Prescription consultation response

Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?

Age / **disability** / ~~gender reassignment/race/religion or belief/sex/sexual orientation/marriage and civil partnership/~~ **pregnancy and maternity**

The RCPCH strongly advises that some children will be particularly vulnerable to the proposed changes and recommendations. They have limited control of their own medicinal needs as they are reliant on their parent(s) / carer(s). It cannot always be guaranteed that parents / carers will act in the best interest of the child, especially when financial costs may restrict individuals from accessing and purchasing the necessary medications for their children. The RCPCH is concerned that the Inequalities Impact Assessment does not include children as a specific group. The impact of any proposal affecting children's health and wellbeing should be considered within all governmental policies as recommended in RCPCH *State of Child Health*, 2017.

NHS England should also ensure that consultation has been undertaken with the right experts to guarantee that access to and provision of medication applies to all ages and not only to adults.

Pregnant mothers also bear responsibility for their unborn child. They too should not be restricted from accessing medications which benefit the unborn child.

Young adults (aged18-25) with special or complex medical needs may be particularly vulnerable during their transition from child to adult healthcare services. During this transitional period, they must have effective access to medications which are appropriate to their age and needs.

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 BME communities?

The RCPCH strongly advises that, children from disadvantaged / lower socio-economic backgrounds will be disproportionately affected. Increasing poverty levels may discourage parents / carers from purchasing many of the medicines listed in this consultation document. Families may have to make a decision to pay for medicine or food. Children are noted as big users of community pharmacies, yet the current consultation document has a weak impact assessment relating to the potential implications with respect to emergency department and inpatient unscheduled attendances by children. These services are likely to experience increased attendances by children as parents seek alternative ways of obtaining necessary medicines (Appendix 2 – page 31 – this is not outlined as a potential issue).

The RCPCH is very concerned that by removing free prescriptions, this will exacerbate existing inequality levels and impact upon the rising number of children living in poverty. The RCPCH and Child Poverty Action Group (CPAG) found that nearly four million children in the UK currently live within poverty, with paediatricians having major concerns that low incomes are contributing to the ill-health of children (*Poverty and child health* – 2017).

Page two of the consultation document states NHS England's values in promoting equity of access in addressing health inequalities. The RCPCH would argue that this document does not honour these claims by inadvertently promoting health inequalities. The RCPCH *State of Child Health Report* (2017) reported that inequalities in child health have widened over the last five years and this led to the Report's recommendations for a 'child health in all policies' approach to policy development, a moratorium on public health funding cuts, and universal early years public health services that are prioritised with the necessary financial support. Children and young people contributed to the Report and highlighted that poverty was a major area of concern to them, specifically relating the affordability of healthy food choices. RCPCH recommends that NHS England takes note of RCPCH's 'calls to action' (State of Child Health, 2017, p. 11) and the accompanying England specific guidance (*State of Child Health: 2017 Recommendations for England*). This will help to tackle child health inequalities effectively and in turn ensure that this proposed consultation takes account of the needs of children as well as adults.

The RCPCH recommends that NHS England permits free prescriptions up to the age of 18 years and up to 25 years for young adults with special or complex needs who are undergoing transition into adult care services. The Impact Assessment document states that 1-2% of prescriptions within this consultation relate to children - it is recommended that these prescriptions are ring-fenced and provided as free within primary care settings.

How will the guidance be updated and reviewed?
Thinking about the process for future update and review of the guidance: How do you feel about the proposed process for identification of items for possible addition to the guidance or indeed possible removal, from the guidance?

The RCPCH supports the role of NHS England in regularly reviewing and researching the efficacy of medications – the prescription of all drugs should be grounded in robust medical research and evidence-based practice. It is recommended that the health needs of children and young people are explicitly considered throughout such processes, to ensure that all recommendations and guidance are appropriate across all age groups. The RCPCH supports that where there is not a strong evidence base then identification for possible removal should be consulted with key expert groups through detailed consultative approaches. Consultation should include feedback from children and young people and parent / carer networks as patient experience should be integral to any future decision-making process. &Us is the children, young people and families programme for the RCPCH supporting &Us members to shape healthcare policy and practice across the UK through a range of engagement activities, initiatives and projects that can provide help and support to facilitate engagement with specific patient groups.

It is recommended that the RCPCH, alongside other Royal Colleges, are involved and engaged in any future CCG decision-making processes, as we represent an authoritative lead in advising on medications. The RCPCH is continually working on Quality Improvement and medicine safety, helping to improve the quality of care provided to children. Specifically, RCPCH has developed the Meds IQ resource tool, which collates resources to support paediatricians in improving medicine safety .This resource provides a range of tools, e-learning courses, has a professional community forum and reference materials.

The list of organisations attending the stakeholder event does not indicate that any patient groups for children and young people attended (Appendix 1, p. 30). It is noted that the British National Formulary (BNF) aided the guidance process but there is no mention of the BNF for Children (BNFC). The RCPCH would welcome clarification from NHS England on which experts and organisations led on evidencing best-practice for children and young people, and to explain why RCPCH and BNFC partners were not consulted.

The Impact Assessment document states that children represent 1-2% of prescriptions; it should be ensured that the concerns of this group are adequately addressed..

It is recommended that future processes involve the RCPCH in the development of guidance / recommendations. RCPCH & Us, RCPCH Medicines Committee and BNFC partners should be all included as key stakeholders in the decision-making process.

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Glucosamine and Chondroitin:

The RCPCH agrees to the proposed recommendations for Glucosamine and Chondroitin, though concerns over poverty and inequality restricting access should be appropriately considered.

Herbal Treatments:

The RCPCH does not agree to the proposed recommendations for Herbal Treatments. Patients who seek herbal remedies for their ailment may contact alternative health practitioners if they are unable to access such treatments through the NHS. This limits the doctor's capacity to ensure correct diagnosis has been made and appropriate medication prescribed. Consequently, potentially harmful or toxic herbal medications may be suggested. This issue is particularly concerning for children, who arguably have limited powers to advocate for their own healthcare needs above the wishes of their parents (who themselves may be misinformed of the efficacy of herbal treatments).

It is recommended that NHS England conducts further research regarding which groups are most likely to use herbal treatments, specifically whether certain communities or ethnic minorities will be most impacted. Findings of this research could inform investment in educational follow-up resources to assist individuals in making informed decisions relating to herbal treatments for themselves and their children.

Homeopathy:

The RCPCH agrees to the proposed recommendations for Homeopathy, though concerns over poverty and inequality restricting access should be appropriately considered.

Immediate Release Fentanyl:

The RCPCH does not agree to the proposed recommendations for Immediate Release Fentanyl. The consultation document states that Immediate Release Fentanyl is used "in adults", though we believe that the drug is also utilised for the treatment of children in palliative care and in Paediatric Intensive Care Units. On this basis, it is recommended

that NHS England ensure that the NICE guidance and recommendations proposed are based upon an evidence-base for both adults and children. If the evidence provided solely pertains to adult care then it is recommended that NHS England conduct further research regarding applicability to children.

Lidocaine Plasters:

The RCPCH agrees to the proposed recommendations for Lidocaine Plasters, though concerns over poverty and inequality restricting access should be appropriately considered.

Lutein and Antioxidants:

The RCPCH does not agree to the proposed recommendations for Lutein and Antioxidants, based upon the strength of evidence provided within the consultation document. The current evidence-base provided is not totally robust and it not supported by guidance. NHS England should encourage further research into the efficacy of Lutein and Antioxidants before continuing with these recommendations.

Omega-3 Fatty Acid Compounds:

The RCPCH does not agree to the proposed recommendations for Omega-3 Fatty Acid Compounds. Dieticians regularly use omega-3 supplements for specific metabolic conditions and in cases where children have fat-restricted diets (for example, long-chain fatty acid disorders and lipoprotein lipase deficiencies). It is recommended that NHS England ensure the availability of omega-3 for children in primary care settings.

Perindopril Arginine:

The RCPCH agrees to the proposed recommendations for Perindopril Arginine, though concerns over poverty and inequality restricting access should be appropriately considered.

Travel Vaccines:

The RCPCH does not agree to the proposed recommendations for Travel Vaccines. Children's travel plans are most likely to be at the mercy of their parents and/or other family members. Introducing payment for travel vaccinations creates a responsibility for parents to act as advocates on behalf of the child. Parents who do not have the time or money to ensure their child is vaccinated will ultimately put their child's health at risk. It is expected that more socio-economically disadvantaged groups in society will most likely avoid necessary vaccinations due to costs incurred. The RCPCH believes that this would ultimately have long-term cost implications for the NHS if there are increased incidences of children returning to the UK requiring treatment for illnesses that are otherwise preventable. In some cases, this may mean children bring infectious diseases back to the UK, potentially spreading ill-health. It is recommended that NHS England review the recommendation for travel vaccinations, specifically taking into account the health of children.

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Please provide your views and/or any relevant evidence that we should consider when developing proposals to potentially restrict items that are available over the counter.
Do you agree with our proposed criteria to assess items for potential restriction?

The RCPCH does not fully support the proposed criteria to assess items for potential restriction, given that the age of the patient and licensing of the product have not been considered in the criterion listed. NHS England is recommended to provide robust evidence for efficacy, involving wide-ranging consultation with experts in all relevant fields. This process must include involving paediatric experts, able to appropriately advise upon health needs of children and young people. NHS England should ensure that any proposed safety criteria are not only applicable to adults, but equally to children aged 0-18 years and young adults aged 18-25 with complex medical needs (who are transitioning into adult services). It is recommended that NHS England provide supporting documentation alongside these guidelines to evidence that PRESQIPP can act as a credible and authoritative lead adviser on medication for both children aged 0-18 years and young adults aged 18-25 with complex needs.

Are there individual products, which are either clinically ineffective or available over the counter which you believe should be prioritised for early review? Please give detailed reasons for your response.

The RCPCH believes that NHS England should reconsider proposed guidelines for items that are prescribed in primary care and available over the counter. Eczema creams, antihistamines, nasal sprays and gluten free foods are noted.

Eczema creams:
Eczema creams should not be denied for children with eczema which is a chronic, life-long condition. The treatments for eczema and mild acne require appropriate cost-effective medicaments, which should be considered on a drug-by-drug basis. It is recommended that individual drugs for skin disorders in all age groups are considered and eczema creams remain available on prescription.

Antihistamines:
Antihistamines should be noted as an essential medication for children with hayfever or chronic idiopathic urticaria. For chronic urticaria, national and international guidelines recommend taking up to four times the licensed dosage for several months/years. Alternative treatments are only available on prescription and are expensive, requiring close monitoring and administration by secondary care specialist services. ntihistamines are also used for initial treatment of food allergies in children and without these prescriptions adrenaline auto-injectors may be used, which will notably increase NHS costs.

Antihistamines provide daily management of such conditions, allowing for control over sleep quality, school absences, ability to engage in physical exercise (impacting upon the obesity agenda), and the overall wellbeing of the child. Sedative antihistamines are not advised for children, though they represent a cheaper alternative, as they invoke drowsiness and are potentially linked to long-term risks of dementia. Antihistamines are noted as expensive medications and limiting prescriptions may have negative unequal consequences upon disadvantaged children. Where antihistamines are not prescribed (or not taken if patients are unable to afford them) there may be long-term side effects

and NHS costs incurred relating to hip fractures, diabetes, cataracts, renal disease and hypertension.

It is suggested that children are appropriately prescribed antihistamines, especially when it has been recommended by specialist allergy services.

Nasal spray:
The RCPCH supports the views of the British Society for Allergy and Clinical Immunology (BSACI) in calling for nasal sprays to remain available on prescription. Intra-nasal corticosteroids are highly effective in preventative treatment for hayfever (though they are not routinely available). Children with multi-system allergies or those who are receiving corticosteroid treatment for asthma and/or eczema do not possess systematic bioavailability and so rely upon intra-nasal medication. Furthermore, some children may experience difficulties when using certain intra-nasal devices and so options should be available to them on prescription.

Patients with severe diseases may be reliant upon intra-nasal sprays though may disengage from taking medications if there is an incurred cost, potentially leading to increased long-term costs for the NHS (i.e. worsening of disease and increased frequency of referral to allergy departments). Furthermore, clinical trial evidence exists which supports the efficacy of combining intra nasal sprays and topical antihistamines, though the latter is not available over the counter (and so it is recommended that they should be prescribed jointly). Therefore, it is recommended that nasal sprays remain available on prescription.

Gluten free food:
The RCPCH is supported by colleagues at the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHN) in recommending that gluten free foods should remain available in primary care for the treatment of coeliac disease and food intolerance.

Coeliac disease is a serious medical condition where the body's immune system attacks its own tissues when gluten is eaten. Clinical assessment, diagnosis and specialist on-going management of the disease is essential so that infants, children and young people are able to absorb the necessary components of food, and in a balanced way to equal that of children who do not have the condition. They must also continue on a gluten free diet so that their health and wellbeing, and growth is maximised throughout childhood to adulthood. A gluten free diet is the only treatment for coeliac disease and for children from poorer backgrounds, it is important to ensure free and equal access to this specialised diet in order to minimise the impact of health inequalities. 'Free from' foods remain an expensive alternative – restricting the ability for disadvantaged families accessing such products. Furthermore, we know that children from geographically isolated areas are less likely to access gluten-free foods locally in supermarkets.

Efforts to improve procurement processes and price negotiations to ensure that infants, children and young people with coeliac disease are appropriately supported will improve management of the condition and in turn will reduce the risk of further complications and co-morbidities. Longer term impact posed by the loss of prescription items during childhood will expose them as adults to major complications such as osteoporosis, infertility and cancers. Restricting access to this treatment is very likely to be a false economy for the NHS. Given the importance of close monitoring and managing of the

condition, it is important to give every child equitable access to this treatment and ensure that gluten free foods remain available on prescription.