

March 2018



CLINKS
RESPONSE

Clinks Response to 'Conditions for which over the counter items should not routinely be prescribed in primary care: A consultation on guidance for Clinical Commissioning Groups'

About Clinks

Clinks is the national infrastructure organisation supporting voluntary sector organisations working in the criminal justice system (CJS). Our mission is to support, represent and advocate for the voluntary sector in criminal justice, enabling them to provide the best possible opportunities for individuals and their families. We are a membership organisation with over 500 members, working in prisons and community settings, including the voluntary sector's largest providers as well as its smallest; and networks including over 15,000 contacts. For more information see www.clinks.org

About this consultation and response

Clinks responded in March 2018 to the NHS England consultation on conditions for which over the counter items should not routinely be prescribed in primary care. The consultation set out proposals for national guidance for Clinical Commissioning Groups (CCGs) on the prescribing of 'over the counter products' for 35 minor and/or self-limiting conditions. Read the full consultation document here: [Conditions for which over the counter items should not routinely be prescribed in primary care: A consultation on guidance for CCGs](#)

Our response to this consultation focuses on the potential impact of the proposed changes on people in contact with the CJS and their families, and has been informed by feedback collected from Clinks members. The format was an online survey, and the numbers relate to the questions where Clinks gave a written answer rather than a tick box.

Equality and Health Inequalities

5. Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?

As highlighted in NHS England's own Equality and Health Inequalities impact assessment of the proposed changes, these proposals will have the greatest impact on people who are currently eligible for free prescriptions, in particular those who are on low wages or in receipt of state benefits. This disproportionately applies to several groups protected by the Equality Act, in particular older people; children in low income families; disabled people; and people from BAME communities; all of whom

are more likely than the general population to experience social and economic deprivation.

6. Do you feel there is any further evidence we should consider in our proposals on the potential impact on health inequalities experienced by certain groups?

A significant majority of the people Clinks' members support are currently eligible for free prescriptions, and so would be adversely affected by the introduction of this new guidance. People in contact with the criminal justice system experience significant health and social inequalities¹. Many have multiple and complex needs, including alcohol and/or drug misuse, mental health and other long-term health conditions; and often have ineffective contact with health and other statutory services.

A significant proportion come from disadvantaged communities which are disproportionately affected by poverty, social inequality, and poor literacy and educational attainment; and therefore more likely to be on low incomes or in receipt of state benefits. For example, 47% of the adult prison population have no qualifications; 68% were unemployed in the four weeks before entering custody; and in 2013, only 26% of men and 9% of women leaving prison secured employment². Families with a family member in prison are also disproportionately likely to experience financial hardship. Imprisonment of a family member can have a double financial impact on families: while it will often mean a loss of income for the household, families are also impacted by the additional costs of visiting prisons, contacting their family member in prison and supplementing their family member's low wages to allow them to pay for telephone calls, food and toiletries.

A 2010 report found that over half of prisoners' families have had to borrow since the conviction of their relative³, while a 2015 report found that two thirds of families said their debts had increased since the imprisonment of a family member⁴. If implemented, this guidance may deter people from seeking medical help from their GP. For those who do access primary care, they will be less likely to follow through on treatment if advised to purchase medication over the counter. In some cases, this could lead to an increase in the inappropriate use of emergency services, as people or families who are unhappy with the response they have received from a GP choose to attend A&E to seek alternative treatment.

Proposals for CCG commissioning guidance

You may want to refer to Section 1.4 of the consultation document which outlines how the proposals for CCG commissioning guidance have been developed⁵.

7. Do you agree with the three proposed categories for items or conditions covered by this guidance?

These were:

- An item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.
- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own.
- 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.

Where a condition requires items to be purchased over the counter in order to facilitate effective self-care, the cost of doing so is likely to be prohibitive for many of those currently eligible for free prescriptions, including people and families in contact with the CJS. This



would mean people who are least well off being unable to access treatment for such minor conditions, leading to an increase in health inequalities.

Some of the conditions listed under this category, such as hay fever, require ongoing treatment in order to control symptoms, which would be an additional barrier for those who would struggle to purchase medication. For others, such as treatment for head lice, there is a public health implication if the condition is left untreated, which would have a disproportional impact in poorer communities.

While we support the rationale to encourage self-care for conditions which are self-limiting and do not require medical treatment, it is important to note that people with multiple and complex needs may require additional advice and support to do so, due to their circumstances and/or low levels of health literacy. Supplementing this guidance with the introduction of, or additional funding for, health education or peer support programmes targeted at groups most likely to be affected, could help to mitigate and reduce the impact on health inequalities.

General exceptions

See section 1.5 of the consultation document which outlines the proposed general exceptions to the restriction on prescribing over the counter products.

8. Do you agree with the general exceptions proposed?

Clinks considers that the proposed category of exemptions for "Patients where the clinician considers that their ability to self-manage is compromised as a consequence of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care." is highly problematic.

GPs are not always in a position to judge the social vulnerability of a patient, or their ability to pay for medications over the counter, especially if they do not have an established relationship with the person already. Clinks members expressed concern that this could change the relationship between patients and doctors, with the risk that 'a GP appointment could feel more like a benefits review', creating an additional barrier to people accessing health care. Families who are struggling financially due to a parent or family member being in prison, for example, may not wish to disclose this information to their GP due to the stigma surrounding this situation. Instead, we believe an exemption to this guidance should be made for all patients who are eligible for free prescriptions, to continue to be prescribed these medications without cost to themselves.

End notes

1. See for example Revolving Doors Agency, 2016 - Rebalancing Act – Online: <http://www.revolving-doors.org.uk/file/2050/download?token=m-t2NRKC> (last accessed 06.03.2018); Prison Reform Trust, 2017 – Bromley Briefings Prison Factfile Autumn 2017 – Online: <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Autumn%202017%20factfile.pdf> (last accessed 06.03.2018)
2. Prison Reform Trust, 2017 – Bromley Briefings Prison Factfile Autumn 2017 – Online: <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Autumn%202017%20factfile.pdf> (last accessed 06.03.2018)
3. Bath, C., and Edgar, K. (2010) Time is Money: Financial responsibility after prison, London: Prison Reform Trust
4. Prison Reform Trust (2015) Bromley Briefings Prison Factfile London: Prison Reform Trust.
5. https://www.engage.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/user_uploads/otc-guidance-2.pdf

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