

Over the Counter Medicines Survey

Thank you for your interest in the proposal for over the counter medicines guidance.

This questionnaire is for members of the public and also for health and care professionals. Before you answer this questionnaire, please read the background information at www.liverpoolccg.nhs.uk for more detail about what is being proposed and why.

Your answers are anonymous. Your data will be treated confidentially and stored electronically in accordance with Data Protection law and NHS Liverpool CCG's Privacy Notice, which can be found on our website.

This survey asks for your views on proposed guidelines for prescribing medicines/items for the treatment of some minor illnesses and conditions. They would apply to GP

practices, chemists (community pharmacies) and walk-in centres.

Following national guidance, NHS Liverpool CCG is considering whether to advise GPs not to prescribe certain items or for some conditions (see question 9) which:

- would get better on their own without treatment
- could be treated at home using medicines from a pharmacy or shop
- would require medicines/treatments that aren't backed up by strong clinical evidence to say that they're effective.

GPs would still be able to prescribe for these conditions if they thought there was a good reason to do so (see question 10). However, in general, you would be advised to let the symptoms clear up on their own, use a home remedy or buy something over the counter.

Questions marked with a red asterisk (*) require an answer.

Please ensure you check both sides of the paper before answering as questions/multiple-choice fields may appear across two pages.

Once you have completed the survey, please return it to us using the pre-paid envelope provided by 4 December 2019.

1. Are you responding to this survey as an individual or on behalf of an organisation? *

- Individual (skip to Q4)
- Organisation / professional

2. Which of the following best describes your organisation? *

- GP practice
- Chemist / Community pharmacy
- Walk-in centre
- Care home
- Other NHS organisation
- VCSE organisation

- Other (please describe):

If you work for the NHS in Liverpool, please enter your organisation's name:

3. Are you any of the following? *

- | | |
|---|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Non-primary care clinician |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Non-medical prescriber | |

4. Please enter your home or organisation's postcode:

*

5. Do you currently pay for your prescriptions? *

- Yes (skip to Q7)
- No
- Not applicable (skip to Q7)

6. Please tell us the reason for your exemption (you can tick as many as apply): *

- | | |
|--|--|
| <input type="checkbox"/> Under 18 in full time education | <input type="checkbox"/> Pregnant or have had a baby in the last 12 months |
| <input type="checkbox"/> Over 60 | <input type="checkbox"/> War pension |
| <input type="checkbox"/> Medical condition / Physical disability | <input type="checkbox"/> Other |
| <input type="checkbox"/> Low income | <input type="checkbox"/> Prefer not to say |
| | <input type="checkbox"/> Don't know |

7. Do you regularly care for a child under 18? *

- Yes
- No
- Not applicable

8. In general how do you feel about GPs being advised not to prescribe

- **for conditions that will get better on their own,**
- **for conditions that could be treated at home with items bought over the counter, or**
- **medicines/treatments that aren't proven to be effective? ***

(you can tell us more about specific issues below)

- I agree with this advice to GPs**
- I don't know**
- I don't agree with this advice to GPs**

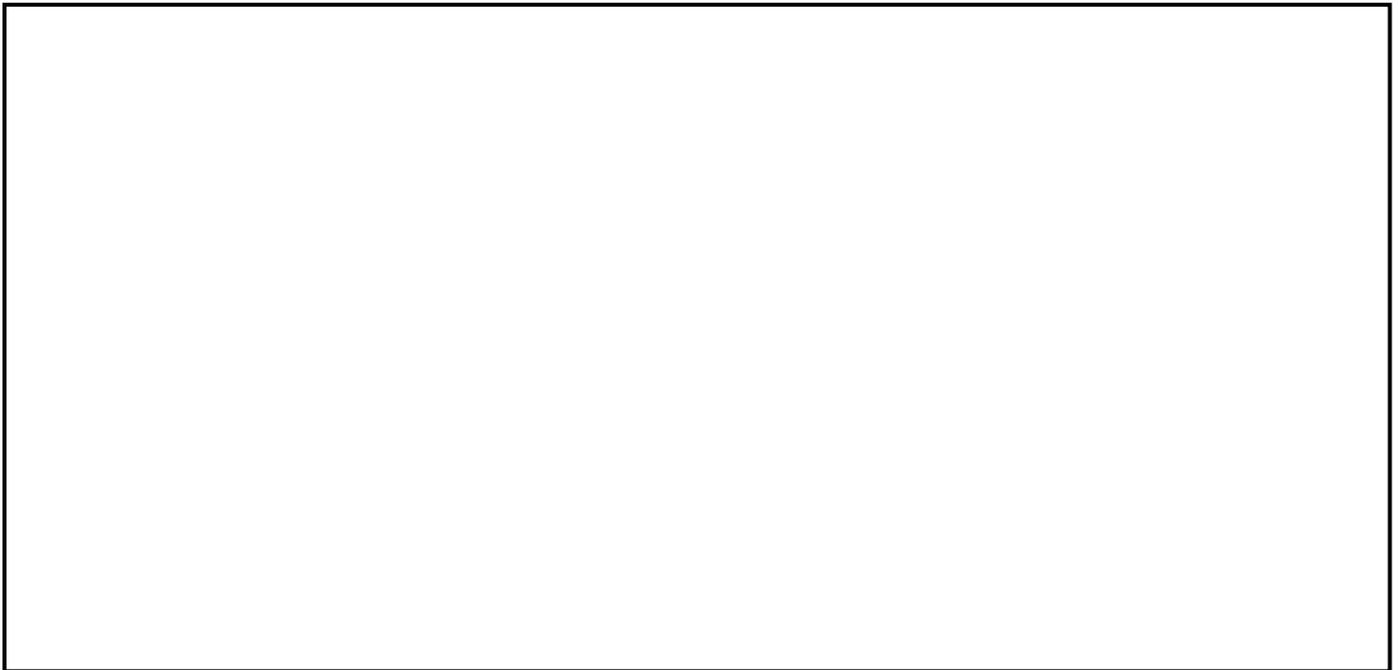
9. Below is a list of the items/conditions we are considering asking GPs to stop giving prescriptions for, for both adults and children.

For each one, please say whether you agree/disagree/don't know whether we should do this (please tick one column for EACH item): *

	Agree – stop prescribing	Disagree – keep prescribing	Don't know
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coughs and colds and nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cradle cap (dry skin on baby's head)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dandruff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head lice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colic (young baby crying a lot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrequent constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild urine infection / Cystitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild dry skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Minor burns and scalds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of tooth decay (dentist only to prescribe if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warts and verrucae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins and minerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probiotics (live bacteria/yeast for your gut)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide comments on your answers here, particularly if you disagree for an item and think GPs should keep prescribing (we would be interested to hear of scenarios where not prescribing may be problematic):



10. Below is a list of reasons or situations that a GP would still be able to prescribe for these conditions/items – these are known as exemptions. For each one, please say whether you agree/disagree/don't know whether it should be an exemption: *

	Agree – this should be an exemption	Disagree – this should NOT be an exemption	Don't know
<p>A. It is an over the counter treatment for something linked to a long term or complex health condition. For example, mouth ulcers caused by another illness which might need treatment from the GP to resolve them.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>B. Where a condition hasn't responded sufficiently to treatment with an over the counter product.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>C. Where the GP thinks there are medical, mental health or social issues which mean their health and/or wellbeing could be affected if the item wasn't prescribed. People with disabilities or</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

dementia would also be considered here.			
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11. Are there any other reasons you think GPs should be able to prescribe these items (exemptions)? *

Yes

No

If yes, please describe:

12. Do you think these changes will affect any group of people more than others? *

- Yes
- No (skip to Q14)
- Don't know (skip to Q14)

**13. Please tick those you think will be most affected
(please tick up to 3): ***

- | | |
|---|---|
| <input type="checkbox"/> People on low incomes | <input type="checkbox"/> Children under 18 |
| <input type="checkbox"/> People with disabilities (physical, mental, learning or sensory) | <input type="checkbox"/> People from Black, Asian, Minority Ethnic and Refugee (BAMER) groups |
| <input type="checkbox"/> People with long term health conditions | <input type="checkbox"/> Pregnant women / Mothers of young children |
| <input type="checkbox"/> Older people over 60 | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Younger people (18-25) | <hr/> |

Please tell us more about why:

14. Do you think these changes will affect you? *

- Yes
- No (skip to Q16)
- Not sure (skip to Q16)

15. Please say how it will affect you most (please tick only one option): *

- | | |
|---|--|
| <input type="checkbox"/> I can't afford to buy the item | <input type="checkbox"/> I don't feel confident to care for these conditions at home |
|---|--|

- I have my prescription items delivered by the chemist and if these items are not on prescription I wouldn't be able to have them delivered
- I provide care and am not able to administer over the counter medicines but can administer prescribed medicines

- I prescribe these items currently
- As a prescriber I think there would be problems arising from these changes
- As a professional I think the guidelines would be hard to implement
- Other (please describe):

Please provide more information if you wish:

16. At the moment different GPs might treat patients differently when it comes to prescribing over the counter medicines – some might prescribe them and others might not. How important is it to you that GPs across Liverpool respond to people in the same way?*

- Important
- Not Important
- Don't know

17. Care at the Chemist allows people who don't pay for their prescriptions to get free medicines and advice for certain illnesses from their local pharmacy without having to see a doctor first. Changes to prescribing advice would affect this scheme as follows:

- Treatments for infant colic, mild urine infection/cystitis and warts and verrucae would no longer be provided as they are not considered effective.**
- Head lice treatment would be a nit comb for two weeks, followed by lotion if the head lice didn't go.**
- For infrequent constipation Care at the Chemist would offer two consultations.**

Patients with more complex issues would be referred to their GP.

Please tell us your view of these changes to Care at the Chemist: *

I agree with these changes to Care at the Chemist

I disagree with these changes to Care at the Chemist

I agree with some of
these changes to
Care at the Chemist

I don't know

If you agree with only some of these changes, please tell
us more about this:

18. Please provide any other information you would like us to consider:

19. Where did you hear about this survey?

- | | |
|--|--|
| <input type="checkbox"/> The nurse/doctor/
receptionist at my
hospital/clinic
appointment | <input type="checkbox"/> NHS Liverpool CCG
website |
| <input type="checkbox"/> My GP practice | <input type="checkbox"/> Email from NHS
Liverpool CCG |
| <input type="checkbox"/> Flyer from
chemist/pharmacy | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Flyer to my house | <input type="checkbox"/> Twitter |
| | <input type="checkbox"/> Other (please
specify): |

About You

The following questions are about your personal details so that we can understand if we have spoken to a wide range of people and to understand if different groups may have different views. This is part of our Equality Act 2010 duties.

You can stop here if you wish. However, it would be really helpful if you would complete all or some of the questions – no questions in this section are compulsory.

Your data will be treated confidentially and stored electronically in accordance with Data Protection law and our privacy policy, which can be viewed on the NHS Liverpool CCG website.

20. Which age group do you belong to?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 65-75 |
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> Over 75 |
| <input type="checkbox"/> 26-44 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 45-64 | |

21. Which of the following ethnic backgrounds do you identify yourself as?

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background (please specify if you wish):

Black or Black British

- Caribbean
- African
- Other Black background (please specify if you wish):

Chinese or Chinese British

- Chinese
- Other Chinese background (please specify if you wish): _____

Mixed

- White and Black Caribbean

- White and Black African
- White and Asian
- Other mixed background (please specify if you wish):

White

- British
- Gypsy / Traveller
- Irish
- Polish
- Other White background (please specify if you wish):

Other Ethnic Group

- Arabic
- Latin American
- Not listed above (please specify if you wish):

- Prefer not to say

22. Do you have a religion or belief?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other (please specify if you wish): |
| <input type="checkbox"/> Jewish | _____ |
| <input type="checkbox"/> Muslim | |
| <input type="checkbox"/> Sikh | |

23. Do you consider yourself to have a disability?

- Yes
- No (skip to Q25)
- Prefer not to say (skip to Q25)

24. Please tell us the nature of your disability (you can tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Hearing loss / Deaf |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Long term illness that affects your daily activity |
| <input type="checkbox"/> Mental illness/distress | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Sight impaired / Sight loss / Blind | |

- Other (please specify if you wish):

25. Which of the following describes how you think of your gender identity?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer to self- |
| <input type="checkbox"/> Transgender | describe: |

26. Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes, taking hormones or having any gender reassignment surgery).

- Yes
- No
- Prefer not to say

27. How would you describe your sexual orientation?

- | | |
|---|--|
| <input type="checkbox"/> Straight /
Heterosexual | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay woman /
Lesbian | <input type="checkbox"/> Prefer to self-
describe:
<hr/> |
| <input type="checkbox"/> Bisexual | |

Thank You

Thank you for taking the time to answer this survey. If you would like to keep in touch about this or other health topics, please visit the Get Involved section of the NHS Liverpool CCG website and click on the link to sign up for email updates.

Updates on the findings from this survey and the next steps for the consultation will be published on our website in early 2020.