following questions:

f) Does the health inclusion group experience inequalities in access to healthcare?
g) Does the health inclusion group experience inequalities in health outcomes?
h) Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes?
i) Could the work assist or undermine compliance with the duties to reduce health inequalities?
j) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
k) As some of the health inclusion groups overlap with equalities groups you may prefer to also respond to these questions about a health inclusion group when responding to 5.1 to 5.9. That is fine; please just say below if that is what you have done.
l) If you cannot answer these questions what action will be taken and when?

6.1. Alcohol and / or drug misusers

There is no data available on the prevalence of alcohol and/or drug misusers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

[1] Our guidance document explains the meaning of these terms if you are not familiar with the language.

6.2. Asylum seekers and /or refugees

There is no data available on the prevalence of asylum seekers and/or refugees who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.3. Carers

People who care for adults or children could be impacted by any changes as they are often responsible for self-care for the patient.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.4. Ex-service personnel / veterans

There is no routinely collected data on prescribing for ex-service personnel / veterans in cases where an exemption is not applied for so we cannot definitively assess the impact fully at a national level. However there is an exemption for those with a valid war pension exemption certificate (less than 1% of prescriptions for OTC items).

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.5. Those who have experienced Female Genital Mutilation (FGM)

There is no data available on those who have experienced FGM who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.6. Gypsies, Roma and travellers

There is no data available on the prevalence of gypsies, Roma and travellers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.7. Homeless people and rough sleepers

There is no data available on the prevalence of homeless people and rough sleepers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.8. Those who have experienced human trafficking or modern slavery

There is no data available on the prevalence of those who have experienced human trafficking or modern slavery who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.9. Those living with mental health issues

There is no data available on the prevalence of those living with mental health issues who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.10.Sex workers

There is no data available on the prevalence of sex workers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.11.Trans people or other members of the non-binary community

There is no data available on the prevalence of trans people or other members of the non-binary community who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.12.The overlapping impact on different groups who face health inequalities

There is no data available on overlapping impact on different groups who face health inequalities who are currently prescribed items that are also available over the counter. The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

7. Other groups that face health inequalities that we have identified.

Have you have identified other groups that face inequalities in access to healthcare?

Does the group experience inequalities in access to healthcare and/or inequalities in health outcomes?

Short explanatory notes - other groups that face health exclusion.
As we research and gather more data, we learn more about which groups are facing health inequalities. If your work has identified more groups that face important health inequalities please answer questions 7 and 8. Please circle as appropriate.

If you have not identified additional groups, that face health inequalities, just say not applicable or N/A in the box below.

Yes Complete section 8	No Go to section 9	N/A

8. Other groups that face health inequalities that we have identified.

Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes in relation to these other groups that face health inequalities?
Could the work undermine compliance with the duties to reduce health inequalities and, if so, what action should be taken to reduce any adverse impact?
Is the work going to help NHS England to comply with the duties to reduce health inequalities?
If you have identified other groups that face health inequalities please answer the questions below. You will only answer this question if you have identified additional groups facing important health inequalities.

Response

A consultation on items which should not be routinely prescribed in primary care (2 July – 21October 2017) sought views on the principles of restricting the prescribing of medicines which are readily available OTC. This identified concerns as to the impact of our proposals on vulnerable groups if changes to the prescriptions of OTC items were implemented. In particular, the impact of the proposals on people with low incomes was flagged as a concern and specifically it was felt that our proposals had the potential to widen health inequalities for this group. Additional groups identified as being at risk of increased health inequalities as a result of our proposals included:

- older age groups;
- patients with disabilities;
- patients in rural areas;
- patients with capacity problems;
- patients living in poverty or on a low income;
- those patients needing help from carers; and/or

- patients with long term or chronic illness.

There are some proposed general and condition specific exemptions in the CCG guidance and we have been clear that we are not looking to propose restriction of OTC items used to treat patients suffering from long term or chronic illnesses.

However, there could be still an impact on some of the groups identified above in that they would be encouraged to purchase an item for self-care rather than be given a prescription for it. As many patients in the above groups would receive an exemption from paying for prescriptions, our proposals may require them to pay for an item they would have not previously paid for.

People living in poverty or on low incomes can only be partially identified within the data available. There are several prescription exemption categories relating to low income that can be used to identify these patients (see table 5, appendix A). However, as a patient can only select one exemption category it is not known whether patients exempt for other reasons e.g. those aged over 60, are also on low income. It is also not known whether those under 16 years of age or in full time education are members of a household on low income.

From table 4, it can be seen that those exempt from the prescription charge due to low income make up the third largest group, on average 15% of all patients. For some conditions (excessive sweating/hyperhidrosis and mild migraine) they represent the largest group receiving prescriptions.

The Self Care Nation report commissioned for Self Care Week 2016, explores the current attitudes of 5,011 UK adults towards self care and managing self-treatable conditions, without the need for a visit to the GP or A&E. The survey reported that 29% of people who qualified for free prescriptions would be willing to purchase an OTC medicine for a self-treatable condition, instead of visiting the GP for a prescription, if they knew if it would save the NHS money. Further analysis of this data by Proprietary Association for Great Britain (PAGB) calculated the average cost of an OTC medicine to be £2.94. Although there is known to be a wide variation in prices with some costing more than £25.00 and others costing 19p.

PAGB, Self Care Nation report. Survey of 5,011 UK adults. Published November 2016 https://www.pagb.co.uk/latest-news/report-self-care-nation-self-care-attitudes-behaviours-uk/

It should also be noted that in absence of this guidance to CCGs, two circumstances may arise. Firstly that CCGs develop their own local policies on OTC items, resulting in unwarranted variation and inequality between regions and the people they serve. Secondly, that CCGs may choose to decommission other treatments that are shown to be evidence based and effective in order to achieve financial efficiencies.

The 3 month consultation will ensure engagement with specific patient groups and charities to ensure that these groups are adequately able to respond to the consultation. During consultation, responses will be monitored to ascertain if there are any likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with

regard to the particular demographics of the population they serve.

PART C: Promoting integrated services and working with partners

Short explanatory notes: Integrated services and reducing health inequalities.

Our detailed guidance explains the duties in relation to integrated services and reducing health inequalities. Please answer the questions listed below.

9. Opportunities to reduce health inequalities through integrated services.

Does the work offer opportunities to encourage integrated services that could reduce health inequalities? If yes please also answer 10.

Yes Go to section 10	**No** Go to section 11	Do not know

10. How can this work increase integrated services and reduce health inequalities?

N/A

PART D: Engagement and involvement

11. Engagement and involvement activities already undertaken.

A consultation on items which should not be routinely prescribed in primary care (21 July – 21October 2017) sought views on the principles of restricting the prescribing of medicines which are readily available OTC. This consultation included 5554 online responses, 195 written responses and 25 engagement events and meetings. A communication and engagement plan was developed to ensure that individuals, key groups, charities and local and national organisations were able to contribute towards the consultation.

In developing the proposals, we have taken account of these consultation results alongside advice from a clinical working group. Membership of the clinical working group included: NHS England, NHS Clinical Commissioners, NICE, Department of Health, PrescQIPP CIC, NHS Business Services Authority, CCG representatives, Royal College of GPs, Royal Pharmaceutical Society, Academy of Medical Royal Colleges, GPC.

A series of meetings with national patient groups including: Patient Association, National Voices and Healthwatch England further shaped the OTC proposals and communication and engagement plan prior to the start of a further 3 month public consultation on draft CCG guidance for ‘Conditions for which over the counter (OTC) items should not routinely be prescribed in primary care’. A webinar with the Health and Wellbeing Alliance (consisting of a number of national charities) was also used to plan relevant consultation engagement.

A communications and engagement plan has been developed to ensure that all key stakeholders, including groups identified as part of this analysis and the initial consultation, are able to contribute towards development and shaping of these

proposals through consultation activity (Jan – April 2018).

12. Which stakeholders and equalities and health inclusion groups were involved?

See communications and engagement plan and final report of the consultation for full list of stakeholders involved in addition to those mentioned in section 11.

13. Key information from the engagement and involvement activities undertaken. Were key issues, concerns or questions expressed by stakeholders and if so what were these and how were they addressed? Were stakeholders broadly supportive of this work?

There were mixed views from stakeholders. Broadly there is an acceptance of the objectives of this work and a number of CCGs have made changes reflecting the direction of this work. Stakeholders seem to broadly accept that the NHS needs to get the most value from its prescribing and wider budgets and that this requires change.

There are some stakeholders that have specific concerns about how changes could impact on specific groups as outlined in section 8. A number of professional bodies contributed towards the consultation and provided views and insight on potential impact of restrictions of prescriptions for minor conditions. A number of these organisations (Royal College of GPs, Royal Pharmaceutical Society, and General Medical Council) expressed concerns about the impact of any restrictions widening health inequalities. Concerns on the impact on vulnerable groups, such as older age groups, patients with disabilities, patients in rural areas, patients with capacity problems, people living in poverty or those needing help from carers were also raised. RPS felt that principle 2 of the NHS Constitution clearly states that “Access to NHS services is based on clinical need, not an individual’s ability to pay” and that restrictions could fundamentally alter the principle that care is free at the point of delivery.

A number of national patient organisations also contributed towards the consultation and they reinforced the need to engage with patient groups who would be potentially impacted, during further development of the proposals. Healthwatch England also ran a survey to gather people’s views on NHS prescriptions which highlighted some concerns about how respondents felt they would be affected financially, if OTC items were no longer made available on NHS prescription. The Self-care Forum also contributed that they support the view that encouraging people to understand how to confidently treat their minor conditions is beneficial. Although they also raised concerns that withdrawing prescriptions for products might adversely affect vulnerable groups, such as those on a low income including people out of work and the elderly.

These concerns were considered during further development of the proposals and through a further 3 month consultation (planned for Jan 2018) on the proposals for the CCG guidance on OTC prescribing.

14. Stakeholders were not broadly supportive but we need to go ahead.

Stakeholders are broadly supportive. Whilst there is general support for consulting on this topic (65% agreed with our proposed criteria to assess items for potential restriction), feedback from patients and patient organisations has highlighted that considerations must be made for those with long-term conditions who require a large supply of over the counter medicine and that the de-prescription of these items could result in patient compliance and clinician monitoring issues.

We are also aware of a range of concerns from professional and patient groups relating to access to over the counter medicines and we will be engaging further on these specific issues; indeed this consultation specifically asks respondents to share their views on our proposals and the exceptions to them.

15. Further engagement and involvement activities planned.

Are further engagement and involvement activities planned? If so what is planned, when and why?

NHS England is planning a full 3 month public consultation to allow other groups and individuals to comment on the proposals. This will involve a web survey plus further consultation activity designed to ensure that people have the opportunity to provide their views. This will involve working with our currently identified stakeholders, other charities and patient groups.

PART E: Monitoring and Evaluation

16. In relation to equalities and reducing health inequalities, please summarise the most important monitoring and evaluation activities undertaken in relation to this work

As part of the consultation we will ensure that where possible we capture demographic information including on the 9 protected characteristics to review any issues emerging from specific groups. These will be considered when further developing the proposals. We will also ask questions during the consultation to capture views on whether people feel that there will be any groups disproportionally affected by the proposed changes.

17. Please identify the main data sets and sources that you have drawn on in relation to this work. Which key reports or data sets have you drawn on?

- BSA data sets on OTC prescriptions (June 2016 – May 2017)
- Items that should not be routinely prescribed in primary care consultation final report (Nov 2017)
- Items that should not be routinely prescribed in primary care communication plan

- Items that should not be routinely prescribed in primary care consultation engagement plan
- Conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs

18. Important equalities or health inequalities data gaps or gaps in relation to evaluation.

In relation to this work have you identified any:

- important equalities or health inequalities data gaps or
- gaps in relation to monitoring and evaluation?

Yes	No

There is currently no nationally collected data for all of the protected characteristics and additional health improvement groups for the individual medications in this review.

The OTC prescribing data includes some spend on OTC items for which no one specific condition can be assigned. However as all these items are available OTC and are likely prescribed for minor conditions that are suitable for self-care; these items and their associated spend has been included within our guidance and this report.

19. Planned action to address important equalities or health inequalities data gaps or gaps in relation to evaluation.

If you have identified important gaps and you have identified action to be taken, what action are you planning to take, when and why?

In having regard to our guidance and considering local implementation plans, CCGs will need to identify the appropriate local actions to address inequalities or data gaps.

20. Contributing to the first PSED equality aim. Can this work contribute to eliminating discrimination, harassment or victimisation?		
Yes	**No**	Do not know
If yes please explain how, in a few short sentences		
21. Contributing to the second PSED equality aim. Can this policy or piece of work contribute to advancing equality of opportunity? Please circle as appropriate.		
Yes	No	Do not know
Without this review and future implementation by CCGs, inequalities to the wider population are likely due to unnecessary variation in prescribing and use of NHS funding on medications which are shown to treat self-limiting conditions (those that heal on their own accord) and items with for which there is little evidence of clinical effectiveness. Funding used on these products may result in CCGs decommissioning other evidence based and cost effective treatments. Not undertaking this work could result in inequality for the wider population by not making most effective use of the NHS prescribing budget and NHS budgets more generally.		
22. Contributing to the third PSED equality aim. Can this policy or piece of work contribute to fostering good relations between groups? Please circle as appropriate.		
Yes	No	Do not know
The working group includes representatives from NHSCC, CCG medicines optimisation teams, NICE and others. We are also working with other stakeholders as described in section 12. The common aim is to ensure that the CCG guidance we have developed supports CCGs in effective medicines optimisation for the population they serve. Fostering of good relationships will also be enhanced through engagement with a number of other stakeholders including charities and patient groups. The consultation also provides an opportunity for organisations, health professionals, patients and the public to be considered in the development of the CCG guidance.		

23. Contributing to reducing inequalities in access to health services.

Can this policy or piece of work contribute to reducing inequalities in access to health services?

Yes	No	Do not know

Currently patients may see a GP to obtain an item for a minor condition. Restricting OTC items for minor conditions, and encouraging self-care should reduce GP time on administering prescriptions and should indirectly mean that more GP appointments are likely to become available to other patients for more serious conditions. By encouraging people to self-care, more people may also access community pharmacy which was highlighted by respondents as an under-utilised health service.

24. Contributing to reducing inequalities in health outcomes.

Can this work contribute to reducing inequalities in health outcomes?

Yes	No	Do not know

It could reduce inequalities in health outcomes for the overall population (see section 21). Although it has also been suggested that the impact of the proposals on certain groups could lead to a widening in inequalities in health outcomes if patients in particular groups cannot access or afford items they may have to purchase.

25. Contributing to the PSED and reducing health inequalities.

It could reduce health inequalities for the overall population (see section 21). Although it has also been suggested that the impact of the proposals on certain groups could lead to a widening of health inequalities if patients in particular groups cannot access or afford items they may have to purchase.

26. Agreed or recommended actions.

What actions are proposed to address any key concerns identified in this Equality and Health Inequalities Analysis (EHIA) and / or to ensure that the work contributes to the reducing unlawful discrimination / acts, advancing equality of opportunity, fostering good relations and / or reducing health inequalities? Is there a need to review the EHI analysis at a later stage?

Action	Public Sector Equality Duty	Health Inequality	By when	By whom
Undertake further development of proposals with	Yes	Yes	Nov/Dec 2017	Project team & stakeholders

working group, national patient organisations and other stakeholders in preparation for the consultation.				
Develop consultation communications and engagement plans to ensure that all groups identified in this analysis have opportunity to contribute towards the consultation.	Yes	Yes	Nov/Dec 2017	Project team
Undertake 3 month consultation and continue to gather intelligence to support review of the E&HI Impact assessment throughout the consultation period.	Yes	Yes	Jan – April 2018	Project team & stakeholders
Ensure that CCGs are encouraged to consider their local demographic and prescribing data available to ensure that local implementation decisions are effective and in line with legislation.	Yes	Yes	Post national consultation	CCGs

PART G: Record keeping	
27.1. Date draft circulated to E&HIU:	
27.1. Date draft EHIA completed:	
27.2: Date final EHIA produced:	
27.3. Date signed off by Director:	
27.4: Date EHIA published:	
27.5. Review date:	

28. Details of the person completing this EHIA		
Name	Post held	E-mail address

29: Name of the responsible Director	
Name	Directorate

Appendix A. OTC prescribing data

Table 1. Number of unique (per condition) patients prescribed OTC products, June 2016 – May 2017, NHSBSA

Conditions	Number of patients
Drugs with limited evidence of effectiveness	
Vitamins and minerals	1,907,397
Probiotics	5,513
Minor ailments suitable for self-care	
Contact dermatitis	690,253
Diarrhoea	106,278
Dry eyes/sore (tired) eyes	634,845
Dry skin/sunburn	9,750
Earwax	80,822
Excessive sweating/hyperhidrosis	39,613
Head lice	58,818
Indigestion and heartburn	311,731
Insect bites and stings	525,203
Malaria prevention	311
Mild acne	57,785
Mild cystitis	10,618
Mild migraine	43,166
Mild to moderate hay fever/allergic rhinitis	717,822
Minor burns and scalds	24,145
Minor conditions associated with pain, discomfort/fever	2,704,196
Mouth ulcers/Teething/Mild toothache	576,483
Nappy rash	53,354
No condition identified	104,330
Oral thrush	78,896
Prevention of dental caries	2,781
Ring worm/athletes foot	241,528
Simple constipation	1,073,052
Threadworms	74,397
Travel sickness	135,828
Warts and verrucae	220,126
Self-limiting conditions	
Acute sore throat	9,622
Cold sores	1,600
Conjunctivitis	231,050
Coughs and colds and nasal congestion	486,179
Dandruff/cradle cap	294,188
Haemorrhoids	86,053
Infant colic	9,927

Notes: Patient counts are not unique across conditions. A patient is counted once per product per condition but if they are prescribed multiple products across conditions then they will be counted multiple times. The number of patients within nappy rash condition are only unique at product level.

Table 2. Patients prescribed OTC products, by age group

Prescriptions dispensed June 2016 to May 2017 *Source: NHS Business Services Authority*

	Number of patients					Percentage of patients				
Condition	**Under 18**	**18 to 30**	**31 to 44**	**45 to 59**	**Over 60**	**Under 18**	**18 to 30**	**31 to 44**	**45 to 59**	**Over 60**
Drugs with limited evidence of effectiveness										
Vitamins and minerals	93,536	202,170	307,745	383,866	1,178,251	4%	9%	14%	18%	54%
Probiotics	575	611	1,174	1,622	1,531	10%	11%	21%	29%	28%
Minor ailments suitable for self-care										
Contact dermatitis	317,042	75,014	79,966	120,583	393,783	32%	8%	8%	12%	40%
Diarrhoea	48,248	5,877	7,280	11,951	41,502	42%	5%	6%	10%	36%
Dry eyes/sore (tired) eyes	11,990	12,375	36,007	113,245	599,177	2%	2%	5%	15%	78%
Dry skin/sunburn	3,486	622	902	1,619	5,883	28%	5%	7%	13%	47%
Earwax	18,316	5,289	5,824	9,832	49,166	21%	6%	7%	11%	56%
Excessive sweating/hyperhidrosis	11,157	15,410	9,458	5,863	3,388	25%	34%	21%	13%	7%
Head lice	38,776	7,399	8,137	6,584	7,568	57%	11%	12%	10%	11%
Indigestion and heartburn	37,058	28,207	46,664	65,042	198,989	10%	8%	12%	17%	53%
Insect bites and stings	207,338	41,845	55,196	77,940	180,033	37%	7%	10%	14%	32%
Malaria prevention	85	66	58	60	66	25%	20%	17%	18%	20%
Mild acne	32,975	24,352	7,979	2,638	872	48%	35%	12%	4%	1%
Mild cystitis	1,099	1,042	1,517	2,320	6,146	9%	9%	13%	19%	51%
Mild migraine	7,667	8,882	11,403	12,897	11,700	15%	17%	22%	25%	22%
Mild to moderate hay fever/allergic rhinitis	133,113	49,193	70,218	95,034	176,982	25%	9%	13%	18%	34%
Minor burns and scalds	7,353	2,196	2,802	3,758	10,494	28%	8%	11%	14%	39%
Minor conditions associated with pain,	314,830	105,840	230,342	495,337	1,841,585	11%	4%	8%	17%	62%

discomfort/fever										
Mouth ulcers/Sore throat/Teething/Mild toothache	222,216	85,243	89,878	93,725	173,452	33%	13%	14%	14%	26%
Nappy rash	53,354	0	0	0	0	100%	0%	0%	0%	0%
Oral thrush	28,868	5,542	8,848	10,987	31,368	34%	6%	10%	13%	37%
Prevention of dental caries	126	183	324	1,262	2,108	3%	5%	8%	32%	53%
Ring worm/athletes foot	72,968	24,633	31,753	36,697	90,807	28%	10%	12%	14%	35%
Simple constipation	102,331	73,623	117,116	204,108	920,971	7%	5%	8%	14%	65%
Threadworms	73,099	2,047	2,967	1,116	798	91%	3%	4%	1%	1%
Travel sickness	9,217	23,320	22,269	26,662	64,813	6%	16%	15%	18%	44%
Warts and verrucae	141,861	19,996	23,929	25,341	37,791	57%	8%	10%	10%	15%
Self-limiting conditions										
Acute sore throat	2,045	1,419	1,942	1,796	3,459	19%	13%	18%	17%	32%
Cold sores	243	128	219	397	770	14%	7%	12%	23%	44%
Conjunctivitis	97,076	13,280	18,781	26,235	88,997	40%	5%	8%	11%	36%
Coughs and colds and nasal congestion	136,255	33,275	58,132	85,625	251,088	24%	6%	10%	15%	44%
Dandruff/cradle cap	72,267	43,714	52,156	63,340	119,406	21%	12%	15%	18%	34%
Haemorrhoids	2,417	13,587	20,061	17,265	45,146	2%	14%	20%	18%	46%
Infant colic	10,191	261	258	118	154	93%	2%	2%	1%	1%
No condition identified	9,120	8,241	12,131	21,562	53,582	9%	8%	12%	21%	51%
All conditions	**2,318,298**	**934,881**	**1,343,433**	**2,026,427**	**6,591,824**	**18%**	**7%**	**10%**	**15%**	**50%**

Notes: Patient counts are not unique. A patient is counted once per product but if they are prescribed multiple products within a condition or across conditions then they will be counted multiple times. Some of the products used for nappy rash may also be used for pressure sores in older people so as an estimate of use in babies and toddlers only data for people aged under 16 is included.

Figure 1.

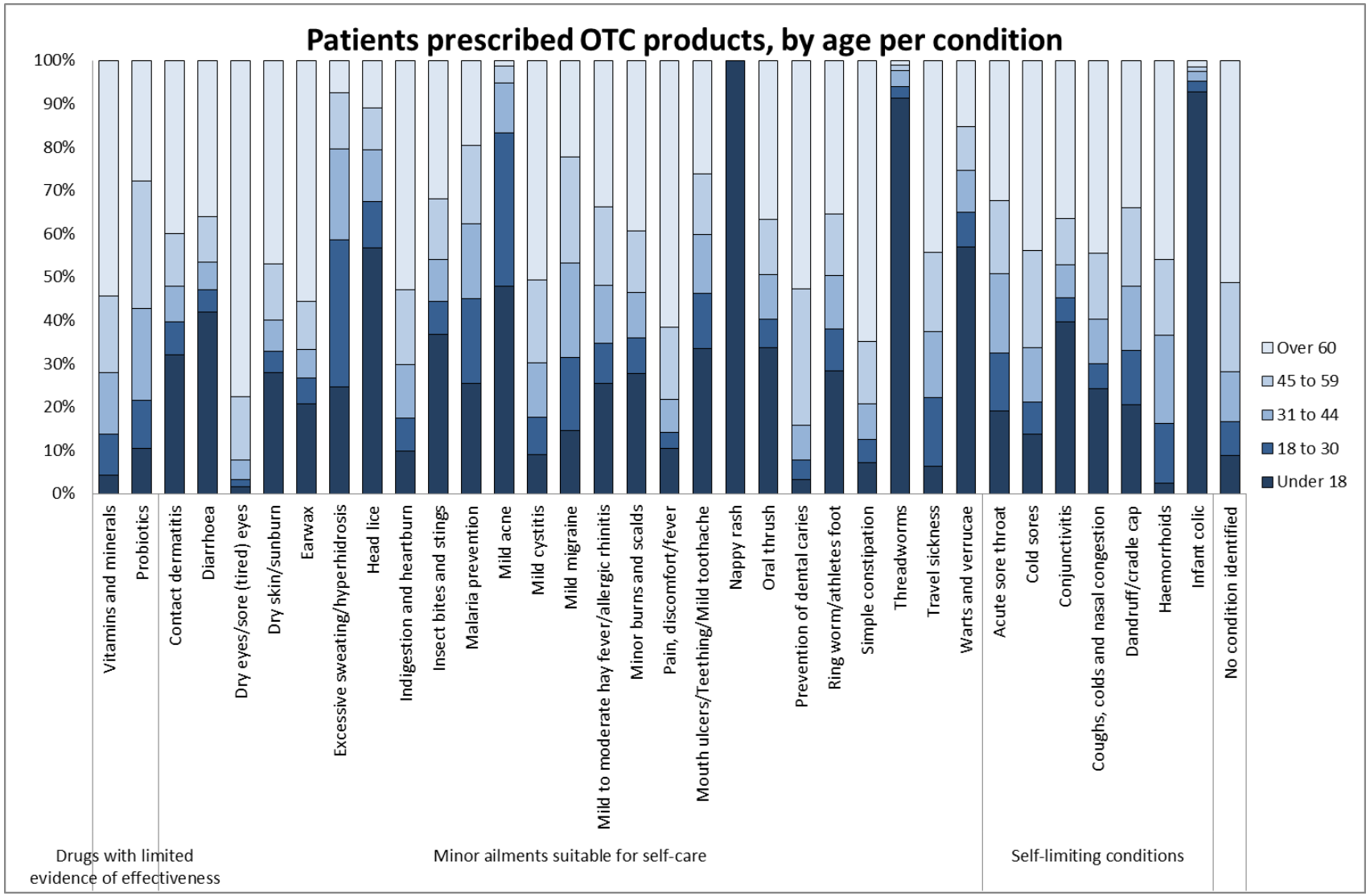
Patients prescribed OTC products, by age per condition
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Over 60
45 to 59
31 to 44
18 to 30
Under 18
Vitamins and minerals
Probiotics
Contact dermatitis
Diarrhoea
Dry eyes/sore (tired) eyes
Dry skin/sunburn
Earwax
Excessive sweating/hyperhidrosis
Head lice
Indigestion and heartburn
Insect bites and stings
Malaria prevention
Mild acne
Mild cystitis
Mild migraine
Mild to moderate hay fever/allergic rhinitis
Minor burns and scalds
Pain, discomfort/fever
Mouth ulcers/Teething/Mild toothache
Nappy rash
Oral thrush
Prevention of dental caries
Ring worm/athletes foot
Simple constipation
Threadworms
Travel sickness
Warts and verrucae
Acute sore throat
Cold sores
Conjunctivitis
Coughs, colds and nasal congestion
Dandruff/cradle cap
Haemorrhoids
Infant colic
No condition identified
Drugs with limited evidence of effectiveness
Minor ailments suitable for self-care
Self-limiting conditions

Table 3. Patients prescribed OTC products, by sex

Prescriptions dispensed June 2016 to May 2017

Source: NHS Business Services Authority

	Number of patients		Percentage of patients	
Condition	**Male**	**Female**	**Male**	**Female**
Drugs with limited evidence of effectiveness				
Vitamins and minerals	564,175	1,601,369	26%	74%
Probiotics	2,303	3,210	42%	58%
Minor ailments suitable for self-care				
Contact dermatitis	429,900	556,477	44%	56%
Diarrhoea	52,364	62,492	46%	54%
Dry eyes/sore (tired) eyes	234,084	538,702	30%	70%
Dry skin/sunburn	5,340	7,172	43%	57%
Earwax	42,420	46,006	48%	52%
Excessive sweating/hyperhidrosis	16,970	28,305	37%	63%
Head lice	18,183	50,281	27%	73%
Indigestion and heartburn	133,858	242,100	36%	64%
Insect bites and stings	238,578	323,769	42%	58%
Malaria prevention	151	184	45%	55%
Mild acne	24,049	44,765	35%	65%
Mild cystitis	3,856	8,269	32%	68%
Mild migraine	10,713	41,837	20%	80%
Mild to moderate hay fever/allergic rhinitis	218,918	305,612	42%	58%
Minor burns and scalds	12,230	14,372	46%	54%
Minor conditions associated with pain, discomfort/fever	1,103,534	1,884,371	37%	63%
Mouth ulcers/Sore throat/Teething/Mild toothache	242,091	422,416	36%	64%
Nappy rash	24,493	28,860	46%	54%

Oral thrush	29,661	55,951	35%	65%
Prevention of dental caries	2,335	1,667	58%	42%
Ring worm/athletes foot	105,763	151,093	41%	59%
Simple constipation	538,656	879,482	38%	62%
Threadworms	34,110	45,916	43%	57%
Travel sickness	43,693	102,588	30%	70%
Warts and verrucae	113,480	135,435	46%	54%
Self-limiting conditions				
Acute sore throat	3,698	6,963	35%	65%
Cold sores	497	1,260	28%	72%
Conjunctivitis	106,720	137,646	44%	56%
Coughs and colds and nasal congestion	233,679	330,692	41%	59%
Dandruff/cradle cap	146,467	204,414	42%	58%
Haemorrhoids	33,412	65,064	34%	66%
Infant colic	5,614	5,369	51%	49%
No condition identified	41,054	63,583	39%	61%
All conditions	**4,817,048**	**8,397,693**	**36%**	**64%**

Notes: Patient counts are not unique. A patient is counted once per product but if they are prescribed multiple products within a condition or across conditions then they will be counted multiple times. With respect to the vaginal thrush condition, note that external thrush cream or antifungal capsules may be prescribed to men for treatment of non-oral thrush.

Figure 2.

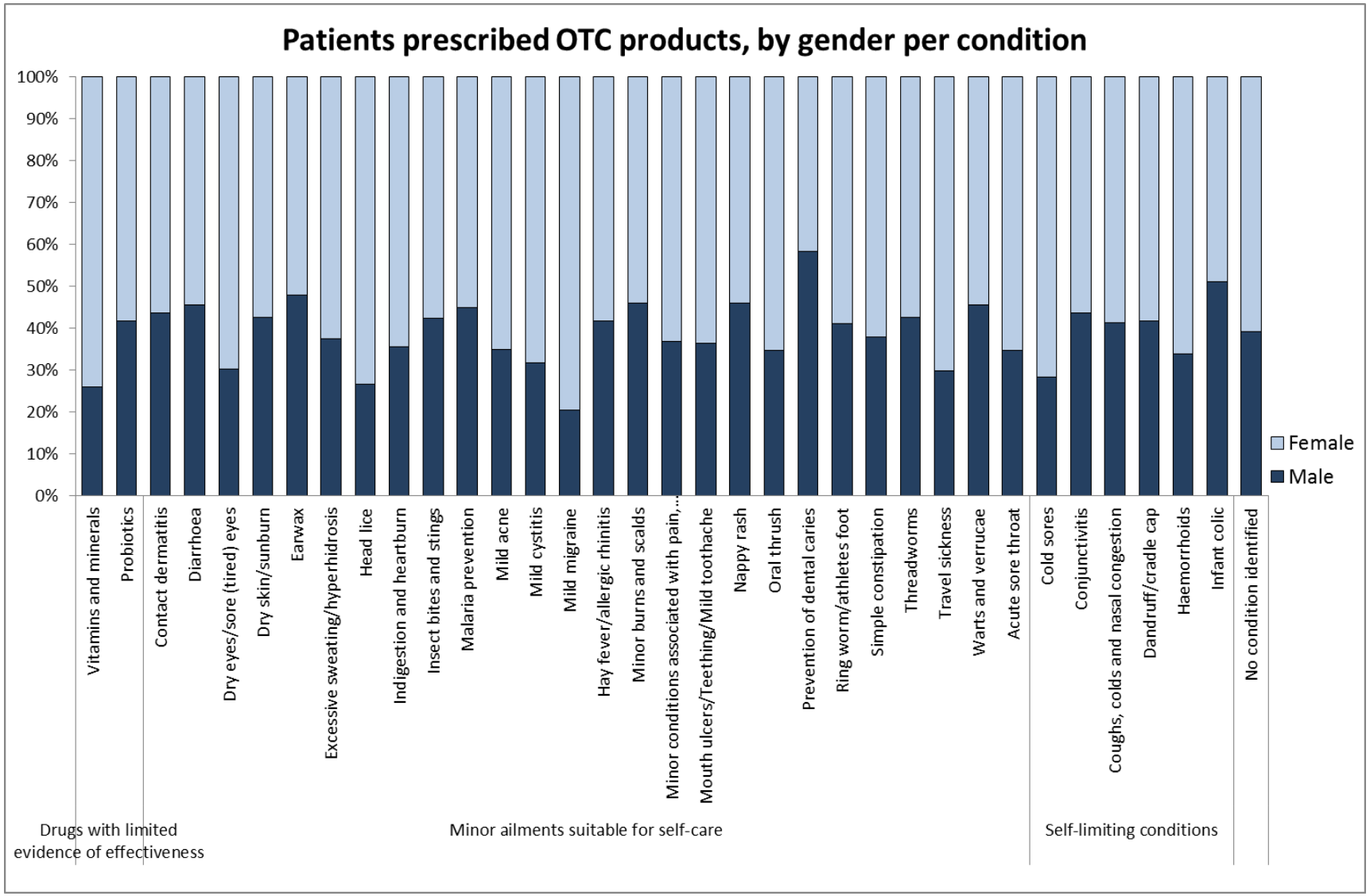
Patients prescribed OTC products, by gender per condition
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Female
Male
Vitamins and minerals
Probiotics
Contact dermatitis
Diarrhoea
Dry eyes/sore (tired) eyes
Dry skin/sunburn
Earwax
Excessive sweating/hyperhidrosis
Head lice
Indigestion and heartburn
Insect bites and stings
Malaria prevention
Mild acne
Mild cystitis
Mild migraine
Hay fever/allergic rhinitis
Minor burns and scalds
Minor conditions associated with pain,...
Mouth ulcers/Teething/Mild toothache
Nappy rash
Oral thrush
Prevention of dental caries
Ring worm/athletes foot
Simple constipation
Threadworms
Travel sickness
Warts and verrucae
Acute sore throat
Cold sores
Conjunctivitis
Coughs, colds and nasal congestion
Dandruff/cradle cap
Haemorrhoids
Infant colic
No condition identified
Drugs with limited evidence of effectiveness
Minor ailments suitable for self-care
Self-limiting conditions

Table 4. Patients prescribed OTC products, by prescription charge exemption

Patients prescribed OTC products, by prescription charge exemption

Prescriptions dispensed June 2016 to May 2017

Source: NHS Business Services Authority

	Paying	U16s or 16 - 18 and full time education	Over 60s	Pre-Payment Certificate	Medical	Income related	Maternity	Totals
Drugs with limited evidence of effectiveness								
Vitamins and minerals	5%	5%	58%	5%	8%	16%	4%	100%
Probiotics	14%	11%	27%	18%	15%	13%	1%	100%
Minor ailments suitable for self-care								
Contact dermatitis	6%	33%	39%	5%	5%	11%	1%	100%
Diarrhoea	3%	42%	36%	3%	6%	10%	1%	100%
Dry eyes/sore (tired) eyes	2%	2%	76%	4%	6%	9%	0%	100%
Dry skin/sunburn	3%	28%	47%	3%	6%	12%	1%	100%
Earwax	2%	22%	55%	2%	4%	14%	1%	100%
Excessive sweating/hyperhidrosis	17%	28%	7%	7%	7%	32%	2%	100%
Indigestion and heartburn	3%	10%	52%	5%	6%	18%	6%	100%
Head lice	7%	57%	11%	1%	3%	19%	1%	100%
Insect bites and stings	2%	59%	24%	2%	3%	9%	2%	100%
Malaria prevention	25%	25%	20%	3%	9%	15%	2%	100%
Mild acne	23%	53%	1%	3%	3%	14%	2%	100%
Mild cystitis	5%	10%	50%	6%	8%	19%	1%	100%
Mild migraine	7%	16%	22%	8%	10%	35%	2%	100%
Mild to moderate hay fever/allergic rhinitis	6%	24%	35%	7%	8%	19%	2%	100%
Minor burns and scalds	4%	28%	39%	3%	7%	16%	2%	100%

Minor conditions associated with pain, discomfort/fever	3%	11%	61%	4%	6%	16%	1%	100%
Mouth ulcers/Sore throat/Teething/Mild toothache	7%	35%	26%	4%	7%	20%	2%	100%
Nappy rash	0%	100%	0%	0%	0%	0%	0%	100%
Oral thrush	3%	33%	37%	4%	5%	13%	5%	100%
Prevention of dental caries	2%	4%	50%	4%	23%	16%	1%	100%
Ring worm/athletes foot	6%	29%	35%	3%	7%	15%	4%	100%
Simple constipation	4%	8%	64%	4%	6%	12%	2%	100%
Threadworms	2%	91%	1%	0%	1%	5%	1%	100%
Travel sickness	12%	7%	43%	5%	9%	20%	5%	100%
Warts and verrucae	5%	58%	15%	3%	4%	14%	1%	100%
Self-limiting conditions								
Acute sore throat	2%	21%	32%	4%	7%	31%	2%	100%
Cold sores	6%	14%	43%	8%	9%	17%	2%	100%
Conjunctivitis	5%	40%	36%	3%	4%	10%	1%	100%
Coughs and colds and nasal congestion	4%	25%	44%	3%	6%	17%	1%	100%
Dandruff/cradle cap	8%	21%	33%	8%	7%	21%	2%	100%
Haemorrhoids	4%	3%	46%	4%	7%	25%	11%	100%
Infant colic	0%	88%	2%	0%	1%	4%	4%	100%
No condition identified	6%	9%	50%	7%	8%	18%	2%	100%
All	**4%**	**19%**	**49%**	**4%**	**6%**	**15%**	**2%**	**100%**

Notes: Patient counts are not unique. A patient is counted once per product but if they are prescribed multiple products within a condition or across conditions then they will be counted multiple times. Some of the products used for nappy rash may also be used for pressure sores in older people so as an estimate of use in babies and toddlers only data for people aged under 16 is included.

Figure 3.

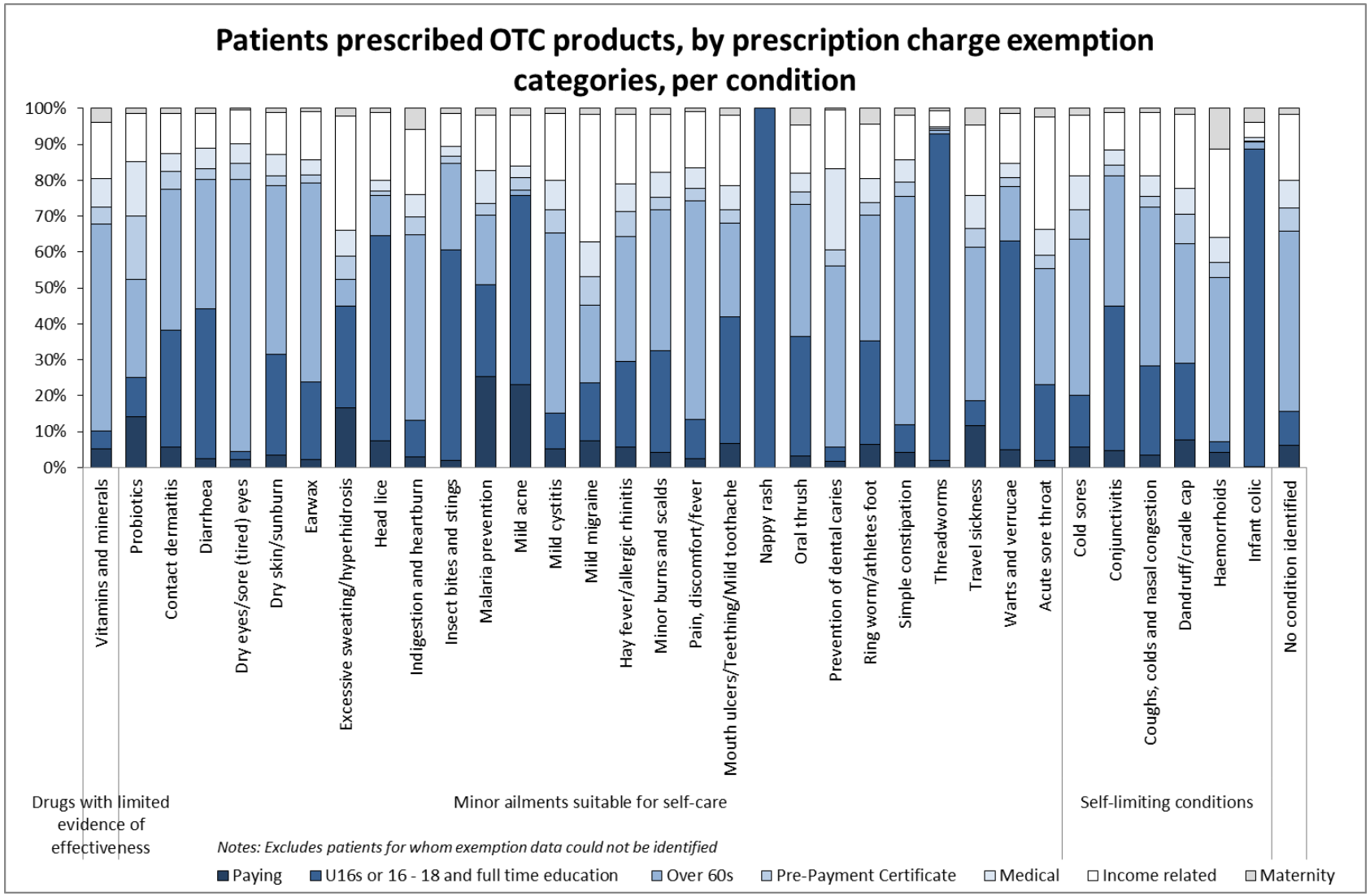
Patients prescribed OTC products, by prescription charge exemption categories, per condition
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Vitamins and minerals
Probiotics
Contact dermatitis
Diarrhoea
Dry eyes/sore (tired) eyes
Dry skin/sunburn
Earwax
Excessive sweating/hyperhidrosis
Head lice
Indigestion and heartburn
Insect bites and stings
Malaria prevention
Mild acne
Mild cystitis
Mild migraine
Hay fever/allergic rhinitis
Minor burns and scalds
Pain, discomfort/fever
Mouth ulcers/Teething/Mild toothache
Nappy rash
Oral thrush
Prevention of dental caries
Ring worm/athletes foot
Simple constipation
Threadworms
Travel sickness
Warts and verrucae
Acute sore throat
Cold sores
Conjunctivitis
Coughs, colds and nasal congestion
Dandruff/cradle cap
Haemorrhoids
Infant colic
No condition identified
Drugs with limited evidence of effectiveness
Minor ailments suitable for self-care
Self-limiting conditions
Notes: Excludes patients for whom exemption data could not be identified
Paying
U16s or 16 - 18 and full time education
Over 60s
Pre-Payment Certificate
Medical
Income related
Maternity

Table 5. Mappings to exemption category

U16s or 16 - 18 and full time education	0 - 15 years old
	16, 17 or 18 years old and in full-time education
Over 60s	60 years or over
Maternity	Valid maternity certificate
Medical	Valid medical certificate
	prescribed free-of-charge contraceptives
	valid War Pension exemption certificate
Pre-Payment Certificate	Valid pre-payment certificate
Income related	named on a current HC2 charges certificate
	gets Income Support or income-related Employment and Support Allowance
	gets income-based Jobseekers's Allowance
	is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
	has a partner who gets Pension Credit guarantee credit (PCGC)