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HEALTH SCRUTINY
Overview & Scrutiny Committee
Agenda

Date	Tuesday 26 March 2019
Time	6.00 pm
Venue	Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL
Notes	1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Lori Hughes at least 24 hours in advance of the meeting. 2. CONTACT OFFICER for this agenda is Lori Hughes Tel. 0161 770 5151 or email lori.hughes@oldham.gov.uk 3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 21 March 2019. 4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming. Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held. Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences. MEMBERSHIP OF THE HEALTH SCRUTINY Councillors Ball, Leach, Taylor, Toor, Williamson and McLaren

Item No

1 Apologies For Absence

2 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

3 Urgent Business

Urgent business, if any, introduced by the Chair

4 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

5 Minutes of Previous Meeting (Pages 1 - 6)

The Minutes of the Health Scrutiny Sub-Committee held on 19th February 2019 are attached for approval.

6 Minutes of the Health and Wellbeing Board (Pages 7 - 14)

The minutes of the Health and Wellbeing Board held on 29th January 2019 are attached for noting.

7 Minutes of the Greater Manchester Joint Health Scrutiny (Pages 15 - 20)

The minutes of the Greater Manchester Joint Health Scrutiny Committee meeting held on 16th January 2019 are attached for noting.

8 Minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Meeting (Pages 21 - 24)

The minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust from the meeting held on 24th January 2019 are attached for noting.

9 Resolution and Action Log (Pages 25 - 26)

10 Meeting Overview (Pages 27 - 28)

11 Pennine Acute Hospitals NHS Trust Transactions Programme (Pages 29 - 30)

For the sub-committee to receive an update regarding the Pennine Acute Hospitals NHS Trust Transactions Programme.

12 Thriving Communities (Pages 31 - 38)

For the sub-committee to receive an update on the Thriving Communities Programme.

13 Over the Counter Medicines Review (Pages 39 - 120)

For the sub-committee to receive an update on the Over the Counter Medicine Review and consider the associated public engagement work.

14 Urgent Primary Care (Pages 121 - 122)

For the sub-committee to receive an update on progress since the last update to the sub-committee

15 Council Motions (Pages 123 - 124)

For the sub-committee to receive an update on the progress of Health related Council motions.

16 Mayor's Healthy Living Campaign (Pages 125 - 126)

For the sub-committee to receive a status update on the Mayor's Healthy Living Campaign.

17 Health Scrutiny Forward Plan (Pages 127 - 134)

18 Date and Time of Next Meeting

The date and time of the next Health Scrutiny meeting will take place on Tuesday, 2nd July 2019 at 6.00 p.m.

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HEALTH SCRUTINY
19/02/2019 at 6.00 pm

Present: Councillor McLaren (Chair)
Councillors Ball (Vice-Chair), Taylor, Toor and Williamson

Also in Attendance:

Karen Maneely	Associate Director Mental Health & Specialist Services – Oldham Borough
Barry Williams	External Partnerships Manager (Strategy & Planning), Northern Care Alliance
Andrea Entwistle	Principal Policy Officer Health and Wellbeing
Sian Walter-Browne	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Leach.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Health Scrutiny Sub-Committee meeting held on 18th December 2018 be approved as a correct record.

6 **MINUTES OF THE HEALTH AND WELLBEING BOARD**

RESOLVED that the minutes of the Health and Wellbeing Board meeting held on 13th November 2018 be noted.

7 **MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE**

RESOLVED that the minutes of the Greater Manchester Joint Health Scrutiny Committee meeting held on 14th November 2018 be noted.

8 **MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE HOSPITALS NHS TRUST**

RESOLVED that the minutes of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust meeting held on 15th October 2018 be noted.

9 **MINUTES OF THE JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST 4 OCTOBER 2018**

RESOLVED that the minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust meeting held on 4th October 2018 be noted.

10 **RESOLUTION AND ACTION LOG**

RESOLVED that the Resolution and Action Log for the meeting held on 18th December 2018 be noted.

11 **MEETING OVERVIEW**

RESOLVED that the today's Meeting Overview be noted.

12 **PENNINE CARE FOUNDATION TRUST – CQC INSPECTION**

The Sub-Committee gave consideration to a report and supplementary update of the Associate Director Mental Health and Specialist Services – Oldham Borough, which informed them of the progress made by Pennine Care Foundation Trust (PCFT) against their CQC improvement action plan.

Karen Maneely, Associate Director Mental Health & Specialist Services – Oldham Borough, attended the meeting and highlighted the following from the latest inspection report:

- CQC inspected PCFT across all 5 of the domains
- Still overall: Requires Improvement
- Good progress made since 2016 report by the time they were re-inspected in August 2018
- Some challenges re care of male patients – have now re-opened refurbished male ward (Oak Ward)
- Single gender wards now – Aspen (female) and Oak (Male)
- Significant challenges previously re funding for staffing – Commissioners have now invested across Oldham adult and older adult inpatient wards. Multi-disciplinary standards have improved in all wards.
- Therapy hub is now an outstanding facility
- Staff also have a range of physical skills as well as mental health skills base
- Now have a female lounge on Cedars Ward
- Therapeutic offer on ward massively improved
- Workforce development and recruitment/engagement at a GM and local level – making PCFT the best place where people would want to work.

Members asked for and received clarification of the following:

- Support for potential staff who want to come back to work/have families/caring needs - It was explained that the Trust offered options lot to encourage people to work for them including flexible working that was open and accessible for all staff. There was a need to ensure the wards were covered as necessary and the Trust tried to accommodate flexible working requests where possible. Newly qualified health professionals were supported in their development.
- Concerns about staffing shortages in light of current national picture – It was explained that, as well as improving recruitment, the Trust had a good record of staff retention and had looked to make the Trust a good place to work and remain, including offering rotation

patterns for staff development. A new Executive Director of HR and Workforce had been recruited and it was accepted staffing would be a challenge in the future.

- Areas for improvement – It was acknowledged there were still issues around data as some areas were still using paper records. The PCFT was moving towards all-electronic records and three more areas in Oldham had gone live this week. In relation to Mental Health, progress was being made and there were two practitioners to support and teach people at a local level re mental health law and legislation. This was a standard agenda item at the forum meetings so progress could be tracked.
- Were electronic records going to be accessible to all staff – The Trust had moved to mobile working where each practitioner had a personal tablet they could use to access the system remotely.
- Progress made as part of the transitional change – It was explained that Community Services were the subject of formal consultation with the proposal that they move to a new provider. The Trust was working hard from HR/Finance perspective to confirm what would stay or move. It was clarified that a Trust-wide action plan would be available from 1 April 2019 which would set out the action plan.
- Budget management – It was recognised that the Trust had fewer resources than other organisations and the Board were working to improve their bids for funding to ensure parity. The Board were focusing on gaining extra investment.
- Action Plan – Confirmation would be sought that the action plan due on 1st April could be shared. Action: Action Plan to be brought back in June 2019 (pending agreement by PCFT)

Members agreed they would to take up the offer of a visit to the improved facilities.

RESOLVED that the progress as outlined in the report be noted.

13 **NORTH EAST SECTOR CLINICAL SERVICES STRATEGY**

The Sub-Committee gave consideration to a report and presentation led by the Head of Public Affairs, NHS Oldham CCG and the External Partnerships Manager, Northern Care Alliance NHS Group, which provided them with a narrative that set out why the NHS was changing in Oldham, Rochdale and Bury, and set the scene for current and future service change in the North East Sector of Greater Manchester.

The session set out the local NHS services and why they are what and where they were. It clarified the national, regional and local drivers for change, and the work completed so far to introduce new ways of working and models of care. It showed how services may start to feel different in the future and how this may affect patients, using case studies. The Sub-Committee

noted some ‘myth busters’ about common misconceptions about the NHS.

Members were informed that the update had been developed by the North East Sector Clinical Services Transformation Programme Board as the basis for communications and engagement work with local people (including public and patients, local leaders and influencers and staff) to prepare them for future change This could at a future point entail formal consultation.

Members asked for and received clarification of the following:

- When using the central booking line (choose and book), most people would the hospital with the shortest wait time, regardless of where that hospital was, but this was not so easy if reliant on public transport – It was explained that this was being considered. The aim was to reduce the need to go to a hospital in the first place, but consideration would also be given to reducing the need to travel.
- Lack of discharge planning – This would be further investigated and should not have happened. Discharge planning should start from the moment a patient entered a ward. Patients should be safe and supported when they went home.
- GP clusters/Neighbourhood Hubs – some of the areas did not follow natural neighbourhoods and residents did do not understand how the different areas had been linked. This would be raised with CCG colleagues and an explanation requested.
- Speed of test results, GP surgeries were not getting the results as quickly as they could – It was explained that IT issues were being considered with a view to results being reported more quickly.
- Northern Care Alliance timeframe – It was clarified that strategic plans were due to be submitted, however there were no firm dates. Once the strategic plans were accepted, business cases would be worked up. There was currently no firm timeframe.
- Management of the voluntary sector – It was explained that the model used is being used in Rochdale would be followed. Champions linked to GP surgeries would interact with the voluntary organisations. When a GP identified a patient who might benefit, they would refer to the champions who will make the links between the patient and the community organisations.
- Statement re ‘fragmented services, unfilled vacancies, antiquated estates and struggle to balance the books’. How would the plan fill the vacancies whilst also addressing the deficit – It was clarified that the Trust was looking at different ways to fill vacancies and support staff – helping them to secure housing, supporting aspiring staff to grow/achieve, working with local communities to engage and offering apprenticeships.

- Publicity and simple messages to help the public understand the changes – It was explained that Communications teams were working collaboratively to develop a range of marketing and comms materials, taking a multi-layered approach. The message would be as concise as possible, with further detail available. The offer of assistance from Members was appreciated and the time for going out with messages had not yet been reached.
- Use of facilities at community centres – It was explained that this would be considered as part of the locality plan, which would identify resources and how best to use them.
- Next steps – When the strategic plans had been submitted, this would act as catalyst for further work. An update on the position would be provided in July 2019.

RESOLVED that the contents of the report, presentation and discussion be noted and an update be provided to the meeting of the Health Scrutiny Sub-Committee in July 2019.

14 **OUTCOME OF PUBLIC CONSULTATION ON PROPOSED IVF CHANGES**

The Sub-Committee gave consideration to a report of the Head of Public Affairs, NHS Oldham CCG, which informed them of the methodology and outcome of Oldham CCG's recent consultation on the funding of In Vitro Fertilisation (IVF) and the subsequent decision of the CCG Governing Body on IVF Funding.

RESOLVED that:

1. Consideration of the item be deferred with a view to arranging a separate meeting. The outcome of that discussion would be brought back to the meeting in March under the work programme item.
2. The CCG be requested to review the decision as soon as possible and the Health Scrutiny Sub-Committee updated on an annual basis.

15 **COUNCIL MOTIONS**

The Sub-Committee gave consideration to a report of the Principal Policy Office – Health and Wellbeing, which provided a summary of a health-related motion in relation to Sustainable Health Funding that was discussed and agreed by Council on 12th December 2019 and an update on the actions to date.

RESOLVED that the update as outlined in the report be noted.

16 **MAYOR'S HEALTHY LIVING CAMPAIGN**

The Sub-Committee considered a progress report of the Principal Policy Officer – Health and Wellbeing on recent activities undertaken by the Mayor of Oldham in connection with the Mayor's Healthy Living Campaign to promote and divulge the message of healthy living across the Borough.

RESOLVED that:

1. The update be noted;

2. Continuous support to the Mayor's Healthy Living Campaign be provided by the Sub-Committee.

17 **HEALTH SCRUTINY FORWARD PLAN**

Consideration was given to the Health Scrutiny Forward Plan for 2018/19. Members agreed that the workload of the Sub-Committee was increasing consistently and ways to manage the greater workload needed to be explored.

RESOLVED that the Health Scrutiny Forward Plan for 2018/19 be noted.

18 **DATE OF NEXT MEETING**

RESOLVED that it be noted that the next meeting of the Health Scrutiny Sub-Committee would be held on Tuesday 26th March 2019 at 6 p.m.

The meeting started at 6.10 pm and ended at 7.45 pm

HEALTH AND WELL BEING BOARD
29/01/2019 at 2.00 pm

Present: Councillors Chadderton, Chauhan, Jacques and Sykes

Also in Attendance:

Andrea Entwistle	Principal Policy Officer Health and Wellbeing, Oldham Metropolitan Borough Council (OMBC)
Mike Barker	Strategic Director of Commissioning / Chief Operating Officer, Oldham Cares
Jill Beaumont	Director of Children's Health and Wellbeing, Oldham Cares
Chief Superintendent Neil Evans	Greater Manchester Police
Nicola Firth	Interim Chief Officer / Director of Nursing, Pennine Acute Hospitals / NHS Trust
Majid Hussain	Lay Chair, Oldham Clinical Commissioning Group (CCG)
Dr. Keith Jeffery	Clinical Director for Mental Health, Oldham CCG
Merlin Joseph	Interim Director Children's Services, OMBC
Rebekah Sutcliffe	Strategic Director of Reform, OMBC
Katrina Stephens	Joint Acting Director of Public Health / Consultant in Public Health, OMBC
Mark Warren	Managing Director Community, Health and Social Care Services, OMBC
Carolyn Wilkins	Chief Executive / Accountable Officer, Oldham Cares
Liz Windsor-Welsh	Chief Executive, Acting Together
Fabiola Fuschi	Constitutional Services Officer

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors M. Bashforth and Harrison, Dr. J. Patterson, Julie Farley, Stuart Lockwood, Donna McLaughlin and Val Hussain.

In the absence of the Chair and the Vice-Chairs, the Board was asked to nominate a Chair for the duration of today's meeting.

RESOLVED that Majid Hussain be nominated Chair of the Health and Wellbeing Board for the duration of today's meeting.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Health and Wellbeing Board meeting held on 13th November 2018 be approved as a correct record.

6 **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE**

RESOLVED that the minutes of the Health Scrutiny Sub-Committee meeting held on 11th September 2019 be noted.

7 **RESOLUTION AND ACTION LOG**

RESOLVED that the Resolution and Action Log for the meeting of the Health and Wellbeing Board held on 13th November 2018 be noted.

8 **MEETING OVERVIEW**

RESOLVED that today's Meeting Overview be noted.

9 **JOINT STRATEGIC NEEDS ASSESSMENT**

Consideration was given to a report of the Interim Director of Public Health which sought to update the Board on the current status of Oldham's Joint Strategic Needs Assessment (JSNA), the establishment of the JSNA Sub-Group and the outline work plan for 2019/20.

The Interim Director of Public Health, accompanied by the Speciality Registrar in Public Health, presented the information and addressed the enquiries of the Board Members.

It was explained that the JSNA was the process utilised to determine the current and future health and social care needs of the local population, to inform decision making and to guide the commissioning of the health, wellbeing and social care services in Oldham. The Health and Wellbeing Board was responsible for the production and the oversight of the JSNA.

In September 2018, the Health and Wellbeing Board had endorsed the key principles for the production and maintenance of the JSNA and had also agreed to the revised form and membership of the JSNA Steering Group (i.e.: sub-group of the Health and Wellbeing Board) which would provide strategic oversight and governance of the JSNA process and products on behalf of Oldham Cares. The JSNA Sub-Group had met at the beginning of this week. A scoping document had been drafted. There were several topics that the JSNA Sub-Group intended to cover and they were all based on Public Health local data and key findings. A specific JSNA for Children in Care would be finalised in March 2019 and engagement with the Children in Care Council was ongoing.

It was also reported that the JSNA web-site had been refreshed and updated. The content had been written with input from the Council's Business Intelligence Team. The web-site contained

Oldham's ward profiles and it would also be possible to produce the cluster profiles. The structure of the web-site was explained. The Board was advised that resources would be necessary to keep the web-site up to date.

The Cabinet Member for Health and Social Care commended the work and the efforts undertaken to produce Oldham's JSNA; the Council and its partners would work together to address the issues outlined in the JSNA document.

RESOLVED that:

1. The update from the first meeting of the re-established JSNA sub-group that took place on 24th January 2019, including the outline work-programme for 2019/20 be noted;
2. The progress made to date to update and refresh the content of Oldham's JSNA web-site be noted.

10 **CHILDREN AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP**

The Board considered a report of the Assistant Director Safeguarding and Partnerships which outlined the proposals regarding the development of Oldham's Children and Young People's Strategic Framework and set out the role of the proposed partnership board to deliver Oldham's ambition for children and young people, within the wider Greater Manchester context.

The author of the report and the Cabinet Member for Children's Services attended the meeting to present the information and address the enquiries of the Board Members.

The Cabinet Member for Children's Services explained that, following the request of this Board to review Oldham's strategic arrangements around the Children and Young People's agenda, £12M investment had been signed for Children's Services. The Children and Young People's Partnership had been established to replace the Best Start in Life Partnership. Oldham Council and its partners would meet in two separate workshops to determine the Children and Young People's agenda for the next three years.

Members sought and received clarification / commented on the following points:

- Links between the Children and Young People's Partnership and the Emotional Wellbeing and Mental Health partnership – It was explained that the former would bring together under one framework and governance structure the work of other existing partnerships.
- The terms of reference of the Corporate Parenting Panel had been reviewed as well as the way safeguarding processes would operate across the Borough. Cooperation between the Clinical Commissioning Group, the Police and the Council had been strengthened.

- Knife crime and Public Health issues;
- The partnership would include representation of children's acute and community services as well as prevention pathways;
- Voice of the Child – it was explained that young people and the Youth Council had been consulted from a very early stage in the process. The Children in Care Council would also be consulted as they would have a different experience of services.

RESOLVED that:

1. The approach to establish the Children and Young People's Strategic Framework and Children and the Young People's Strategy via a series of engagement workshops with Oldham Partnership Leaders and children and young people be approved;
2. The approach to establishing the Children and Young People's Strategic Partnership Board be noted and endorsed.

11 **SEND UPDATE**

Consideration was given to a report of the Director of Education and Early Years on the progress against the Written Statement of Action (WSOA) in relation to the Special Educational Needs and Disability (SEND) inspection by Ofsted and Care Quality Commission (CQC) in October 2017.

The author of the report, accompanied by the Assistant Director of Education (SEND), the Executive Nurse NHS Oldham Clinical Commissioning Group and the Chief Executive Officer of POINT (Parent and Carer Forum) attended the meeting to present the information and address the enquiries of the Board.

It was explained that Oldham had been subject to bi-monthly joint monitoring/support meeting from the Department for Education and NHS England in relation to its progress against the WSOA. The outcome of the last meeting in September 2018 had been very positive. It had been agreed that four of the five priority areas of the WSOA were RAG (Red, Amber, Green) rated "Green" with recognition of the work being progressed on the remaining "Amber" priority area in relation to Education Health Care Plans.

It was also reported that, due to changes to the inspection process by Ofsted, Oldham would receive another inspection anytime from March 2019 onwards.

The Board was informed that the figures for Education Health Care Plans for January 2019 were very positive as 100% of the plans had been issued within the statutory 20-week timescale. February's projections were also very promising. Strong partnership with Health Services at operational and strategic level had been key in moving SEND services forward.
A Voice of the Child corporate strategy had been developed with various forms of engagement and involvement with children and young people across numerous services. A SEND event had

taken place in October 2018, with opportunities for young people, parents, carers and professionals to come together to gather feedback about SEND services and share good stories. Another event would take place on 3rd February 2019 to discuss children's transition and post 16 opportunities.

The Board commended the progress made so far on SEND services and acknowledged how significant this was for the lives of many young people and their families. The Board agreed that there were many positive stories that needed to be shared such as the young person from Oldham who had become a Paralympian or the 21 young people who had recently become independent travellers.

RESOLVED that:

1. The content of the report be noted;
2. The progress made in relation to SEND be noted;
3. A communication plan be devised to share the positive stories and achievements of young people in Oldham.

12 **OLDHAM'S APPROACH TO CHILD FOOD POVERTY**

The Board considered a report of the Principal Policy Officer which informed of the initiatives and strategies that had been put in place in Oldham to tackle child food poverty. The author of the report attended the meeting to present the information and address the enquiries of the Board Members.

A short video was displayed which outlined the extent of the issue in the Borough and how it affected children and their families.

It was reported that during the summer holidays, a pilot was introduced to provide locally sourced healthy food for families and children. This involved delivering food where there were existing activities planned and working with existing activity providers and community partners organisations. The pilot was jointly funded by Oldham Education Partnership and Growing Oldham: Feeding Ambition Partnership. Incredible Future Oldham were commissioned to deliver the food for the pilot. The model followed to deliver the pilot was outlined. It was reported that 3,684 healthy meals had been provided during the six-week summer term, across 19 different sites in the Borough.

In addition to the summer provision, a Christmas Holiday pilot had operated over two weeks in December 2018, in a smaller number of sites. The pilot included a universal central offer of food and activity available in Oldham Central Library for two weeks after Christmas, when the Library was open over eight days. Approximately 40 people (children and families) attended each day, accessing food parcels as well as fresh food.

The next steps would be to develop a wider strategy to address child food poverty in Oldham and to consider links to the Greater Manchester Food Poverty Action Plan, to secure sustainable funding towards key priorities and to deliver additional and improved provision in the future.

The Board Members sought and received clarification / commented on the following points:

- Evidence that food was provided to those children who needed it the most – It was explained that food had been made available where activities for children and their families had already been planned by partner organisations;
- Evaluation of the Christmas pilot – It was explained that the pilot had been based at Oldham Library and three other sites outside that. Operating the pilot over this period had been very difficult as many organisations had not been available;
- Working families were those who struggled the most and needed support;
- How to engage with families with chaotic lives to ensure that they were aware of this offer;
- Tackling the stigma associated with food poverty;
- Strong correlation between deprivation and crime;
- Schools offering breakfast clubs for free and links to the overall agenda of children being fed consistently throughout the year;
- Use of Individual Councillors' Budget to support the action to reduce child food poverty;
- Some of the summer projects on food poverty were linked to the work of the Integrated Care Teams;
- Need to link geographic poverty to an action plan; to look at social value of commissioning and involve private contractors to invest in these activities.

The Chair of the Board and the Cabinet Member for Education and Culture commended the actions taken so far on child food poverty and the importance of access to local, healthy food.

RESOLVED that the content of the report be noted.

13 **CORPORATE PARENTING ENGAGEMENT EVENT**

A delegation of the Oldham Children in Care Council attended the meeting of the Board to present the Corporate Parenting Awareness week and the Children's Champion Scheme. The following points were shared with the Board Members in order to outline the meaning of Corporate Parenting:

- Stick for us;
- Tell us about our potential and we can achieve our goals;
- Don't treat us differently;
- Make sure that our voice means something;
- Act on what we say;
- If things go wrong, put them right;
- Understand our big issues;
- Speak to us without judging us.

It was explained that one of the main issues that Children in Care and Care Leavers often experienced was inconsistency and having to share the same information every time they came in touch with a new social care professional (i.e.: foster carer,

social worker). The Children's Champion Scheme promoted consistency through supporting a young person through their journey into adulthood and championing him/her to reach his/her potential.

RESOLVED that:

1. The presentation be noted;
2. The Children's Champion Scheme be endorsed.

14 **DATE OF NEXT MEETING**

RESOLVED that the date and time of the next Health and Wellbeing Board meeting be noted: Tuesday 26th March 2019 at 2 p.m.

The meeting started at 2.00 pm and ended at 3.40 pm

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MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 16 JANUARY 2019 AT CHURCHGATE HOUSE

Present:

Bolton	Councillor Stephen Pickup
Bury	Councillor Stella Smith
Manchester	Councillor Eve Holt
Oldham	Councillor Colin McLaren
Rochdale	Councillor Ray Dutton
Stockport	Councillor Keith Holloway
Tameside	Councillor Gill Peet
Trafford	Councillor Sophie Taylor
Wigan	Councillor John O'Brien (Chair)

Also in attendance:

Derbyshire County Council	Councillor Linda Grooby
GMCA	Julie Connor
GMCA	Lindsay Dunn
GMCVO	Alex Whinnom
GMHSC Partnership	Warren Heppolette
GMHSC Partnership – Primary Care Lead	Tracey Vell
Mind in GM	Stewart Lucas
VSNW	Warren Escdale

JHSC/01/19 APOLOGIES

Apologies were received from Councillor Margaret Morris (Salford) and Steven Pleasant

JHSC/02/19 DECLARATIONS OF INTEREST

Councillor Keith Holloway declared a personal interest in any relevant item on the agenda in respect of the fact that his daughter works for Oldham CCG.

JHSC/03/19 MINUTES OF THE MEETING HELD 14 NOVEMBER 2018

The minutes of the meeting held 14 November 2018 were presented for consideration.

RESOLVED/-

To approve the minutes of the meeting held 14 November 2018.

JHSC/04/19 WORKING WITH THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR (VCSE)

Warren Heppolette, Executive Lead, Strategy and System Development, GMHSC Partnership presented a report that provided an outline of work carried out to date in the context of the VCSE Memorandum of Understanding (MoU), which set out some of the main achievements and highlights so far and priorities for the next year.

In May 2017 the GM Health and Social Care Partnership formally signed a comprehensive Memorandum of Understanding (MOU) with the Greater Manchester VCSE Sector, which recognises the crucial role of this sector in health and social care devolution.

The MOU created a framework for collaboration between GM VCSE and statutory organisations involved with health, social care and wellbeing, over shared ambitions to keep people well; offer help quickly; improve services; and ultimately reduce long-standing health inequalities.

Alex Whinnom, Chief Executive, GMCVO, Warren Escdale, Chief Executive, Voluntary Sector North West and Stewart Lucas, Strategic Lead, Mind provided an overview of the delivery of the MOU. It was reported that the adopted approach is through a 'VCSE Engagement Project' funded through the Transformation Fund. The GM VCSE Devolution Reference Group provides a governance function, with GMCVO acting as the lead and accountable body. The Reference Group comprises an alliance of VCSE 'infrastructure' organisations, equalities organisations and providers who are collaborating with each other and GMCVO to provide city-region leadership.

An overview of the reference groups vision, priorities and activities undertaken so far was presented to Members. Highlights of the successful co-produced work undertaken with regard to mental health and carers was outlined to the Committee.

In support of the work carried out, the Committee recognised the contribution of the VCSE in the co-production and development work across health and social care. It was highlighted however that many voluntary groups in districts are operating with funding of less than £10k per annum. It was suggested that GM budgets should support the voluntary sector with resources and training to further develop funding bids.

It was reported that issues with funding had been recognised and a more sustainable approach to support voluntary organisations had been developed. In Salford a strategic commissioning approach has been established and a budget of £4m has been committed to Salford CVS. It was acknowledged that this is not evident in all localities within GM and further assistance is required to support organisations and groups to obtain funding.

Members requested what links the GM VCSE Devolution Reference Group had established to existing structures already operating in districts. It was advised that localities within GM had begun to benefit from the value of sharing best practice and learning.

The committee considered how the value of providing resources and funding to the VCSE sector is measured and the potential perceived impact of achieving improved health outcomes.

It was recognised that a proactive approach would be required to capture and assess the evidence of the cost benefit effects of the VCSE as a provider of health and care services to obtain a long term shift in resource allocation to the VCSE sector.

Members welcomed the shift in balance from statutory organisations to the VCSE as providers and it was noted that many volunteers undertake these roles. It was considered to be imperative that these individuals feel valued and their contributions to the population health are recognised.

It was reported that primary care is the starting point of the health journey and the role of empowered community navigators providing information on neighbourhood pathways was discussed.

It was suggested that a number of groups have developed as a result of government cuts and in response to demand for services. Members questioned how groups are identified and gaps in provision are recognised and expanded upon.

It was advised that existing knowledge has been collated over the years by GMCVO and further analysis was required to connect networks in neighbourhoods that would benefit from intensive resources and development.

Members discussed the availability of communication to publicise services within communities, for example access to mental health provision and social prescribing. It was reported that a directory of voluntary services across GM had not been published but mailing lists were available. It was suggested that much better intelligence was required in order to share in communities to support individuals and groups.

RESOLVED/-

That Members noted the contents of the report and supported the way forward.

JHSC/05/19 PRIMARY CARE REFORM PROGRAMME UPDATE

A report was presented by Dr Tracey Vell, Associate Leader for Primary and Community Care, GMHSC Partnership that provided Members with an update on the process of delivery of primary care reform in Greater Manchester.

It was reported that public satisfaction with general practice remains high but recently patients have increasingly reported more difficulty in accessing services and are becoming less satisfied with their ability to get GP appointments. GPs report that they are under growing pressure as a result of an increase in the volume and intensity of their work. At the same time, fewer GPs are choosing to undertake full- time clinical work in general practice, while large numbers are retiring and leaving the profession.

It was suggested that this adds up to a profession under enormous pressure and facing a recruitment and retention crisis. Members received an overview of the GM approach to the delivery of the GP Forward View and primary care transformation programme.

It was advised that GM strategy is not to extend access at every practice which as this will add to the frailty of the individual practice and its workforce, but to plan and organise enhanced access at the neighbourhood level through clusters of practices working together, supported by a designated hub.

All the 10 Greater Manchester areas are delivering 7 day additional access, providing 100% population coverage. This equates to c1500 additional hours being provided every week. These are pre-bookable appointments with a GP, Practice Nurse or Health Care Assistant, dependent on the patients' needs. Additional access is being delivered from 50 hubs across Greater Manchester.

Each primary care hub will form part of wider neighbourhood hubs, with a broader range of services, serving populations of 30k – 50k in each of the 10 localities. The hubs, offer which could also provide urgent care, will offer a full range of general medical services with access to routine diagnostics and full access to clinical records.

It was reported that to ensure that primary care can deliver on the ambitious reform programme, a GP Excellence Programme has been established. The programme continues to support general practice through the delivery of a wide range of support that will help practices become more sustainable and resilient securing continuing high quality care for patients.

It was acknowledged that GM faces significant workforce challenges and the optimisation of wider primary care provision and direct access to the most appropriate professional whilst maximising professionals to their full extent has been introduced. It was advised that clinical pharmacists are becoming an integral part of the general practice team. It was advised that application to the International GP Recruitment programme will aim to bring fifty seven international GPs into GM. Furthermore, there are currently 400 staff trained in active sign posting and 280 trained to code and action incoming correspondence to help GPs manage the demands of their time.

Recent years have seen a rapid development of a number of online consultation systems for patients to connect with general practice. As well as improving the service for patients, evidence to date indicates that online consultation systems can free up time for GPs to spend more time leading complex care for those who need it.

With regards to Neighbourhood developments, the Committee were informed that across the ten localities, neighbourhoods are progressing well with examples of integrated working beginning to emerge. There are now sixty eight neighbourhoods across GM.

Members thanked Dr Tracey Vell for the comprehensive update on the delivery of primary care reform programme and next steps. A member highlighted that Allied Health Professions (AHPs) are the third largest workforce in the NHS. AHPs are able to help manage patients' care throughout their life course with a focus on prevention and improvement of health and wellbeing and it was suggested that AHPs should be

utilised in primary care. It was confirmed that AHPs are connected to Local Care Organisations and the focus will be for this role to expand within the integrated neighbourhood model.

The Committee discussed the connectivity of digital developments and the integration of IT systems to enable a more fluid service. It was advised that greater connectivity and access is being developed but the care record can only be used if the patient provides consent to their GP as they hold the legal responsibility for the onward passage of patients notes.

Members acknowledged the ongoing period of transformation and asked how the message would be communicated to the public to make them aware of the changes. It was recognised that primary care is evolving and it was advised that a campaign with stakeholders would be required in order to effectively navigate communities.

In support of the update on primary care reform the Chair requested the Greater Manchester Health and Social Care partnership provide funding in order to publicise the changes to all communities. It was reported that enhanced digital access to enable information to be made available for the benefit of patients and to save time was necessary.

As members considered the up and coming changes under the Theme 3 programme of work, the prerequisite for the necessary community care for patients in localities was highlighted.

Support for the international recruitment programme was received with the reassurance that those employed prior to Brexit are able to remain in the UK and any additional individuals recruited are able to obtain Home Office clearance to work in GM.

RESOLVED/-

That Members note the contents of the report and support the way forward.

JHSC/06/19 JOINT GM HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

A report was presented that set out the Committee's work programme noting it had been developed following consideration and discussion by Members at the meeting in September.

Members were asked to contact the Governance and Scrutiny Officer with any suggested items for inclusion in the work programme.

RESOLVED/-

1. That the report be noted;
2. That any further suggestions to the work programme be submitted to the Governance and Scrutiny Officer.

JHSC/07/19 DATES OF FUTURE MEETINGS

All meetings will take place in the Boardroom at GMCA Offices, Churchgate House. Further briefing session dates will be advised separately.

Wednesday 13 March 2019 10:00 am – 12 noon

Workshop Session – Improving Specialist Care – Theme 3
GM Fire and Rescue Training Centre, Cassidy Close, Manchester, M4 5HU

Thursday 14 March 2019 1.00 – 3.00pm

JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

MINUTES OF MEETING
Thursday, 24th January 2019

PRESENT: Councillor McLaren (Oldham MBC) (in the Chair); Councillors Dale, Susan Smith (Rochdale Borough Council), Peet (Tameside MBC), Wright (Stockport MBC), Walker (Bury MBC).

OFFICERS: P. Thompson (Governance and Committee Services – Rochdale Borough Council).

ALSO IN ATTENDANCE: L. Bishop (Trust Secretary - Pennine Care NHS Foundation Trust), c. Parker (Director of Quality and Nursing – Pennine Care NHS Foundation Trust) and J. Crosby (Director of Strategy - Pennine Care NHS Foundation Trust)

APOLOGIES
19 Apologies for absence were received from Councillors Gordon (Stockport MBC), Grimshaw (Bury MBC), Howard (Rochdale MBC), Heffernan and Toor (Oldham MBC).

DECLARATIONS OF INTEREST
20 There were no declarations of interest.

PUBLIC QUESTIONS
21 There were no questions asked by members of the public.

MINUTES
22 The Committee considered the minutes of the last meeting held 4th October 2018.

Resolved:
That the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 4th October 2018, be approved as a correct record.

FINANCE UPDATE - INCLUDING THE DEVELOPMENT OF THE TRUST'S OPERATIONAL PLAN FOR 2019/20
23 Pennine Care NHS Foundation Trust's Director of Strategy delivered a presentation that outlined the current financial situation appertaining to the Trust. Members were reminded that 2017/18 had been the first year that Pennine Care NHS Foundation Trust had recorded a budgetary deficit, which was largely due to reduced government funding. It was projected that the deficit would continue for at least the next two financial years. The Trust was currently projected to deliver against the control total of £6.4 million at the end of 218/19, which was made up of £1.5 million funding received from NHS Digital and £5 million that had been invested in 'safer staffing'.

The Committee were apprised of the Trust's Operational Plan for 2019/20 which included an efficiency target of 2.1% (£5.9 million). There was a potential Capital Allocation of £4.6 million. Plans were underway that may be required for external funding.

Resolved:
That a full report on the financial position of Pennine Care NHS Foundation Trust be presented to the Committee's next meeting on 21st March 2019.

PENNINE CARE FOUNDATION TRUST STRATEGY 2019 - 2022: MAXIMISING POTENTIAL

24 The Trust's Director of Strategy reported that their Board, at its last meeting on 19th December 2018, had approved the Strategic Position Paper. This meant that three major programmes of work were now fully initiated:

a. Integrated Mental Health Programme
b. Community Services Transfer Programme
c. Corporate Services Redesign Programme

The Committee was updated on the Community Services transfer Programme, which had now become fully operational with appropriate internal and external governance arrangements. All of the community services that were currently being provided in the Oldham and Bury Boroughs were transferring to the Northern Care Alliance based at Salford Royal Hospital. The Heywood, Middleton and Rochdale Adult Services were due to transfer to the One Rochdale LCO (which was hosted by the Northern Care Alliance). The key risks were around the capacity and capability of delivering on the programme of work; the challenging timescales with a number of influencing factors; and the operational performance.

The redesign of Corporate Services continued apace. Phase 1 of this considered the impact of the disaggregation of community services. Phase 2 examined the redesign offer to support the redesigned organisational vision, design and strategy. The Trust was currently examining ways in which corporate services could be provided differently including partnership options.

Resolved that the report be noted and welcomed.

MEETING OF THE TRUST'S GOVERNORS AND MEMBERS OF THE JOINT OVERVIEW AND SCRUTINY COMMITTEE

25 Resolved:
The meeting between representatives of the Trust's Governors and Members of the Joint Overview and Scrutiny Committee, be held on Wednesday, 6th March 2019, at the Trust's head office (225 Old Street, Ashton-under-Lyne) on Tuesday, 26th February 2019 commencing at 1.30pm.

DATES OF FUTURE MEETINGS

26 Resolved:
It was agreed that:

1. The next formal meetings of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust be held on Thursday, 21st March 2019, to be held

in the Council Offices, Number One Riverside, Smith Street, Rochdale, commencing at 10.00am.

2. The next informal meetings of the Committee's membership be held with representatives of Pennine Care Foundation Trust's senior management, at the Trust's head office (225 Old Street, Ashton-under-Lyne) on Tuesday, 26th February 2019 commencing at 2.00pm.

EXCLUSION OF PRESS AND PUBLIC

27 Decision:

That the Press and Public be excluded from the meeting during consideration of the following item of business, in accordance with the provisions of Section 100A (4) of the Local Government Act 1972, as amended.

Reason for Decision:

Should the press and public remain during the following item of business as there may be a disclosure of information that is deemed to be exempt under Part 3 of Schedule 12A of the Local Government Act 1972.

FEEDBACK FROM CQC INSPECTIONS

28 The Trust's Director of Strategy reminded the Committee that the Care Quality Commission (CQC) had undertaken a 'Well Led' inspection of a selection of services provided by the Trust in the period August – October 2018. Some of the services inspected included dentistry, mental health hospital wards (for adults and for older people), PICU, home treatment teams, 136 suites access and crisis services and walk-in centres across the Trust.

The CQC's report had been presented to the Trust's Directors on 17th December 2018 with an overall 'requires improvement' rating, although it was acknowledged that many individual services were improving. In this regard it was noted that the Saffron Ward (for older people) had demonstrated innovative practice as it routinely admitted patients with mental illness but provide care for patients experiencing delirium. Also it was noted that the North and South Wars had access to a physical health check, drop in clinic which were additional to the physical health checks on the wards.

The CQC had highlighted a need for improvements in terms of: supervision, IPDR's, governance structures, staff morale, the quality of staff, mandatory training, patient rights, safer staffing, audits and bed occupancy.

The CQC had found a clear commitment from the Trust that the priority, throughout, was to improve the quality of services. The CQC had recognised a significant improvement in the organisational culture at Pennine care, describing the Board as being 'open and inclusive'.

In light of the inspection the trust will be required to submit a revised and updated Action List to the CQC. Each and every action will have both a 'lead' and an 'Executive' sponsor. There will be regular updates and monitoring of the Action Plan to ensure its full and timely implementation. The Action Plan

will be shared with key stakeholders including: the CCG's across the Trust's footprint, NHS England, this overview and Scrutiny Committee and HealthWatch.

Resolved:

1. The report be noted and welcomed.
2. A copy of the CQC's report be circulated to Members of the Joint Overview and Scrutiny Committee for Pennine Care.
3. A copy of the Trust's Action Plan be forwarded to Members of the Joint Overview and Scrutiny Committee for Pennine Care.
4. The Committee acknowledge that the CQC had formally praised the quality of staffing across the Trust's footprint.

Actions from the February 2019 meeting of the Health Scrutiny Sub-Committee

	Agenda Item	Resolution / Action	Action Update
February	**PENNINE CARE FOUNDATION TRUST – CQC INSPECTION**	Members agreed they would to take up the offer of a visit to the improved facilities. **RESOLVED** that the progress as outlined in the report be noted.	Ward visit arranged for Sub-committee members on 18 March 2019.
	OUTCOME OF PUBLIC CONSULTATION ON PROPOSED IVF CHANGES	**RESOLVED** that the contents of the report, presentation and discussion be noted and an update be provided to the meeting of the Health Scrutiny Sub-Committee in July 2019.	
	OUTCOME OF PUBLIC CONSULTATION ON PROPOSED IVF CHANGES	**RESOLVED that:** 1. Consideration of the item be deferred with a view to arranging a separate meeting. The outcome of that discussion would be brought back to the meeting in March under the work programme item. 2. The CCG be requested to review the decision as soon as possible and the Health Scrutiny Sub-Committee updated on an annual basis.	Meeting to discuss the item scheduled for 21 March 2019. Update on the outcome of the discussions to be given at Health Scrutiny Sub-committee on 26 March.
	COUNCIL MOTIONS	**RESOLVED** that the update as outlined in the report be noted.	
	MAYOR'S HEALTHY LIVING CAMPAIGN	**RESOLVED that:** 1. The update be noted; 2. Continuous support to the Mayor's Healthy Living Campaign be provided by the Sub-Committee.	
	HEALTH SCRUTINY FORWARD PLAN	**RESOLVED** that the Health Scrutiny Forward Plan for 2018/19 be noted.	

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Meeting Overview

Oldham Health Scrutiny Sub-Committee
26 March 2019
6pm – 8pm
Crompton Suite, Civic Centre, Oldham

No	Item	Time
1 - 10	(1) Apologies, (2) Declarations of Interest, (3) Urgent Business, (4) Public Question Time, (5) Minutes of Previous Meeting, (6) Minutes of Health and Wellbeing Board on 29 January 2019, (7) Minutes of the Greater Manchester Joint Health Scrutiny Committee on 16 January 2019, (8) Minutes of Joint Scrutiny Panel for Pennine Care (Mental Health) on 24 January 2019, (9) Resolution and Action Log, (10) Meeting Overview	6.00pm
Items for Discussion		
11	**Pennine Acute Hospitals NHS Trust - Transaction Programme Update** *Steve Wilson, Executive Lead (Finance & Investment) - Greater Manchester Health & Social Care Partnership* For the sub-committee to receive an update regarding the Pennine Acute Hospitals NHS Trust Transactions Programme.	6.10pm *20 mins*
12	**Thriving Communities** *Pete Pawson, Thriving Communities Programme Manager* For the sub-committee to receive an overview of the Thriving Communities programme and progress made to date.	6.30pm *20 mins*
13	**Prescribing Over The Counter Medications** *Mark Drury, Head of Public Relations - Oldham CCG* For the sub-committee to receive an update on progress to date of the Over The Counter Medicines Review.	*6.35pm* *20 mins*
14	**Urgent Primary Care** *Dr John Patterson, Chief Clinical Officer and Deputy Accountable Officer, Oldham Cares* For the sub-committee to receive an update on progress since the last update to the sub-committee	7.00pm *20 mins*
15	**Council Motions** *Chair* For the sub-committee to receive an update on the progress of Health related Council motions.	7.20pm *10 mins*
16	**Mayor's Healthy Living Campaign** *Chair* For the sub-committee to receive a status update on the Mayor's Healthy Living Campaign.	7.30pm *10 mins*

17	**Health Scrutiny Forward Plan** *Chair* • Update on Obesity • Update on outcome of IVF Proposal Discussion	7.40pm *10 mins*
18	**Close** *Chair*	8.00pm
	Date of next meeting Subject to approval of the Municipal Calendar by Annual Council	

Briefing to Health Scrutiny Sub-Committee

Pennine Acute Hospitals NHS Trust - Transaction Programme Update

Officer Contact: Steve Wilson, Executive Lead (Finance & Investment) - Greater Manchester Health & Social Care Partnership

26 March 2019

Purpose of the Briefing

The purpose of the presentation is to update the sub-committee regarding the Pennine Acute Hospitals NHS Trust (PAT) Transactions Programme.

Recommendations

The sub-committee is asked to note progress made and make any observations in relation to the PAT Transaction Programme and future roadmap.

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Report to Health Scrutiny Sub-Committee

Thriving Communities Programme Update

Portfolio Holder:
Cllr Sean Fielding, Leader of the Council

Officer Contact: Rebekah Sutcliffe: Director of Reform

Report Author: Peter Pawson – Thriving Communities Programme Manager - peter.pawson@unitypartnership.com

26th March 2019

Purpose of the Report
To update member of the Health Scrutiny Sub Committee on the progress of the Thriving Communities Programme.

Recommendations
The Sub Committee are asked to note the progress made.

Thriving Communities Programme Update

1 Background

1.1 **The Oldham Model -** The Council, and its partners, are committed to a co-operative future for Oldham where 'everyone does their bit and everybody benefits' and the Partnership's Oldham Plan 2017-22 sets out the Oldham Model for delivering tangible and sustained change through an integrated focus on inclusive economy, thriving communities and co-operative services.

Fig 1 - *The Oldham model graphic*

1.2 **Thriving Communities** – The is part of Oldham Cares and the programme focuses on building upon our community strengths and support groups to help people earlier in the care pathway and shift the emphasis to earlier intervention and prevention by helping Oldham residents make better life choices and not progress into higher levels of need. The programme will deliver £9m+ of reduced demand in the health and care system in the establishment of Oldham Cares.

Figs 2 and 3 *- Thriving Communities Programme/Projects & Social Prescribing Leaflet*

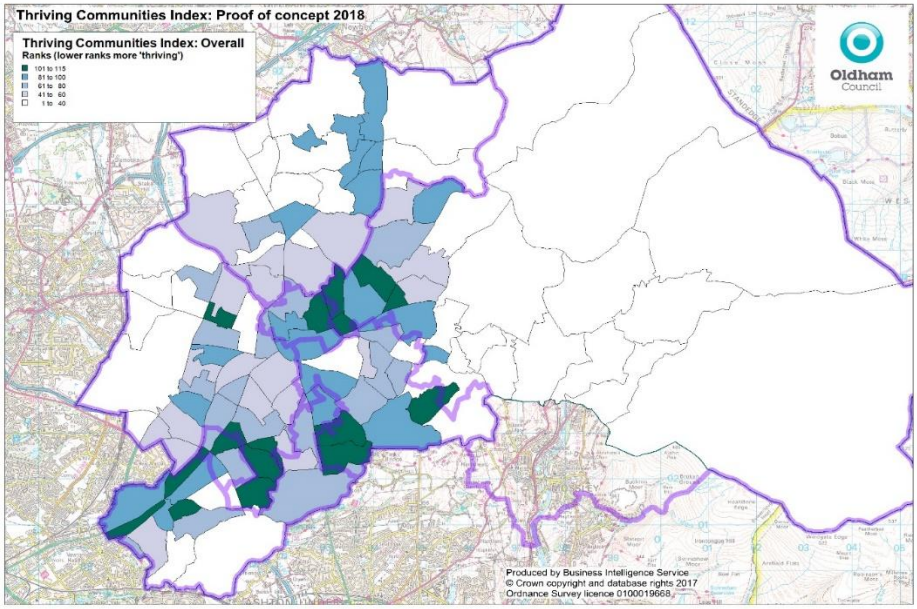
Highlights of key projects

- **More than medical support** – Also known as social prescribing - we estimate there are more than 500 community groups and activities across Oldham delivering close to 1000 activities and events – by growing this we can help our residents to make better life choices and this 'more than medical' care is now positively changing people's lives and the programme will change the commissioning balance to make more of this.
- **The Social Prescribing network in Oldham West** is building on the network which bridges the gap between medical care and the community, by having community connectors in each cluster that activity engage primary care (and other care forms such as acute, mental health etc) then support people into the right community support. It's been live in Oldham West since January 2018 and has supported 150+ people and has just mobilised a new contract to create an Innovation Partnership (one of the first in England).
- **The Fast Grants** – They are now delivering £60k each year into grassroots community groups without the red tape. Launched at the end of September 2018. Grants range from £50 to £500. Initial grants have funded initiatives such as; a Nintendo Wii for a residential care home; a dementia support group to create a memory song book, as well as creating a wheelchair and pram friendly path for grandparents to watch their children play football at Waterhead sports club as well as a tea dance in Chadderton for Older Adults.

Figs 4 & 5 – *Fast grants and Social Action Fund Marketing*

- **The Social Action Fund** –10% of all people at all ages in Oldham self-identify as being lonely and a 30% of all households in Oldham are single occupancy. The fund will use £850k over 3 years to commission 2-4 medium sized projects to tackle loneliness head on for Oldham as well as physical and mental health. This will be awarded by the end of March.
- **Workforce Development** – This will develop a common Oldham way to enable our people to work across Organisational boundaries, become more place and asset based, then empower the people who reach our most vulnerable residents to become connectors – the hairdressers, take away workers, off licences, taxi drivers, nail bar staff.
- **A stronger focus on evidence and evaluation with the Thriving Communities Index** – The Thriving Communities Index segments Oldham into and pulls in 26 indicators in categories of Place, Resident and Reactive Demand – to give us deeper insight into where our positive and negative norms lay within the borough. Also, this is underpinned by external evaluation by the Centre for Local Economic Strategies. Dr Foster (one of the UKs leading analytics companies recently wrote an article about this work.

***Fig 4**- The Thriving Communities Index Map*



2 Current Position

- **Social Prescribing Innovation Partnership** – The decision was made on 28th February at the Commissioning Partnership Board to select a partner based on the most economically advantageous tender with an accompanying emphasis on social value. The consortium of partners includes Action Together, Age UK, Positive Steps, Mind, with Action Together being the lead organisation for this partnership. This signifies a new way of working for GM (London authorities are already approaching us for advice on how to manage).

  Mobilisation and rollout of this partnership will take place over the coming months and slots are big in put in the District Executives to discuss how we work in the areas and get member engagement.

- **The Fast Grants -** The first pot of £60k which has been put into grassroots community groups without the red tape has been used as we approach the end of the financial year. Community groups have received funding. Grants range from £50 to £500. Grants have funded initiatives such:

  Kits and training fees for a Young Persons Basketball team to enable them to be more sustainable.

  The continuation of a regular newsletter from the 'Breathe Easy' group who are a support and advice group for people with breathing difficulties. The newsletter is sent to members but also to local doctors, Healthy Minds and chest clinics so people who are newly diagnosed will get to know about the group.

  "East meets West Sewing" where women have been given the opportunity to improve their spoken English, improve team work, imagination, knowledge, budgeting, functional skills for life, motor skills, understanding to make informed choices, and extend social networks.

Fig 4, 5 and 6 Examples of The Fast Grant Funding

- **The Social Action Fund -** The Social Action Fund was launched in January 2019. There were 23 expressions of interest with 11 of those being asked to submit a full bid. The full bids have been assessed by the panel, but due to time constraints the assessment is still in flight. A second meeting to complete this process is due with 2 strong bids identified and some bids which may need further clarification/shaping.

- **Workforce Development -** Community and Volunteer 'Making Every Contact Count' pilot training took place on 28 January on 12 February 2019. An evaluation of the sessions has been conducted and will feed into the workforce and leadership offer which will follow up with a wider cluster by cluster pilot in April and May. Conversations regarding scoping this offer are in motion and link into the Oldham Cares wider piece of work on Organisational Development.

- **Thriving Communities Index-** The Thriving Communities Index allows us to make relative statements about the degree to which neighbourhoods are "thriving", and, if repeated, allow us to see which 'neighbourhoods' (circa 2000 population) have pressures in terms of place, residents and service demand. This allows commissioners to gain insight into different neighbourhoods and innovatively commission resources based on need.

There is now a process to request access to the Thriving Communities Index GIS tool, and a data sharing protocol has been agreed. Access can be requested at https://www.oldham.gov.uk/tciaccess

There have been 28 applicants to date. Health Partners, Greater Manchester Police, First Choice Homes are the first external partner to request access. The Thriving Communities Team provide set up support and a demonstration of the in Index. A "how to" documentation has been written and will be distributed as access is enabled.

Final testing is taking place and once live, comms will issue a notification. NB: there must be a valid business or care delivery reason for access to be given.

Member Thriving Community Index training has taken place and will continue to be offered as the Index develops.

- **Place Based Working - Multi-agency place based integration** – A key dependency with Thriving Communities is Place Based Working - transforming outcomes for people, place and public services Oldham's multi-agency place based teams are radically transforming public service delivery – testing and developing a single approach to building resilience informed by insight into what is driving demand and shaping behaviour in our communities.
  - Earlier approaches focused on specific organisations, issues, programmes or funding – for example, Troubled Families, HMR or NDC. But what's different now is that we have the agreement, commitment and mechanisms needed to deliver lasting change.
  - Oldham's approach is radically different – not just in what it does, but how it does it.
  - Working with all agencies on the 30-55k population footprints
  - It is creating a single front door: literally an old shop front on the street
  - It is working in a truly integrated way across agencies: including the community and voluntary sector, and through a 'key worker' model
    It is getting to the root causes of problems for people and communities - working with residents and having challenging conversations that prompt change and find solutions.

This is a wider subject best given its own agenda slot but flagged here for visibility.

3 Key Issues for Health Scrutiny to Discuss

3.1 There is a significant challenge in engaging primary care once we mobilse across the other clusters and building pathways between other key healthcare settings.

4 Key Questions for Health Scrutiny to Consider

4.1 None

5. Links to Corporate Outcomes

5.1 Direct link to Thriving Communities. This does need a stronger linkage with inclusive economy because having a job and purpose is one of the number one determinant of good health and wellbeing.

6 Additional Supporting Information

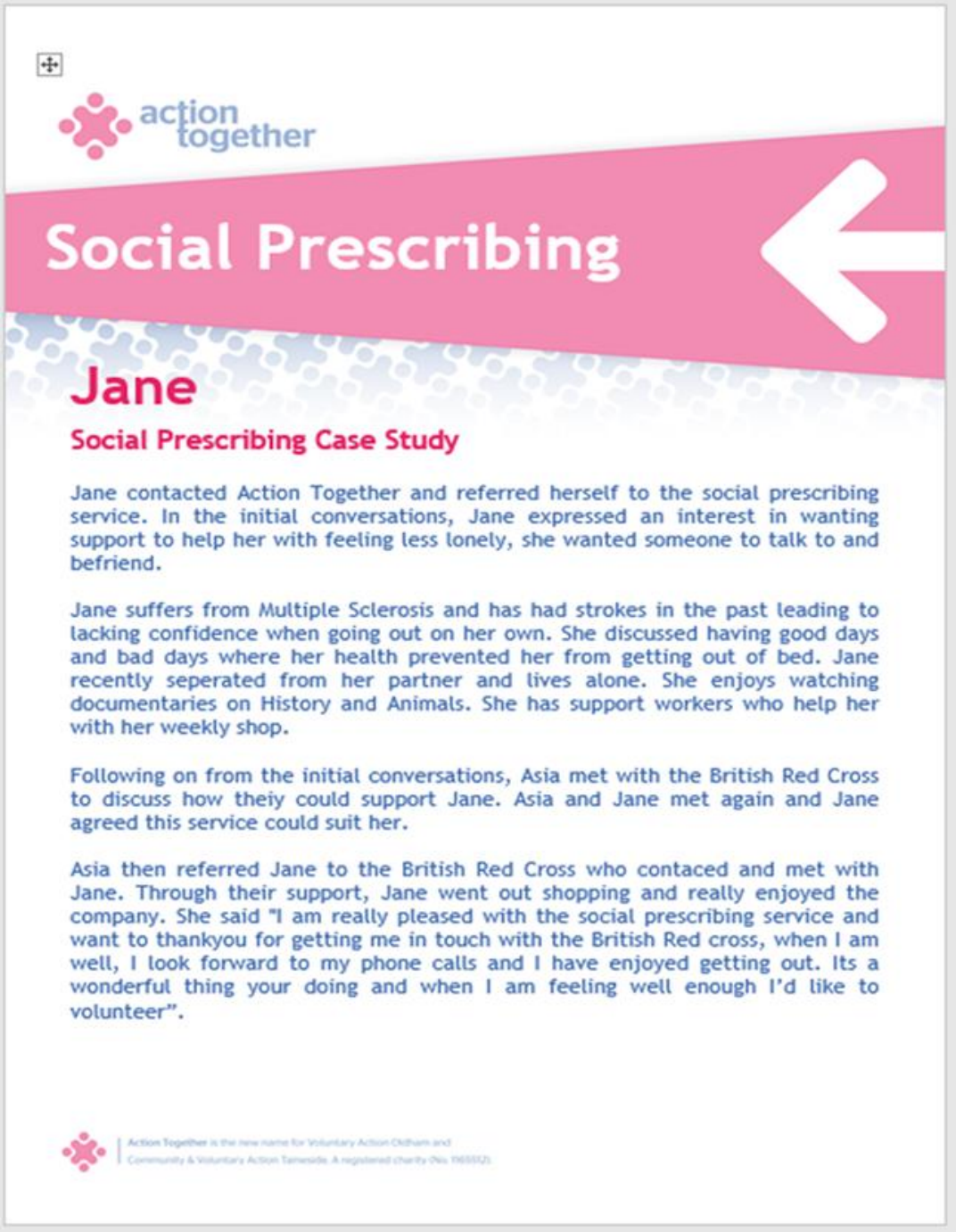
6.1 Please see Case Studies in Appendices Section.

7 Consultation

7.1 Extensive consultation with legal, finance etc has been carried out via the business case process which has been signed off via the Oldham Cares business case process and governance. An 80-page document is available on request.

8 Appendices

8.1 Appendix 1: Social Prescribing Case Study (Jane).



action together

Social Prescribing

Jane

Social Prescribing Case Study

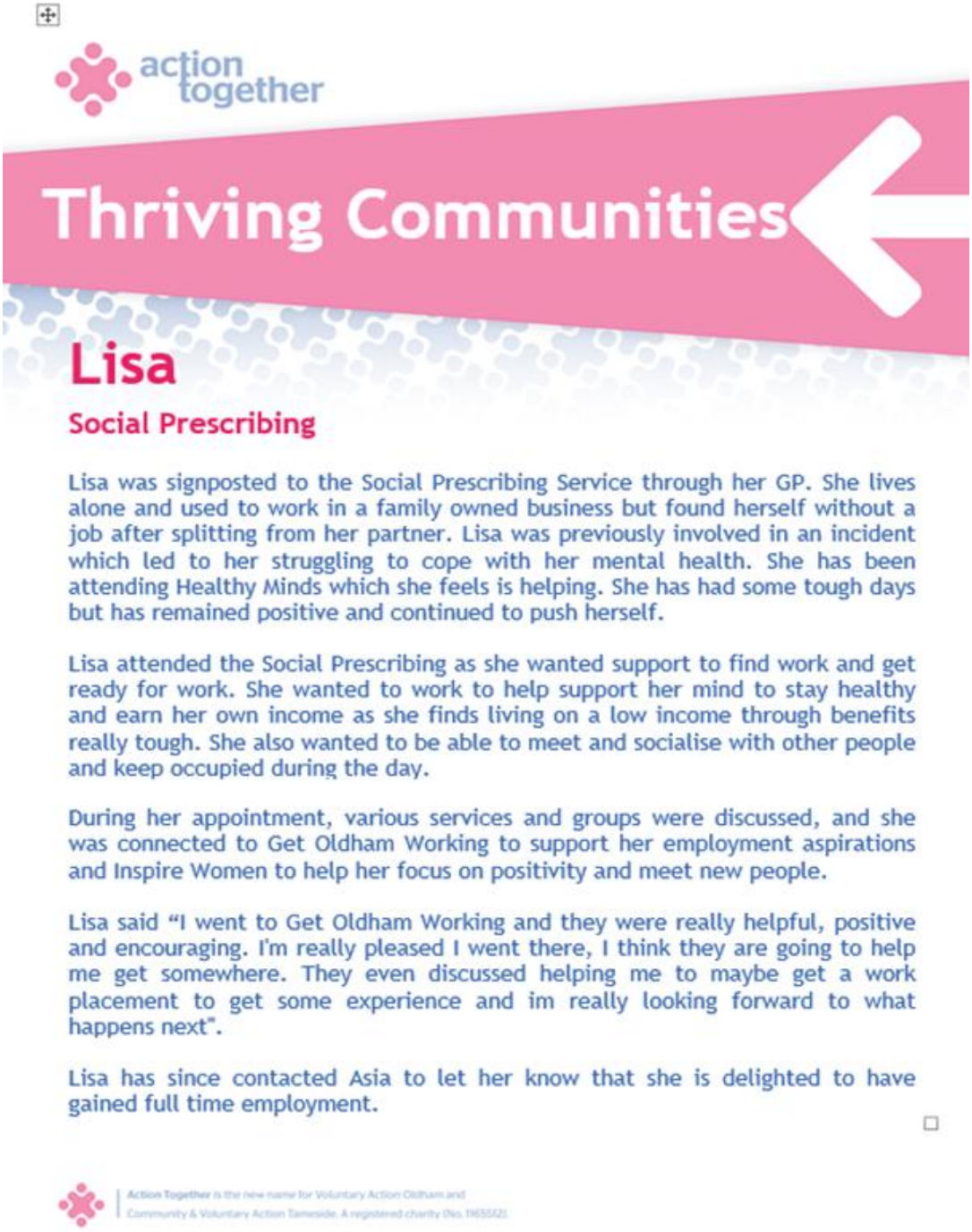
Jane contacted Action Together and referred herself to the social prescribing service. In the initial conversations, Jane expressed an interest in wanting support to help her with feeling less lonely, she wanted someone to talk to and befriend.

Jane suffers from Multiple Sclerosis and has had strokes in the past leading to lacking confidence when going out on her own. She discussed having good days and bad days where her health prevented her from getting out of bed. Jane recently seperated from her partner and lives alone. She enjoys watching documentaries on History and Animals. She has support workers who help her with her weekly shop.

Following on from the initial conversations, Asia met with the British Red Cross to discuss how theiy could support Jane. Asia and Jane met again and Jane agreed this service could suit her.

Asia then referred Jane to the British Red Cross who contaced and met with Jane. Through their support, Jane went out shopping and really enjoyed the company. She said "I am really pleased with the social prescribing service and want to thankyou for getting me in touch with the British Red cross, when I am well, I look forward to my phone calls and I have enjoyed getting out. Its a wonderful thing your doing and when I am feeling well enough I'd like to volunteer".

8.2 Appendix 2: Social Prescribing Case Study (Lisa)



action together

Thriving Communities

Lisa

Social Prescribing

Lisa was signposted to the Social Prescribing Service through her GP. She lives alone and used to work in a family owned business but found herself without a job after splitting from her partner. Lisa was previously involved in an incident which led to her struggling to cope with her mental health. She has been attending Healthy Minds which she feels is helping. She has had some tough days but has remained positive and continued to push herself.

Lisa attended the Social Prescribing as she wanted support to find work and get ready for work. She wanted to work to help support her mind to stay healthy and earn her own income as she finds living on a low income through benefits really tough. She also wanted to be able to meet and socialise with other people and keep occupied during the day.

During her appointment, various services and groups were discussed, and she was connected to Get Oldham Working to support her employment aspirations and Inspire Women to help her focus on positivity and meet new people.

Lisa said "I went to Get Oldham Working and they were really helpful, positive and encouraging. I'm really pleased I went there, I think they are going to help me get somewhere. They even discussed helping me to maybe get a work placement to get some experience and im really looking forward to what happens next".

Lisa has since contacted Asia to let her know that she is delighted to have gained full time employment.

Action Together is the new name for Voluntary Action Oldham and Community & Voluntary Action Tameside. A registered charity (No. 1165552).

Report to Health Scrutiny Sub-Committee

Over The Counter Medicines Review

Report Author: Mark Drury, Head of Public Relations and Louise Nicholson, Communications and Engagement Lead – NHS Oldham CCG

26 March 2019

Purpose of the Report

To make the Health Scrutiny Sub-Committee aware of the Over the Counter Medicines Review and the related public engagement work designed to communicate and engage with the public on the proposed changes. To invite the Sub-Committee to participate in the engagement work and consider the questions being asked of the public as per the engagement survey.

Executive Summary

On 29th March 2018, NHS England issued guidance to CCGs describing two drugs of limited clinical value and 35 conditions which may be self-limiting and therefore suitable for patient self-care. Key aspects are encouraging self-care, stopping prescribing of drugs of limited clinical effectiveness and, where drugs are available over the counter for the treatment of minor conditions, these should not routinely be prescribed. This guidance is condition–based, see Appendix 1. Supporting people to self-manage common conditions such as coughs and colds could help reduce England's 57 million GP consultations each year for minor ailments, a situation which costs the NHS approximately £2 billion and takes up to an hour a day on average for every GP.

Promoting the concept of self-care and increasing the awareness that there are alternatives to making GP appointments, or attendance at OOHs or A&E departments with minor conditions, will encourage patients to explore self-care in the future, so changing the culture of dependency in the NHS. GM Clinical Standards Board previously adopted Self-care as a priority area.

NHS Oldham CCG is working with Stockport, Bury, Trafford, Manchester and Wigan CCGs who are all at a similar stage in the process with this piece of work. More information about the OTC engagement work we are doing can be found on our website. The full NHS guidance is attached.

The CCG wants the views of local patients, the public and other stakeholders on the NHS England proposals before deciding whether and how to remove these products from routine prescriptions locally.

We have asked participants to read the supporting information and then complete our survey so that we can make an informed decision based on the views of patients, public and local communities.

1 Introduction

In 2016/17, NHS Oldham CCG spent £2.2m on medicines that are available to purchase over-the-counter (OTC) in pharmacies. It is recognised that much of this cost is attributable to long-term or complex conditions, but considerable spend is also for conditions that may be considered suitable for self-care.

Removing medications for certain conditions from routine prescription would release money to treat conditions such as heart disease and diabetes and help ensure the financial sustainability of the health economy. Medications suggested for stopping routine prescription are for conditions that:

- may be considered to be self-limiting, so they do not need treatment as they will get better of their own accord, or
- are suitable for self-care, so that the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly

Table 1 in appendix 1 lists examples of the items that fall into the above categories.

It is also true that some products available at NHS expense have limited evidence of benefit. Removing these products from prescription would also release money.

This policy was written following a GM-wide public consultation and is in line with the guidance from NHS England (appendix 2)

The CCG is seeking the views of local patients, the public and other stakeholders on the NHS England proposals before taking any further decision or making any recommendations on whether to remove these products from routine prescriptions locally.

We have asked participants to take the time to read the supporting information and then complete our survey so that we can make an informed decision based on the views of patients, public and local communities.

An easy read version of the survey is also available.

More information about the OTC engagement work we are doing can be found on our website. The full NHS guidance is attached.

2 Background

People in Oldham are being asked to give their views on the recommendation by NHS England to change how some medicines are routinely prescribed.

Last year NHS England completed a national consultation that looked at 33 routinely prescribed treatments that have limited clinical value or for conditions which will eventually get better of their own accord. On average the NHS spends around £569 million a year on these treatments.

NHS England issued guidance following the consultation that is underpinned by the following principles:

- Encouraging people to take care of themselves and their families
- Stopping the prescription of drugs which have limited clinical effectiveness
- Reducing the prescription of drugs available over the counter for the treatment of minor conditions such as coughs and colds

Each year, NHS Oldham CCG spends a significant amount of money on medicines that are available to purchase over-the-counter. Some of this cost relates to prescriptions for patients who have long-term or complex conditions, but a considerable portion is also spent on minor conditions that may be considered suitable for self-care.

People with minor ailments can often seek the right care and treatment after being signposted to community pharmacies, or local supermarkets and shops, where they can purchase over-the-counter treatments.

Pharmacists have a wealth of experience and training, particularly when it comes to treating minor ailments and no appointment is needed. Local pharmacies are also often open for longer hours than GP Practices, giving people an alternative to waiting for a doctor's appointment when they may not really need one.

We want people in our communities to remain healthy for longer and by supporting them to adopt healthier lifestyles and self-manage common conditions and minor ailments. We aim to keep them well at home, avoiding unnecessary GP appointments and preventing admissions to hospital wherever possible.

Appointments and subsequent prescribing for minor ailments take up around an hour of every GP's time each day. Nationally the cost to the NHS for this work amounts to £2billion every year, so by helping our local communities to self-manage common conditions, this could free up more time for patients who are in real need of clinical treatment. It could also potentially help the NHS reinvest money to treat more serious conditions such as heart disease, diabetes and cancer.

The types of medications referred to in the guidance include paracetamol, which costs as little as 19p for 16 tablets. However, we are acutely aware that some individuals and families are unable to afford to pay for medication and as health professionals, we want to retain the power to prescribe from the list of recommended treatments as and when appropriate.

The total expected savings from this work is £350K over two years, of which £100K has already been materialised in 2018/19 and £250K is forecast in 2019/20.

The CCG wants the views of local patients, the public and other stakeholders on the NHS England proposals before taking any further decision on whether to remove these products from routine prescriptions locally.

The public are asked to take the time to read the supporting information and then complete our survey so that we can make an informed decision based on the views of patients, public and local communities. An easy read version of the survey is also available.

More information about the OTC engagement work we are doing can be found on our website. The full NHS guidance is attached.

3 Current Position

The CCG has taken into consideration the GM and NHSE consultation work, recommendations and guidance and has begun work to engage with the public of Oldham. So far we have received around 30 responses to the survey, the majority of which support the recommendations. This engagement period will last until 1 April when the survey responses will be reviewed at Clinical Committee and a decision will be made here or it may be escalated to the NHS Oldham CCG Commissioning Committee.

4 Key Issues for Health Scrutiny to Discuss

We would ask the committee to help inform the outcomes of this review by considering the questions asked in the public survey and sharing any other thoughts with us on this matter.

5 Key Questions for Health Scrutiny to Consider

5.1 Does the committee support the principle that the local NHS should not routinely prescribe for conditions which are self-limiting or deemed suitable for self-care.

5.2 What mitigating steps might the CCG put in place to reduce the impact upon individuals and families who are unable to afford to pay for medication

6 Additional Supporting Information

The CCG has created and delivered a PR campaign to promote the engagement piece, with coverage across social and online: https://www.oldham-chronicle.co.uk/news-features/153/lifestyle-health/126438/oldhamers-asked-their-opinion-on-changes-to-prescription-medicine

7 Consultation

The Greater Manchester Shared Services Medicines Optimisation team has played a key role in this work to date, providing up to date insight and data which we have used to inform the engagement work that has been done so far.

The Oldham Medicines Optimisation Lead has also worked closely with his peer at NHS Stockport CCG who is leading on this work from a GM perspective. A paper went to NHS Oldham CCG's Clinical Committee in January 2019 in support of this engagement work, and we have since worked with Communications & Engagement leads at Wigan, Manchester, Stockport, Tameside & Glossop, Bury and Trafford to understand how they are approaching the matter.

We have aligned our work with these teams to ensure an equitable, inclusive approach to this piece of engagement. We will work with the lead at GM and our communications colleagues to develop a framework to support GPs with this work as well as supporting with patient engagement, to include things like a support pack for GPs including the social vulnerability framework, support materials for pharmacies to safety net and identify red flags and support materials for care settings e.g. care homes, schools/nurseries to support the use of OTC meds.

8 Appendices

- Appendix 1: Conditions for which prescribing should be restricted and examples of medicines that can be purchased over-the-counter for the treatment of self-limiting conditions and those conditions deemed suitable for self-care.
- Appendix 2: Policy
- Appendix 3: OTC Expenditure by CCG
- Appendix 4: OTC Guidance for CCGs from NHS England
- Appendix 5: EA Policy Template OTC
- Appendix 6: OTC Questionnaire
- Appendix 7: OTC Easy Read version
- Appendix 8: OTC Engagement Easy Read

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Appendix 1: Conditions for which prescribing should be restricted

1. Probiotics
2. Vitamins and minerals
3. Acute Sore Throat
4. Infrequent Cold Sores of the lip.
5. Conjunctivitis
6. Coughs and colds and nasal congestion
7. Cradle Cap (Seborrhoeic dermatitis – infants)
8. Haemorrhoids
9. Infant Colic
10. Mild Cystitis
11. Mild Irritant Dermatitis
12. Dandruff
13. Diarrhoea (Adults)
14. Dry Eyes/Sore (tired) Eyes
15. Earwax
16. Excessive sweating (Hyperhidrosis)
17. Head Lice
18. Indigestion and Heartburn
19. Infrequent Constipation
20. Infrequent Migraine
21. Insect bites and stings
22. Mild Acne
23. Mild Dry Skin
24. Sunburn
25. Sun Protection
26. Mild to Moderate Hay fever/Seasonal Rhinitis
27. Minor burns and scalds
28. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
29. Mouth ulcers
30. Nappy Rash
31. Oral Thrush
32. Prevention of dental caries
33. Ringworm/Athletes foot
34. Teething/Mild Toothache
35. Threadworms
36. Travel Sickness
37. Warts and Verrucae

Table 1. Examples of medicines that can be purchased over-the-counter for the treatment of self-limiting conditions and those conditions deemed suitable for self-care.

(Note: this list and examples given are not exhaustive).

Self-limiting Conditions		
Condition	**Example products (not exhaustive)**	**Specific Exceptions (for general exceptions see above)**
Acute sore throat	Sore throat lozenges and sprays	
Infrequent cold sores of the lip	Aciclovir cream Zovirax cold sore cream	Immunocompromised patients
Conjunctivitis (also see hayfever below)	Chloramphenicol eye drops or ointment	children Patient under 2 years of age
	Sodium cromoglicate eye drops Otrivine-antistin eye drops	
Coughs, colds and nasal congestion	Simple linctus, pholcodine linctus Pseudoephedrine nasal sprays and oral preparations Xylometazoline and ephedrine nasal sprays and drops	
Cradle cap	Olive oil, cradle cap shampoos	If causing distress to the infant and not improving
Haemorrhoids	Anusol cream, ointment or suppositories	
	Anusol HC cream, ointment, suppositories	Patient less than 18 years of age
Infant colic	Simeticone liquid Dimeticone liquid	
	Colief liquid	Confirmed lactose intolerance only
Mild cystitis	Potassium citrate mixture or sachets Cranberry products	

Minor conditions suitable for self-care		
Condition	**Example products (not exhaustive)**	**Specific Exceptions (for general exceptions see above)**
Mild irritant dermatitis	Emollient creams and lotions	
	Mild corticosteroid creams (e.g. hydrocortisone)	Exceptions for hydrocortisone cream: • Children under 10 years • Pregnant women • When required for use on the face, anogenital region, broken or infected skin (including cold sores, acne, and athlete's foot).

Dandruff (mild scaling of the scalp without itching)	Shampoos including antifungal, antiseptic, selenium and coal tar	
Diarrhoea (adults)	Loperamide Oral rehydration sachets	Children
Dry eyes/sore tired eyes	Hypromellose eye drops, carbomer 980 gel	
Earwax	Olive Oil, sodium bicarbonate ear drops	
Excessive sweating (hyperhidrosis)	Aluminium chloride 20% solutions (e.g. Driclor, Anhydrol Forte)	
Head lice	Dimeticone, malathion, cyclomethicone, permethrin shampoos and liquids	Children under 6 months of age
Indigestion and heartburn	Peptac, Gaviscon	
Infrequent constipation	Senna, lactulose, macrogol sachets	Children where dietary and lifestyle changes have not been sufficient
Infrequent migraine	Analgesics, migraleve, triptans	Patients with severe or recurrent migraines.
Insect bites and stings	Antihistamine oral and topical preparations, calamine lotion	
	Topical corticosteroids	Exceptions for hydrocortisone cream: • Children under 10 years • Pregnant women • When required for use on the face, anogenital region, broken or infected skin (including cold sores, acne, and athlete's foot).
Mild Acne	Benzoyl peroxide creams and gels	
Mild dry skin	Emollient creams and lotions	
Sunburn due to excessive sun exposure	Emollients, oral and topical antihistamines, analgesics	
Sun protection	Sun creams such as Uvistat, Sunsense, etc.	ACBS approved indication of protection from UV radiation in abnormal cutaneous photosensitivity. (i.e. where skin protection should be prescribed)
Mild to moderate hayfever/seasonal rhinitis	Antihistamines, nasal sprays, eye drops	
Minor burns and scalds	Antiseptic creams, analgesics	More serious burns always require professional medical attention. Burns requiring hospital A&E treatment include but are not limited to: • all chemical and electrical burns; • large or deep burns; • burns that cause white or charred skin; • burns on the face, hands, arms, feet, legs or genitals that cause blisters.

Minor conditions associated with pain, discomfort and/or fever (e.g. aches and sprains, headache, period pain,	Analgesics, NSAIDs, topical anti-inflammatory preparations	
Mouth ulcers	Local anaesthetic gels, hydrocortisone buccal tablets	Exceptions for hydrocortisone buccal tablets: • children under 12 years of age
Nappy rash	Barrier preparations such as Sudocrem, metanium	
Oral thrush	Daktarin oral gel, nystatin oral suspension	Infants less than 4 months old (Note that Daktarin oral gel is only licensed for 4 months and older. Nystatin is POM so will need a prescription if
Dental products	Mouthwashes Toothpaste	
Ringworm/athlete's foot	Topical preparations containing miconazole, clotrimazole etc.	Lymphoedema or history of lower limb cellulitis
Teething/mild toothache	Teething gels, paracetamol, ibuprofen	
Threadworms	Mebendazole	Children under 2 years of age. Not licensed for OTC sale.
Travel sickness	Cinnarizine, hyoscine	
Warts and verrucae	Salicylic acid containing products, glutaraldehyde	Treatment of anogenital warts

Table 2. Examples of medicines that have little evidence of benefit (Note: this list and examples given is not exhaustive)

Product category	**Example products (not exhaustive)**	**Specific Exceptions (for general exceptions see above)**
Probiotics	VSL#3, lactobacillus, acidophilus	VSL#3 for use under the supervision of a physician for the maintenance of antibiotic induced remission of ileoanal pouchitis in adults

Vitamins and minerals	Pharmacy own brands of vitamins/ multivitamins (i.e. Boots, Lloyds, Superdrug, Valupak), Haliborange, Sanatogen, Fruitivits Sachets, Spatone, Seven Seas, Lamb, Vita E, Osteocaps, Osteocare, Redoxon, Centrum,	Vitamin D (high strength) for proven vitamin D deficiency. Calcium and vitamin D for osteoporosis or osteopenia. Vitamin D for patients with hyperparathyroidism, hypercalcaemia and patients receiving parenteral osteoporosis treatment. *NB maintenance or preventative treatment is not an exception.* Thiamine and vitamin B co. strong only for alcohol related conditions & neurological complications. Vitamin B12 deficiency. Post bariatric surgery Vitamin supplements for premature and low birth weight babies as advised by hospital. *Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately)*

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Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs

SCOPE AND PURPOSE OF THE POLICY

The Self-Care Policy sets out the Clinical Commissioning Group's approach to ensure that:

- **Prescribing of medicines and treatments that are available to purchase over-the-counter is stopped if one of the following criteria is met:**

  1. **The condition for which the medication or treatment is prescribed is considered to be self-limiting**
  2. **The condition for which the medication or treatment is prescribed is considered suitable for self-care**
  3. **The medication or treatment prescribed has insufficient evidence of benefit**

- **Prescribers are supported in implementing this decision**

This policy will ensure equity of service for all residents of Oldham and will allow the same expectation of what will be provided from the GP Practice or other services.

This policy applies to all services contracted by or delivered by the NHS across Oldham including:

a) GP Practices – GPs and all other Prescribers
b) Out of hours and extended hours primary care providers
c) Acute Hospitals
d) Out-Patient Clinics
e) NHS Community Providers
f) Independent providers
g) Community pharmacies
h) Opticians
i) Dentists

This policy applies to all people (adults and children) who are registered with a GP in Oldham (permanent or temporary resident) or who access an NHS service in Oldham.

Oldham CCG has a duty to ensure that the local NHS budget is spent in an appropriate way.

The Governing Bodies are responsible for ensuring that all agreed actions are carried out by healthcare professionals according to this policy.

Implementation of the policy will be monitored via ePACT2 and IMPACT data.

Equality Statement

Promoting equality and addressing health inequalities are at the heart of Oldham CCG's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

MEDICINES AVAILABLE OVER-THE-COUNTER, USED FOR SELF-LIMITING CONDITIONS OR CONDITIONS SUITABLE FOR SELF-CARE

Most minor ailments are either self-limiting or suitable for self-care. Products aimed at treating the symptoms of many of these ailments may not offer value for money and should not normally be prescribed at NHS expense.

Patients with minor, self-limiting conditions and conditions suitable for self-care will be signposted to community pharmacies, or other outlets such as supermarkets and local shops, to purchase over-the-counter treatments.

Community pharmacists have a wealth of experience and training, and are well placed to contribute to the management of minor ailments and common conditions. No appointments are needed and community pharmacies are often open for longer hours than GP Practices and are also open at weekends.

Secondary Care and other providers will support self-care interventions and signpost patients to the community pharmacy if appropriate, particularly where patients have presented inappropriately to A&E, urgent care centres or out of hours services.

People will be encouraged to be responsible for their own health and well-being, by all healthcare professionals.

Patient information leaflets are available for specific conditions, either via sources such as NHS Choices or via the GP Practice prescribing system, to ensure that people are made aware of warning signs or symptoms that would require them to see their GP. Patient education during appointments may help to reduce repeat consultations for similar conditions whilst ensuring appropriate safety-netting is in place.

PRODUCTS WITH INSUFFICIENT EVIDENCE OF BENEFIT

Many of the products in this category are not licensed drugs under the Medicines Act. This means that they have not undergone the stringent testing laid down by the regulatory authorities to confirm their safety, quality and efficacy. There is no summary of product characteristics (SPC) for prescribers to consult and hence no indemnity for prescribers should the treatment cause harm.

Many of these products are classed as 'food substitutes' and do not appear in the current British National Formulary (BNF) or the Drug Tariff. They are often not manufactured to the same high pharmaceutical standards used for licensed medicines; hence there is no guarantee of consistency in formulation and potency. These treatments will not have undergone rigorous clinical trials to demonstrate that they are effective.

It is inappropriate to direct NHS resources towards products that do not have proven efficacy or safety in preference to licensed medicines.

General exceptions to the policy:

- Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments where OTC products would not be suitable.

- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS (e.g. Dry eyes due to Sjögren's syndrome).
- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with OTC products.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care.
- To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

The medicines referred to in this policy are all readily available from community pharmacies and in many cases from supermarkets and other outlets. The cost to the patient will vary depending on the condition being treated, treatment length and where the product is purchased. Paracetamol cost as little as 19p for 16 tablets whereas head lice treatments may cost around £5.00 for a single person treatment or as much as £12.00 for a family pack (although wet combing is inexpensive and is the preferred method of treatment).

Professional and contractual context for prescribers

During discussion with the patient, when considering what treatment and ongoing monitoring is required, prescribers are asked to be mindful of the following:

- That GPs have clinical freedom to act in an individual patient's best interest where exceptional clinical circumstances exist that warrant deviation from this policy. Any such decisions should be recorded clearly in the patient's clinical record.
- That within their Primary Medical Services contract with NHSE, GPs have a contractual obligation relating to patients to make available such treatment (including any prescription deemed to be appropriate after discussion with the patient) as is necessary and appropriate, and to provide advice in connection with the patient's health, including relevant health promotion advice.
- That reference to local prescribing guidelines is good professional practice.
- That consideration of GMC professional obligations to use NHS resources wisely is good professional practice.

References/resources and associated documents

- Selfcare for minor ailments. T8 January 2015 V 2.0. PrescQIPP. Available at: https://www.prescqipp.info/resources/send/141-self-care-webkit/1748-t8-self-care-for-minor-ailments
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OTC Self Care - Greater Manchester

Medicines management

Drug List | Growth Rates | Chemical Substance Analysis

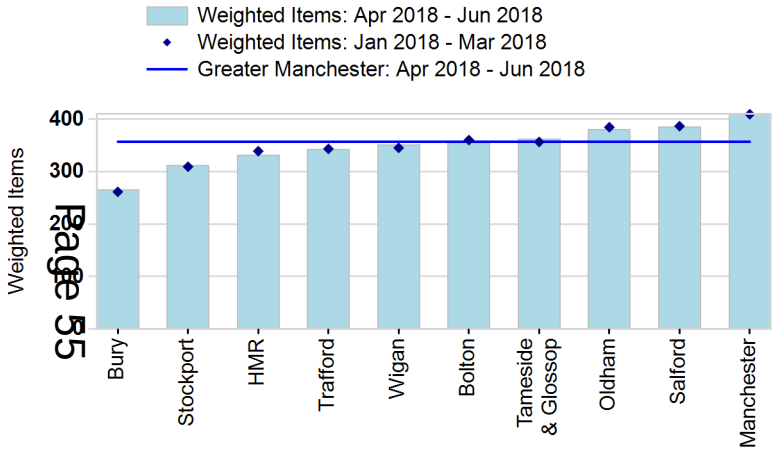
Weighted number of items and cost of 'OTC Self Care' items, dispensed during the period 1st Qtr 18/19 compared against the period 4th Qtr 17/18 prescribed in Greater Manchester.
Weightings are calculated by the number of items divided by STANDARD PU x 1000 or actual cost divided by STANDARD PU x 1000.
(For 4th Qtr 17/18 items and costs, the STANDARD PUs of that period are used.)

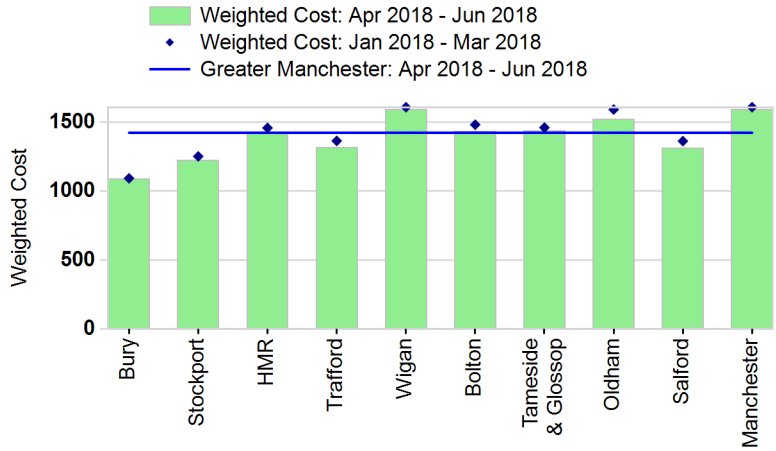
Only items prescribed by GP practices are included in this report, services are excluded.

Click the columns in the charts to drill down to the practice split

Include Services

Click the CCG names in the data table to drill down to the prescribed item split by month





Click the item numbers in the data table to drill down to the prescribed items

OTC Self Care - Greater Manchester

Medicines management

Drug List | Growth Rates | Chemical Substance Analysis

	Items				Cost			
	Apr 2018 - Jun 2018		Jan 2018 - Mar 2018		Apr 2018 - Jun 2018		Jan 2018 - Mar 2018	
CCG	Number of Items	Weighted Items	Number of Items	Weighted Items	Actual Cost	Weighted Cost	Actual Cost	Weighted Cost
Manchester	**311,641**	410.40	**311,137**	409.73	£1,208,997.32	1592.11	£1,220,298.95	1606.99
Salford	**133,204**	385.41	**133,764**	387.03	£453,965.90	1313.51	£470,473.56	1361.27
Oldham	**126,410**	380.69	**127,844**	385.01	£504,672.29	1519.85	£527,952.05	1589.95
Tameside & Glossop	**120,698**	362.87	**118,728**	356.95	£478,684.61	1439.14	£485,340.51	1459.15
Bolton	**146,078**	357.41	**147,354**	360.53	£585,745.14	1433.15	£604,922.86	1480.07
Wigan	**158,214**	351.56	**155,542**	345.63	£715,334.02	1589.53	£723,024.01	1606.61
Trafford	**110,804**	342.54	**111,165**	343.66	£425,249.97	1314.62	£440,859.31	1362.87
HMR	**101,338**	331.78	**103,634**	339.30	£434,249.49	1421.73	£444,926.60	1456.69
Stockport	**133,618**	311.89	**132,639**	309.61	£524,297.97	1223.83	£535,764.17	1250.59
Bury	**72,979**	265.92	**71,815**	261.68	£298,240.79	1086.72	£299,577.95	1091.59
Total	1,414,984	357.30	1,413,622	356.96	£5,629,437.50	1421.52	£5,753,139.97	1452.75

NHS Clinical Commissioners
The independent collective voice of clinical commissioning groups

NHS England

Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs

GATEWAY APPROVAL NUMBER: 07851

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

CONTENTS

1 Background

1.1 Who is this commissioning guidance for?

This guidance is addressed to CCGs to support them to fulfil their duties around appropriate use of their resources. We expect CCGs to take the proposed guidance into account in formulating local polices, unless they can articulate a valid reason to do otherwise, and for prescribers to reflect local policies in their prescribing practice. The guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

This guidance is issued as general guidance under s14Z10 and S2 of the NHS Act 2006. The objective of this guidance is to support CCGs in their decision-making, to address unwarranted variation, and to provide clear national advice to make local prescribing practices more effective.

The aim is that this will lead to a more equitable process for making decisions about CCG's policies on prescribing medicines; CCGs will need to take individual decisions on implementation locally, ensuring they take into account their legal duties to advance equality and have regard to reduce health inequalities.

1.2 Why have we developed this guidance?

In the year prior to June 2017, the NHS spent approximately £569 million[1] on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets.

These prescriptions include items for a condition:

- That is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord;
- Which lends itself to self-care i.e. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly.

These prescriptions also include other common items:

- That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
- For which there is little evidence of clinical effectiveness.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.

[1] Refined BSA data to June 2017

The costs to the NHS for many of the items used to treat minor conditions are often higher than the prices for which they can be purchased over the counter as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18[2] from a pharmacy whereas the cost to the NHS is over £3.00[3] after including dispensing fees. The actual total cost for the NHS is over £35 when you include GP consultation and other administration costs.

A wide range of information is available to the public on the subjects of health promotion and the management of minor self- treatable illnesses. Advice from organisations such as the Self Care Forum and NHS Choices is readily available on the internet. Many community pharmacies are also open extended hours including weekends and are ideally placed to offer advice on the management of minor conditions and lifestyle interventions. The Royal Pharmaceutical Society offers advice on over the counter products that should be kept in a medicine cabinet at home to help patients treat a range of self-treatable illnesses.

Research[4] shows that in many cases, people can take care of their minor conditions if they are provided with the right information; thereby releasing health care professionals to focus on patients with more complex and/or serious health concerns. Past experience with self-care builds confidence in patients, with 84 per cent choosing to self-care for new episodes.

More cost-effective use of stretched NHS resources allows money to be spent where it is most needed, whilst improving patient outcomes. As an example, every £1m saved on prescriptions for over the counter treatments could fund (approx.)[5]:

- 39 more community nurses; or
- 270 more hip replacements; or
- 66 more drug treatment courses for breast cancer; or
- 1000 more drug treatment courses for Alzheimer's; or
- 1040 more cataract operations[6].

CCGs need to make increasingly difficult decisions about how to spend the NHS budget and this means prioritising those things that will give patients the best clinical outcomes. Any savings from implementing the proposals could be reinvested in improving patient care.

1.3 How has this guidance been developed?

Clinical Commissioning Groups (CCGs) asked for a nationally co-ordinated approach to producing commissioning guidance. NHS England and NHS Clinical Commissioners (NHSCC) therefore sought to provide a national framework for

[2] Online pharmacy checked December 2017
[3] Drug Tariff online
[4] Self-care of minor ailments: A survey of consumer and healthcare professional beliefs and behaviour, Ian Banks, Self-Care Journal
[5] https://improvement.nhs.uk/resources/national-tariff-1719/
[6] Drug Tariff online

guidance, with the aim of supporting consistent local implementation decisions and agreed to consult jointly on any proposals

NHS England and NHSCC established a joint clinical working group with prescriber and pharmacy representatives from relevant national stakeholders including the Royal College of General Practitioners, the Royal Pharmaceutical Society, the British Medical Association, the National Institute for Health and Care Excellence (NICE), the Medicines and Healthcare Products Regulatory Agency, the Department of Health and Social Care, PrescQIPP and CCG representatives.

As a result of our work, NHS England and NHSCC identified conditions which may fall under one or more of the categories listed in section 1.2.

NHS England then consulted on *items which should not be routinely prescribed in primary care* (21st July – 21st October 2017). That initial consultation sought views generally on the principle of restricting the prescribing of medicines which are readily available over the counter. We set out an initial list of 26 minor or self-limiting conditions where prescribing restrictions could be considered.

Feedback from this consultation showed that there was general support (65% agreed with our proposed criteria to assess items for potential restriction).

The clinical working group was consulted on several proposed approaches to limiting the prescription of OTC medicines and, based on their guidance, we mapped OTC products to the conditions for which they are typically prescribed. **We refined the approach to develop restrictions based on type and severity of condition rather than products.**

We estimated that restricting prescribing for 'minor' conditions may save up to £136m once all discounts and claw backs have been accounted for.

As a result of this exercise, nine additional minor conditions were identified which we deemed appropriate for inclusion in this guidance. Vitamins and minerals, and probiotics have been included as standalone categories given they have been identified as high cost in terms of OTC spend, although their use cannot be mapped to one single condition.

We focused on developing guidance for the list of 33 conditions which would fall into one of the following categories:

- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; and/or

- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.

And in the case of vitamins, minerals and probiotics, we classified these as:

- Items of limited clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness; however there may be certain indications where they may continue to be prescribed and these are outlined within the exceptions under the relevant item.

The group then assigned one of the following three recommendations for each condition (or item):

- Advise CCGs that **[item]** should not be routinely prescribed in primary care due to **limited evidence of clinical effectiveness**.

- Advise CCGs that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **self-limiting and will clear up on its own** without the need for treatment.

- Advise CCGs that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **appropriate for self-care**.

In reaching its recommendations the joint clinical working group considered evidence from the following organisations or groups:

- NICE CKS
- NHS Choices
- BNF
- NICE Clinical Guidelines
- Public Health England
- PrescQIPP CIC

The group's recommendations on the items and conditions within this guidance were publicly consulted on for a period of 12 weeks, from 20th December 2017 – 14th March 2018. During the consultation we heard from members of the public, patients and their representative groups, NHS staff, CCGs, Trusts, various Royal Colleges and the pharmaceutical industry, amongst others.

Section 1.4 details the main findings from the consultation and the changes that have been made as a result of what we have heard. A more detailed report on the consultation can be found in*: Conditions for which over the counter items should not routinely be prescribed in primary care: consultation report of findings* published alongside this guidance. The final recommendations set out in this guidance document reflect the outcome of the consultation. The potential equality impact of these recommendations has also been considered and is outlined in the Equality and Health Inequalities Impact Assessment document published alongside this guidance.

1.4 How have the recommendations in this guidance been developed following the results of the consultation?

We listened to what our stakeholders told us through the consultation and refined our draft guidance in light of the response and discussions through webinars and engagement events, as well as recommendations from the joint clinical working group who considered the feedback in detail.

Whilst overall the final guidance remains largely unchanged from the draft guidance published in December 2017, there have been some important refinements and clarifications made and these are detailed below:

As a result of feedback received for further clarity on the exceptions, the following statements were approved by the clinical working group and now have been included under the '*General Exceptions'* heading:

- This guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined.

- When implementing this guidance, CCGs will need to supply patients with further information on signposting so that they are able to access the right service. This guidance is not intended to discourage patients from going to the GP when it is appropriate to do so.

- It is envisioned that in most cases (unless specified) these minor conditions will clear up with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice.

- CCGs will also need to take account of their latest local Pharmaceutical Needs Assessment (PNA) and consider the impact of this guidance on rural areas and access to a pharmacy and pharmacy medicines.

- To note that for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC items for cough, sore throat and infant colic), then the general exceptions do not apply. Specific exceptions are included (if applicable) under the relevant item and/or condition. This may need to be considered further when implementing the guidance locally.

The clinical working group also further refined the final exception around vulnerability as follows, to clarify that it applies to individual patients and that being exempt from prescription charges does not indicate that you would automatically be exempt from this guidance.

Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social

vulnerability to the extent that their health and/or wellbeing could be adversely affected if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance.

Vitamins and Minerals – during the consultation we heard that the list of exceptions should be amended to include all types of medically diagnosed vitamin or mineral deficiency, including for those patients who may have a lifelong condition or have undergone surgery that results in malabsorption. This is in line with the current ACBS guidance for prescribers and was approved by the joint clinical working group. It was also noted that vitamin D analogues such as alfacalcidol are prescription only medicines and would continue to be prescribed. During the consultation we also heard from the pharmaceutical industry that maintenance treatment for vitamin D therapy should be an exception as it is included in PHE guidance. The working group considered this and agreed that whilst maintenance therapy is recommended, there is no indication that this needs to be prescribed; vitamin D supplements can be bought cheaply and easily. The PHE guidance also does not distinguish between the general public and at risk patients. The clinical working group therefore agreed that vitamin D maintenance therapy would not be included as an exception.

Cold Sores – During the consultation we heard that further clarity was required on the description for this condition. The clinical working group agreed the description for this condition should be amended to clarify that this refers to *infrequent cold sores of the lip.*

Cradle Cap – During the consultation we received feedback that a specific exception should apply to this condition. The clinical working group agreed to refine this to include the exception "*If causing distress to the infant and not improving".*

Contact Dermatitis – Following feedback the clinical working group agreed that this condition should remain but that the description should be amended to mild irritant dermatitis.

Dandruff - Following a request for clarification the clinical working group agreed the rationale should be amended to define dandruff as a "mild scaling of the scalp without itching", and to include the statement "Patients should be encouraged to manage mild dandruff with long term over the counter treatments".

Head Lice – Following feedback from various organisations around the need to specify that wet combing should be first line treatment, the clinical working group agreed that the following sentence should be included: *'Head lice can be treated by wet combing; chemical treatment is only recommended in exceptional circumstances and in these cases over the counter medicines can be purchased from a pharmacy'*

Infrequent Constipation – During the consultation we heard that further information was needed within the rationale for this condition. The clinical working group agreed that the rationale should be amended to include the following additional information:

Pharmacists can help if diet and lifestyle changes aren't helping. They can suggest an over the counter laxative. Most laxatives work within 3 days. They should be used for a short time only. Laxatives are not recommended for children unless they are prescribed by a GP. This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.

Mild Acne –The clinical working group agreed that additional information should be added into the rationale to clarify that patients should be encouraged to manage this condition with long term use of over the counter products.

Mild dry skin/sunburn/sun protection - The British Association of Dermatologists (BAD) advised that mild dry skin and sunburn be separated out, rather than being classified as a single condition. The clinical working group agreed that it would be sensible to separate this out into three separate conditions - mild dry skin, sunburn due to excessive sun exposure, and sun protection - with the overall recommendation for each remaining the same. This increases the number of conditions to 35.

Nappy Rash - The clinical working group agreed that the rationale should be refined to clarify that this condition usually clears up after about three to seven days if recommended hygiene tips are followed.

Ring worm/Athletes Foot – following feedback the clinical working group agreed that lymphoedema or history of lower limb cellulitis should be included as an exception for this condition.

As a result of what we heard, the joint clinical working group did not feel it necessary to amend the proposed recommendations for any remaining conditions or items.

1.5 General exceptions that apply to the recommendation to self-care

This guidance is intended to encourage people to self-care for minor illnesses as the first stage of treatment. It is envisioned that in most cases (unless specified) these minor conditions will clear up with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice.

When implementing this guidance, CCGs will need to supply patients with better information on signposting so that they are able to access the right service. This guidance is not intended to discourage patients from going to the GP when it is appropriate to do so.

To note that for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC

items for cough, sore throat and infant colic), then the general exceptions do not apply. Specific exceptions are included (if applicable) under the relevant item and/or condition. This may need to be considered further when implementing the guidance locally.

This guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined.

CCGs will need to ensure that community pharmacists are reminded of 'red flag' symptoms for patients presenting with symptoms related to the conditions covered by this consultation. **GPs and/or pharmacists should refer patients to NHS Choices, the Self Care Forum or NHS 111 for further advice on when they should seek GP Care.**

CCGs will also need to take account of their latest local Pharmaceutical Needs Assessment (PNA) and consider the impact of this guidance on rural areas and dispensing doctors in particular.

General Exceptions to the Guidance:

There are however, certain scenarios where patients should continue to have their treatments prescribed and these are outlined below:

- Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).

- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).

- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)

- Treatment for complex patients (e.g. immunosuppressed patients).

- Patients on prescription only treatments.

- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.

- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.

- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.

- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.

- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.

- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

2 Definitions and scope

2.1 Glossary

ACBS: The Advisory Committee for Borderline Substances is responsible for advising the NHS on the prescribing of foodstuffs and toiletries which are specially formulated for use by people with medical conditions. Borderline substances are mainly foodstuffs, such as enteral feeds and foods but also include some toiletries, such as sun blocks for use by people with conditions such as photodermatosis.

Annual Spend: Unless otherwise indicated this is the total value from NHS Prescription Services at the NHS Business Services Authority. This is an approximate spend to the nearest £100,000. The figure quoted is the net ingredient cost which refers to the cost of the drug before discounts and does not include any dispensing costs or fees. It does not include any adjustment for income obtained where a prescription charge is paid at the time the prescription is dispensed or where the patient has purchased a prepayment certificate.

Item: An item is anything which can be prescribed on an NHS prescription. More information on what is prescribed on an NHS prescription is available in the Drug Tariff.

MHRA: Medicines and Healthcare products Regulatory Agency. MHRA regulates medicines, medical devices and blood components for transfusion in the UK.

NHS Clinical Commissioners: NHSCC are the independent membership organisation for CCGs, providing their collective voice, facilitating shared learning and delivering networking opportunities for CCG members.

NICE: The National Institute for Health and Care Excellence. NICE provides the NHS with clinical guidance on how to improve healthcare.

Over the counter (OTC) item: items which can be purchased from a pharmacy or in a supermarket or other convenience store without the need for a prescription. Such items may also be available at other outlets such as supermarkets, petrol stations or convenience stores.

PHE: Public Health England. PHE protects and improves the nation's health and wellbeing, and reduces health inequalities.

PrescQIPP CIC: PrescQIPP CIC (Community Interest Company): PrescQIPP is an NHS funded not for-profit organisation that supports quality, optimised prescribing for patients. PrescQIPP produces evidence-based resources and tools for primary care commissioners, and provide a platform to share innovation across the NHS.

2.2 Scope

The following chapter sets out the process for how NHS England and NHS Clinical Commissioners will conduct the process to review and update the guidance to CCGs as appropriate. Chapter 4 sets out the guidance to CCGs on prescribing in 35 conditions that have been identified as being suitable for self-care and the 2 items based on the latest available evidence and the clinical consensus that has been reached by our joint clinical working group.

3 How will the guidance be updated and reviewed?

The NHS England and NHS Clinical Commissioners joint clinical working group will continue to meet during and after the consultation, and update the proposals as a result of the consultation.

In future, the joint clinical working group will review the guidance to identify potential conditions to be retained, retired or added to the current guidance. There will be three stages:

Stage 1: Condition identification
The organisations represented on the joint clinical working group will, taking into account previous feedback, identify conditions and subsequent items prescribed from the wide range of items that can be prescribed on NHS prescription in primary care that they consider could fall within the categories defined earlier.

Stage 2: Condition prioritisation
The joint clinical working group will prioritise the identified items based on the following criteria:

- Safety Issue
- Evidence of efficacy
- Degree of variation in prescribing
- Cost to the NHS
- Strong clinician or patient feedback

A draft list of conditions will be made available online through the NHS England website usually for a four week period, when comments will be sought from interested parties. Feedback will be collated and then published on the NHS England website.

Stage 3: Condition selection for inclusion or removal from the guidance
The joint clinical working group will consider the feedback and produce a final list of recommendations for consideration by NHS England and NHS Clinical Commissioners to update the commissioning guidance *Conditions for which over the counter items should not routinely be prescribed in primary care*.

4 Recommendations

Our final recommendations for the 35 minor conditions and two items of limited clinical effectiveness are listed below.

4.1 Items of limited clinical effectiveness

4.1.1 Probiotics

Annual Spend	c. £1,100,000
Rationale for recommendation	There is currently insufficient clinical evidence to support prescribing of probiotics within the NHS for the treatment or prevention of diarrhoea of any cause. Both the Public Health England C.difficile guidance and NICE CG 84 recommend that probiotics cannot be recommended currently and that "Good quality randomised controlled trials should be conducted in the UK to evaluate the effectiveness and safety of a specific probiotic using clearly defined treatment regimens and outcome measures before they are routinely prescribed."
References:	1. Public Health England C.difficile guidance 2. NICE CG 84:Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management 3. PrescQIPP CIC: Probiotics
Recommendation	Advise CCGs that probiotics should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.
Exceptions	ACBS approved indication or as per local policy.

4.1.2 Vitamins and minerals

Annual Spend	c. £ 48,100,000
Rationale for recommendation	There is insufficient high quality evidence to demonstrate the clinical effectiveness of vitamins and minerals. Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary. Many vitamin and mineral supplements are classified as foods and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Health Regulatory Authority (MHRA) to confirm their quality, safety and efficacy before reaching the market.

	Any prescribing not in-line with listed exceptions should be discontinued. This guidance does not apply to prescription only vitamin D analogues such as alfacalcidol and these should continue to be prescribed.
References	1) PrescQIPP bulletin 107, August 2015; the prescribing of vitamins and minerals including vitamin B preparations (DROP-list) 2) NHS Choices: Supplements, Who Needs Them? A behind the Headlines Report, June 2011 3) NHS Choices: Do I need vitamin Supplements? Accessed October 2017 4) Healthy Start Vitamins
Recommendation	Advise CCGs that vitamins and minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.
Exceptions	Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should however be reviewed on a regular basis. *NB maintenance or preventative treatment is not an exception.* Calcium and vitamin D for osteoporosis. Malnutrition including alcoholism (see NICE guidance) *Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately)*

4.2 Self-Limiting Conditions

4.2.1 Acute Sore Throat

Annual Spend	c. < £100,000
Rationale for recommendation	A sore throat due to a viral or bacterial cause is a self-limiting condition. Symptoms resolve within 3 days in 40% of people, and within 1 week in 85% of people, irrespective of whether or not the sore throat is due to a streptococcal infection. There is little evidence to suggest that treatments such as lozenges or throat sprays help to treat the cause of sore throat and patients should be advised to take simple painkillers and implement some self-care measures such as gargling with warm salty water instead.
References:	1. NHS Choices: Sore Throat- accessed October 2017 2. NICE CKS: Sore Throat - Acute accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of acute sore throat should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.2 Infrequent cold sores of the lip

Annual Spend	c. < £100,000
Rationale for recommendation	Cold sores caused by the herpes simplex virus usually clear up without treatment within 7 to 10 days. Antiviral creams are available over the counter from pharmacies without a prescription and if used correctly, these can help ease symptoms and speed up the healing time. To be effective, these treatments should be applied as soon as the first signs of a cold sore appear. Using an antiviral cream after this initial period is unlikely to have much of an effect.
References	1. NHS Choices: Cold sore (herpes simplex virus) accessed October 2017 2. NICE CKS: Herpes Simplex Oral accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of cold sores should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	Immunocompromised patients. 'Red flag' symptoms

4.2.3 Conjunctivitis

Annual Spend	c. £500,000
Rationale for recommendation	Treatment isn't usually needed for conjunctivitis as the symptoms usually clear within a week. There are several self-care measures that may help with symptoms. If treatment is needed, then treatment is dependent on the cause: • In severe bacterial cases, antibiotic eye drops and eye ointments can be used to clear the infection. • Irritant conjunctivitis will clear up as soon as whatever is causing it is removed. • Allergic conjunctivitis can usually be treated with anti-allergy medications such as antihistamines. The substance that caused the allergy should be avoided. Treatments for conjunctivitis can be purchased over the counter however almost half of all simple cases of conjunctivitis clear up within ten days without any treatment. Public Health England (PHE) advises that children with infective conjunctivitis do not need to be excluded from school, nursery or child minders, and it does not state any requirement for treatment with topical antibiotics.
References	1. NHS Choices: Conjunctivitis accessed October 2017 2. NICE CKS: Conjunctivitis - Infective accessed October 2017 3. PHE Advice for schools: September 2017 4. NICE Medicines evidence commentary: conjunctivitis and inappropriate prescribing.
Recommendation	Advise CCGs that a prescription for treatment of conjunctivitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.4 Coughs and colds and nasal congestion

Annual Spend	c. £1,300,000
Rationale for recommendation	Most colds start to improve in 7 to 10 days. Most coughs clear up within two to three weeks. Both conditions can cause nasal congestion. Neither condition requires any treatment.
References:	1. NHS Choices: Common Cold accessed October 2017 2. NICE CKS: Common Cold accessed October 2017

	3. PrescQIPP: Coughs and Colds.
Recommendation	Advise CCGs that a prescription for treatment of coughs, colds and nasal congestion should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.5 Cradle Cap (Seborrhoeic dermatitis – infants)

Annual Spend	c. £4,500,000
Rationale for recommendation	Cradle cap is harmless and doesn't usually itch or cause discomfort. It usually appears in babies in the first two months of their lives, and clears up without treatment within weeks to a few months.
References:	1. NHS Choices: Cradle Cap accessed October 2017 2. NICE CKS: Seborrhoeic dermatitis accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of cradle cap should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	If causing distress to the infant and not improving

4.2.6 Haemorrhoids

Annual Spend	c. £500,000
Rationale for recommendation	In many cases, haemorrhoids don't cause symptoms and some people don't even realise they have them. Haemorrhoids often clear up by themselves after a few days. Making simple dietary changes and not straining on the toilet are often recommended first. However, there are many treatments (creams, ointments and suppositories) that can reduce itching and discomfort and these are available over the counter for purchase.
References:	1. NHS Choices: Haemorrhoids accessed October 2017 2. NICE CKS: Haemorrhoids accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of haemorrhoids should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.7 Infant Colic

Annual Spend	c.<£100,000
Rationale for recommendation	As colic eventually improves on its own, medical treatment isn't usually recommended. There are some over-the-counter treatments available that could be tried however; there is limited evidence for the effectiveness of these treatments.
References:	1. NHS Choices: Colic accessed October 2017 2. NICE CKS: Colic Infantile accessed October 2017 3. PrescQIPP: Infant Colic
Recommendation	Advise CCGs that a prescription for treatment of infant colic should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' Symptoms

4.2.8 Mild Cystitis

Annual Spend	c. £300,000
Rationale for recommendation	Mild cystitis is a common type of urinary tract inflammation, normally caused by an infection; however it is usually more of a nuisance than a cause for serious concern. Mild cases can be defined as those that are responsive to symptomatic treatment but will also clear up on their own. If symptoms don't improve in 3 days, despite self-care measures, then the patient should be advised to see their GP. Symptomatic treatment using products that reduce the acidity of the urine to reduce symptoms are available, but there's a lack of evidence to suggest they're effective.
References:	1. NHS Choices: Cystitis accessed October 2017 2. NICE CKS: Urinary tract infection (lower) - women accessed October 2017.
Recommendation	Advise CCGs that a prescription for treatment of mild cystitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.3 Minor Conditions Suitable for Self- Care

4.3.1 Mild Irritant Dermatitis

Annual Spend	c. £14,500,000
Rationale for recommendation	Irritant dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided It is most commonly caused by irritants such as soaps, washing powders, detergents, solvents or regular contact with water. Treatment normally involves avoiding the allergen or irritant and treating symptoms with over the counter emollients and topical corticosteroids.
References:	1. NHS Choices: Contact Dermatitis accessed October 2017 2. NICE CKS: Dermatitis - contact accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of contact dermatitis should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.2 Dandruff

Annual Spend	c. £4,500,000
Rationale for recommendation	Dandruff is a common skin condition. It can be defined as mild scaling of the scalp without itching. Dandruff isn't contagious or harmful and can be easily treated with over the counter anti-fungal shampoos. A GP appointment is unnecessary. Patients should be encouraged to manage mild dandruff with long term over the counter treatments.
References	1. NHS Choices: Dandruff accessed October 2017 2. NICE CKS: Scenario: Seborrhoeic dermatitis - scalp and beard accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for dandruff should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.3 Diarrhoea (Adults)

Annual Spend	c. £2,800,000

Rationale for recommendation	Diarrhoea normally affects most people from time to time and is usually nothing to worry about. However it can take a few days to a week to clear up. Acute diarrhoea is usually caused by a bacterial or viral infection and other causes include drugs, anxiety or a food allergy. OTC treatments can help replace lost fluids or reduce bowel motions. This recommendation does not apply to children.
References	1. NHS Choices: Diarrhoea accessed October 2017 2. NICE CKS: Diarrhoea - adult's assessment accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for acute diarrhoea will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.4 Dry Eyes/Sore tired Eyes

Annual Spend	c. £14,800,000
Rationale for recommendation	Dry eye syndrome, or dry eye disease, is a common condition that occurs when the eyes don't make enough tears, or the tears evaporate too quickly. Most cases of sore tired eyes resolve themselves. Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter.
References	1. NHS Choices: Dry eye syndrome accessed October 2017 2. NICE CKS: Dry eye syndrome accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.5 Earwax

Annual Spend	c. £300,000
Rationale for recommendation	Earwax is produced inside ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears. A build-up of earwax is a common problem that can often be treated using eardrops bought from a pharmacy. These can help soften the earwax so that it falls out naturally.
References:	1. NHS Choices: Earwax build-up accessed October 2017 2. NICE CKS: Earwax Summary accessed October 2017
Recommendation	Advise CCGs that a prescription for the removal of earwax should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.6 Excessive sweating (Hyperhidrosis)

Annual Spend	c. £200,000
Rationale for recommendation	Hyperhidrosis is a common condition in which a person sweats excessively. First line treatment involves simple lifestyle changes. It can also be treated with over the counter high strength antiperspirants. An antiperspirant containing aluminium chloride is usually the first line of treatment and is sold in most pharmacies.
References	1. NHS Choices: Hyperhidrosis accessed October 2017 2. NICE CKS: Hyperhidrosis accessed October 2017
Recommendation	Advise CCGs that a prescription for high strength antiperspirants for the treatment of mild to moderate hyperhidrosis should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.7 Head Lice

Annual Spend	c. £600,000
Rationale for recommendation	Head lice are a common problem, particularly in school children aged 4-11. They're largely harmless, but can live in the hair for a long time if not treated and can be irritating and frustrating to deal with. Live head lice can be treated by wet combing; chemical treatment

	is only recommended in exceptional circumstances and in these cases over the counter medicines can be purchased from a pharmacy. If appropriate everyone in the household needs to be treated at the same time - even if they don't have symptoms. Further information on how to treat head lice without medication can be found on NHS Choices.
References:	1. NHS Choices: Head Lice and nits accessed October 2017 2. NICE CKS: Head Lice accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of head lice will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.8 Indigestion and Heartburn

Annual Spend	£7,500,000
Rationale for recommendation	Most people have indigestion at some point. Usually, it's not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required. Most people are able to manage their indigestion by making simple diet and lifestyle changes, or taking medication such as antacids. Most people can ease symptoms by simple changes to diet and lifestyle and avoiding foods that make indigestion worse. (e.g. rich spicy or fatty foods, caffeinated drinks).
References	1. NHS Choices: Indigestion accessed October 2017 2. NICE CKS: Dyspepsia - proven functional accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of Indigestion and heartburn will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.9 Infrequent Constipation

Annual Spend	c. £22,800,000
Rationale for recommendation	Constipation can affect people of all ages and can be just for a short period of time. It can be effectively managed with a change in diet or lifestyle. Pharmacists can help if diet and lifestyle changes aren't helping.

	They can suggest an over the counter laxative. Most laxatives work within 3 days. They should only be used for a short time only. Laxatives are not recommended for children unless they are prescribed by a GP. This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.
References	1. NHS Choices: Constipation accessed October 2017. 2. NICE CKS: Constipation accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of simple constipation will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.10 Infrequent Migraine

Annual Spend	c. £700,000
Rationale for recommendation	Migraine is a common health condition, affecting around one in every five women and around one in every 15 men. Mild infrequent migraines can be adequately treated with over the counter pain killers and a number of combination medicines for migraine are available that contain both painkillers and anti-sickness medicines. Those with severe or recurrent migraines should continue to seek advice from their GP.
References:	1. NHS Choices: Migraine accessed October 2017 2. NICE CKS: Migraine accessed October 2017
Recommendation	Advise CCGs that a prescription for the treatment of mild migraine should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.11 Insect bites and stings

Annual Spend	c. £5,300,000
Rationale for recommendation	Most insect bites and stings are not serious and will get better within a few hours or days. Over-the-counter treatments can help ease symptoms, such as painkillers, creams for itching and antihistamines.
References:	1. NHS Choices: Insect bites and stings accessed October 2017

	2. NICE CKS: Insect bites and stings accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for insect bites and stings will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.12 Mild Acne

Annual Spend	c. £800,000
Rationale for recommendation	Acne is a common skin condition that affects most people at some point. Although acne can't be cured, it can be controlled with treatment. Several creams, lotions and gels for treating acne are available at pharmacies. Treatments can take up to three months to work. Patients should be encouraged to manage mild acne with long term use of over the counter products.
References:	1. NHS Choices: Acne accessed October 2017 2. NICE CKS: Acne Vulgaris accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of mild acne will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.13 Mild Dry Skin

Annual Spend	c. £33,000
Rationale for recommendation	Emollients are often used to help manage dry, itchy or scaly skin conditions. Patients with mild dry skin can be successfully managed using over the counter products on a long term basis.
References:	1. NHS Choices: Emollients accessed October 2017 2. NICE CKS: Eczema - atopic accessed October 2017. 3. PrescQIPP: sunscreens
Recommendation	Advise CCGs that a prescription for treatment of dry skin should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	See earlier for general exceptions.

4.3.14 Sunburn due to excessive sun exposure

Annual Spend	c. £33,000
Rationale for recommendation	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products

	that can easily be bought in a pharmacy or supermarket.
References:	1. NHS Choices: Sunburn accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of sunburn should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	See earlier for general exceptions.

4.3.15 Sun Protection

Annual Spend	c. £33,000
Rationale for recommendation	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.
References:	1. PrescQIPP: sunscreens
Recommendation	Advise CCGs that a prescription for sun protection should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	ACBS approved indication of photodermatoses (i.e. where skin protection should be prescribed) See earlier for general exceptions.

4.3.16 Mild to Moderate Hay fever/Seasonal Rhinitis

Annual Spend	c. £1,100,000
Rationale for recommendation	Hay fever is a common allergic condition that affects up to one in five people. There's currently no cure for hay fever, but most people with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist.
References:	1. NHS Choices: Hay fever accessed October 2017 2. NICE CKS: Allergic rhinitis - Summary accessed October 2017 3. PrescQIPP: Hay fever
Recommendation	Advise CCGs that a prescription for treatment of mild to moderate hay fever will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.17 Minor burns and scalds

Annual Spend	c. £200,000

Rationale for recommendation	Burns and scalds are damage to the skin caused by heat. Both are treated in the same way. Depending on how serious a burn is, it is possible to treat burns at home. Antiseptic creams and treatments for burns should be included in any products kept in a medicine cabinet at home.
References:	1. NHS Choices: Burns and Scalds accessed October 2017. 2. NICE CKS: Burns and scalds accessed October 2017
Recommendation	Advise CCGs that a prescription for minor burns and scalds should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	See earlier for general exceptions. No routine exceptions have been identified. However more serious burns always require professional medical attention. Burns requiring hospital A&E treatment include but are not limited to: • all chemical and electrical burns; • large or deep burns; • burns that cause white or charred skin; • burns on the face, hands, arms, feet, legs or genitals that cause blisters.

4.3.18 Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)

Annual Spend	c. £38,200,000
Rationale for recommendation	In most cases, headaches, period pain, mild fever and back pain can be treated at home with over-the-counter painkillers and lifestyle changes, such as getting more rest and drinking enough fluids. Patients should be encouraged to keep a small supply of OTC analgesics in their medicines cabinets at home so they are able to manage minor conditions at home without the need for a GP appointment. *Examples of conditions where patients should be encouraged to self – care include: Headache, colds, fever, earache, teething, period pain, cuts, self-limiting musculoskeletal pain, sprains and strains, bruising, toothache, sinusitis/nasal congestion, recovery after a simple medical procedure, aches and pains and sore throat.*
References:	1. NHS Choices: Living with Pain accessed October 2017. 2. NHS Choices: Your medicine cabinet 3. NICE CKS: Mild to Moderate Pain accessed October

	2017 4. PrescQIPP:analgesia resources
Recommendation	Advise CCGs that a prescription for treatment of conditions associated with pain, discomfort and mild fever will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.19 Mouth ulcers

Annual Spend	c. £5,500,000
Rationale for recommendation	Mouth ulcers are usually harmless and do not need to be treated because most clear up by themselves within a week or two. Mouth ulcers are common and can usually be managed at home, without seeing your dentist or GP. However, OTC treatment can help to reduce swelling and ease any discomfort.
References:	1. NHS Choices: Mouth ulcers accessed October 2017. 2. NICE CKS: Aphthous ulcer accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of mouth ulcers will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.20 Nappy Rash

Annual Spend	c. £500,000
Rationale for recommendation	Up to a third of babies and toddlers in nappies have nappy rash at any one time. Nappy rash can usually be treated at home using barrier creams purchased at the supermarket or pharmacy. Nappy rash usually clears up after about three to seven days if recommended hygiene tips are followed.
References:	1. NHS Choices: Pregnancy and baby - Nappy Rash accessed October 2017 2. NICE CKS: Nappy rash accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for nappy rash will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.21 Oral Thrush

Annual Spend	c. £4,500,000
Rationale for recommendation	Oral Thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. It is common in babies and older people with dentures or those using steroid inhalers. It can easily be treated with over the counter gel.
References:	1. NHS Choices: Oral Thrush (adults) accessed October 2017 2. NHS Choices: Oral Thrush (babies) accessed October 2017 3. NICE CKS: Candida Oral accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for oral thrush will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.22 Prevention of dental caries

Annual Spend	c.< £100, 000
Rationale for recommendation	The dentist may advise on using higher-strength fluoride toothpaste if you are particularly at risk of tooth decay. Some higher fluoride toothpastes (~1500 ppm) and mouthwashes can be purchased over the counter.
References:	1. NHS Choices: Tooth Decay accessed October 2017. 2. PrescQIPP: Dental products
Recommendation	Advise CCGs that a prescription for high fluoride OTC toothpaste should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.23 Ringworm/Athletes foot

Annual Spend	c. £3,000,000
Rationale for recommendation	Ringworm is a common fungal infection that can cause a red or silvery ring-like rash on the skin. Despite its name, ringworm doesn't have anything to do with worms. Athlete's foot is a rash caused by a fungus that usually appears between the toes. These fungal infections, medically known as "tinea", are not serious and are usually easily treated with over the counter treatments. However, they are

	contagious and easily spread so it is important to practice good foot hygiene.
References:	1. NHS Choices: Athletes Foot accessed October 2017. 2. NHS Choices: Ring Worm accessed October 2017 3. NICE CKS: Fungal Skin Infection - Foot accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of ringworm or athletes foot will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	Lymphoedema or history of lower limb cellulitis. See earlier for general exceptions.

4.3.24 Teething/Mild toothache

Annual Spend	c. £5,500,000
Rationale for recommendation	Teething can be distressing for some babies, but there are ways to make it easier for them. Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething and these can be purchased from a pharmacy. If baby is in pain or has a mild raised temperature (less than 38C) then paracetamol or ibuprofen suspension can be given. Toothache can come and go or be constant. Eating or drinking can make the pain worse, particularly if the food or drink is hot or cold. Mild toothache in adults can also be treated with over the counter painkillers whilst awaiting a dental appointment for further investigation.
References:	1. NHS Choices: Toothache accessed October 2017. 2. NICE CKS: Teething accessed October 2017
Recommendation	Advise CCGs that a prescription for teething in babies or toothache in children and adults will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.25 Threadworms

Annual Spend	c. £200,000
Rationale for recommendation	Threadworms (pinworms) are tiny worms in your stools. They are common in children and can be spread easily. They can be effectively treated without the need to visit the GP. Treatment for threadworms can easily be bought from pharmacies. This is usually a chewable tablet or liquid you

	swallow. Strict hygiene measures can also help clear up a threadworm infection and reduce the likelihood of reinfection Everyone in the household will require treatment, even if they don't have symptoms.
References:	1. NHS Choices: Threadworms accessed October 2017 2. NICE CKS: Threadworm accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of threadworm should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.26 Travel Sickness

Annual Spend	c. £4,500,000
Rationale for recommendation	Mild motion sickness can be treated by various self-care measures (e.g. stare at a fixed object, fresh air, listen to music etc.); more severe motion sickness can be treated with over the counter medicines.
References	1. NHS Choices: Travel Sickness accessed October 2017. 2. Patient info: Travel Sickness accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for motion sickness will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.27 Warts and Verrucae

Annual Spend	c. £900,000
Rationale for recommendation	Most people will have warts at some point in their life. They are generally harmless and tend to go away on their own eventually. Several treatments can be purchased from a pharmacy to get rid of warts and verrucae more quickly if patients require treatment.
References:	1. NHS Choices: Warts and Verruca's accessed October 2017. 2. NICE CKS: Warts and Verrucae References accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of warts and verrucae will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

Appendix 1 - Conditions for which prescribing should be restricted

1. Probiotics
2. Vitamins and minerals
3. Acute Sore Throat
4. Infrequent Cold Sores of the lip.
5. Conjunctivitis
6. Coughs and colds and nasal congestion
7. Cradle Cap (Seborrhoeic dermatitis – infants)
8. Haemorrhoids
9. Infant Colic
10. Mild Cystitis
11. Mild Irritant Dermatitis
12. Dandruff
13. Diarrhoea (Adults)
14. Dry Eyes/Sore (tired) Eyes
15. Earwax
16. Excessive sweating (Hyperhidrosis)
17. Head Lice
18. Indigestion and Heartburn
19. Infrequent Constipation
20. Infrequent Migraine
21. Insect bites and stings
22. Mild Acne
23. Mild Dry Skin
24. Sunburn
25. Sun Protection
26. Mild to Moderate Hay fever/Seasonal Rhinitis
27. Minor burns and scalds
28. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
29. Mouth ulcers
30. Nappy Rash
31. Oral Thrush
32. Prevention of dental caries
33. Ringworm/Athletes foot
34. Teething/Mild toothache
35. Threadworms
36. Travel Sickness
37. Warts and Verrucae

Appendix 2– Example products for conditions or over the counter items that could be restricted.

NB the products highlighted below are included for illustration purposes only. This guidance focuses on prescribing restrictions for the conditions identified.

Condition/Item	Example products
Probiotics	**Probiotic sachets**
Vitamins and Minerals	**Vitamin B compound tablets, Vitamin C effervescent 1g tablets, Multivitamin preparations.**
Acute Sore Throat	**Lozenges or throat sprays**
Cold Sores	**Antiviral cold sore cream**
Conjunctivitis	**Antimicrobial eye drops and eye ointment.**
Coughs and Colds and Nasal Congestion	**Cough mixtures or linctus, Saline nose drops, Menthol vapour rubs, Cold and flu capsules or sachets.**
Cradle Cap	**Emulsifying ointment, Shampoos**
Haemorrhoids	**Haemorrhoid creams, ointments and suppositories.**
Infant Colic	**Simethicone suspensions lactase drops**
Mild Cystitis	**Sodium bicarbonate or potassium citrate granules**
Contact Dermatitis	**Emollients, Steroid creams.**
Dandruff	**Antidandruff shampoos Antifungal shampoos**
Diarrhoea (Adults)	**Loperamide 2mg capsules Rehydration sachets,**
Dry Eyes/Sore(tired) eyes	**Eye drops for sore tired eyes Hypromellose 0.3% eye drops**
Earwax	**Drops containing sodium bicarbonate, hydrogen peroxide, olive oil or almond oil.**
Excessive sweating (mild – moderate hyperhidrosis)	**Aluminium chloride sprays, roll-ons, solutions.**
Head Lice	**Creams or lotions for head lice**
Indigestion and Heartburn	**Antacid tablets or liquids Ranitidine 150mg Tablets OTC proton pump inhibitors e.g. omeprazole 10mg capsules. Sodium alginate, calcium carbonate or sodium bicarbonate liquids.**
Infrequent Constipation	**Bisacodyl tablets 5mg**

	Ispaghula Husk granules **Lactulose solution**
Infrequent Migraines	**Migraine tablets** **Painkillers** **Anti-sickness tablets**
Insect bites and stings	**Steroid creams or creams for itching.**
Mild Acne	**Benzoyl peroxide products** **Salicylic acid products**
Mild Dry Skin	**Emollient creams, ointments and lotions**
Sunburn/Sun Protection	**After sun cream** **Sun creams**
Mild to Moderate Hay fever/Seasonal Rhinitis	**Antihistamine tablets or liquids.** **Steroid nasal sprays** **Sodium cromoglicate eye drops**
Minor Burns and Scalds	**Antiseptic Burns Cream,** **Cooling burn gel.**
Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)	**Paracetamol 500mg tablets,** **Ibuprofen 400mg tablets,** **NSAID topical creams or gels** **Paracetamol Suspension**
Mouth Ulcers	**Antimicrobial mouthwash**
Nappy Rash	**Nappy rash creams**
Prevention of dental caries	**Fluoride toothpastes** **Mouthwashes**
Ringworm/Athletes foot	**Athlete's Foot Cream** **Antifungal creams or sprays**
Teething/Mild Toothache	**Antiseptic pain relieving gel** **Clove Oil** **Painkillers**
Threadworms	**Mebendazole 100mg tablets**
Travel Sickness Tablets	**Travel sickness tablets**
Warts and Verrucae	**Creams, gels, skin paints and medicated plasters containing salicylic acid** **dimethyl ether propane cold spray**

Equality Analysis Form

The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.

To be completed at the earliest stages of the activity and before any decision making and returned via email to GMSS Equality Diversity Human Rights Business Partner for Quality Assurance:

Rosie Kingham: rosie.kingham@nhs.net

Section 1: Responsibility

1	**Name & role of person completing the EA:**	Aleksandra Houghton, Advanced Medicines Optimisation Pharmacist, NHS Greater Manchester Shared Services (hosted by NHS Oldham CCG)
2	**Service/ Corporate Area**	Medicine Optimisation
3	**Head of Service or Director (as appropriate):**	Nigel Dunkerley
4	**Who is the EA for?** **(Name of other organisation)**	Oldham CCG

Section 2: Aims & Outcomes

5	**What is being proposed? Please give a brief description of the activity.**	On 29th March 2018, NHS England issued guidance to CCGs titled: Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs. This guidance proposes that certain medications will not be routinely commission at NHS expense. These medicines are for conditions that: •may be considered to be self-limiting, so they do not need treatment as they will get better of their own accord, or •are suitable for self-care, so that the person suffering does not normally need to seek medical advice and can manage the condition by purchasing Over The Counter (OTC) items unless there are clinically exceptional circumstances.
6	**Why is it needed? Please give a brief description of the activity.**	This guidance was considered and approved for adoption as CCG policy at GMMMG Clinical Standards Board on 9th August. GM Medicines Optimisation CCG leads decided to take a GM approach on delivery and implementation of the NHS England policy. It was decided that, as per NHS England recommendation, CCGs will have to carry out local E&D assessments before implementation and mitigate any issues identified.
7	**What are the intended outcomes of the activity?**	Potential to save approximately £4.5M per annum across GM, approximately 500K across Oldham (saving if prescribing at level of Bury CCG per population).
8	**Expected Implementation Date**	June 2019
9	**Who does it affect?**	Population of Oldham

Section 3: Establishing Relevance to Equality & Human Rights

10 **What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.**

	General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance
	To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	No	

	To advance equality of opportunity between people who share a protected characteristic and those who do not.	No		
	To foster good relations between people who share a protected characteristic and those who do not	No		
10.1	**Use the drop down box and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right**			
	Protected Equality Characteristic	**Positive (Yes/No)**	**Negative (Yes/No)**	**Explanation**
	Age		Yes	Age restrictions on the license to sell certain medications could impact but this has been mitigated by excluding these groups under the policy.
	Disability		Yes	Potential negative impacts are mitigated by policy exclusions and GP clinical judgment.
	Gender	No		No anticipated impact
	Pregnancy or maternity	No		No anticipated impact
	Race	No		No anticipated impact
	Religion and belief	No		No anticipated impact
	Sexual Orientation	No		No anticipated impact
	Other vulnerable group		Yes	Potential negative impacts on people living in poverty or asylum seekers are mitigated by policy exclusions and GP clinical judgment.
	Human Rights	No		No anticipated impact
	If you have answered No to all the questions above and in question 10, explain below why you feel your activity has no relevance to Equality and Human Rights.			
Mitigation is managed by excluding groups that will be negatively impacted and by the discretion of GPs to prescribe where they feel a patient would be put at risk if they do not issue medication by NHS prescription.				
Section 4: Equality Information and Engagement				
11	**What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details.**			
	Details of Equality Information or Engagement with protected groups	**Internet link if published & date last published** http://www.oldhamccg.nhs.uk/Publications/Equality-and-Diversity https://www.gov.uk/guidance/equality-act-2010-guidance		
11.1	**Are there any information gaps, and if so how do you plan to address them**	A Guide and implementation toolkit are in the development process. A GM wide finish and task group has been set up to develop the toolkit for community pharmacists and GPs. This group and Communication and Engagement Leads are also working on the engagement with the local populations.		
Section 5: Outcomes of Equality Analysis				
12	**Complete the table to conclude the EA.**			
	What will the likely overall effect of your activity be on equality?	Implementation of this advice will help reduce unwarranted variation in prescribing rates of medicines that may be used to		

		treat self-limiting illnesses.
	What recommendations are in place to mitigate any negative effects identified in 10.1?	The GMMMG Proposed Commissioning Statement includes a list of exemptions when OTC treatment can be prescribed at NHS expense. The BMA also provide advice to GPs to use their clinical judgment when deciding on the availability of the treatment.
	What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?	Implementation will support CCGs to use their prescribing resources effectively and deliver best patient outcomes from the medicines that their local population uses. It will support the NHS to achieve the greatest value from the money that it spends.
	What steps are to be taken now in relation to the implementation of the activity?	The next step of the project will be to engage with the population of Oldham.
Section 6: Monitoring and Review		
13		

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Over the Counter Medicines Survey

Your views - Prescriptions for medications that are available over the counter

NHS England delivered a national public consultation to review routine prescriptions and treatments for conditions that are self-limiting or lend themselves to self-care.

NHS England has issued guidance to all local CCGs and we want your views on how we can implement the proposed changes that would mean that GPs would not routinely prescribe for these short term conditions where the condition will usually get better on its own or the treatments available are not effective.

Each year the NHS spends around £569 million on prescriptions for medicines for minor conditions, which could have been purchased over the counter (OTC) from a pharmacy, supermarket or other outlets.

1. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed.

- [ ] Probiotics due to limited clinical effectiveness
- [ ] Cold sores because the condition will normally clear up on its own without the need for further treatment
- [ ] Vitamins and minerals due to limited clinical effectiveness
- [ ] Acute sore throat because the condition will normally clear up on its own without the need for further treatment
- [ ] Conjunctivitis because the condition will normally clear up on its own without the need for further treatment
- [ ] Coughs, colds and nasal congestion because the condition will normally clear up on its own without the need for further treatment

Please tell us why you have selected those medications and treatments

2. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed.

- [ ] Cradle cap (Seborrhic Dermatitis - Infants) because the condition will normally clear up on its own without the need for further treatment
- [ ] Haemorrhoids because the condition will normally clear up on its own without the need for further treatment
- [ ] Infant Colic because the condition will normally clear up on its own without the need for further treatment
- [ ] Dandruff as the condition is appropriate for self-care
- [ ] Diarrhoea (adults) as the condition is appropriate for self-care

Please tell us why you have selected those medications and treatments

3. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed.

- [ ] Mild Cystitis because the condition will normally clear up on its own without the need for further treatment
- [ ] Contact Dermatitis as the condition is appropriate for self-care
- [ ] Dry eyes / Sore (tired) Eyes as the condition is appropriate for self-care
- [ ] Earwax as the condition is appropriate for self-care
- [ ] Excessive Sweating as the condition is appropriate for self-care

Please tell us why you have selected those medications and treatments.

4. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed

- [ ] Head Lice as the condition is appropriate for self-care
- [ ] Indigestion and Heartburn as the condition is appropriate for self-care
- [ ] Infrequent Constipation as the condition is appropriate for self-care
- [ ] Infrequent Migraine as the condition is appropriate for self-care
- [ ] Insect bites and stings as the condition is appropriate for self-care
- [ ] Please tell us why you have selected those medications and treatments

5. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed.

- [ ] Mild to moderate Hayfever / Seasonal Rhinitis as the condition is appropriate for self-care
- [ ] Minor burns and Scalds as the condition is appropriate for self-care
- [ ] Minor conditions associated with pain, discomfort and fever as the condition is appropriate for self-care
- [ ] Mouth ulcers as the condition is appropriate for self-care
- [ ] Nappy rash as the condition is appropriate for self-care
- [ ] Oral thrush as the condition is appropriate for self-care
- [ ] Please tell us why you have selected those medications and treatments.

6. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed.

- [ ] Prevention of dental caries as the condition is appropriate for self-care
- [ ] Ringworm / Athletes Foot as the condition is appropriate for self-care
- [ ] Teething / Mild toothache as the condition is appropriate for self-care
- [ ] Threadworm as the condition is appropriate for self-care
- [ ] Travel sickness as the condition is appropriate for self-care
- [ ] Warts and Verrucae as the condition is appropriate for self-care

Please tell us why you have selected those medications and treatments.

7. How do you self-care for yourself and your family at present?

8. What impact would it have on your family if these medicines were not routinely prescribed?

9. Who would it impact most if these medicines and treatments were not routinely prescribed?

10. Do you have any other comments you would like us to consider?

11. The following questions are Equality & Diversity, we ask these questions so that we can understand who we are engaging with and who we still need to engage with

What is your ethnic group?

- [ ] White British
- [ ] White Irish
- [ ] Eastern European
- [ ] Gypsy/Roma/Traveller
- [ ] White Other
- [ ] Mixed
- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Mixed other background
- [ ] Asian or Asian British
- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Asian other Background
- [ ] Black or Black British

12. Are you pregnant or currently on maternity leave?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

13. Are you a military veteran?

- [ ] Yes
- [ ] No

14. What is your age?

- ( ) Under 18
- ( ) 18-24
- ( ) 25-34
- ( ) 35-44
- ( ) 45-54
- ( ) 55-64
- ( ) 65+

15. What gender do you identify as?

- [ ] Man - including trans man
- [ ] Woman - including trans woman
- [ ] Prefer not to say
- [ ] Non binary (identifies as neither a man nor a woman)

16. Do you consider yourself to have a disability or long lasting illness? This is defined as a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities

- ( ) Yes
- ( ) No
- ( ) Prefer Not to Say

17. How would you describe your religious beliefs?

- [ ] Buddhist
- [ ] Christian
- [ ] Hindu
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] None
- [ ] Prefer not to say

18. Which of these describes best how you think of yourself?

- ( ) Heterosexual/Straight
- ( ) Gay
- ( ) Lesbian
- ( ) Bisexual
- ( ) Unsure
- ( ) Not stated

19. Are you an unpaid carer?

- [ ] Yes
- [ ] No

20. If you have responded yes to the above, do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability or problems related to old age?

- [ ] Yes 1-19 hours a week
- [ ] Yes 20-49 hours a week
- [ ] Yes 50 or more hours a week

Stopping doctors prescribing medicines you can buy yourself

Questionnaire

Doctors in Ashton, Wigan and Leigh have rules on what illnesses they can give medicines for.

We want to know what you think of the new rules.

Please read the information first.

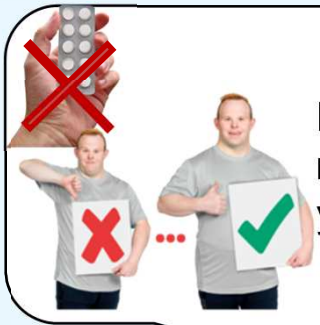
Then answer the questions.

What do you think of the new rules?

Like Dislike

Doctors shouldn't give medicines that don't make you feel better.

Agree Disagree



Doctors shouldn't give you medicines for illnesses when you will get better anyway.

Agree Disagree

Doctors shouldn’t give you medicines if you can easily buy them from a chemist or supermarket?


Agree Disagree

Tell us what you think of the new rules?

I think the doctors should break the rules on medicines, for some reasons. Tick the boxes you agree with:

The doctor should follow the same rules for everyone. ☐

The doctor should give people medicines if they are poor. ☐

The doctor should give people medicines if they are for children. ☐

The doctor should give people medicines if they have a disability or learning disability. ☐

The doctor should give people medicines if they (write your own answer):

_____

_____ ☐

Would you want us to do anything extra to help you with the new rules?

Do you think there is any reason the new rules shouldn't apply to you or other people?

Questions about you

Tell us a little bit about yourself. This is really helpful for us.

I live in _____ (place name)

I am _____ years old

I am

(tick all the boxes that describe you)

- ☐ Black
- ☐ White
- ☐ Mixed race

- ☐ British
- ☐ Asian
- ☐ African
- ☐ Caribbean
- ☐ Chinese
- ☐ European
- ☐ Mixed race
- ☐ Something not listed:

_____

I am a

- [ ] Boy or Man
- [ ] Girl or Woman
- [ ] Neither

I changed my gender / sex

- [ ] Yes
- [ ] No
- [ ] I don't want to tell you

I am in a relationship

- [ ] Yes
- [ ] No
- [ ] I don't want to tell you

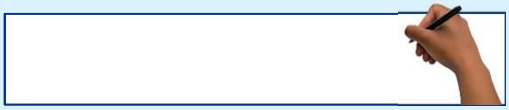
My religion is

I am

- [ ] Gay or lesbian
- [ ] Straight
- [ ] Bi-sexual
- [ ] I don't want to tell you
- [ ] Something not listed

I have a long term illness or disability

- [ ] Yes, I have



- [ ] No
- [ ] I don't want to tell you

I work

- [ ] Yes
- [ ] No
- [ ] I don't want to tell you

I am in school, college or university

- ☐ Yes
- ☐ No
- ☐ I don't want to tell you

I am retired

- ☐ Yes
- ☐ No
- ☐ I don't want to tell you

I am in the army, navy or airforce?

- ☐ Yes
- ☐ No
- ☐ I don't want to tell you

I used to be in the army, navy or airforce

- ☐ Yes
- ☐ No
- ☐ I don't want to tell you

I help to look after someone who can't look after themselves

- ☐ Yes, my…

- ☐ No
- ☐ I don't want to tell you

Thank you!

Please give your answers in, or post them for free to:

FREEPOST RTRA-BXKR-CTTT
Shape Your NHS,
Wigan Borough CCG,
Wigan Life Centre,
College Avenue,
Wigan WN1 1NJ

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Stopping doctors prescribing medicines you can buy yourself

Easy Read

Every year the NHS spends a lot of money

on prescriptions giving out medicines

that you can buy yourself without a prescription from a doctor.

For example, pain killers like paracetamol.

The senior NHS managers, NHS England,

spoke to lots of people

about whether they were happy to buy medicines themselves

for some short illnesses

instead of going to the doctor.

This would save the NHS money

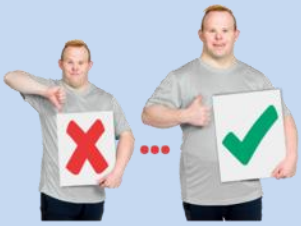
and give doctors more time.

After NHS England had finished talking to people

they created new rules to stop doctors giving prescriptions for medicines for 33 small illnesses.

They would only stop giving prescriptions for medicines when:

- the medicines don’t make you better



- the medicines are for illnesses that will get better by themselves

- you can easily buy the medicines from a chemist, supermarket or shop.

This means that doctors won’t give you medicines for 33 illnesses.

Here are the 33 illnesses:

1. Doctors won’t give you probiotics for tummy health.

They don’t do very much.

2. Doctors won’t give you cold sore cream or gel.

It goes away on its own.

3. Doctors won’t give you vitamins and minerals.

They don’t do very much.

4. Doctors won’t give you medicines for a sore throat.

It will get better on its own.

5. Doctors won’t give you medicines for red and runny eyes.

It will get better on its own.

6. Doctors won’t give you medicines for coughs and colds.

They get better on their own.

7. Doctors won’t give you medicines for cradle cap in babies.

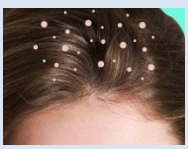
It gets better on its own.

8. Doctors won’t give you medicines for haemorrhoids.

They will get better on their own.

9. Doctors won’t give you medicines for colic in babies and children.

It gets better on its own.



10. Doctors won’t give you shampoos for dandruff.

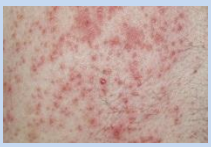
Lots of places sell dandruff shampoo.

11. Doctors won’t give you medicines for diarrhoea.

It gets better on its own.

12. Doctors won’t give you medicines for mild cystitis.

It gets better on its own.



13. Doctors won’t give you medicines for rashes from touching something.

Lots of places sell rash cream.

14. Doctors won’t give you medicines for dry or tired eyes.

There are ways to help yourself and you can get help from a chemist.

15. Doctors won’t give you medicines for earwax.

There are ways to help yourself and you can get help from a chemist.

16. Doctors won’t give you medicines to stop excessive sweating.

There are ways to help yourself and you can get help from a chemist.

17. Doctors won’t give you shampoos for head lice.

Lots of places shampoo for head lice.

18. Doctors won’t give you medicines for indigestion (when you feel bloated, have heartburn and feel sick).

Lots of places sell medicine for indigestion.

19. Doctors won’t give you medicines to help you when you can’t pooh.

Lots of places sell medicine to help you pooh.

20. Doctors won’t give you medicines for a one off bad headache.

Lots of places sell medicine for headaches and it will go away by itself.

21. Doctors won’t give you medicines for bug bites and stings.

Lots of places sell medicine for bites and stings.

22. Doctors won’t give you medicines for mild hayfever.

Lots of places sell medicine for hayfever.

23. Doctors won’t give you medicines for small burns or hot water scalds.

There are ways you can help yourself and it will get better without help.

24. Doctors won’t give you medicines for small illnesses that give you pain.

Lots of places sell medicine to help with pain.

25. Doctors won’t give you medicines for mouth ulcers.

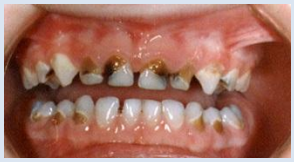
Lots of places sell gel or creams for mouth ulcers.

26. Doctors won’t give you creams for nappy rash.

Lots of places sell creams for nappy rash.

27. Doctors won't give you medicines for thrush in the mouth (white patches that bleed inside the mouth).

A chemist can sell you a gel and tell you what to do.

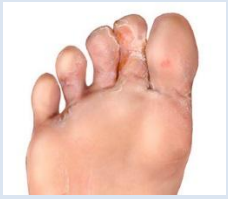


28. Doctors and dentists won't give you medicines for holes in your teeth.

You need to go to the dentist to get the tooth fixed and lots of places sell medicines to help with the pain.

29. Doctors and dentists won't give you medicines for toothache.

You need to go the dentist with toothache.



30. Doctors won't give you medicines for ringworm or athletes foot.

A chemist can sell you a cream or spray that will help and tell you what to do.

31. Doctors won't give you medicines for threadworms.

A chemist can sell you a medicine and tell you what to do.

32. Doctors won't give you medicines for travel sickness.

A chemist can sell you a medicine and tell you what to do.

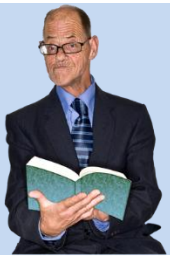
33. Doctors won't give you medicines for warts and verruca.

A chemist can sell you a medicine and tell you what to do.

Doctors in Ashton, Wigan and Leigh will soon be following these new rules.

We want to know what you think of the new rules.

Please help us and answer some questions.



When we have all the responses, we will look at the answers.

We will produce a report to explain what people have told us.

If you want to get a copy of the report let us know.

If you want to speak to someone about this please let us know:

01942 482711

shapeyournhs@wiganboroughccg.nhs.uk

FREEPOST RTRA-BXKR-CTTT,
Shape Your NHS,
Wigan Borough CCG,
Wigan Life Centre,
College Avenue,
Wigan WN1 1NJ

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Briefing to Health Scrutiny Sub-Committee

Urgent Primary Care Update

Report Authors: Dr John Patterson, Chief Clinical Officer and Deputy Accountable Officer, Oldham Cares and Mike Barker, Strategic Director of Commissioning / Chief Operating Officer at Oldham Council and Oldham Clinical Commissioning Group

26 March 2019

Purpose of the Briefing

The purpose of the briefing is to update the committee following on from the previous November 2018 presentation given by Dr Patterson and Dan Grimes from Oldham Care Organisation.

Executive Summary

The briefing will focus on progress on instituting Express Care Hubs offering bookable appointments for urgent primary care which will in time replace the current Walk in Service at the Integrated Care Centre.

Recommendations

The committee is asked to note progress made and make any observations which will assist in implementing the new model of Urgent Primary Care.

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Report to Health Scrutiny Sub-Committee

Council Motions

Report Author: Andrea Entwistle, Principal Policy Office – Health and Wellbeing
Ext. 3386

26 March 2019

Purpose of the Report

To update the Health Scrutiny Sub-Committee that there have been no motions of business referred to Health Scrutiny from Full Council since the last time this sub-committee met.

Full Council are due to meet on Wednesday 20 March 2019.

Recommendations

Health Scrutiny Sub-committee is requested to note the update.

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Report to Health Scrutiny Sub-Committee

Mayor's Healthy Living Campaign

Report Author: Andrea Entwistle, Principal Policy Officer – Health and Wellbeing
Ext. 3386

26 March 2019

Purpose of the Report

To provide the sub-committee with a status update on the Mayor's Healthy Living Campaign.

Requirement from Health Scrutiny Sub-Committee:

Health Scrutiny sub-committee is asked to note the update and continue to support the Mayor during his time in office.

Mayor's Healthy Living Campaign

1 Background

1.1 Each year, the Mayor is approached to see whether they have any particular areas of health and wellbeing they would like to actively support and raise awareness of during their term in office.

1.2 For 2018/19, Cllr Javid Iqbal will be the Mayor of Oldham. One of the themes that the Mayor has committed to supporting is increased physical activity, with a particular focus on walking.

1.3 The Health Scrutiny committee will be kept updated through the year as to the activity the Mayor has been involved in to promote healthy living in the borough.

2 Current Position

2.1 The Mayor continues to explore opportunities to role-model and promote increased physical activity as part of his mayoral duties.

2.2 The Mayor continues to walk regularly and raise awareness of the benefits of walking with the aim of encouraging those who do no or very little physical exercise to engage in an accessible activity in a local community setting.

3 Plans for 2019

3.1 The Mayor will participate in a Triathlon on 28 April 2019.

3.2 Cllr Iqbal is currently exploring the feasibility of hosting a Charity 10k Run, "MayorJavs 10k Fun Run". It is anticipated that this will take place in April 2019 and the Mayor will share details with the sub-committee once they are confirmed.

3.3 The Mayor is also planning to participate in the Cycling Colour Blast in Summer 2019. The 3km cycle ride is organised by Albility Wheelz Cycling Centre who are operated by POINT and provide opportunities for children, young people and adults with additional needs and/or disabilities to access a wide range of adapted and universal cycles in Alexandra Park.

4 Recommendation

4.1 Health Scrutiny sub-committee is asked to note the update and support the Mayor during his time in office.

OLDHAM HEALTH SCRUTINY SUB-COMMITTEE

FORWARD PLAN 2018-19

Date of meeting	Topic to be addressed	What	For discussion, approval, information?	Lead Officer
23 October 2018 (postponed)	**Council Motions**	**Review of Health related motions at council and subsequent actions**	**Discussion *(standing item)***	**Chair**
	Mayor's Healthy Living Campaign	**To update the sub-committee on recent activity**	**Discussion *(standing item)***	**Chair**
15 November 2018 (extraordinary) **6pm – 8pm** **Lees Suite, Civic Centre**	**Adult Mental Health**	**To include Mental Health Concordat, Connect 5 Training and 5 Ways to Wellbeing**	**Discussion**	**Gary Flanagan, Senior Commissioning Business Partner – Mental Health, Learning Disability and Dementia (gary.flanagan@nhs.net)** **Dr Keith Jeffery, GP Partner and Oldham CCG Clinical Director for Mental Health. (keith.jeffery@nhs.net)**
	Safeguarding	**To provide an update on the progress to date and proposed next steps in relation to Members' Safeguarding Training**	**Discussion**	**Ed Francis**
	Obesity	**Workshop (Part B)**	**Discussion**	**Katrina Stephens**

	Urgent Care	**Workshop**	**Discussion**	**Nadia Baig, Acting Director of Performance and Delivery, Oldham Cares (nadiabaig@nhs.net)**
	Council Motions	**Review of Health related motions at council and subsequent actions**	**Discussion *(standing item)***	**Chair**
	Mayor's Healthy Living Campaign	**To update the sub-committee on recent activity**	**Discussion *(standing item)***	**Chair**
18 December 2018 **6pm – 8pm** **Crompton Suite, Civic Centre**	**Regional Adoption Agency**	**12 month progress report**	**Discussion**	**Merlin Joseph, Director of Children's Services (Interim)** **Patsy Burrows, Head of Service Looked After Children and Care Leavers**
	Public health in primary care	**To include plans for CCG Clusters and NHS health checks**	**Discussion**	**James Mallion, Acting Consultant in Public Health**
	Oral Health	**To include Children and Adults**	**Discussion**	**Katrina Stephens, Joint Acting Director of Public Health**
	Council Motions	**Review of Health related motions at council and subsequent actions**	**Discussion *(standing item)***	**Chair**
	Mayor's Healthy Living Campaign	**To update the sub-committee on recent activity**	**Discussion *(standing item)***	**Chair**

29 January 2019 **6pm – 8pm** **Crompton Suite, Civic Centre** **(Reconvened until 19 February 2019)**	**Pennine Care Foundation Trust – CQC Inspection**	**Progress update for 2018**	**Discussion**	**Karen Maneely Associate Director Mental Health & Specialist Services – Oldham Borough (karen.maneely@nhs.net)**
	Outcome of Public Consultation on proposed IVF changes	**To update the sub-committee on the outcomes of the public consultation**	**Discussion – *separate meeting to be arranged as agreed on 19/2/19***	**Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net)**
	Clinical Services Strategy	**For the sub-committee to receive a briefing on the programmes on work taking place within the North East Sector relating to Locality Plans, Clinical Services' redesigns and the hospital transaction.**		**Barry Williams, External Partnerships Manager (Strategy & Planning), Northern Care Alliance (Barry.Williams@pat.nhs.uk)**
	Council Motions	**Review of Health related motions at council and subsequent actions**	**Discussion *(standing item)***	**Chair**
	Mayor's Healthy Living Campaign	**To update the sub-committee on recent activity**	**Discussion *(standing item)***	**Chair**

26 March 2019 **6pm – 8pm** **Crompton Suite, Civic Centre**	**Pennine Acute Hospitals NHS Trust - Transaction Programme Update**	**For the sub-committee to receive an update regarding the Pennine Acute Hospitals NHS Trust Transactions Programme.**	**Discussion**	**Steve Wilson, Executive Lead (Finance & Investment) - Greater Manchester Health & Social Care Partnership**
	Thriving Communities Programme	**To include an update on the main programme areas including social prescribing**	**Discussion**	**Peter Pawson, Thriving Communities Programme Manager (Peter.Pawson@unitypartnership.com)**
	Urgent Primary Care	**To provide an update on progress since the last update to the sub-committee**	**Discussion**	**Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net)**
	Over the Counter Medicine Review	**To provide an update on the progress to date**	**Discussion**	**Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net)**
	Update re Obesity	**To provide the sub-committee with a progress update as agreed at the workshop in November 2018**	**For information - to be included under work programme discussion *(standing item)***	**Julie Holt, Public Health Specialist (Julie.Holt@oldham.gov.uk)**
	Council Motions	**Review of Health related motions at council and subsequent actions**	**Discussion *(standing item)***	**Chair**
	Mayor's Healthy Living Campaign	**To update the sub-committee on recent activity**	**Discussion *(standing item)***	**Chair**

Report to Health Scrutiny Sub-Committee

Update on All Age Obesity/ Oral health and Obesity in Secondary Schools

Portfolio Holder:
Cllr. Chauhan, Portfolio Lead for Health and Wellbeing

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Julie Holt, Public Health Specialist
Ext. 8489

14th March 2019

Purpose of the Report

The report is an update on activity related to all age obesity, and oral and obesity in secondary schools as requested by the Sub-Committee.

All Age Obesity/Oral Health and Obesity in Secondary Schools

1 Background

1.1 At the November 2018 meeting of the Scrutiny Sub-Committee a report was presented on overweight and obesity, the scale of these issues in Oldham and the recent activities undertaken to prevent and address the problem.

The subcommittee RESOLVED that:

1. The content of the report be noted;
2. A template be developed to outline existing and future plans to tackle overweight and obesity in adults and children in Oldham. The following information be included in the template:
   a. Current barriers to progress;
   b. Legal framework;
   c. Prevention;
   d. Joined-up approach with partners, including schools and the community, voluntary and third sector;
   e. Comparative work of neighbouring authorities;

f. Publicity and promotion;

3. Links be developed with the Mayor's Healthy Living Campaign 2019/20 to promote existing and future programmes to tackle overweight and obesity in adults and children in Oldham;
4. A presentation/workshop on this theme be delivered to the Members of the Overview and Scrutiny Board by 26th March 2018 and offered to all Councillors.

The intention was that the outcomes of these combined actions would identify further opportunities to address obesity and enable a paper to be submitted to Oldham Council and to Oldham Clinical Commissioning Group.

1.2 At the Health Scrutiny Meeting in December 2018 members discussed the increased challenge around oral health and obesity in secondary schools. The committee considered that there are opportunities to promote healthy living messages via the Mayor's Healthy Living Campaign and the Oldham Learning Festival, due to take place in July 2019.

2 Current Position

2.1 A report on the causes and consequences of overweight and obesity, the scale of these issues in Oldham using latest statistics and information on recent activities undertaken in the public sector and in the voluntary and community sector to prevent and address the problem, along with the key barriers and challenges had been developed.

The research undertaken to develop the report lead to the recommendation of the need for a whole systems approach with a multiagency strategy/plan and clear governance arrangements. This work will be taken forward as a priority in 2019/20.

Work on developing an appropriate format for concise but thorough reporting and sharing of activity and outcomes in this complex area of health is ongoing. One recommendation is to establish a network as part of the obesity strategy which would enable this sharing of information.

2.2 An initial meeting has taken place between the Mayor, and Council officers from youth services, education and public health to discuss oral health and obesity in secondary schools.

The group discussed the intention to link the Mayor's Healthy Living Campaign 2019/20 with existing and future programmes to tackle overweight and obesity in adults and children in Oldham and possible ways forward. The group considered that the appropriate first step would be to carry out an exploration on what schools were already doing on health, diet, oral health and obesity and what the interest there is to take part in a health-related project, and on the views of young people themselves on how they think the issue can be best addressed.

The group recognized that the research would require staff time and expertise, particularly for the direct work with young people, and to progress this work additional resources are likely to be required. It is therefore recommended that this work is further considered in the context of the development of the Oldham obesity strategy/plan.

2.3 A workshop on the causes, consequences and opportunities for addressing all age obesity was planned to be held on 31st January 2019 and was offered to all Councillors. This was cancelled due to lack of applications to attend. Alternative mechanisms for delivering this workshop are now being explored.

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