

Bruce Warners (NHS England) and Graham Jackson (NHS Clinical Commissioners)

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Sent via email: england.medicines@nhs.net

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Dear Mr Warners and Mr Jackson

Items which should not be routinely prescribed in primary care: an update and a consultation on further guidance for CCGs

The BMA is a professional association and independent trade union representing doctors and medical students from all branches of medicine across the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The Association welcomes the opportunity to respond to the consultation on guidance for CCGs for items which should not be routinely prescribed in primary care.

General position statement

As set out in the [BMA's response](#) of 19 February 2018 to the *Consultation on guidance for CCGs on conditions for which over the counter items should not routinely be prescribed in primary care*, the BMA supports efforts to ensure patients receive treatments that are both clinically appropriate and cost-effective. Where there is evidence to show lack of safety or efficacy, and an item is to be restricted with no exceptions, it should be placed on the blacklist of substances unavailable on the NHS. This would provide clarity and standardisation across CCGs, and prevent GPs having to justify the decision not to prescribe items which are unsafe or ineffective. Where substances have a limited therapeutic place clarity about responsibility for prescribing decisions is to be welcomed.



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Equality and Health Inequalities

Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work? No

Do you feel there is evidence we should consider in our proposals on the potential impact on health inequalities experience by certain groups e.g. people on low incomes; people from black and minority ethnic (BME) communities? No

Proposals for CCG commissioning guidance

Rubefaciants (excluding topical NSAIDs)

We agree with caveats. While agreeing with the intention to reduce prescribing, this would be better dealt with by inclusion of more expensive items on the blacklist of drugs unavailable on the NHS.

Aliskiren

We agree with caveats. While agreeing with the intention to reduce prescribing, this would be better dealt with by inclusion in the blacklist of drugs unavailable on the NHS.

Amiodarone

Agree.

Bath and shower preparations for dry and pruritic skin conditions

We agree with caveats. While agreeing with the intention to reduce prescribing, this would be better dealt with by inclusion of more expensive items on the blacklist of drugs unavailable on the NHS.

Blood glucose testing strips for type 2 diabetes

We agree with caveats. While agreeing with the intention to reduce the unit cost of these prescribed items, the arbitrary cut-off will need monitoring and changing in the light of price alterations, which could lead to multiple changes for patients to manage. It is important that prescribers have up-to-date information on pricing. This would be better dealt with by inclusion of more expensive items on the blacklist of drugs unavailable on the NHS. It would be useful for NHS England to provide an up-to-date guidance document on the various options for test strips, along with their costs.

Although it is important to remember that type 1 and type 2 diabetes are different diseases the function of blood glucose testing strips is identical in both groups. Clarity should be provided as to why this guidance only applies to patients with type 2 diabetes, in order to avoid giving the impression that this is a less serious disease, or of unwarranted discrimination. It is unclear if the figure for the annual spend includes that incurred in treating patients with type 1 diabetes.

Dronedarone

Agree.

Minocycline

Agree.

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Needles for Pre-Filled and Reusable Insulin Pens

We agree with caveats. While agreeing with the intention to reduce the unit cost of these prescribed items, the arbitrary cut-off will need monitoring and changing in the light of price alterations, which could lead to multiple changes for patients to manage. It is important that prescribers have up-to-date information on pricing. This would be better dealt with by inclusion of more expensive items on the blacklist of drugs unavailable on the NHS. It would be useful for NHS England to provide an up-to-date guidance document on the various options for and insulin pens, along with their costs.

Silk Garments

We agree with caveats. While agreeing with the intention to reduce prescribing, this would be better dealt with by inclusion of more expensive items on the blacklist of drugs unavailable on the NHS.

We hope that our submission is useful – please do not hesitate to contact us for more information if required.

Yours sincerely



Angela Kyle
Head, Committee Services
Policy Directorate