Issue Title
The requirement of HMR CCG to reduce prescribing or supply of medicines which are

- 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

This includes provision of NHS funded medicines through all routes of supply e.g. prescriptions, hospitals, Accident and Emergency Departments, Out of Hours services, Walk-in Centres and Minor Ailments Schemes.

Executive Summary

1. In March 2018, NHS England give clear guidance that the treatment costs for many self-limiting illnesses & a number of associated products (see attached paper) should not routinely be provided at NHS expense. The anticipated costs savings could be considerable for each CCG, however it should be noted that some products listed as potential savings can be used for treatment of acute illness or a long-term condition, this makes prediction of actual savings extremely challenging. For example, a prescription of paracetamol tablets for an acute muscle pain or headache would not be allowed, prescribing of regular paracetamol for relief of pain associated with osteoarthritis would continue to be provided at NHS expense. In the NHSE consultation, the age of patients and disposable income were not accepted as mandatory exceptions. HMR CCG is required to implement these recommendations and to reduce prescribing drugs of limited value, and treatment for self-limiting or minor ailments at NHS expense.
Recommendation

2. The ICB agree that

   a) In line with NHS England guidance, HMR CCG will not routinely, commission
      at NHS expense medicines that are for conditions that are given on the
      document (attached) ratified by the Greater Manchester Medicines
      Management Group
   b) A piece of work to engage with residents of the Rochdale Borough is
      commenced in order that exceptions can be identified

Reason for Recommendation

3. Each CCG is required to engage with members of their local population on the
   implementation aspects of this guidance. It is not required that CCGs consult
   with residents on the areas covered by this guidance, this has already been
   undertaken prior to publication.

Key Points for Consideration

4. This will impact on a significant number of patients who routinely obtain their
   medicines from their GP for the conditions listed

   Alternatives Considered

4.1 Where it can be expected that some patients would be unable to afford
   treatment due to the high costs of the preparations / products, provision of this
   treatment could be delivered through the locally commissioned Minor Ailment
   Scheme. This would apply to a limited number of treatments, these could be
   considered following receipt of responses obtained through the engagement
   work

Costs and Budget Summary

5. It is unclear what level of savings could be expected as many treatments listed
   on the attached document could be used for both self-limiting and chronic
   treatment. For example paracetamol can be used for minor aches and pains,
   but it can also be used for treatment of long term musculo-skeletal disorders
   including osteoarthritis where regular medication is required

Risk and Policy Implications

6. Similar engagement exercises are being undertaken by most CCGs in
   Greater Manchester, the residents responses will then form the basis of the
   implementation (including identification of exceptions) to this policy
7. HMR CCG will work collaboratively with Communications and Engagement Teams across GM to ensure that we seek the views of local residents on the implementation of the NHSE OTC medicines (NHS provision) proposals.

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