

**Birmingham City Council and Sandwell Metropolitan
Borough Council**

Minutes of the Joint Health Overview and Scrutiny Committee

12th July, 201 at 2.00 pm
at the Sandwell Council House, Oldbury

Present: Councillor E M Giles (Chair);
Councillors Z Ahmed, B Lloyd and F Shaeen
(Sandwell Metropolitan Borough Council).

Councillors D Alden, F Cotton and K Hartley
(Birmingham City Council).

Apology: Councillor S Anderson and J Francis (Birmingham
City Council).

In Attendance: Gwynn Harris, Kally Judge and Elizabeth Walker
(Sandwell and West Birmingham Clinical
Commissioning Group);
Jane Upton (Healthwatch).

9/17

Minutes

Resolved that the minutes of the meetings held on the
following dates be confirmed as a correct record:

- (a) 23 November 2016
- (b) 18 January 2017

10/17

**Prescriptions and Medicines Consultation by Sandwell and
West Birmingham Clinical Commissioning Group**

The Board received a presentation on prescriptions and medicines
consultation by the Sandwell and West Birmingham Clinical
Commissioning Group.

In 2016-17 the Clinical Commissioning Group held an £83 million
budget for all member practices and held the budget for non-tariff

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drugs in secondary care. Most of the drugs had National Institute for Health and Clinical Excellence (NICE) technology appraisals mandating their use in the National Health Service (NHS). Challenges on resources, an ageing population, higher levels of over the counter prescription drugs and growth in chronic disease such as diabetes were some of the pressures on the budget that had prompted CCG to consider what it needed to do differently.

An early doors conversation with Healthwatch and consideration of the consultation process by scrutiny had taken place prior to commencement of the consultation process in March 2017. The process was extended by 12 weeks due to the elections and need to take account of the purdah period, the consultation expired on 13th July 2017.

It was reported that General Practitioners (GP's) had growing numbers of older and sicker patients presenting at surgery for advice and prescriptions for medicines that could be bought over the counter at pharmacies or in shops at a lower cost. In addition, that advice about lifestyle changes and alternatives were not being taken on board by patients resulting in placebo drugs being prescribed where the patient could negate the need for medicines if they changed their lifestyle.

It was reported that the National Institute for Health and Clinical Excellence (NICE) mark indicated that a drug had been tested and proven to work and that the preference of CCG was to stop using alternative medicines.

During the discussion and questions that ensued the following were amongst the issues raised and comments made:-

- Public meetings had taken place in Birmingham and Sandwell however attendance had been poor. Circulation of the public consultation had resulted in 280 responses.
- The data collected through consultation would determine if the consultation was representative relating to age, gender, location, ethnicity etc.
- There was no restriction on General Practitioners (GPs) to only prescribe NICE regulated drugs. GPs have discretion on what is prescribed following consultation with the individual.

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- Specialist drugs that were new or high cost were outside the scope of CCG commissioning, a specialist commissioning unit would be required.
- Birmingham Local Medical Committee would have oversight of which medicines were accessible across Birmingham and ensure equity of division across borders; there was also a National Pathway under development to align which medicines were accessible across the Nation.
- In relation to Gluten free carbohydrates being prescribed to individuals the CCG advised that there was minded not to prescribe anything that could adversely affect the individual and it had been proven that carbohydrates had been linked to obesity and diabetes.
- In relation to prescriptions for people on low incomes and under privileged persons, the GP had a discretion to prescribe, any guidance would be advisory and all GPs would be free to make independent choices.
- The Board was advised that homeless shelter and Children's facilities had been consulted.
- A report would be written by the independent commissioning body and presented to the Service Redesign Group.
- It was estimated that £1.5 million or approximately 2% of the budget could be saved by changing the medicines prescribed.
- It was reported that reduction of cost had been proven through data in relation to prescription of non-branded medicines.
- Many surgeries already had policies that mirror what was in the consultation document relating to cough medicines and paracetamol, that it was often cheaper to buy the product across the counter.
- The black list of medicines that should not be prescribed was reported to be out of date and it was clarified that the consultation was not expected to add to the list.
- Patients were only allowed things they needed in a prescription not things that they want.
- GPs give advice and life style change advice, if the advice was taken there would be no need for the medicine. The Board was advised that anyone can live healthily as a coeliac without gluten free products simply by changing their diet and lifestyle.

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It was noted that lactose intolerant patients were not prescribed soya milk and that not prescribing gluten free products should be included in the guidance.

- The Board welcome the advice and support that pharmacies give to customers in support of GPs.
- There was a need to practice more evidence based healthcare.
- More GPs are prescribing acupuncture for a variety of pain related illnesses and all have access to the pain service.
- There should be further consultation with patients and Healthwatch before issuing guidance.

The Board questioned the motive and effectiveness of the consultation and felt that the consultation had not captured enough feedback from the people in poverty, essentially the elderly and vulnerable people who would be most likely to be affected by any guidance resulting from the consultation.

The Board acknowledged the need to reduce the prescription of medicines where there was insufficient evidence of benefit or cost-effectiveness.

The Board recognised that the discretion to prescribe remained with the GPs and whilst ensuring long term continued care of a patient, a prescription for pain relief such as paracetamol would be part of the individuals care.

The Board recognised that GPs had to make difficult choices considering whether the patient could afford the things they need if they were not prescribed. The Board considered that a supply of over the counter treatments and nonbrand medicines should be kept in surgeries to dispense in cases of hardship.

Overall the Board felt that the discussion on guidance for prescriptions and medicine had raised some good points to include in feedback from the consultation. Guidance could be given by CCG but was not enforceable, similarly advice could be given by the GPs but was not enforceable.

The Board recognised that Educating the patient and encouraging lifestyle changes should complement a reduction in prescriptions

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and encourage the patient to seek healthy options in their diet and advice from pharmacies about over the counter remedies available.

The Chair thanked representatives from the Sandwell and Birmingham West Clinical Commissioning Group for their presentation.

Resolved:-

- (1) That the comments of the Board in relation to Prescriptions and Medicines Consultation be fed back to the Sandwell and Birmingham West Clinical Commissioning Group for inclusion in its report to the Service Redesign Group and Governing Body.

(Meeting ended at 3.00 pm)

<p>Contact Officer: Deb Breedon Democratic Services Unit 0121 569 3896</p>
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