

Draft Engagement Plan

Prescribing Initiatives



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1.1. Introduction

This tranche of prescribing initiatives, developed to support the Financial Recovery Plan, cover 9 main areas, described below. Some of the prescribing areas will impact upon a very small number of current patients; others will impact upon a much wider number of patients.

The CCG have prioritised expenditure reduction under 4 themes. The prescribing initiatives come under two of these work streams:

1. Strengthening existing policies to ensure the right people get the treatment they need
2. Reducing provision and changing thresholds for treatments that offer limited clinical effectiveness and/or poor value for money

1.2. The proposals

The prescribing related areas covered under this plan currently are:

- Reduce provision of Gluten free products
- Effective prescribing of emollients for patients with a dermatological diagnosis
- Reducing the prescribing of over the counter treatments and drugs like paracetamol and antihistamines unless a patient has chronic pain and need to use it regularly
- No longer prescribing vitamin D maintenance dose preparations
- No longer routinely supply medicines for viral upper respiratory tract infections (URTIs) which have little evidence base, such as cold and flu medicines
- No longer prescribe Lidocaine 5% plasters (when used for pain relief outside of guidelines)
- No longer prescribing Liothyronine in primary hypothyroidism (hormonal supplement)
- No longer routinely prescribing baby milk
- Review implementation of new high cost drugs

1.3. Purpose of the plan

This plan outlines the timelines and actions that the CCG will take, working with members, clinicians, pharmacists, patients and the public, to meet our statutory duties to involve under the Health and Social Care Act 2012 in relation to the prescribing initiative outlined above.

1.4. Aims of the engagement

There are three overarching aims for this engagement plan:

- To work with patients, carers and our community and voluntary sector stakeholders and the public to engage them in the discussion and development of our proposals around these prescribing initiatives.
- To ensure that our stakeholders, patients and public are aware of our plans, the process by which the CCG have come to these proposals and are assured of the clinical reasoning upon which these proposals are based
- To work with our community and voluntary sector partners, including Healthwatch Croydon, to identify seldom heard groups and develop focused engagement activity to ensure that the voices of these residents are heard during the engagement process.

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1.5. Suggested approach

The potential interest from stakeholders, patients, the public and VCS groups will vary due to the wide range of prescribing plans.

It is recommended that the prescribing initiatives outlined in this plan are presented as a whole in communication and engagement materials. Some will require a narrower focus than others and this can be achieved through additional targeted engagement.

Where there is the potential that the initiatives will not impact positively upon a reduction in health inequalities or the changes will impact more heavily upon people sharing protected characteristics, opportunities to meet and discussions these initiatives targeting those population must take place with those most likely to be affected.

An equalities impact assessment that explores the potential impact of these changes on groups sharing protected characteristics and people experiencing health inequalities will be the best guide to the level and intensity of engagement needed.

1.6. Healthwatch Croydon

Healthwatch Croydon has been pre-briefed on these proposals. It is important to keep them well informed throughout this engagement process in order that we can liaise with them regarding any conversations and/or intelligence they receive on any of the proposals outlined above.

1.7. Gluten Free Prescriptions

Croydon CCG is spending approximately £83,000 per annum on prescriptions for gluten-free foods for people with coeliac disease. It is estimated that less than 1% UK population (half not diagnosed) suffers gluten intolerance. In Croydon this equates to around 3,000 people.

A number of CCG's across the country have either restricted prescriptions for gluten free foods or have stopped prescribing them completely. There are sound reasons why the CCG should include the proposal to restrict, reduce or stop prescribing gluten free foods.

The NHS does not provide food on prescription for other groups of patients whose diseases are associated with, or affected by, the type of food they eat. Gluten-free prescribing is an historical feature of prescribing which, 30 years ago, was relevant as gluten-free foods were not easily available to buy in the shops. Where gluten free products were available they were considerably more expensive than non-gluten free products. Gluten-free alternatives are now widely available at much cheaper prices and due to changing diets and lifestyle choices.

Because of the availability of gluten-free alternatives and the variety of foods now easily available, the prescribing of gluten free products to some patients present real equity issues across Croydon communities.

1.8. Key Stakeholders

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Below is an analysis of the key stakeholders and potential levels of interest/concern in the different elements of the proposals and the impact this may have on the level and type of engagement needed.

This list is not exhaustive and it can and will be added to throughout the engagement period.

Initiative	Potential concerns	Key stakeholders
Emollients	<p>Most interest to current patients who will be effected rather than wider public</p> <p>This may include older people and their families and carers and parents of young children who have been prescribed or who may be in the future.</p>	<ul style="list-style-type: none"> • National Eczema Society • Psoriasis Association • Age UK groups (as part of OBC) • Children's Centre's (as part of wider group who <i>may</i> be reasonably expected to be affected in the future) • Early Help Team (LBC)
Gluten Free	<p>Approximately 3000 Croydon residents will be affected. It is to be anticipated that a percentage of these patients will have concerns over this proposal</p> <p>Will need to work closely with National CVS and local MP's/Councillors to address any clinical concerns and ensure real time information on costs and availability is made widely available</p>	<ul style="list-style-type: none"> • Current patients • Coeliac UK • Coeliac support group (meet at Purley Hospital – not sure if this is active?) • PPG's • Croydon PPG Network
Over the counter (Paracetamol etc.)	<p>This is the most likely to attract wider attention as it potentially affects 1000+ patients.</p> <p>Croydon residents will need to be reassured that this will</p>	<ul style="list-style-type: none"> • OBC Service user group • Age UK (Thornton Heath) • Croydon Neighbourhood Care Centre (Older

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	<p>not affect patients with chronic conditions with very clear messaging.</p>	<p>people/support groups)</p> <ul style="list-style-type: none"> • Disability interest groups • National/local charities providing support to people and carers with long term conditions • Residents Associations • Croydon Voluntary Action (to help reach seldom heard groups) • ASKI • Asian Elders Forum • Croydon BME Network
<p>Viral URTI (cough and cold medicines available OTC)</p>	<p>Messaging around this area can be linked to Stay Well this Winter campaign locally.</p> <p>Croydon residents will need to be reassured that this will not impact adversely for patients with chronic conditions with very clear messaging.</p>	<ul style="list-style-type: none"> • PPG's (to help support practice) • Croydon PPG Network • Add a section to HHN and make people aware as part of Stay Well campaign
<p>Prescribing of baby milk</p>	<p>This will affect families currently being prescribed baby milk due to allergies.</p> <p>It may also be of interest to other local parents and organisations that work with parents and young families.</p>	<ul style="list-style-type: none"> • Parents of currently babies who currently receive baby milk on prescription • Children's Centre's (as part of wider group who <i>may</i> be reasonably expected to be affected in the future) • Early Help Team (LBC)
<p>Lidocaine</p>	<p>Patients currently being prescribed.</p>	<ul style="list-style-type: none"> • Current patients

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Liothyronine	Patients currently being prescribed.	<ul style="list-style-type: none"> • Current patients
Vitamin D maintenance (top-up)	<p>This proposal refers to maintenance does only.</p> <p>People with protected characteristics could be heavily represented in the number of patients who require Vitamin D maintenance treatment. In particular older people, people with disabilities that restrict their mobility to the extent they become housebound, people from some BAME communities and people whose religion requires fuller covering of skin i.e. arms and legs.</p>	<ul style="list-style-type: none"> • Targeted engagement is recommended initially with CVS representatives of groups with protected characteristics to get a better understanding of the impact of this on vulnerable groups with the potential to widen out engagement to those groups.
Travel Immunisations	<p>This proposal is to implement existing policies. Patients requiring travel immunisations commonly expect to be charged for vaccinations not part of the regular immunisation schedule</p>	<p>Pre-engagement has already taken place by sharing a draft patient information leaflet with the CCG's virtual Health Network. Initial feedback suggests that it was a given that non-routine vaccinations were charged for. However, respondents did suggest that the CCG should make information more easily available for patients through practices.</p> <ul style="list-style-type: none"> • PPG groups • Croydon PPG Network • NAPP
Review implementation of new high cost drugs	Further details are required on this proposal ahead of any specific engagement	Further details are required on this proposal ahead of any specific engagement activity

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	activity being designed.	being designed.
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1.9. Key engagement questions

A presentation outlining the prescribing the majority of the initiatives have already been presented in two patient and public meetings:

The OBC Service User Group – 7 September (group include representatives from PPGs, Age UK, Healthwatch Croydon, Neighbourhood Care Centres)

PPI Forum – 5 October (40+ members of the public, PPG representatives, CVS representatives and patients).

The OBC group were asked to comment on the following questions:

- What do you see as the negatives and positives of these proposals?
- What concerns would you have if the NHS made these changes?
- How could we work to mitigate these concerns?
- Should there be any exceptions for any of these schemes

These questions were refined for the PPI Forum meeting to:

- What concerns would you have if the NHS made these changes?
- How could we work to mitigate these concerns?
- Should there be any exceptions for any of these schemes?

It is suggested that the questions act as a starting point which can be refined as the engagement progresses.

1.10. Level of activity

The suggested level of activity is based on the assumption that all the prescribing initiatives are presented together as a package. If this is not the case the planned level of activity may change as a result.

- One drop-in sessions in all 6 GP Networks – it may be possible to hold one drop-in session in a central neighbourhood GP practice, if not more sessions may be needed
- Extend an offer to meet with all PPG leads in Croydon jointly. It may also be necessary to visit PPG groups
- Meet with Croydon PPG Network membership
- Run a survey for people who prefer to comment on-line. It may be the case that some PPG members will be willing to support by disseminating the survey within their GP practice
- Targeted engagement meetings with seldom heard groups e.g. play and stay groups, Age UK Healthy Living hub for specific initiatives

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- Hold a joint meeting for CVS leads from organisations working with vulnerable/seldom heard groups (may be also be necessary to meet with some CVS groups individually)
- Offer to attend other larger group meetings e.g. BME/Asian Elders Forum meeting, CCC
- Develop a Task and Finish group to support the process.
- Task and Finish group to have relevant protocols in place to agree key actions e.g. media, clearance, correspondence

1.11. Timelines

Please note this is a working document and further activities to be added on an on-going basis throughout the engagement period.

Assuming the engagement period runs for 8 weeks and formally begins by late November /early December the following internal deadlines apply:

Internal deadlines

Engagement plan (in draft) agreed in principle by SMT – end October

Develop key messages/questions for patients and the public around the proposals by 25 November

Develop an FAQ on the proposal for use with patients by 25 Nov

Produce patient and public facing documents/materials including engagement document, survey, generic presentation and dedicated webpage by 25 Nov

Mid-point review 5 Jan

Final report - mid Feb

Engagement report to SMT Mid Feb

Engagement report to Governing Body March 2017 meeting

1.12. Considerations and Potential Risks

- There will be a high level of complaints, FOI's and correspondence which will spread the resource for the actual engagement.
- The urgent care engagement drew out some clear differences in residents levels of engagement. North, west and central Croydon residents required significantly more targeting to encourage them to engage with the activities.
- There is a risk that without the support of organisations such as CVA, the engagement will be unduly weighted towards less deprived areas in the south of the borough.
- PPG membership and activity is varied across Croydon, with the most active PPGs being in the south of the borough. As with the point above there is a risk that without additional efforts being made to engage with patients in the north of the borough the engagement activities will be inequitable.
- The Croydon PPG Network has a number of strong personalities involved who may be resistant to these changes and block effective access to their individual PPG members.
- The Health Help Now APP is not up to date with the changes or non-urgent health needs and from the autumn use the Health Help Now app to help navigate the local system.

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1.13. Draft engagement timetable

Actions	Who	When	Status	Comments
Identify PPG leads, patient leaders and Croydon PPG Network members	PPI Lead	August	Completed	PPG/ PPI individual contact list already exists.
Identify seldom heard groups who may be affected and key contacts	PPI Lead	August	90% completed	From Urgent Care EIA and PH data.
Contact PPG leads.	PPI Lead	October	Not started	Database already
Pre-engagement meetings with key stakeholders (Healthwatch Croydon OSC)	SMT	Sept	HWC – 20 Sept OSC – public part 2 18 Oct	OSC – part 1 completed
Test materials with key groups including people with English as a second language and people with learning disabilities.	PPI/Comms leads	Sept/Oct	Not started	
Schedule key interest group meetings	PPI Lead	Sept/Oct	Not started	
Work with key CVS to discuss needs of seldom heard patient groups e.g. homeless, people with English as a second language, PWLD	Pre-scribing team	Sept/Oct	Not started	
Present to the OBC	Prescribing team	Sept 7	Completed	7 Sept 10-12

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Service User Experience Group (SUSEG) for discussion	Lead			BWH
Set up Drop-in meetings across the 6 networks.	PPI Lead	Oct/Nov/Dec	Not started	
PPG members network joint open meeting.	Prescribing Team	December/Jan	Not started	
PPI Forum	All	5 Oct	Completed	Booked for 5/10 6 – 8 pm