

## **NHS England – Items which should not routinely be prescribed in primary care: A consultation on guidance for CCGs**

### **Response from the Paediatric Continence Forum, 20/10/2017**

#### **Introduction**

- **In what capacity are you responding?**

The Paediatric Continence Forum

The Paediatric Continence Forum (PCF) is an independent national campaign group which was set up in 2003 to improve government awareness of the needs of children and young people with continence problems – and to improve NHS services in this often-neglected area of child health. Its membership comprises key paediatricians and specialist nurses in this field, with formal representation from the charities ERIC (The Children’s Bowel and Bladder Charity), Bladder and Bowel UK (formerly PromoCon), the Royal College of Paediatrics and Child Health (RCPCH), the Royal College of Nursing (RCN), the School and Public Health Nurses Association (SAPHNA) and the Community Practitioners’ and Health Visitors’ Association (CPHVA). The PCF also has five company members who support its work.

Email: [paediatriccontinenceforum@whitehouseconsulting.co.uk](mailto:paediatriccontinenceforum@whitehouseconsulting.co.uk)

- **Have you read the document Items which should not routinely be prescribed in primary care: A Consultation on guidance for CCGs?**

Yes.

#### **Section 3: How will the guidance be updated and reviewed?**

- **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?**

Disagree.

The PCF would urge caution in the NHS’s approach to identifying items for addition to the guidance which should not routinely be prescribed in primary care. This includes medications to treat constipation which are currently prescribed for children and young people as part of an appropriate and effective treatment pathway.

Many parents and carers do not understand the associated clinical risks if constipation is left untreated. Constipation is not always self-limiting and delaying appropriate treatment at an early stage can result in faecal impaction, causing severe abdominal pain and a common cause of emergency admissions to hospital. Hospital episode statistics (HES Data) for paediatric admissions for chronic constipation demonstrate a significant cost to the NHS. First line treatment for constipation in children is administration of a macragol laxative (NICE CG99). These are only available on prescription in paediatric doses and usually need to be given for extended periods of time. They may be required in addition to other medications which are available over the counter, but if parents have to purchase them, they may reduce or stop them too soon.

Emergency admissions to secondary care for faecal impaction can be avoided by appropriate treatment in the community. Admission is stressful for the children and families concerned and very expensive for the NHS.

Treatments as part of a good preventative programme should therefore remain available to all patients through primary care prescription - to ensure that children and young people with constipation are provided

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with the optimum treatment at an early stage and parents do not delay in using appropriate medication through not being able to afford purchasing them over the counter.

Medication for constipation is often prescribed long term as part of a long term treatment plan to achieve and maintain good bowel health in children and young people and to prevent faecal impaction developing in the first place. This should be overseen by a clinical practitioner (GP/ community-based paediatric continence service). If this medication is taken off the prescription list there is a risk that parents, particularly those on low income, will be tempted to reduce the medication or stop it completely to save money. There is also the risk that the families will try to self – medicate without appropriate monitoring or dose titration.

Some treatment programmes for constipation require a combination of medications – and should, on the above argument, be prescribed to enable compliance with effective treatment.

#### **Section 4: Proposals for CCG commissioning guidance**

- **Do you agree with the proposed recommendations for Prolonged-release Doxazosin?**

Neither agree or disagree.

Doxazosin can be useful in treating some forms of bladder dysfunction, but the normal-release product is generally adequate in treating patient needs.

#### **Section 5: Items that are prescribed in primary care and are available over the counter**

- **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.**

Approximately 900,000 children and young people in the UK have continence issues – covering bedwetting, daytime urinary incontinence, constipation or soiling, or a combination of these. Continence difficulties can cause feelings of low self-esteem and social isolation and, particularly in the case of constipation and associated soiling, are a cause of bullying at school – as perpetrator or recipient. Early assessment and treatment of these conditions is recommended in a community setting, thereby preventing less clinically effective and more expensive referral to secondary care. The PCF's 2017 research updated our knowledge of the availability of community-based paediatric continence services across the UK. The role of the GP in conjunction with these continence services is crucial to enabling appropriate prescription of medications which children and young people can take at home and enable good follow-up in a community setting. When considering whether to restrict items, the impact on the treatment and subsequent wellbeing of a significant proportion of children and young people should therefore be assessed, alongside the lack of availability of first line treatment (paediatric macrogol) on prescription and the impact of potential increasing costs to the NHS of unplanned hospital admission due to constipation.

- **Do you agree with our proposed criteria to assess items for potential restriction? These criteria are:**
  - Legal Status i.e. is it prescription only, or is it available over the counter in pharmacies and/or any retail outlet?
  - Indication i.e. what condition is it used to treat?
  - Background i.e. a general narrative on the drug incl. pack size, tablet size, whether administered orally etc.
  - Patent Protection i.e. is the drug still subject to a patent?
  - Efficacy i.e. is it clinically effective?
  - Safety i.e. is the drug safe?
  - Alternative treatments and exceptionality for individuals i.e. do alternatives exist and if so, who would they be used for?

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- Equalities and Health Inequalities i.e. are there groups of people who would be disproportionately affected?
- Financial implications, comprising:
  - Commissioning/funding pathway i.e. how does the NHS pay for the drug?
  - Medicine Cost i.e. how much does the drug cost per item?
  - Healthcare Resource Utilisation i.e. what NHS resources would be required to implement a change?
- Annual Spend i.e. what is the annual spend of the NHS on this item?
- Unintended consequences (see Appendix 2)

#### Unsure

We agree that these criteria are a generally useful guide to assess whether items that are available over the counter should be restricted through the NHS, as they cover themes which should be considered during times of financial restrictions for the NHS. However, we would urge that these criteria should not be prescriptive, and wider circumstances should be considered when assessing items for potential restriction.