Low priority prescribing - Your views...

Introduction

The CCGs in Chorley, South Ribble and Greater Preston (central Lancashire) are making some changes in relation to an area called 'low priority prescribing' in line with many other NHS organisations in Lancashire and nationally.

What this means is that they are proposing to stop the funding of certain types of medicines or treatments that are readily available 'over the counter' in pharmacies or on the shelves in shops and supermarkets.

The types of medicines and treatments that fall into this category include:

- Treatments for minor ailments, including medicines like paracetamol, ibuprofen, head lice lotion and indigestion tablets.
- Treatments where there is little evidence that they have a real clinical benefit, including cough syrups, nasal congestion sprays, sore throat products and vitamin supplements.
- Gluten free bread and flour.

In some cases there will still be exceptions to this such as the prescribing of these treatments for people with long term conditions, for babies and children, for breastfeeding mothers or when caring for people at the end of their life.

Before these changes are made, we would like to gather your views to help us make sure that the proposals are sound and the new prescribing policies are appropriate, and also to inform any other information or interventions we may need to put in place.

The survey will close on Monday 21 November 2016, and a feedback report from the engagement exercise will be published in early December.

If you would like to get in touch with us about this survey or anything else in relation to your local health service, please contact one of the email addresses below:

- <u>enquiries@chorleysouthribbleccg.nhs.uk</u>
- <u>enquiries@greaterprestonccg.nhs.uk</u>

Low priority prescribing - Your views
About you
1. Do you currently pay for prescriptions?
Yes No Don't know
2. Do you consider yourself to have a disability or long term condition?
Yes No Prefer not to say
3. Are you a carer or someone who has a carer?
Yes No Prefer not to say
4. Are you a parent?
Yes No Prefer not to say
5. Would you consider yourself to be in the category of either 'maternity', 'pregnancy' or 'breastfeeding mother'?
Yes No Prefer not to say
6. Do you have coeliac disease?
Yes No Prefer not to say

Treatments for minor ailments or treatments with limited clinical benefits

7. Please state if you think we should stop prescribing the medicines and treatments in the list below:

	Yes	No	Don't know
Simple pain killers	\bigcirc	\bigcirc	\bigcirc
Pain relief gels, creams and sprays	\bigcirc	\bigcirc	\bigcirc
Antihistamine tables, capsules and liquids	\bigcirc	\bigcirc	\bigcirc
Nasal sprays for allergies	\bigcirc	\bigcirc	\bigcirc
Vitamins, minerals and health supplements	\bigcirc	\bigcirc	\bigcirc
Toothpastes, mouthwashes and mouth gels	\bigcirc	\bigcirc	\bigcirc
Sore throat and mouth ulcer products	\bigcirc	\bigcirc	\bigcirc
Nasal decongestant sprays, tablets and capsules	\bigcirc	\bigcirc	\bigcirc
Sun protection creams, lotions and sprays	\bigcirc	\bigcirc	\bigcirc
Warts and verruca treatments	\bigcirc	\bigcirc	\bigcirc
Antiperspirants	\bigcirc	\bigcirc	\bigcirc
Cosmetic moisturisers	\bigcirc	\bigcirc	\bigcirc
Cough syrups, linctus and mixtures	\bigcirc	\bigcirc	\bigcirc
Ear wax removers	\bigcirc	\bigcirc	\bigcirc

8. Do you have any comments about this proposal?

 9. It would help us to understand why you are providing your feedback on this area - which of the below best describes you? (Tick all that apply.) I am currently prescribed one or some of these treatments I am a healthcare professional I am a local resident Someone I care for is prescribed one or some of these treatments on the NHS Someone I know is prescribed one or some of these treatments on the NHS
 on the NHS Someone I care for is prescribed one or some of these treatments on the NHS Someone I know is prescribed one or some of these
Someone I care for is prescribed one or some of these treatments on the NHS Someone I know is prescribed one or some of these

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Gluten free foods
10. Do you agree with the proposal to stop prescribing gluten free foods (bread and flour) on the NHS in Chorley, South Ribble and Greater Preston?
○ Yes ○ No ○ Don't know
11. Do you have any comments about this proposal?
12. It would help us to understand why you are providing your feedback on this area - which of the below best describes you? (Tick all that apply.)
I am currently prescribed gluten free foods on the NHS
Someone I care for is prescribed gluten free foods on the I am a local resident NHS
Someone I know is prescribed gluten free foods on the NHS

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More about you

To help us make sure we are reaching as many people as possible, it is really helpful for us to understand a bit more about you.

If you feel comfortable to, please answer the questions below – if you don't want to answer the questions, your views will still be taken into account.

If you don't want to provide the additional information you can scroll straight to the bottom of this page submit your responses straightaway.

13. What is the first part of your postcode?

14. What is your year of birth?

15. What is your gender?

16. Was this the same gender that you were assigned at birth?

17. What is your sexual orientation?

18. Please describe your marital status:

19. Please describe your ethnic background:

20. Please describe your religion, faith or belief, if any: