



**North West London**  
Collaboration of  
Clinical Commissioning Groups

**15 Marylebone Road**

London

NW1 5JD

Tel: 020 3350 4000

Email: [choosingwisely@nw.london.nhs.uk](mailto:choosingwisely@nw.london.nhs.uk)

Tuesday, 13 June 2017

Dear colleague,

### **Choosing Wisely – improving the way we prescribe**

We are writing to ask your views on three new proposals to change the way we prescribe medicines across the eight boroughs of North West London (NW London), including your constituency.

These proposals will be going to CCG Governing Body for a decision in July 2017 and are entering a three week period of engagement before that date. Your valuable feedback will feed in to our final proposals for discussion at this Governing Body meeting.

Demand for healthcare is constantly rising as the population gets older, chronic and complex health conditions become more common and expensive new treatments become available.

Unfortunately our budgets are not increasing at the same rate and we are facing a financial gap.

NHS North West London Collaboration of CCGs needs to save nearly £135 million, around 5% of our annual expenditure, in the financial year 2017/18 in order to balance our budgets. Working together as a sector, NW London is looking at opportunities to reduce expenditure that will not impact on residents' health and essential NHS services. We are exploring a number of areas where we could make sensible changes to address this significant financial challenge. These difficult decisions about where we could save money need to be made locally, in a planned way with the input of patients and residents.

If we don't make the decisions proposed here, we could be forced into making unplanned cuts which affect essential NHS services.

This piece of work covers all the boroughs of NW London to ensure consistency across the eight boroughs.

The first area we are focusing on is changes to the way we prescribe. In the coming months, we will be looking at some clinical procedures and will come back to ask your views on those.

These proposals are similar to initiatives taking place in other parts of Greater London such as Richmond, Croydon, Greenwich, and Luton, and cover the following proposals:

1. GPs will ask patients if they are willing to buy certain medicines or products listed below that can be bought without a prescription
2. GPs will not routinely prescribe certain medicines and products listed below which can be bought without a prescription
3. To reduce waste we will ask patients to order their own repeat prescriptions

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It is important to view these proposals in the context of the transformation we are making to our health system across NW London. As we move from a reactive model of care that waits for people to get ill to a proactive one focussed on keeping people well, the importance of self-care and encouraging people to take a greater responsibility for their health and wellbeing is essential.

These proposals aim to:

- Encourage self-care with community pharmacy support
- Free up prescribers' time for clinical care
- Avoid unnecessary appointments for patients
- Reduce unnecessary spend on prescriptions
- Minimise unwarranted prescribing

The proposals below have been developed to reflect a balance of views expressed by GPs in this area.

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### **1. GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription**

Patients can buy some medicines from pharmacies and other high street stores over the counter without a prescription.

The products on this list have a useful role to play in treating or caring for certain conditions. All of these items are licensed safe to be sold without a prescription.

They are usually inexpensive and are mostly for minor illnesses or conditions that will not last long.

Examples include antihistamines for hay fever or ear drops to soften ear wax.

We are proposing that it would be reasonable for most patients to buy these products over the counter without a prescription. We propose advising GPs to ask patients if they are willing to buy these medicines and treatments.

#### **Products on this list:**

acne treatments; antacids; antifungal skin products; antihistamines; artificial saliva; barrier creams; benzydamine mouthwash; chloramphenicol eye drops; co-codamol 8/500; cold sore treatments; corticosteroid nasal sprays for hayfever; covering cream or powder; ear wax removers; ibuprofen; laxatives; loperamide for diarrhoea; lubricant products for dry eyes; ointments or creams for eczema and psoriasis; oral rehydration solution sachets; paracetamol; prescribable sun creams; shampoos for eczema and psoriasis; threadworm tablets; vitamins and mineral supplements.

### **2. GPs will not routinely prescribe the medicines and products listed below which can be bought without a prescription**

We are asking GPs and other prescribers in NW London to tell us if they can think of any good medical reasons for prescribing certain medicines and products, on the list below that can be bought without a prescription. The GPs who have contributed to the development of these proposals could not think of any reasonable criteria for prescribing the medicines and products on this list. If GPs

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cannot think of any reasonable criteria for prescribing these products we would expect there to be very few prescriptions for these in future. We are asking stakeholders whether they agree with the products on this list, and whether any products should be added to this list.

**Products on this list:**

antiperspirants; bath additives; colic treatment; cough and cold remedies; creams or suppositories for haemorrhoids (piles); herbal and complementary supplements; mouthwashes (except benzydamine); oral rehydration sachets; hair removal products; teething gels; tonics; travel sickness tablets; wart and verruca treatments.

**3. To reduce waste we are asking patients to order their own repeat prescriptions**

We want to improve the way we manage repeat prescriptions, by encouraging patients, carers, GPs and pharmacists to review their use of repeat medicines more often and make sure they are only ordering medicines they need.

Some patients rely on the pharmacy to order repeat prescriptions on their behalf. When prescriptions are ordered on their behalf without checking with patients or carers, there is a risk that patients will get medicines they do not need or do not intend to take.

Wasted medicines waste money, and unused or out of date medicines are a safety risk for patients. Other parts of the country have seen a decrease in over-ordering when prescriptions are ordered directly by patients and carers.

We propose a change to the repeat prescriptions system.

We would like more patients (or their carers) to order their own repeat prescriptions. This will reduce waste, increase safety, increase patient control of the process, and save costs.

Patients and carers could continue to order repeat prescriptions in the following ways:

- Using online methods
- Using mobile phone apps
- Using repeat prescription ordering slips handed in or posted to the GP practice

General practices would consider accepting requests from a community pharmacy on behalf of those patients unable to request their own prescriptions and without a carer who can do it for them.

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We will be engaging on these proposals with GPs and other stakeholders across NW London, including council members, HealthWatch groups, the vulnerable groups highlighted by our equality impact assessment, patients and public. We will be looking at the effects of these proposals on vulnerable groups, especially all protected groups, and as well as contacting all of these groups to engage around these proposals, we will be conducting a full Equalities Impact Assessment (EIA). Some people may also receive a request from PHAST to answer specific equalities analysis and health inequalities impact assessment questions to support this project.

We have established a web-based engagement site to gather views on these proposals at <https://choosingwiselynwLondon.commonplace.is>. We shall be promoting this website around the borough to ensure the widest possible participation in this engagement.

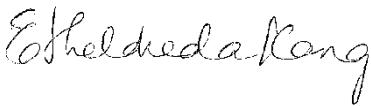
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We await with interest the result of any national consultations on this topic and will ensure that our policies align with any national policy revisions that result.

We really value your feedback ahead of the July Governing Body meetings.

We look forward to hearing from you at [choosingwisely@nw.london.nhs.uk](mailto:choosingwisely@nw.london.nhs.uk).

Yours faithfully,



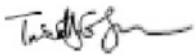
Dr Etheldreda Kong,  
**Chair of NHS Brent CCG**



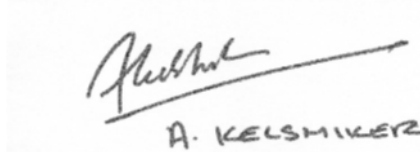
Dr Neville Pursell,  
**Chair of NHS Central London CCG**



Dr Mohini Parmar,  
**Chair of NHS Ealing CCG**



Dr Tim Spicer,  
**Chair of NHS Hammersmith and Fulham CCG**



A. KELSHIKER

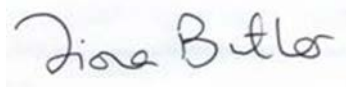
Dr Amol Kelshiker  
**Chair of NHS Harrow CCG**



Dr Ian Goodman,  
**Chair of NHS Hillingdon CCG**



Dr Nicola Burbidge,  
**Chair of NHS Hounslow CCG**



Dr Fiona Butler,  
**Chair of NHS West London CCG**