West Yorkshire & Harrogate

Health and Care Partnership

Standardisation of policies engagement and consultation mapping

September 2017

Review of communications, engagement and consultation activity around changes to prescribing / thresholds across the West Yorkshire and Harrogate STP

Date issued: November 2016
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Contents

1. Introduction

To support discussions within the WY&H STP standardisation workstream, it was agreed that a mapping exercise would be undertaken to establish if any communications, engagement or consultation had taken place, or was planned to take place on the following areas:

- **BMI and smoking** – changes to clinical thresholds for non-urgent surgery
- **Branded medicines** – changes to the prescribing of branded medicines
- **Gluten-free food** – proposal to no longer prescribe gluten-free food
- **Over-the-counter medicines** – proposal to no longer prescribe OTC medicines, such as emollients, sunscreen, infant formula, multivitamins etc
- **Prescribing of paracetamol** – encouraging people to buy their own paracetamol
- **Reducing waste –** other initiatives to reduce waste
- **Repeat prescriptions -** patients no longer able to order their repeat prescriptions via pharmacies and dispensing companies

The mapping exercise was initially undertaken in November 2016, and has subsequently been reviewed in February 2017 and September 2017. The report provides a summary of the current position for each of the CCGs across the seven areas listed above, and the patient feedback received.

To produce the report, contact was made with the communication and engagement leads across the CCGs in West Yorkshire and Harrogate, and the CCG websites were reviewed.

2. Summary of findings

The table overleaf shows an overview of the current position within each CCG by each of the seven areas. Further information on each of the seven areas is provided within the report.

	BMI & Smoking	Branded Medicines	Gluten-free food	Over-the-counter medicines	Prescribing of paracetamol	Reducing waste	Repeat prescriptions
Airedale, Wharfedale & Craven CCG							
Bradford Districts CCG and Bradford City CCG							
Calderdale CCG							
Greater Huddersfield CCG							
Harrogate and Rural District CCG							
Leeds CCGs							
North Kirklees CCG							
Wakefield CCGs							

	Policy reviewed and change implemented
	Campaign to encourage change in behaviour
	Engagement / consultation carried out and decision pending
	Proposals currently under engagement / consultation
	Proposals to engage / consult currently being developed
	No plans at the moment

3. BMI and smoking

Current position

The following CCGs have implemented BMI and smoking criteria for non-urgent routine operations. Currently no other CCGs have plans in place to engage or consult on similar proposals.

Greater Huddersfield and North Kirklees CCGs - In June 2017, the CCGs agreed to support the implementation of criteria for patients 18 years and above, on an elective surgery pathway, who have a BMI over 30 or who are smokers. It is anticipated that the criteria will be in place in October 2017.

It was also agreed that there would be a continuous review process of the impact of the Health Optimisation programme and that a formal decision on whether to continue with the programme would be made after 12 months. Ensuring that Quality and Equality Impact Assessments will be continuously reviewed to ensure there are no adverse impacts on protected groups and individuals.

Patients with a BMI of 30 or over will be referred on to a 12-month Health Optimisation Pathway to encourage them to reduce their BMI to less than 30 or achieve a weight loss of 10% of overall weight prior to elective surgery. At the end of the 12-month period or when the weight reduction target has been achieved, whichever is the soonest, the patient will come off the Health Optimisation element of the pathway and will re-join the original pathway for the relevant procedure

Patients who actively smoke will be referred on to a 6-month Health Optimisation Pathway to encourage them to stop smoking, and be smoke free for a minimum of 4 weeks prior to elective surgery. At the end of the 6-month period or after 4 weeks' smoke free, whichever is the soonest, the patient will come off the Health Optimisation element of the pathway and will re-join the original pathway for the relevant procedure. Patients will be expected to remain smoke free up to their procedure.

There are also clear exemptions to this policy and an overriding principle that clinical discretion can also be used to exempt individual patients from this pathway.

Harrogate and Rural District CCG - Have been running a campaign 'Stop before your op' to encourage people to stop smoking before routine operations.

They also agreed that from 1st November 2016, patients who have a BMI of, or greater than, 30 or people who smoke will be offered a referral to either a weight management programme or stop smoking services for a 6 month period of health optimisation before being considered for a non-urgent routine operation.

Patient feedback on BMI and smoking thresholds

Greater Huddersfield and North Kirklees CCGs (April 2017)

The report can be accessed here

The engagement commenced on 6 March 2017 and ran for 5 weeks.584 surveys were collected, and the main themes raised from the engagement and previous engagement that had taken place were:

Views on asking people to lose weight or stop smoking prior to a routine operation

- Whilst this engagement did not ask people for their views on asking people to stop smoking or lose weight prior to a routine operation, previous engagement has. Although people were supportive of the idea to encourage people to give up smoking or lose weight prior to a routine operation. It was felt that these decisions should be made by the consultant on a case by case basis. And the decision should be based on the effectiveness of the treatment, impact on the patient if the surgery is delayed (there was some concern that delays in treatment could also lead to further health complications) and impact on the patient if the surgery goes ahead without them giving up smoking or losing weight.
- Many felt that BMI was not a useful indicator of how healthy a person is, many cited examples of people that were physically fit but had high BMI due to muscle mass.
- It was felt that people should be provided with realistic weight loss goals. Views on how much time people should be given to achieve these goals ranged from 2 weeks to 12 months. For smoking this ranged from 6 weeks to 6 months.
- Some questioned why this should be restricted to people who smoke or have a high BMI, and suggested that it should be extended to include people who drink alcohol or take drugs.

Prevention

- It was felt that there was a need to look at prevention by educating adults and children on healthy eating, not smoking and promotion of the benefits of exercise. This should start in schools and include teaching children how to cook.
- For many cost was seen as barrier to leading a healthy lifestyle, it was therefore suggested that people should be provided with reduced or free access to gym memberships, swimming, exercise classes and sport. And ensure these activities are available in local communities. Particular mention was made to enabling all children to be able to access activities for free. And provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.
- GP practices should target 'at risk' patients to come in for regular health checks and advice. And run drop-in sessions where people can obtain support and guidance.
- Provide people with rewards / incentives if they lose weight or stop smoking, such as healthy food vouchers or subsidised recreational facilities.
- Reduce the number of takeaway outlets.
- Increase the number of free outdoor gyms in local parks.

- The Government should ban smoking and impose restrictions on fat and sugar levels in processed foods.

Supporting people to lose weight and / or stop smoking

- Many felt that the need to lose weight or stop smoking should have already been addressed by the GP prior to the need for surgery, through regular health checks. And support should be offered even if they are not waiting for an operation.
- People highlighted that it can be extremely difficult for some people to lose weight or stop smoking, as there may be an underlying reason as to why they are overweight or smoke. Therefore need to establish if there is any underlying cause and provide appropriate support to tackle this, such as counselling or CBT.
- Explain to people what the risks are if they don't lose weight / stop smoking, and the benefits if they do. Use patient stories / case studies of people from Kirklees telling the benefits of losing weight / stopping smoking.

Supporting people to lose weight

- If patients were expected to lose weight prior to a routine operation, they should be provided with the appropriate support to enable them to do this. This should include a referral to a weight management programme such as Slimming World and Weight Watchers. These support services should be provided for free. Some respondents had been referred to these programmes and spoke positively about them. However, many felt that 3 months was not long enough to make a change in lifestyle.
- Provide reduced or free access to gym memberships, personal trainers, swimming, exercise classes and sport. And ensure these activities are available in local communities. The support should be available at a range of times of the day and days of the week to enable people who work or have caring responsibilities to attend.
- Provide fruit and vegetables for free or at a reduced cost. And educate people on how to eat healthily on a budget by running cooking workshops.
- A few people suggested that should look at alternative ways to help people to lose weight, such as hypnotherapy, acupuncture, medication and herbal remedies.

Supporting people to stop smoking

- People who have been asked to stop smoking prior to an operation should be referred to a smoking cessation service and be provided with free counselling, online support, apps, group support, medication, nicotine patches, gum, e-cigarettes or hypnotherapy. The support should continue up to and after their surgery.
- Stop smoking sessions could be held in GP surgeries and community venues, where people could hear ex-smokers talk about how they did it and the benefits they have seen to their health and lifestyle. The sessions should be available at a range of times of the day and days of the week to enable people who work or have caring responsibilities to attend
- There was some concern by some people that if people give up smoking it may lead to them putting on weight, so it was suggested that as part of the support services provided to them this should also include healthy eating and exercise.

Healthwatch Kirklees (September 2016)

The report can be accessed here

Healthwatch Kirklees and the clinical commissioning groups in Kirklees were interested in gaining the views of what the public thought about the policies being introduced in other areas, whereby patients that smoke or have a high BMI are encouraged to stop smoking or to lose weight prior to them having a non-emergency operation.

During September 2016, Healthwatch Kirklees shared a survey via their communication channels to gain feedback from patients. Healthwatch Kirklees also used Facebook, Instagram and third party website advertising to promote the surveys. They developed one advert for each survey, with an incentive of a chance to win a Fitbit Activity Tracker

They received 203 surveys (63 smoking surveys and 140 BMI surveys) via social media advertising. As the feedback gained is only a small sample size the results could not be seen to be representative of the population of Kirklees, however they do provide a snapshot. The results show us:

- 77% strongly agree or agree that the NHS should ask people to try to stop smoking before routine operations.
- 63% strongly agree or agree that there should be some exceptions to this as some people find it harder to give up smoking.
- 75% strongly agree or agree that the NHS should ask some people to lose weight before routine operations.
- 74% strongly agree or agree that there should be some exceptions to this as some people find it harder to maintain a healthy weight.
- 89% strongly agree or agree that we need to be spending NHS money where it has the best outcomes on people's health.
- 86% strongly agree or agree that people have a responsibility to look after themselves, and should not expect the NHS to do everything for them.

The key themes raised from existing data and this engagement were:

- Whilst people were supportive of the idea to encourage people to give up smoking or lose weight prior to a routine operation. It was felt that these decisions should be made by the consultant on a case by case basis. And the decision should be based on the effectiveness of the treatment, impact on the patient if the surgery is delayed (there was some concern that delays in treatment could also lead to further health complications) and impact on the patient if the surgery goes ahead without them giving up smoking or losing weight.
- If patients were expected to give up smoking or lose weight prior to a routine operation, they should be provided with the appropriate support to enable them to do this. Such as referral to a weight management programme, smoking cessation, gym membership etc.

- People highlighted that it can be extremely difficult for some people to lose weight, as their weight may have been caused due to the side effects of medication, mental health conditions, or a medical condition that restricts their ability to exercise.
- Many felt that BMI was not a useful indicator of how healthy a person is, many cited examples of people that were physically fit but had high BMI due to muscle mass.
- It was felt that there was a need to look at prevention by educating adults and children on healthy eating and promotion of the benefits of exercise.
- Some questioned why this should be restricted to people who smoke or have a high BMI, and suggested that it should be extended to include people who drink alcohol or take drugs.

Leeds South and East CCG (December 2015)

The report can be accessed here

In March 2015, the Centre for Health Promotion Research, part of the Institute for Health and Wellbeing, at Leeds Beckett University were commissioned by LSE CGG to undertake a Smoking Insight Evaluation. The overarching aim of the evaluation was to gain a comprehensive understanding of how stop smoking interventions can be tailored to reduce smoking prevalence in the LSE population.

One of the things that came out of this was that public and professionals both felt there should be better promotion of the Leeds NHS Stop Smoking Clinics and where they are located.

They commissioned an agency to design and deliver a campaign to encourage people into the stop smoking service. To develop and design this they went into local communities in areas with the highest smoking rates and spoke with a diverse range of local people to find out what kind of messages and visuals they liked, what they didn't like, and where and how they felt such messages should be promoted locally.

The findings from this work could be used by other CCGs to support the development / review of smoking intervention services, that people would be referred too to support people to stop smoking prior to a routine operation.

4. Branded medicines

Current position

The following CCGs have agreed to not routinely prescribe branded medicines unless there is scientific evidence that there is a difference between the products, or if there is a clinical reason to do so, such as an allergy to colourants, binders etc.

- **Airedale, Wharfedale and Craven CCG** - policy has been in place since March 2015.
- **Bradford Districts CCG and Bradford City CCG** – have included in their QIPP plans to ensure that the most cost effective drugs are prescribed, where appropriate
- **Calderdale CCG** – policy has been in place since March 2015
- **Greater Huddersfield and North Kirklees CCGs** – consulted on the proposal in Oct-Nov 2016, decision made in December 2016 to implement change.
- **Harrogate and Rural District CCG** – policy has been in place since March 2015.
- **Wakefield CCG** – consulted on the proposal in Nov-Dec 2016, decision made in February 2017 to implement change.

Leeds CCGs carried out a consultation during 1st March – 9th July 2017 which included looking at branded medicines. The report and updated guidelines are due to be published at the beginning of October and will be made available on the Leeds CCGs websites.

Patient feedback on branded medicines

Greater Huddersfield and North Kirklees CCGs (November 2016)

The report can be accessed here

Following ongoing conversations and engagement during 2015/16, during October and November 2016 ran a six-week public consultation.

The consultation was aimed at the public, voluntary and community sector, member practices, and other key stakeholders including Clinical Commissioning Group (CCG) staff. We received feedback on the consultation via:

- Online and paper surveys – we received 773 completed surveys
- Outreach sessions – the CCG and Healthwatch Kirklees attended 36 outreach sessions
- Meetings with key organisations, such as Coeliac UK and Healthwatch Kirklees
- Online polling – via NHS North Kirklees CCG website and twitter account
- Emails from members of the public
- Correspondence

People were asked to share their views on the proposed changes to the prescribing of branded medicines. 86.5% (554) of survey respondents agreed or strongly agreed with the proposal, this support was also seen in previous engagement activities and activities carried

out during this consultation, such as online polling and the outreach sessions. The key themes from existing data and the consultation were:

Support for the proposal

- Many were surprised at the difference in price, and that generic medicine wasn't already routinely prescribed.
- The majority of people were supportive of GPs prescribing unbranded medicines, as long as these were as effective as the branded product and they did not lead to any adverse or allergic reactions.
- Many felt that it was a good idea as it would save the NHS money.

Concerns about the proposal

- A few people cited personal examples of where the generic medicine had resulted in either an allergic or adverse reaction. There was particular concern about drugs for epilepsy.
- There was some concern about the potential impact on drug companies and whether this would lead to a reduction in research.
- Some people did express concerns that unbranded medicines are not as effective as branded medicines and are more likely to cause adverse and / or allergic reactions.

Suggestions

- GPs need to support patients when changing medication, providing them with reassurance and listening to their concerns. Particular concern was expressed for more vulnerable people and how a change in the appearance of their medication (different colour, packaging, size) could create anxiety and in some cases result in patients stopping their medication.
- Some felt that the decision should be down to the GP, and should be based on clinical need and not cost. For example some medicines may not be available in a format that is appropriate for the patient, and as such they may have to prescribe the branded medication
- It was suggested that those patients who insisted on being prescribed the branded medicine when there was no clinical need to do so, should be expected to pay the difference in price.
- Some people commented that there had been occasions where they had been prescribed the generic medicine but the pharmacist had dispensed the branded medicine.

Healthwatch Kirklees (September 2016)

Healthwatch Kirklees were interested in gaining the views of what the public thought about the prescribing of unbranded medicines instead of branded medicines.

A survey was designed to gain feedback from patients. These were shared via our communication channels. We also used Facebook, Instagram and third party website advertising to promote the surveys.

53,140 people saw the adverts
17,094 people viewed the video for 3 seconds or more

1,611 people clicked to find out more about the adverts
211 people completed a survey
61 Facebook shares

We received 211 surveys via social media advertising and 73 comments on our Facebook page. As the feedback gained is only a small sample size, the results could not be seen to be representative of the population of Kirklees however they do provide us with a snapshot. The survey results show us that:

93.7% (195) either agreed or strongly agreed that if the effectiveness and the side effects are the same, the NHS should encourage doctors to prescribe unbranded or generic medicines instead of branded.

There was no significant difference in the opinions expressed by those people that were taking long-term medication.
The key themes raised from this engagement were:

- Many were surprised that this did not already happen.
- The majority of people were supportive of GPs prescribing unbranded medicines, as long as these were as effective as the branded product and they did not lead to any adverse or allergic reactions.
- Some people did express concerns that unbranded medicines are not as effective as branded medicines and are more likely to cause adverse and / or allergic reactions.
- A few people cited personal examples of where the generic medicine had resulted in either an allergic or adverse reaction. There was particular concern about drugs for epilepsy.
- GPs need to support patients when changing medication, providing them with reassurance and listening to their concerns. Particular concern was expressed for more vulnerable people and how a change in the appearance of their medication (different colour, packaging, size) could create anxiety and in some cases result in patients stopping their medication.
- Some felt that the decision should be down to the GP, and should be based on clinical need and not cost. For example some medicines may not be available in a format that is appropriate for the patient, and as such they may have to prescribe the branded medication
- Some people commented that there had been occasions where they had been prescribed the generic medicine but the pharmacist had dispensed the branded medicine.
- There was some concern on the potential impact on drug companies and whether this would lead to a reduction in research.

Wakefield CCG (December 2016)

The report can be accessed here

Following ongoing conversations and engagement during 2015/16, from 14th November 2016 ran a 6 week consultation around prescribing of which branded medicines was part of this.

The engagement was aimed at the public, voluntary and community sector, and other key stakeholders including health care staff. We received feedback on the proposals via:

- Online and paper surveys – we received 275 responses for gluten free foods; 154 for branded medicines and 159 for over the counter medicines
- Outreach sessions – the CCG attended 19 specific sessions during this period
- Meetings with key organisations, such as Coeliac UK and the Overview and Scrutiny Committee (OSC)
- Emails from members of the public (one via the Health and Wellbeing Board)
- Correspondence

People were asked to share their views on the proposed changes to the prescribing of branded medicines. 82.78% (125) of survey respondents agreed or strongly agreed with the proposal, this support was also seen in previous engagement activities (including the Commissioning Maze) and activities carried out during this engagement, such as the outreach sessions. The key themes from existing data and the engagement were:

Support for the proposal

- Many were surprised at the difference in price, and that generic medicine wasn't already routinely prescribed.
- The majority of people were supportive of GPs prescribing unbranded medicines, as long as these were as effective as the branded product and did not lead to any adverse or allergic reactions.
- Some people felt that by taking action the drug companies might bring their prices down.
- Many felt that it was a good idea as it would save the NHS money.

Concerns about the proposal

- A few people in out-reach sessions cited personal examples of where the generic medicine had resulted in either an allergic or adverse reaction; or where the applicator for the drug was not as effective (ie eye drops for glaucoma).
- Some have noted that people might worry about switching to unbranded products

Suggestions

- Particular concern was expressed for more vulnerable people and how a change in the appearance of their medication (different colour, packaging, size) could create anxiety.
- Some felt that the decision should be down to the GP, and should be based on clinical need and not cost.
- It was noted that patients should be made aware of unbranded alternatives.
- Patients need an explanation when changing medication and to be provided with reassurance.
- Cheaper products should be used where possible unless a patient has a specific need which requires a particular branded product.

5. Gluten-free food

Current position

The following CCGs have made a decision to no longer routinely prescribe gluten free foods:

- **Airedale, Wharfedale and Craven CCG** – ran a 12 week consultation, which ended on 31st March 2017. Decision made that from September 2017, GPs will no longer prescribe gluten-free food.
- **Bradford Districts CCG and Bradford City CCG** - ran a 12 week consultation, which ended on 30th September 2016. Decision made that from 1st December 2016, GPs will no longer prescribe gluten-free food.
- **Greater Huddersfield and North Kirklees CCGs** – ran a 6 week consultation during October – November 2016. Decision made in December 2016 that from 1st April 2017, GPs will no longer prescribe gluten-free food.
- **Harrogate and Rural District CCG** - Made the decision in August 2016 to ask GP practices to stop prescribing gluten free products on NHS prescriptions. Where a GP prescriber is sufficiently convinced that there is a genuine risk that a patient with a diagnosis of coeliac disease is, or will become, undernourished, then the GP may prescribe 'NHS Drug Tariff listed' gluten free products for that individual alone. It is anticipated that this exceptionality will be very rare.
- **Wakefield CCG** – ran a consultation during November and December 2016. Decision made in February 2017 that from 1st April 2017, GPs will no longer prescribe gluten-free food.

Leeds CCGs consulted during March – July 2017, a decision has still to be made on the prescribing of gluten-free foods. The report and updated guidelines are due to be published at the beginning of October and will be made available on the Leeds CCGs websites.

Calderdale CCG currently has no plans in place regarding the prescribing of gluten-free foods.

Patient feedback on gluten-free foods

Airedale, Wharfedale and Craven CCG (June 2017)

The report can be accessed here

The consultation was launched in January 2017 and ran for three months until 31 March 2017. A number of activities were carried out to gain the views of a wide range of people:

- public meetings: three open public meetings were held – in Ilkley, Keighley and Skipton, with GP clinical lead and pharmacy lead in attendance
- press releases
- social media
- through information circulated by other organisations (including VCS)

- residents, councillors and MPs were able to respond to a printed survey or an online version. They could also submit comments by email or letter
- liaison with professional bodies including Coeliac UK, Airedale NHS Foundation Trusts dietetics service, Airedale gastro-intestinal specialists, RCN, YORLMC, LPC (Community Pharmacy West Yorkshire), community pharmacies

In all, 570 people completed the survey, the drop-in sessions in Ilkley, Keighley and Skipton were attended by approximately 24 residents. A small number of written responses were also submitted via letter and email, including from Coeliac UK, the British Society of Gastroenterology and the Department of Nutrition and Dietetics at Airedale NHS Foundation Trust.

A number of themes were evident in the feedback received during the consultation period, including:

- the additional cost of gluten-free products in supermarkets
- risk to people's health if they couldn't access gluten-free products on prescription
- fairness: need for equality in dealing with patients with long-term conditions
- quality of prescription foods vs supermarket brands and inconsistent stock in supermarkets
- recognising the needs of children and low income/vulnerable groups
- increased support and advice for people following a gluten-free diet for medical reasons
- savings for the CCGs appear to be minimal
- concerns raised specifically around children/students – long term impact
- concerns about vulnerable people and those on low incomes

A number of people who responded suggested alternative solutions, such as:

- it would be acceptable for the CCGs to stop prescribing everything apart from bread and flour.
- a preference for vouchers to enable the purchase of fresh gluten-free food (in preference to freezing large quantities after prescriptions had been dispensed)
- limited prescriptions regulated by GPs
- that the CCGs and wider NHS should negotiate with suppliers to reduce their costs to the NHS and to patients
- prescriptions given only to vulnerable people – for example, children, older people and those on low incomes.

Feedback from some respondents reflected a concern that patients with coeliac disease had been unfairly targeted for cuts, with some requesting that if the NHS needs to save money it should retain gluten-free food on prescription and instead cut services to other patient groups.

Bradford Districts CCG and Bradford City CCG (November 2016)

The report can be accessed here

The consultation was launched on 4 July 2016 and ran for three months until 30 September 2016. A number of activities were carried out to gain the views of a wide range of people:

- public meetings: three open public meetings were held – in Shipley and two in Bradford, with GP clinical lead and pharmacy lead in attendance
- People's Board: the proposals were discussed by the board
- local media stories
- social media
- through information circulated by other organisations (including Healthwatch and VCS groups)
- residents, councillors and MPs were able to respond to a printed survey or an online version. They could also submit comments by email or letter
- liaison with professional bodies including Coeliac UK, Bradford Hospitals' dietetics service, Bradford gastro-intestinal specialists, RCN, YORLMC
- meetings with other groups: during the consultation, additional stakeholder meetings were held with Bradford Health Overview and Scrutiny Committee (HOSC) and Bradford CCGs' clinical commissioning forums (CCFs)

In all, 560 people completed the survey, the Shipley drop-in session was attended by approximately 20 residents with a further eight residents attending the Bradford events. A small number of written responses were also submitted via letter and email, including from Coeliac UK and the British Specialist Nutrition Association Ltd.

A number of themes were evident in the feedback received during the consultation period, including:

- the additional cost of GF products in supermarkets
- risk to people's health if they couldn't access GF products on prescription
- fairness: need for equality in dealing with patients with long-term conditions
- quality of prescription foods vs supermarket brands and inconsistent stock in supermarkets
- recognising the needs of children and low income/vulnerable groups
- increased support and advice for people following a GF diet for medical reasons
- savings for the CCGs appear to be minimal
- concerns raised specifically around children/students – long term impact
- concerns about vulnerable people and those on low incomes

A number of people who responded suggested alternative solutions, such as:
- it would be acceptable for the CCGs to stop prescribing everything apart from bread and flour.
- a preference for vouchers to enable the purchase of fresh GF food (in preference to freezing large quantities after prescriptions had been dispensed)
- limited prescriptions regulated by GPs
- that the CCGs and wider NHS should negotiate with suppliers to reduce their costs to the NHS and to patients
- prescriptions given only to vulnerable people – for example, children, older people and those on low incomes.

- Feedback from some respondents reflected a concern that patients with coeliac disease had been unfairly targeted for cuts, with some requesting that if the NHS needs to save money it should retain GF food on prescription and instead cut services to other patient groups.

Greater Huddersfield and North Kirklees CCGs – November 2016

The report can be accessed here

Following ongoing conversations and engagement during 2015/16, during October and November 2016 ran a six-week public consultation.

The consultation was aimed at the public, voluntary and community sector, member practices, and other key stakeholders including Clinical Commissioning Group (CCG) staff. We received feedback on the consultation via:

- Online and paper surveys – we received 773 completed surveys
- Outreach sessions – the CCG and Healthwatch Kirklees attended 36 outreach sessions
- Meetings with key organisations, such as Coeliac UK and Healthwatch Kirklees
- Online polling – via NHS North Kirklees CCG website and twitter account
- Emails from members of the public
- Correspondence

People were asked to share their views on the proposed changes to the prescribing of gluten-free foods. 74.9% (343) of survey respondents who were not prescribed gluten-free foods, agreed or strongly agreed with the proposal and didn't think that the NHS should be providing food on prescription, as they felt that gluten-free food is widely available in supermarkets. This compared to only 16.4% (36) of people that were prescribed gluten-free food supported the proposal. 82.3% (181) of respondents who were prescribed gluten-free products either disagreed or strongly disagreed with the proposal.

A few people responded that they were coeliac patients who chose to buy their own gluten-free food as they preferred the products available in supermarkets.

The key themes from existing data and the consultation were:

Cost and availability of gluten free products in supermarkets

Many people commented on the high cost of gluten-free products in supermarkets, with the view that most items were significantly more expensive than an equivalent product containing gluten. There was real concern as to the impact on people on low incomes, and those families where more than one person has been diagnosed as coeliac.

It was also felt that products available in supermarkets were not comparable to the products available on prescription. Particular mention was made to Juvela and Glutafin, which contain replacement vitamins and minerals that may be required by coeliac patients to help maintain a healthy diet.

Some mentioned the difficulty of obtaining gluten free products because they either lived in rural areas where the local shop doesn't stock gluten free produce or have mobility issues. It was felt this would particularly affect elderly patients. Other people commented on the overall lack of availability of gluten-free items even in the larger supermarkets.

Non-compliance to diet

People were concerned that if products were no longer available on prescription it could lead to some coeliac patients not adhering to their diet, due to the financial cost of purchasing from supermarkets. This could lead to serious health conditions developing, such as bowel cancer or osteoporosis, which in turn would cost the NHS significantly more than prescribing gluten-free foods. This concern was raised by patients and dieticians.

Suggestions

- The National Institute of Health and Care Excellence (NICE) Quality Standard for coeliac disease was published in October 2016. The equality analysis highlights that access to gluten-free food may be more difficult for people on low incomes or with limited mobility, and that these people may need support to find suitable gluten-free food products on prescription to enable them to maintain a gluten-free diet. It was requested that a decision on the future policy on prescribing takes into consideration the NICE Quality Standard for coeliac disease.
- Many suggested that the number of items prescribed could be reduced and the range of products available could be limited to bread, flour and pasta.
- It was also suggested that vouchers could be supplied to cover the additional cost of buying gluten-free foods
- Newly diagnosed coeliac patients should be supported by a dietician to understand what they can buy, and where to buy the food from. Patients could also be provided with a selection of foods to support them in the first few months of diagnosis
- It was suggested that prescriptions could continue to be provided for children and households with a low income.
- It was proposed that GPs should be able to use their discretion when it came to prescribing
- It was suggested that the NHS should negotiate better deals with suppliers

Harrogate and Rural District CCG – July 2016

The report can be accessed here

The survey was launched on 30 June and ran until 24 July. 297 responses were received via both online and paper surveys as well as letters and emails as detailed previously. The main themes raised were:

Cost of gluten free products in supermarkets

A number of respondents raised the cost of gluten free products in supermarkets. Certain gluten free items such as bread are more expensive than the gluten containing equivalent. In addition certain brands of gluten free products are only available through supply from a community pharmacy e.g. Juvela and Glutafin

Cost to the NHS in the long term

A number of respondents made comments about the additional cost to the NHS if coeliacs who are unable to afford gluten free products then require further NHS treatment.

NHS shouldn't be providing food on prescription

There were a number of comments suggesting that the NHS shouldn't be providing food on prescription to patients and these funds can be used elsewhere within the health system.

Reduced access to gluten free products

A number of respondents highlighted the difficulty for some patients, particularly the elderly who are often unable to get to the larger stockists of gluten free products as they either live in rural areas where the local shop doesn't stock gluten free produce or are patients with mobility issues. For a large number of patients who live in the towns there is greater access to both large supermarkets and a significant number of smaller convenience stores e.g. Tesco Express, Co-op, Sainsbury's Local.

Diet changes

A number of respondents detailed about making the choice to alter their diet to avoid gluten products.

Continuation or variation of current supply route

Several respondents wished to either continue with gluten free products on prescription or suggested alternative supply routes e.g. a voucher system for supermarkets.

Wakefield CCG (December 2016)

The report can be accessed here

Following ongoing conversations and engagement during 2015/16, from 14th November 2016 ran a 6 week consultation around prescribing of which branded medicines was part of this.

The engagement was aimed at the public, voluntary and community sector, and other key stakeholders including health care staff. We received feedback on the proposals via:

- Online and paper surveys – we received 275 responses for gluten free foods; 154 for branded medicines and 159 for over the counter medicines
- Outreach sessions – the CCG attended 19 specific sessions during this period
- Meetings with key organisations, such as Coeliac UK and the Overview and Scrutiny Committee (OSC)
- Emails from members of the public (one via the Health and Wellbeing Board)
- Correspondence

People were asked to share their views on the proposed changes to the prescribing of gluten-free foods. 43.91% (83) of survey respondents who were not prescribed gluten free foods, agreed or strongly agreed with the proposal and didn't think that the NHS should be providing food on prescription, as they felt that gluten free food is widely available in supermarkets. This

compared to only 4.05% (3) of people that were prescribed gluten free food who supported the proposal. 92.6% (70) of respondents who were prescribed gluten-free products either disagreed or strongly disagreed with the proposal. This was also mirrored by those who care for someone who receives gluten-free prescriptions where 87.24% (41) disagreed or strongly disagreed with the proposals. It should be noted here that five respondents within this group were from postcodes outside of the CCG's registered or resident area.

A few people responded that they were coeliac patients who chose to buy their own gluten free food for various reasons. Many, however, commented that this was a clinical condition and not a lifestyle choice.

The key themes from existing data and the engagement were:

Cost and availability of gluten free products in supermarkets

Many people commented on the high cost of gluten free products in supermarkets, with the view that most items were significantly more expensive than an equivalent product containing gluten. There was real concern as to the impact on people on low incomes, including pensioners, and those families where more than one person has been diagnosed as coeliac.

Some mentioned the difficulty of obtaining gluten free products because they lived in areas where the local shop doesn't stock gluten free produce or have mobility issues. It was felt this would particularly affect elderly patients. Other people commented on the overall lack of availability of gluten free items even in the larger supermarkets and the better taste of prescribed bread.

Non-compliance to diet

People were concerned that if products were no longer available on prescription it could lead to some coeliac patients not adhering to their diet, due to the financial cost of purchasing from supermarkets. This could lead to serious health conditions developing, such as bowel cancer or osteoporosis, which in turn would cost the NHS significantly more than prescribing gluten-free foods. This concern was raised primarily by patients and carers but also clinical staff.

Suggestions

- The National Institute of Health and Care Excellence (NICE) Quality Standard for coeliac disease was published in October 2016. The equality analysis highlights that access to gluten free food may be more difficult for people on low incomes or with limited mobility, and that these people may need support to find suitable gluten free food products on prescription to enable them to maintain a gluten free diet. It was requested that a decision on the future policy on prescribing takes into consideration the NICE Quality Standard for coeliac disease.
- It was suggested that the number of items prescribed could be reduced and the range of products available limited to bread, flour and pasta.
- It was also suggested that other methods such as vouchers could be supplied to cover the additional cost of buying gluten free foods.

- Means testing was suggested in may cases to make sure that those patients / carers who would financially struggle to cover the costs of gluten-free products would still receive a prescription. This was seen as aiding compliance to the diet.
- Newly diagnosed coeliac patients should be supported by a dietician to understand the condition.
- It was suggested that prescriptions could continue to be provided for children and households with a low income.
- A suggestion was made that the food industry and retailers should be encouraged to review their pricing.
- One person proposed that GPs should be able to use their discretion when it came to prescribing and be the responsible person to ask about a person's situation. Another person noted that schools should accept gluten-free food without prescription. Another person also suggested clearer instructions and labelling for those whose first language is not English, including the deaf and foreign nationals.

6. Over-the-counter medicines

Current position

The following CCGs have undertaken consultations on proposals to no longer prescribe a range over-the-counter medicine, such as sunscreen, multivitamins, infant formula etc.

Greater Huddersfield, North Kirklees and Wakefield CCGs have undertaken consultations during late 2016. Each CCG has agreed to no longer continue prescribing the following:

- sunscreens for skin protection from UV radiation
- soya and thickened infant formulas
- infant formula for lactose intolerance
- cream for unwanted facial hair and other products that have a predominantly cosmetic action
- camouflage products e.g. for port wine stain birthmarks
- multivitamins, where no specific deficiency has been identified, including vitamin D
- emollients (moisturisers), shampoos, bath and shower products and fungal nail treatments for cosmetic purposes or minor conditions that will get better on their own/ have no long-term impact on a person's health

Leeds CCGs - consultation took place 1st March – 9th July 2017, looking at sunscreen, emollients, camouflage creams, multivitamins, and painkillers such as ibuprofen and paracetamol. The report and updated guidelines are due to be published at the beginning of October and will be made available on the Leeds CCGs websites.

The following CCGs are running campaigns to encourage people to buy their own over-the counter medication rather than asking for it on prescription.

Airedale, Wharfedale and Craven CCG – running a campaign 'It's your NHS, don't waste it' to encourage people to buy their own.

Bradford Districts CCG and Bradford City CCG - running a campaign 'It's your NHS, don't waste it' to encourage people to buy their own.

Calderdale CCG - running a campaign 'it's everyone's NHS, and we're not going to waste it' to encourage people to buy their own.

Harrogate and Rural District CCG - are undertaking a promotional campaign across the district using messages on pharmacy bags about wasted medicine and over the counter medicines. 60,000 bags are to be distributed to various pharmacies across the district in the next few weeks as well as a social media advertising campaign.

Patient feedback on over-the-counter medicines

Greater Huddersfield and North Kirklees CCGs (November 2016)

Report can be accessed here

Following ongoing conversations and engagement during 2015/16, during October and November 2016 ran a six-week public consultation.

The consultation was aimed at the public, voluntary and community sector, member practices, and other key stakeholders including Clinical Commissioning Group (CCG) staff. We received feedback on the consultation via:

- Online and paper surveys – we received 773 completed surveys
- Outreach sessions – the CCG and Healthwatch Kirklees attended 36 outreach sessions
- Meetings with key organisations, such as Coeliac UK and Healthwatch Kirklees
- Online polling – via NHS North Kirklees CCG website and twitter account
- Emails from members of the public
- Correspondence

People were asked to share their views on the proposed changes to the prescribing of over-the-counter medicines. 71.5% (485) of survey respondents agreed or strongly agreed with the proposal, this support was also seen in previous engagement activities and activities carried out during this consultation, such as online polling and the outreach sessions. The key themes from existing data and the consultation were:

Concerns about the proposal

- Many were concerned about the financial impact on those households on a low income, and felt that they should continue to be prescribed for those people.
- Some were concerned that if people couldn't afford to buy the products, it could lead to the condition not being treated and their health could deteriorate, which in turn could lead to a greater impact on NHS resources.
- It was queried how this would impact on people in care homes and supported living homes. Currently staff can only use prescribed medications, they are not able to use items purchased over-the-counter.

Suggestions about the proposal

- Many felt that if there was a clinical need and / or if the condition was long-term then the items should be prescribed, such as emollients for eczema; sunscreen for skin cancer patients; multi-vitamins for bariatric surgery patients and tube fed infants.
- 51.5% (351) of survey respondents felt that infant formula should continue to be prescribed. People were concerned about the possible impact on the infant if their parent didn't buy the correct formula or couldn't afford to buy it.

- 40.5% (273) of survey respondents felt that camouflage products should be prescribed. The main reasons were due to the possible negative psychological impact on the patient; the high cost of buying the items over-the-counter; and because the condition is long-term.

Healthwatch Kirklees (October 2016)

The report can be accessed here

To understand what the public thought about the over the counter campaign the CCGs worked with Healthwatch Kirklees. It should be noted that when the engagement with Healthwatch was planned it had been proposed for the engagement to take place over a longer period of time, however due to the subsequent launch of "Talk health Kirklees", it was agreed that the engagement work would have to be cut short to avoid causing any confusion with the public. The feedback gained is therefore only a small sample size and the results could not be seen to be representative of the population of Kirklees.

They received 100 completed surveys either via face to face engagement activities or social media advertising. The results show us that the majority (88.7%) of people that responded either strongly agree or agree that people should be encouraged to buy everyday medicines from the supermarket, rather than getting them on prescription from their GP. Those people that disagreed with the proposals were more likely to be people that currently receive free prescriptions.

The key themes raised from existing data and this engagement were:

- That you were surprised at how much it costs the NHS to prescribe over the counter medication.
- You felt that we should also be raising awareness with GPs and not just the public.
- People should pay for medicines that are widely available in local shops at low cost, rather than getting them on prescription. Although you are concerned about the financial impact on people with low incomes and those that receive free prescriptions. People were particularly concerned about the impact on children and older people.
- If a GP identifies a medical need for treatment then this should be available on prescription, especially if it is to treat a long term condition.
- You want consistency in funding decisions across Kirklees to avoid a 'postcode lottery'
- We could save NHS money by educating people about how to prevent ill health, manage their own health conditions and use health services appropriately.

Wakefield CCG (December 2016)

The report can be accessed here

Following ongoing conversations and engagement during 2015/16, from 14th November 2016 ran a 6 week consultation around prescribing of which branded medicines was part of this.

The engagement was aimed at the public, voluntary and community sector, and other key stakeholders including health care staff. We received feedback on the proposals via:

- Online and paper surveys – we received 275 responses for gluten free foods; 154 for branded medicines and 159 for over the counter medicines
- Outreach sessions – the CCG attended 19 specific sessions during this period
- Meetings with key organisations, such as Coeliac UK and the Overview and Scrutiny Committee (OSC)
- Emails from members of the public (one via the Health and Wellbeing Board)
- Correspondence

People were asked to share their views on the proposed changes to the prescribing of over-the-counter medicines. 77.27% (119) of survey respondents agreed or strongly agreed with the proposal, this support was also seen in previous engagement activities (including the commissioning maze) and activities carried out during this engagement, such as the outreach sessions. The key themes from existing data and the consultation were:

Concerns about the proposal

- Many were concerned about the financial impact on those households on a low income, and felt that they should continue to be prescribed for those people.
- Some were concerned that if people couldn't afford to buy the products, it could lead to the condition not being treated and their health could deteriorate, which in turn could lead to a greater impact on NHS resources.
- It was queried how this would impact on children in school. Currently staff at some schools will only use prescribed medications.
- The two areas that received most support to be kept on prescription were infant soya milk and camouflage products (those respondents felt that it might affect people's mental wellbeing).

Suggestions about the proposal

- Many felt that if there was a clinical need and / or if the condition was long-term then the items should be prescribed, such as emollients for eczema.
- 36.94% (58) of survey respondents felt that infant formula should continue to be prescribed. People were concerned about the possible impact on the infant if their parent didn't buy the correct formula or couldn't afford to buy it.
- Some felt that camouflage products should be prescribed due to the possible negative psychological impact on the patient; the high cost of buying the items over-the-counter; and because the condition is long-term

7. Prescribing of paracetamol

Current position

Currently just **Leeds CCGs** are looking at no longer prescribing painkillers such as ibuprofen and paracetamol. A consultation took place 1st March – 9th July 2017, looking at a range of over-the-counter medication including painkillers such as ibuprofen and paracetamol. The report and updated guidelines are due to be published at the beginning of October and will be made available on the Leeds CCGs websites.

The following CCGs are encouraging people to buy their own paracetamol as part of wider campaigns:

Airedale, Wharfedale and Craven CCG – running a campaign 'It's your NHS, don't waste it' to encourage people to buy their own.

Bradford Districts CCG and Bradford City CCG - running a campaign 'It's your NHS, don't waste it' to encourage people to buy their own.

Calderdale CCG - running a campaign 'it's everyone's NHS, and we're not going to waste it' to encourage people to buy their own.

Greater Huddersfield and North Kirklees CCGs – running a campaign to encourage people to not ask for them on prescription

Harrogate and Rural District CCG – running a campaign 'Don't swallow up your NHS' to encourage people to buy their own

Patient feedback on the prescribing of paracetamol

Healthwatch Kirklees (September 2016)

The report can be accessed here

To understand what the public thought about the Kirklees over the counter campaign the CCGs worked with Healthwatch Kirklees. It should be noted that when the engagement with Healthwatch was planned it had been proposed for the engagement to take place over a longer period of time, however due to the subsequent launch of "Talk health Kirklees", it was agreed that the engagement work would have to be cut short to avoid causing any confusion with the public. The feedback gained is therefore only a small sample size and the results could not be seen to be representative of the population of Kirklees.

A survey was designed to gain feedback from patients about their views on the campaign. This was shared via Healthwatch Kirklees communication channels.

Healthwatch Kirklees also used Facebook, Instagram and third party website advertising to promote an explainer animation that was developed to explain the campaign. They developed

two adverts each with a different incentive; one advert offered the chance to win a Fitbit and the other to win a £50 Boots voucher. The combined adverts generated the following engagement:

Over 61,375 people saw the adverts
25,941 people viewed the video for 3 seconds or more
999 people clicked to find out more about the adverts

The animation and survey were also circulated via their existing engagement and communication mechanisms.

In addition to the social media advertising, staff and volunteers from Healthwatch Kirklees, met with 6 voluntary and community groups.

They received 100 completed surveys either via face to face engagement activities or social media advertising. The results show us that the majority (88.7%) of people that responded either strongly agree or agree that people should be encouraged to buy everyday medicines from the supermarket, rather than getting them on prescription from their GP. Those people that disagreed with the proposals were more likely to be people that currently receive free prescriptions.

The key themes raised from existing data and this engagement were:

- That you were surprised at how much it costs the NHS to prescribe over the counter medication.
- You felt that we should also be raising awareness with GPs and not just the public.
- People should pay for medicines that are widely available in local shops at low cost, rather than getting them on prescription. Although you are concerned about the financial impact on people with low incomes and those that receive free prescriptions. People were particularly concerned about the impact on children and older people.
- If a GP identifies a medical need for treatment then this should be available on prescription, especially if it is to treat a long term condition.
- You want consistency in funding decisions across Kirklees to avoid a ‘postcode lottery’
- We could save NHS money by educating people about how to prevent ill health, manage their own health conditions and use health services appropriately.

North Kirklees CCG (2015/16)

During 2015/16 the North Kirklees CCG asked the public what they thought about people being able to obtain paracetamol, antihistamines and other over-the-counter medication on prescription, and whether these should be available on prescription. They told us:

- That they were surprised at how much it costs the NHS to prescribe over the counter medication.

- They didn’t want to stop people being able to obtain them on prescription, as they were concerned about the impact this would have on people who currently get free prescriptions or have long-term conditions.
- They felt that we should run a campaign to raise awareness of the costs and to encourage people to buy them rather than ask for them on prescription.
- They felt that we should also be raising awareness with GPs and not just the public.

The CCGs in Kirklees developed a campaign to raise awareness of the cost of prescribing over-the-counter medication and to encourage people to buy their own products if they have a short-term minor illness. Since June 2016, the CCGs have been running a campaign encouraging people to buy their own over-the-counter medicines such as, antihistamines, paracetamol, ibuprofen, cough and cold remedies, nasal sprays and haemorrhoid treatments. The campaign is targeted at both the public and GPs.

8. Reducing waste

Current position

Airedale, Wharfedale and Craven CCG; Bradford Districts CCG and Bradford City CCG
Are running a campaign 'It's your NHS, don't waste it' to encourage people to:

- Take the medicines you are given
- Not asking for medicines you don't need
- Use your NHS to the best – sometimes your GP isn't the best person to see, you can see your pharmacist, quickly without an appointment.
- Buy some medicines from shops instead – it's cheaper to buy medicines for short term, minor illnesses, from your supermarket or pharmacy.

As part of this campaign they will also be looking at:

- missing your GP appointment costs money
- take control of your own medicines

Calderdale CCG – as part of its campaign 'It's everyone's NHS – and we're not going to waste it' the CCG has undertaken an engagement exercise asking:

- How can we reduce waste and save money whilst keeping the high quality services we need?
- How can we reduce our spending on wasted medicines and lower value medicines?

Harrogate and Rural District CCG
They are currently undertaking a promotional campaign across the district using messages on pharmacy bags about wasted medicine and over the counter medicines. 60,000 bags are to be distributed to various pharmacies across the district in the next few weeks as well as a social media advertising campaign.

Leeds CCGs

- Regular reviewing of patients medicines (medication review) through Medicines management team and also practice employed pharmacists
- Leeds SE CCG Implementation of a programme of CCG funded administrators in practices looking at areas of over ordering and waste from their populations (25 out of 42 practices signed up)
- Leeds North CCG has a CCG employed technician doing similar work around waste

Wakefield CCG – is working with GP practices and pharmacies to raise awareness with patients about reducing medicines waste, using the strapline 'Everyone has a part to play in reducing medicines waste'

Patient feedback on reducing waste

Calderdale CCG (August 2017)

The engagement process was delivered to help the CCG understand local communities' views, comments and ideas on two specific areas. The areas were:

- How the CCG could reduce waste and save money whilst keeping high quality services that were needed
- How the CCG could reduce spending on pharmacy services

A survey was developed to gain feedback and was shared via Engagement Champions and existing communications and engagement mechanisms, such as social media, PRGs, and Healthwatch. They received **987 responses** to the survey.

What else can we do to reduce NHS spending?

We received **932 detailed responses** to this question. The responses were free text and so the responses often contained more than one response. People had taken a lot of time to complete this question and there were so many ideas provided that each one should be given a level of consideration.

The key themes from these responses are highlighted below but the list is not exhaustive, and the free text should be referred to for more insight. The key themes in no particular order were:

- **Re-use equipment:** this was a reoccurring theme and referenced by the huge majority who responded. People want to see the NHS reusing wheelchairs, stair lifts, crutches and commodes. People feel it is unacceptable to dispose of this type of equipment.
- **Medicines:** only prescribe antibiotics where absolutely necessary, and reuse unused medication (throwing medication away when it is sealed is a waste on the NHS), if necessary provide sealed packages that if unopened can be returned. Constantly review medication, stop prescribing over the counter medication and reduce what is on a prescription. Pharmacies and GPs need to improve communication. Better process for repeat prescriptions is needed and GPs need to keep records up to date, and stop thinking prescriptions are the answer to everything. Reduce prescription fraud and ask for proof of no payment or assume people can pay as a standard approach.
- **Mental Health:** Stop giving people antidepressants and look at the alternatives. Social prescribing and support in the community can offer a solution to helping people get well. Invest in the cause and use third sector and community to identify solutions including natural and non-medical interventions and complimentary therapies and counselling.
- **Reduce bureaucracy:** reduce management and paperwork. Public sector should share staff and resources to avoid duplication.
- **Reduce use of paper and postage:** use technology such as text and email to book appointments and only send paper when necessary or if requested. This will reduce paper and postage.

- **Think, plan and commission as a whole healthcare system:** remove boundaries between organisations and teams and include all sectors, in particular the voluntary and community sector who already have solutions and ideas. Buy in bulk across large footprints and use the high street when it offers better value. Stronger relationships with home care and care homes to ensure residents or those cared for remain well.
- **Educate people and provide them with skills and knowledge:** particularly young people in maintaining health and managing health and prevention. Also managing ill health at home, home remedies, self-support and basic first aid. More health promotion is needed using community to community networks and resources. Get people to take more responsibility for their health.
- **More frontline staff:** more community nurses and frontline staff. Ensure staff have the right level of skill to care for people to prevent deterioration in health. Reduce consultant bonuses. Ensure therapies are given enough time to work resulting in longer term benefits for patients.
- **Staff:** retain staff, treat them well, provide good working conditions to ensure they stay and encourage new recruits. Provide uniforms only to those who need it. Improve communication between staff and get them working together across systems. Employ staff directly for maintenance, cleaning and other jobs and start to prepare meals in house again. Buy a van and employ a driver instead of using taxis for dropping of tests and equipment.
- **Technology:** better use of technology including phone consultations and apps.
- **Discharge:** improve discharge and waiting to be discharged from hospital. Use more community transport and volunteers and fewer ambulances, to transport people. Ensure people blocking beds are moved to community facilities quickly and get care in place.
- **NHS structure:** stop changing the NHS structure.
- **Promote NHS 111:** raise more awareness of 111 and get people to use it as a first point of contact to avoid unnecessary trips to the doctor or A&E.
- **Estates:** sell off unused buildings and use the money to support the NHS. Share buildings and premises where possible; combine GPs, pharmacists and opticians on joint sites. Use existing community buildings or voluntary and community sector estates and places of worship often unused during the week to provide services. Provide evening and weekend services at scale in supermarkets or shared buildings. Reduce energy bills and encourage office staff to work from home.
- **Interpreters such as language and BSL:** ensure those requiring an interpreter receive it at the right time. This ensures one visit deals with the problem rather than repeated visits or misunderstanding leading to deterioration in health. Employ staff who are bilingual to ensure services are delivered first time.
- **Treatment:** focus on prevention and screening, use public places such as fetes and public events to promote messages. Treat people thoroughly when they first present with a condition rather than leaving it too late. Do not fund non-medical procedures; examples such as IVF, obesity and cosmetic surgery were mentioned. Charge for these services even if it's a small donation to contribute to the NHS budget – local income generation.
- **Do not attends:** reduce the number of do not attends by fining people – average suggestion was between £5-10, or make them wait again and go to the back of the queue.
- **Foreign tourists:** reduce use of NHS by foreign tourists or charge for the use of services.

- **Restrict use of A&E:** redirect alcohol and substance misuse and some mental health related admissions to non-medical community providers and charge people for being treated for non-medical admissions.
- **Privatisation:** stop privatising buildings and parking so costs can go back into services.
- **Volunteers:** increase the use of volunteers, unpaid staff and create an NHS apprenticeship scheme that supports those with low educational attainment but the right approach to be employed in NHS services.
- **Visitors:** reduce visitors, stop people sitting on beds, ask people to wear covers on footwear and bring back matrons to patrol wards to reduce the risk of infections.
- **Funding and charges:** Let departments manage their own budgets and be held accountable for misuse or overspending. Charge people for hospital food as they would pay at home, non-attendance of appointments as a standard fine and for procedures that are non-medical. Ask people to contribute to patient transport services as they would on a regular bus/taxi. Ask patients to leave a deposit for equipment or pay for some items.
- **One stop services:** provide a one stop shop for patients to get everything they need in one go reducing management of a number of appointments and departments.
- **Transport:** ensure an ambulance goes to the right location first time round to prevent numerous transfers.

What could we do to make sure NHS resources are not wasted?
We received **934 responses** to this question. Each response provided a number of suggestions and real life experiences. The key themes in no particular order are set out below:

- **Reduce equipment waste:** recycle, repair and reuse equipment by providing community drop off points or volunteers who could collect. Identify a recycling scheme. A number of people cited instances were equipment had to be thrown away; some barely used. People wanted to see equipment only provided to those who needed it and a deposit paid to ensure it was returned. Other suggestions were for not using equipment such as rubber gloves when hand washing would do.
- **Follow up on missed appointments:** contact people to ask why they have missed an appointment and if there is no reasonable explanation apply a small charge; it is worth noting that people did still want this to be delivered with compassion and not heavy handed.
- **Stop prescribing anything that costs more on prescription:** this related to products that could be bought cheaply over the counter and limit the length of scripts to one month.
- **Relationship with voluntary and community sector:** a stronger relationship with the sector and allowing them to offer cheaper alternatives and solutions. More working in partnership on areas of health such as diabetes, obesity, mental health and long term conditions.
- **Use more community transport:** instead of using ambulances identify vehicle that could be run and managed by volunteers and volunteer drivers
- **Better information and communication:** use networks that already exist like PRGs and those who are now talking to communities such as the voluntary sector to start campaigns and better communication about not wasting resources.

- **Technology:** start to embrace and use more technology to prevent people travelling or to help with self-care. Don't waste unnecessary paper and postage when text or email will do.
- **Alternative therapies:** promote more alternatives to medical intervention including social prescribing, alternative therapies and remedies, and activities that keep people healthy and active.
- **Staff:** reduce the funding for locums and temporary staff by employing and skilling local people. Use more nurses to deliver services.
- **Hospital food:** charge for hospital food or provide your own, this came up quite a few times with people stating they were not expecting to be fed for free when they have to pay at home to eat.
- **Bilingual staff:** more staff that represent the community so that staff can communicate clearly with patients first time and ensure the right care is received. Barriers in communication can cause a number of problems including reluctance to use service until it is an emergency.
- **More medication reviews:** offset employing staff to do this or trained/retired volunteers against the cost saving of appropriate prescribing.
- **Consideration for some people**: ensure that any changes don't impact on those with low incomes, or who are vulnerable such as people with a mental health condition, frail elderly and those with Alzheimer's or dementia.

Do you have any other ideas about how we could save money in the NHS?
We received **863 responses** to this question. The key themes are set out below:

- **All agencies need to work together:** this includes local authority, NHS and voluntary and community sector.
- **More work needs to be done with schools:** we need to start working with children and young people and educating them on health and well-being and provide skills for life.
- **More monitoring of those attending A&E:** do not just treat people who turn up but refer them to another service or for some advice. Look at how people who use the service could be redirected to community services provided by the voluntary sector.
- **Stop cosmetic procedures:** only provide procedures that are for a medical need only.
- **Pool budgets:** work on economies of scale across organisations and other local areas.
- **Prevention:** do more on prevention, promote healthy lifestyles, more campaigns and more skills developed in the local community.
- **Better use of resources:** share buildings, staff and systems.
- **Other providers:** more collaboration with private therapists such as sports injury specialists, counsellors and alternative therapists.
- **More youth and community services:** investment in young people keeping them active and connected.
- **Stop free transportation to hospital:** charge an amount for transport that people could afford to pay.
- **Better coordination of services:** services working together to avoid duplication for both staff and patients.

- **Alternative treatment:** invest in therapies, support groups, walking groups, create spaces such as allotments to keep people active and well.
- **Communication:** more communication on how to use NHS and wider alternatives, where to go and who to see.
- **Tackle the root cause of mental health:** don't just keep treating the symptoms use the voluntary and community sector and community to help people get well.
- **Qualifications:** the qualifications required to work in the NHS don't often attract the right workforce. Look at alternatives to support the right people into the sector.
- **Use the community:** use the community networks, use the volunteers, work as equal partners to create innovative solutions to keeping people well in the community.
- **Increase access to GP appointments:** people want to see the local GP and can't so find other ways to access services via A&E.

9. Repeat prescriptions

Current position

The following CCGs have implemented changes that means patients are no longer able to order their repeat prescriptions via pharmacies and dispensing companies. Instead patients have to order their repeat prescriptions directly from their GP.

- **Airedale, Wharfedale and Craven CCG –** from October 2017
- **Bradford Districts CCG and Bradford City CCG** – from 1st November 2016
- **Greater Huddersfield and North Kirklees CCGs** - from 1st April 2017
- **Wakefield CCG** – from 1st November 2016

Calderdale CCG - as part of its campaign 'It's everyone's NHS – and we're not going to waste it' the CCG has undertaken an engagement exercise asking for views on repeat prescriptions.

Harrogate and Rural District CCG – no changes have been made to repeat prescriptions.

Leeds CCGs - haven't issued a directive to GP practices, although a couple of practices have chosen to no longer accept prescriptions from third parties. The CCG are encouraging patients to use online services, as part of the national campaign.

Patient feedback on the changes to repeat prescriptions

Calderdale CCG (August 2017)

The engagement process was delivered to help the CCG understand local communities' views, comments and ideas on two specific areas. The areas were:

- How the CCG could reduce waste and save money whilst keeping high quality services that were needed
- How the CCG could reduce spending on pharmacy services

A survey was developed to gain feedback and was shared via Engagement Champions and existing communications and engagement mechanisms, such as social media, PRGs, and Healthwatch. They received **987 responses** to the survey.

The survey asked people for their views on encouraging people to order their own repeat prescriptions directly from their doctor's surgery by using an online ordering system or dropping a repeat prescription request in at the doctors surgery.

There was an overall agreement from the majority of people about the idea and additional key themes and considerations are set out below:

- **Not everyone has access to use a computer or are able to use the website:** this included people with low literacy, those on a low income who did not have equipment,

some older people, people who do not have English as a first language or have a learning disability or mental health problem.

- **Some areas are not served by good internet connections:** people stated they had difficulty in gaining signal for personal use in some areas.
- **Not everyone is able to attend the surgery:** some patients rely on family, relatives to attend the surgery. For some people on a low income this may mean extra transport costs.
- **Chemists are more convenient:** most people who provide this point stated that they chemist was easier to get to than the surgery. People wanted to understand why pharmacists could not be educated on managing the prescribing budget.
- **Unused drugs/medication:** throughout the responses to all questions many people cite the need to reconsider destroying medication that is sealed and in date.
- **Working together:** people want to see the GP and pharmacist working more closely together on repeat prescriptions to avoid unnecessary additional appointments.
- **More medication reviews:** people want to see more regular reviews on medication to avoid unnecessary prescribing or waste.
- **Educate and inform people:** continue to educate and inform people and identify a scheme to go through medication on delivery to ensure the patient does need it.
- **People with a long term condition:** automatic ordering of standard prescription items should be part of reducing unnecessary appointments.
- **Use volunteers like PRGs:** use volunteers and PRGs to talk to people and campaign against waste.

Greater Huddersfield and North Kirklees CCGs (November 2016)

The report can be accessed here

Following ongoing conversations and engagement during 2015/16, during October and November 2016 ran a six-week public consultation.

The consultation was aimed at the public, voluntary and community sector, member practices, and other key stakeholders including Clinical Commissioning Group (CCG) staff. We received feedback on the consultation via:

- Online and paper surveys – we received 773 completed surveys
- Outreach sessions – the CCG and Healthwatch Kirklees attended 36 outreach sessions
- Meetings with key organisations, such as Coeliac UK and Healthwatch Kirklees
- Online polling – via NHS North Kirklees CCG website and twitter account
- Emails from members of the public
- Correspondence

As the change to repeat prescriptions had already been agreed and would be taking place by April 2017, we asked people to advise if they had any comments about the change. These comments will be shared with GP practices to support them to implement the change with their patients. The key themes from existing data and the consultation were:

Support for the changes

Approximately a third of comments received were supportive of the changes. And many of those already used online services or ordered via their GP practice. Of those that supported the changes, many felt that it would reduce waste, with a few people citing examples of elderly relatives having stockpiles of unused medicines that they no longer required but still received on automatic repeat prescription.

Concerns expressed about the changes

- Many people felt that the current system worked well and that the planned changes would make it more difficult for them to order their repeat prescription. Some felt that if there was a problem with the current system this should be resolved by speaking to pharmacies, rather than penalising patients.
- Many were concerned about the impact on GP practices, and whether they would be able to cope with the increase in workload.
- There was concern that many people do not have access to the internet, and of those that do some may not feel comfortable ordering their repeat prescriptions online.
- There was real concern for the impact on the elderly, disabled and people with mental health conditions. The concerns expressed were in relation to the difficulties they may encounter trying to order their prescriptions if they are housebound and don't have access to the internet. And how this could potentially result in patients running out of their medication, which in turn could lead to an increase in emergency prescriptions being requested.
- A few people were concerned about the possible impact on their local pharmacy and would this lead to its closure.

Reassurance

- People questioned who would decide if a patient was 'vulnerable', and wanted reassurance that the criteria would be flexible.
- Some people wanted to know whether they would be able to arrange for their prescription to be sent to a pharmacy of their choice, rather than having to collect it from their practice.
- Clarity was needed for those patients who are provided with dosette boxes; stoma care patients; enteral feed patients; and patients prescribed methadone.

Suggestions to support the changes

- Of those that already used online services, suggestions were made to improve the current process. These were – to increase the size of the comments box to allow patients to provide more details; enable patients to amend the quantities that they require; and make it easier for patients to request a new password, as the current process requires patients to visit the practice.
- It was felt that practices should support their patients with the changes, with a few people suggesting that GP practices could run drop-in sessions to set people up online.
- It was felt that GP practices should enable patients to order their repeat prescriptions over the phone, and not expect people to attend in person; this was seen as impractical, time consuming and difficult for those that work full-time.

- It was suggested that repeat prescriptions should be reviewed on a regular basis to ensure that patients are only being prescribed what they actually need. And patients should also be reminded to only order what they need.

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