HEALTH SCRUTINY SUB-COMMITTEE

Monday, 5 March 2018 at 6.30 p.m.

MP701, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.

This meeting is open to the public to attend.

Members:
Chair: Councillor Clare Harrisson
Vice-Chair**:** Councillor Rachael Saunders

Councillor Khales Uddin Ahmed, Councillor Abdul Asad, Councillor Peter Golds, Councillor Muhammad Ansar Mustaquim and Councillor Rachael Saunders

Substitutes:
Councillor Andrew Wood, Councillor Candida Ronald, Councillor Mahbub Alam, Councillor Md. Maium Miah, Councillor Rajib Ahmed and Councillor Shafi Ahmed

Co-opted Members:

David Burbidge	Healthwatch Tower Hamlets Representative
Tim Oliver	Healthwatch Tower Hamlets

[The quorum for this body is 3 voting Members]

Contact for further enquiries:
Democratic Services
1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG
Tel: 0207 364 5554
E-mail: rushena.miah@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

Scan this code for an electronic agenda

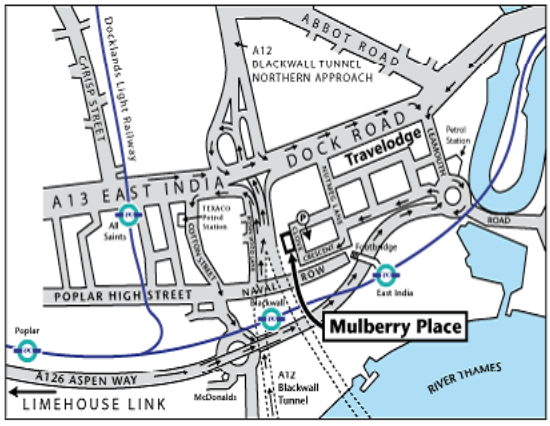
Public Information

Attendance at meetings.
The public are welcome to attend meetings of the Committee. However seating is limited and offered on a first come first served basis.

Audio/Visual recording of meetings.
Should you wish to film the meeting, please contact the Committee Officer shown on the agenda front page.

Mobile telephones
Please switch your mobile telephone on to silent mode whilst in the meeting.

Access information for the Town Hall, Mulberry Place.



Bus: Routes: D3, D6, D7, D8, 15, 108, and115 all stop near the Town Hall.
Docklands Light Railway: Nearest stations are East India: Head across the bridge and then through the complex to the Town Hall, Mulberry Place
Blackwall station: Across the bus station then turn right to the back of the Town Hall complex, through the gates and archway to the Town Hall.
Tube: The closest tube stations are Canning Town and Canary Wharf
Car Parking: There is limited visitor pay and display parking at the Town Hall (free from 6pm)

If you are viewing this on line:(http://www.towerhamlets.gov.uk/content_pages/contact_us.aspx)

Meeting access/special requirements.
The Town Hall is accessible to people with special needs. There are accessible toilets, lifts to venues. Disabled parking bays and an induction loop system for people with hearing difficulties are available. Documents can be made available in large print, Braille or audio version. For further information, contact the Officers shown on the front of the agenda

Fire alarm
If the fire alarm sounds please leave the building immediately by the nearest available fire exit without deviating to collect belongings. Fire wardens will direct you to the exits and to the fire assembly point. If you are unable to use the stairs, a member of staff will direct you to a safe area. The meeting will reconvene if it is safe to do so, otherwise it will stand adjourned.

Electronic agendas reports and minutes.
Copies of agendas, reports and minutes for council meetings can also be found on our website from day of publication.

To access this, click www.towerhamlets.gov.uk/committee and search for the relevant committee and meeting date.

Agendas are available at the Town Hall, Libraries, Idea Centres and One Stop Shops and on the Mod.Gov, iPad and Android apps.

QR code for smart phone users.

Next Meeting of the Sub-Committee
To be confirmed

This page is intentionally left blank

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-

Asmat Hussain, Corporate Director, Governance & Monitoring Officer 0207 364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

This page is intentionally left blank

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 6.35 P.M. ON MONDAY, 8 JANUARY 2018

MP701, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG.

Members Present

Councillor Clare Harrisson	(Chair)
Councillor Rachael Saunders	(Vice-Chair)
Councillor Khales Uddin Ahmed	
Councillor Abdul Asad	
Councillor Muhammad Ansar Mustaquim	

Co-opted Members

David Burbidge	Healthwatch Representative

Officers

Joseph Lacey-Holland	Strategy and Performance Manager
Afia Khatun	Programme Manager Later Years of Life
Chris Lovitt	Associate Director Public Health
Ronke-Martins-Taylor	Division Director Youth and Commissioning
Rushena Miah	Committee Services Officer

Speakers and guests

Lucie Butler	Director of Nursing, Midwifery and Governance
Allison Herron	Maternity Management Team Bart's
Dr Matthew Hogg	Maternity Management Team Bart's
Kelly Jupp	Maternity Management Team Bart's
Shahida Trayling	Maternity Management Team Bart's
Jackie Sullivan	Managing Director Royal London and Mile End Hospitals – Bart's Health
Alwen Williams	CEO Bart's Health Trust
Martin Bould	Senior Joint Commissioner Mental Health and Joint Commissioning Team Tower Hamlets Clinical Commissioning Group
Nancy Meehan	Interim Divisional Director Children's Social Care
Simon Twite	Public Health Lead Maternity and Early Years
Bill Williams	General Manager IAPT Project, TH CAMHS

Apologies:

Councillor Peter Golds	
Daniel Kerr	Strategy and Performance Officer

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of interest.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 5 October 2017 were approved as an accurate record and signed by the Chair.

3. APPOINTMENT OF VICE CHAIR

Councillor Khales Uddin Ahmed nominated Councillor Rachael Saunders for the position of Vice-Chair of the Housing Scrutiny Committee.

Councillor Khales Uddin Ahmed nominated Councillor Rachael Saunders for the position of Tower Hamlets Labour Member representative on the Inner North East London Joint Health and Overview Scrutiny Committee (INEL JHOSC).

Councillor Saunders agreed to accept the positions.

RESOLVED
To appoint Councillor Rachael Saunders as Vice-Chair and Member of the INEL JHOSC.

4. REPORTS FOR CONSIDERATION:

4.1 SCRUTINY CHALLENGE SESSION: CHILDREN & YOUNG PEOPLE'S MENTAL HEALTH SERVICES (ANNUAL ACTION PLAN UPDATE)

The Committee heard an update from Ronke Martins-Taylor, Divisional Director Youth and Commissioning, on the Children and Young Peoples Mental Health Service action plan. Ms Martins-Taylor apologised to the Committee for the delay in publishing the action plan. It was noted that the reasons for special urgency were included in the agenda pack published prior to the winter break. Key points from each recommendation were briefly summarised, these included:

1. The Council are working with Tower Hamlets Clinical Commissioning Group and the voluntary sector to strengthen early intervention services.
2. Tower Hamlets has a record number of schools, 97%, accredited with the Healthy Schools Accreditation.
3. Parent and infant emotion health and wellbeing training was delivered in 2016/17 as part of the Tower Hamlets Together training.
4. Data is being scrutinised to investigate if there is a correlation between care leavers and teenage pregnancy.
5. A new integrated young people’s health and wellbeing service will begin in 2018 and will target young care leavers.

6. A co-commissioned specialist Community Adult Mental Health Service (CAMHS) was launched to support young people experiencing mental health issues who have been in contact with the youth justice system.
7. Empowering service users to contribute to service development.
8. Christine McInnes, Service Head Education and Partnership, has been working with families to raise awareness of mental health issues via transformation projects.
9. Improving cultural awareness of mental health issues. A pilot delivered by Tree4Life, trained local women in delivering mental health first aid.
10. Reducing stigma in mental health via a 'Flourishing Minds' pilot.
11. Reviewing the workforce to make it reflective of the community. Core Bangladeshi employees were regarded as cultural consultants for the review.
12. Improving engagement with children and families in mental health awareness- The Children and Families team delivered training sessions for parents at schools.
13. The next Children and Family System Review will consider auditing children's centres.
14. That the Council and Tower Hamlets Clinical Commissioning Group are raising awareness of mental health and available support services to all staff.

Questions and comments from the Committee:
Councillor Mustaquim asked under what criteria are the young people admitted to the specialist CAMHS. Ms Martins-Taylor explained that the service is provided on a needs assessment basis. She advised Members to get in touch with her via email if they wanted to view a copy of the assessment criteria.

Councillor Asad said he was pleased with the action plan. With regard to recommendation one in the action plan he asked if an ethnic breakdown of the 123 people supported was available. In addition to this he asked what methods were used to support parent's emotional wellbeing and whether the Community Commissioning Panel was representative of the community.

ACTION:
Ronke-Martin's Taylor to investigate Councillor Asad's questions and report back:

Recommendation 1: What was the ethnic breakdown of the 123 people supported?
Recommendation 3: What methods were used to support parents emotional wellbeing in the training delivered?
Recommendation 9: Is the Community Commissioning Panel representative of the Community?

The Chair asked if there was a strand being developed around digital mental health outreach. Bill Williams, CAMHS, said there was interest in looking at this as a commissioning priority but there was nothing in place at present.

Cllr Asad asked if these recommendations were a result of the recent Ofsted result. It was confirmed that the tabled action plan was drafted in line with best practice in the sector as opposed to a specific response to Ofsted.

There was a discussion on the difficulty of getting priority for housing based on mental health considerations. The Committee agreed the link between housing and mental health should be explored.

The Chair thanked Ms Martins-Taylor for the update report.

RESOLVED
To note the action plan

4.2 LONELINESS

The Committee heard a presentation from Chris Lovitt, Associate Director Public Health, on loneliness and watched a video on two projects that were delivered in the borough to address the problem.

The first project was some research conducted by account3 on community perspectives on loneliness. Account3 trained twenty volunteers to engage with people over the age of fifty on the topic of loneliness.

The second project was titled Action on Loneliness and was delivered in care homes. This was a befriending scheme based on mutual interests. The project was a success and greatly valued by the care homes, however due to specialist knowledge and time and cost related to supporting volunteers it was not continued beyond the project end date.

There was a stakeholder event on the report and recommendations from that event can be found on page 39 of the agenda reports pack.

Mr Lovitt concluded his presentation and asked the Committee for advice on how to take the work forward.

The Chair opened the meeting for comments.

Dr Sam Everington, Chair THCCG, said that the projects addressed the cross cutting theme of compassion and kindness against health and loneliness. He wondered how this kind of work could be made sustainable and suggested it could be embedded into social prescribing.

Other Committee Members considered utilising part of the new Town Hall premises as a social space for isolated people.

The Chair highlighted the difficulty in defining loneliness. She said that although one might typically think of older people as being lonely, she knew of constituents who were younger and experiencing mental health issues who would also fit into the lonely category.

David Burbidge, Healthwatch representative, spoke about the link between loneliness and death. He used the Nottingham Warden Scheme as a case study and one potential solution to the issue. He said isolated people were visited by a community warden daily. He also said the miners community in Nottingham set up a Welfare Café where people with mental health issues could go for a hot drink and have a friendly conversation on what was troubling them.

In addition to this, he said that many elderly people in the LGBT community in Tower Hamlets are experiencing loneliness with the added burden of having to pay the bedroom tax.

The Committee broadly agreed that the Council should keep an eye on the London wide strategy on loneliness and explore opportunities to get involved with it.

There was a discussion on successful community projects that had brought people together, these included: Chatter Natter at St Andrews, Furry Tales – targeting people with dementia, mental health café and gardening allotment schemes.

Mr Lovitt said the presentation heard today supports the idea that loneliness is an issue in the borough and that it is linked to physical and mental health. The logical next step was to embed tackling loneliness throughout Council wide strategies.

Denise Radley said that there is a loneliness strand in the Ageing Well Strategy. There was a discussion on linking combating loneliness to social value and corporate volunteering.

The Chair said the presentation was a good introduction to the issue and asked Officers to add loneliness and homelessness to the Forward Plan for next year.

RESOLVED
To note the presentation.
To include loneliness on next year's Forward Plan.

4.3 SCRUTINY REVIEW: MATERNITY SERVICES

The Committee heard a presentation from Alwen Williams, CEO Bart's Health Trust and Kelly Jupp, Maternity Management Team at Bart's Health.

Having heard a number of recommendations from the Health Scrutiny Committee 18 months ago, a Maternity Partnership Board was set up to address the challenges. The Board made successes in five key areas, these were: safety, workforce, staff, partnership and staff wellbeing.

1. 10 secure doors have been installed and an electronic baby tag monitoring system has been introduced as well as an abduction policy implemented.
2. The recruitment web page has been revised to include direct contact details of the management team and list live vacancies. There is a 94% fill rate, one midwife to twenty-eight patients and two labour ward co-ordinators have been recruited. Staff members are required to sign up to both day and night shifts.
3. Overnight stays for partners have been introduced.
4. There has been greater partnership work with Healthwatch Tower Hamlets Social Action for Health a voluntary sector organisation.
5. Staff wellbeing initiatives have been introduced for the midwifery team and wider support staff including administrative workers.

With regard to the improvement plan, speakers were confident that the amber ratings will improve to green by March 2018.

The Chair opened the meeting to questions or comments from the Committee.

Dr Sam Everington, Chair of THCCG, thanked the team for their work. He said this was a fantastic turnaround given the pressures in a hospital setting.

The Chair said that she was very impressed with the report and was glad that things were moving in the right direction.

Councillor Asad asked how Brexit might affect the employment of midwives. Lucie Butler, Director of Nursing, Midwifery & Governance responded that recruitment efforts were going well and they had not seen a negative impact as a result of Brexit, as of yet. The CEO of Bart's Trust informed the Committee of plans to provide greater opportunities for the borough's young people and recruit more apprentices.

David Burbidge asked if the newly installed secure doors affected people with disabilities. Speakers assured Mr Burbidge that the doors were accessible and visitors could rely on reception staff to provide support in opening the doors if required.

It was noted that the carbon monoxide quick kits were due to arrive shortly.

The Chair thanked the Maternity Team at Bart's for their presentation.

RESOLVED
To note the report.

5. ANY OTHER BUSINESS
There was no other business.

The meeting ended at 8.45 p.m.

Chair, Councillor Clare Harrisson
Health Scrutiny Sub-Committee

This page is intentionally left blank

Non-Executive Report of the: **Health Scrutiny Subcommittee** 5 March 2018	
Report of: Somen Banerjee, Director of Public Health	**Classification:** Unrestricted
Integrated sexual health services in East London	

Originating Officer(s)	Chris Lovitt, Associate Director of Public Health; Dr Liat Sarner, Sexual Health and HIV Clinical Lead, Barts Health Sukhjit Sanghera, Public Health Programme Lead
Wards affected	All wards

Summary

Sexual health is an essential element of the physical and emotional health and wellbeing of individuals. It is influenced by a range of social, economic and cultural factors. The provision of an easily accessible and confidential sexual and reproductive health service is vital for the well-being of individuals and their communities and local authorities are responsible for providing this.

Tower Hamlets has taken an approach to commissioning a cross borough integrated sexual health service in 2017. The vision of this approach is to further improve sexual health across East London by building effective, responsive and high quality sexual health services that result in better sexual health outcomes for local residents.

This report provides an overview of the new integrated sexual health service, commissioned in 2017 and seeks to:-

- Describe the local picture of sexually transmitted infections and need for contraception choice amongst Tower Hamlets residents. Information has been extracted from Tower Hamlets LA HIV, sexual and reproductive health - epidemiology report (LASER 2016) which has been produced by Public Health England.

- Describe the integrated approach and priorities undertaken jointly across Newham, Waltham Forest, Redbridge and Tower Hamlets for the new service

- Outline the new service model and what this means for local residents

- Highlight future opportunities for continued service developments to meet local need through research, innovation and the implementation of the Whitechapel Masterplan

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Review presentation
2. Comment on proposals for future opportunities.

COMMENTS OF THE CHIEF FINANCE OFFICER

The costs of the new service model for sexual health are being contained within the existing revenue budget which is funded by the Public Health grant. Sexual health represents a financial risk since this is a demand led service, however robust activity and cost monitoring is in place. Efficiencies through Pan-London tariff prices and channel shift to more modern and accessible services, are expected to achieve the medium term financial strategy savings of £525k from 2017-18 to 2019-20.

LEGAL COMMENTS

Sections 244-247 of the National Health Service Act 2006 govern the Council's health scrutiny function. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the Regulations"), which are aimed at supporting local authorities to discharge their scrutiny functions effectively. The Council has the power to review and scrutinise matters relating to the planning, provision and operation of the health service in the area and can make recommendations and require a response from NHS bodies.

The Council also has statutory duties pursuant to section 2B(1) National Health Service Act 2006 to take steps as it considers appropriate for improving the health of the people in its area and section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012 to provide or make arrangements to secure the provision of open access sexual health services in its area. Reviewing the new service model for sexual health and commenting on the proposals for future opportunities therefore falls within the functions of the Health Scrutiny Sub-Committee.

Integrated Sexual Health Services in East London

Chris Lovitt – Associate Director of Public Health, LBTH

Dr Liat Sarner – Clinical Director, Sexual Health, HIV, Rheumatology & Dermatology, Barts Health

5th March 2018

Overview

- Background
- Local picture
- Integrated sexual health service
- New service model
- Future opportunities

Background

- Since 2013, LBTH has been mandated to commission open access services for provision of contraception, testing and treatment for sexually transmitted infections (STI), funded from the PH grant

- National recommendation to strengthen local prevention activities that focus on groups at highest risk, including young adults, black ethnic minorities and men who have sex with men (MSM)

Local picture

- 9th highest rates of new Sexually Transmitted Infections (STIs) in England (9/326 LA)
- Overall the highest rates of new diagnosis of STIs are in the 20 to 24 years age group in women and 25 to 29 age group in men.
- An estimated 13.2% of men presenting with a new STI from 2011 and 2016 were re-infected with a new STI within a year
- 56% of new STIs were in MSM
- HIV prevalence is almost 3 times higher than the national rate (6.5 vs 2.3 per 1,000 population aged 15-59)
- The rate of new diagnosis of HIV (aged 15 & older) is over four times high than that in England (48.3 vs 10.3 per 100,000 population)

Local Performance Indicators

- Rates of testing for STIs in 15-64 year olds are high compared to nationally – Locally there was a 5.4% increase in testing from the previous year
- Between 2014 -2016, 18.2% HIV diagnoses made at a late stage of infection compared to 40% in England
- Tower Hamlets was ranked 288 out of 326 LAs in prescription rates of long-acting reversible contraception (LARC) in 2011-16
- Conception rate for under 18s - 21.2/1000 females aged 15-17yrs (20.8/1000 in England)
- TH has reduced under 18 conception rates by 63.4% between 1998-2015 (vs 55.4% England)

The Integrated Sexual Health Service in East London

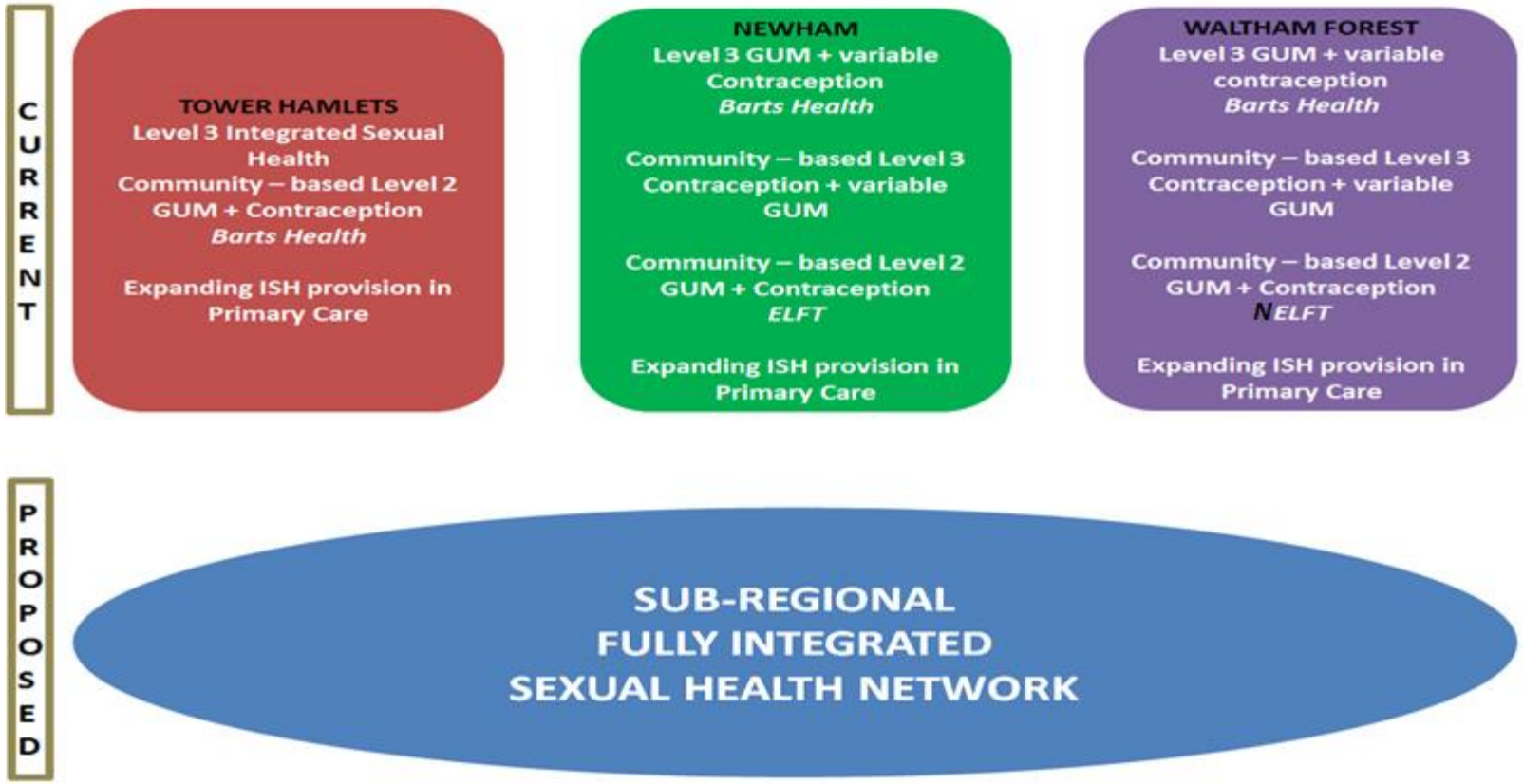
- Using an integrated service specification aligned across London, Waltham Forest (WF), Newham, Redbridge & Tower Hamlets jointly re-commissioned local sexual health services in 2017

- Barts Health won, replacing NELFT & ELFT who were providers of contraception services in WF and Newham

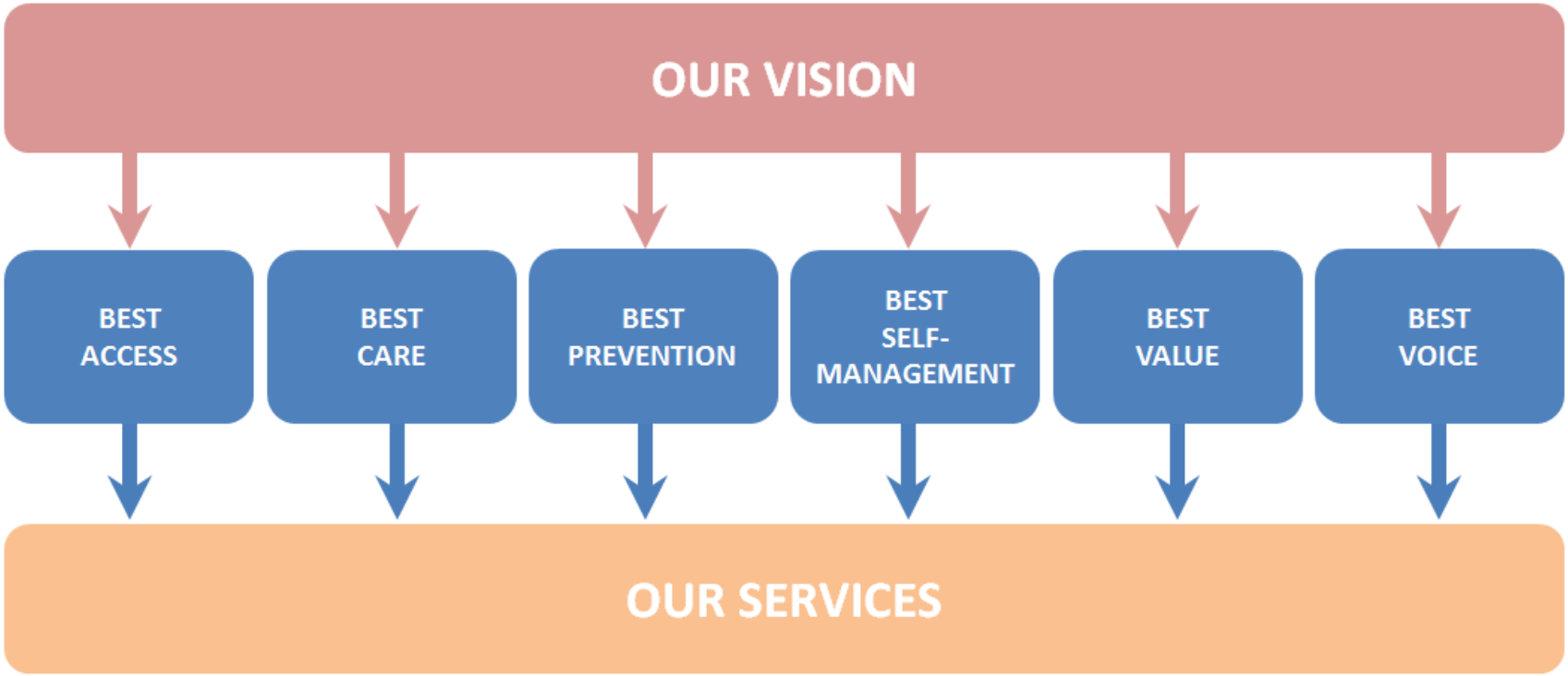
Specification: Work Packages

- 1.1 - Integrated sexual health services
- 2 - Leadership for the system, training for primary care and other professional and provision of PGDs
- 3 - Enhanced partner notification, whole system STI management
- 4 - Sexual Health Promotion and Targeted Outreach Provision Boroughs
- 5 - Children and Young People's Additional (non-clinical) services (Newham)
- 6 - Chlamydia and Gonorrhoea self sampling kits for community and primary care

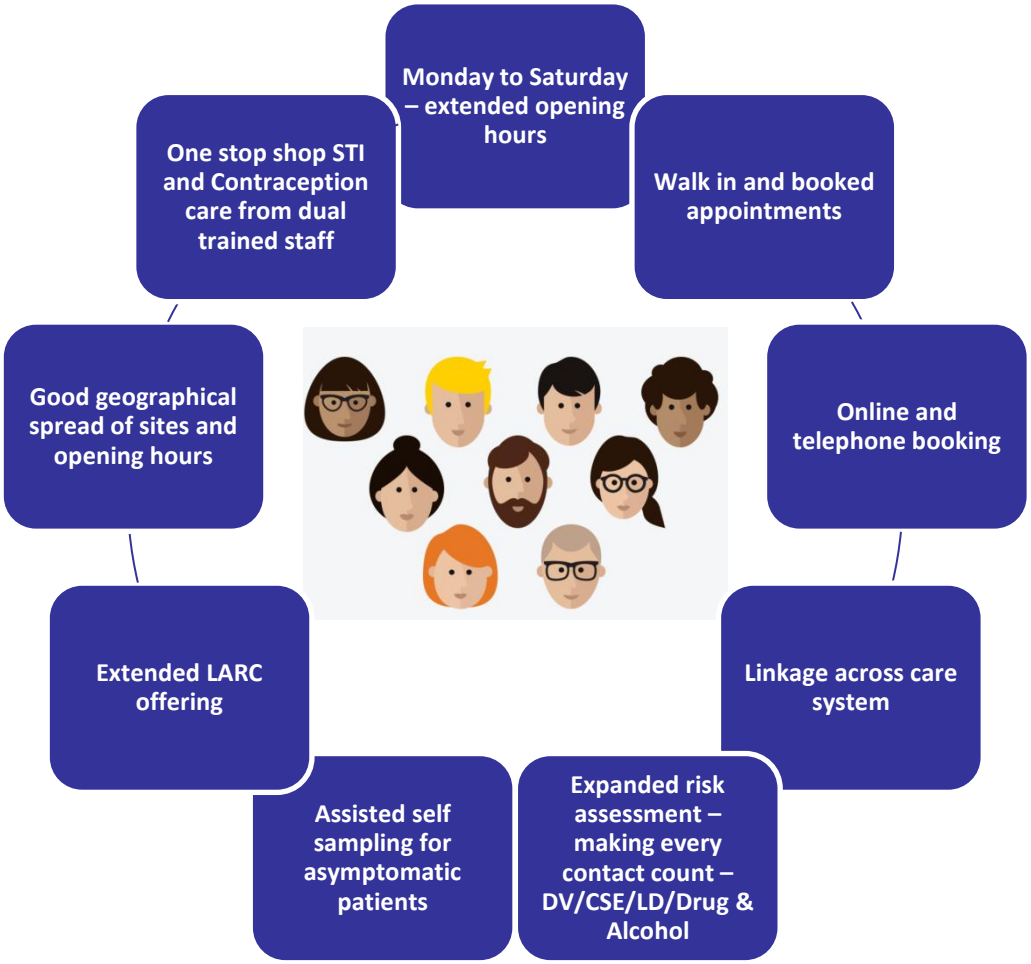
New Service Model



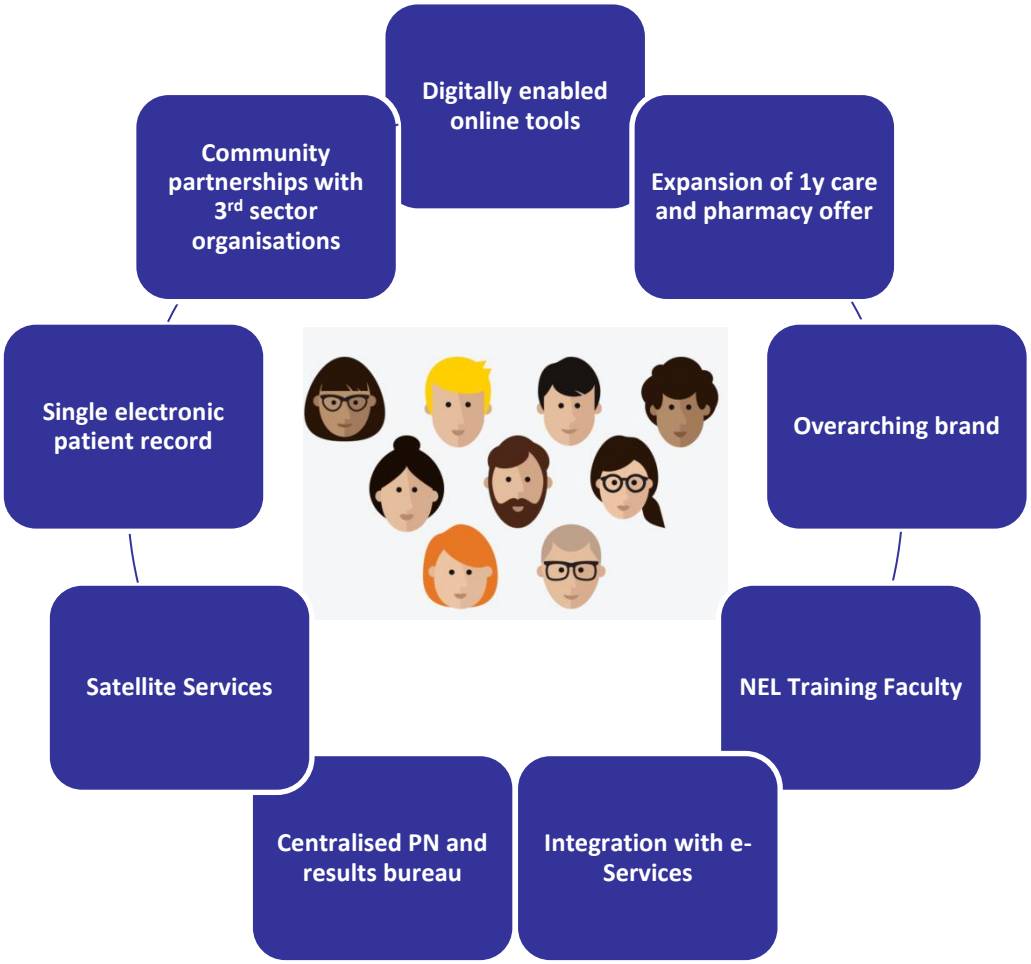
New Service Model: “Best Objectives”



New Service Model: Fully Integrated



New Service Model: Fully Integrated



New Service Model: Locations

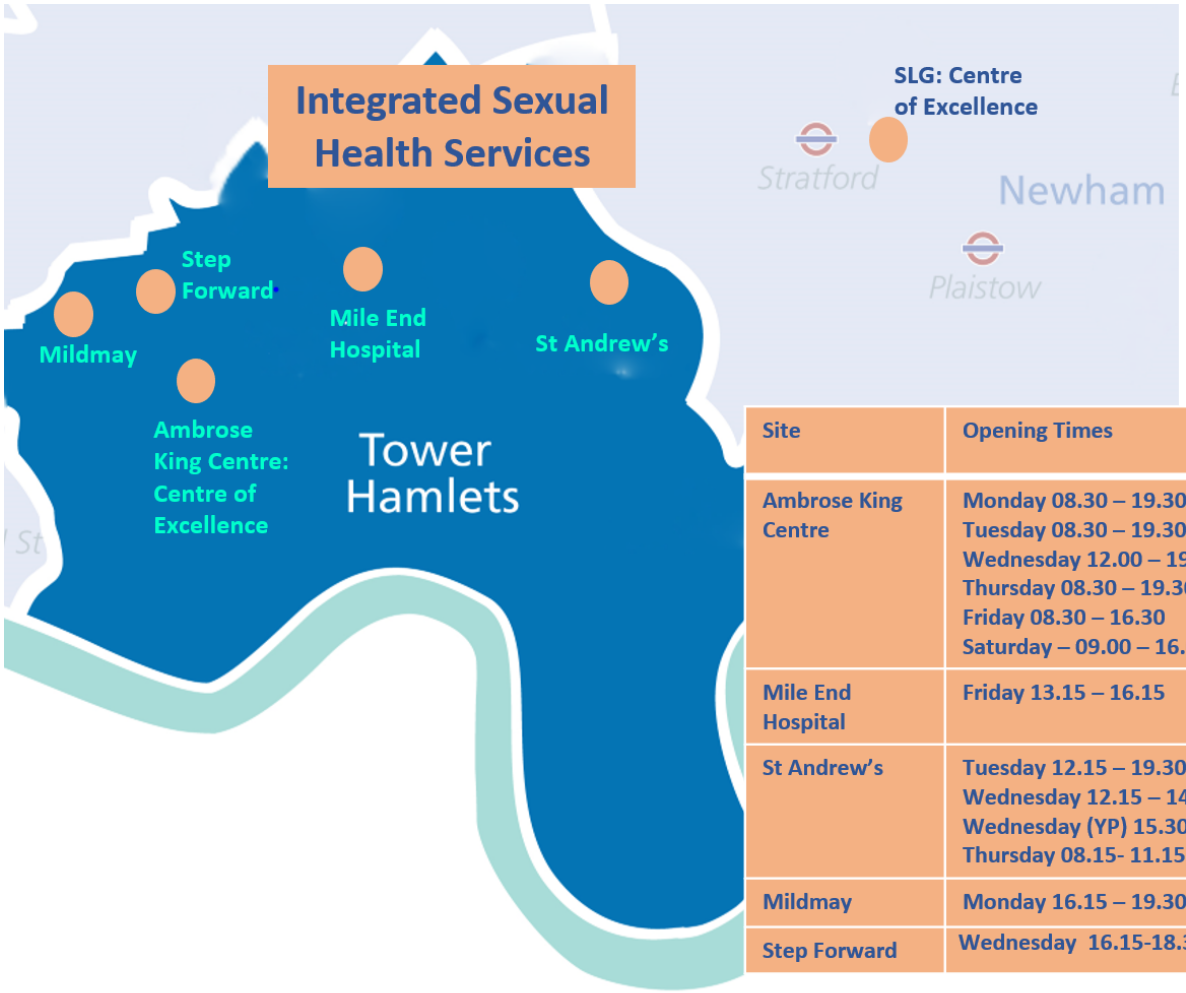
- **2 Centres of Excellence**
  - Whitechapel and Stratford (SLG)
- **Satellites**
  - **Tower Hamlets**

    4 satellites *(Mile End, Mild May, St Andrews Medical, Step Forward)*
  - **Newham**

    3 satellites *(Shrewsbury Road / Essex Lodge, Blakeberry Pharmacy, West Ham Lane)*
  - **Waltham Forest**

    5 satellites *(Harrow Road, St James, Forest Road, Boots, Chingford Site)*

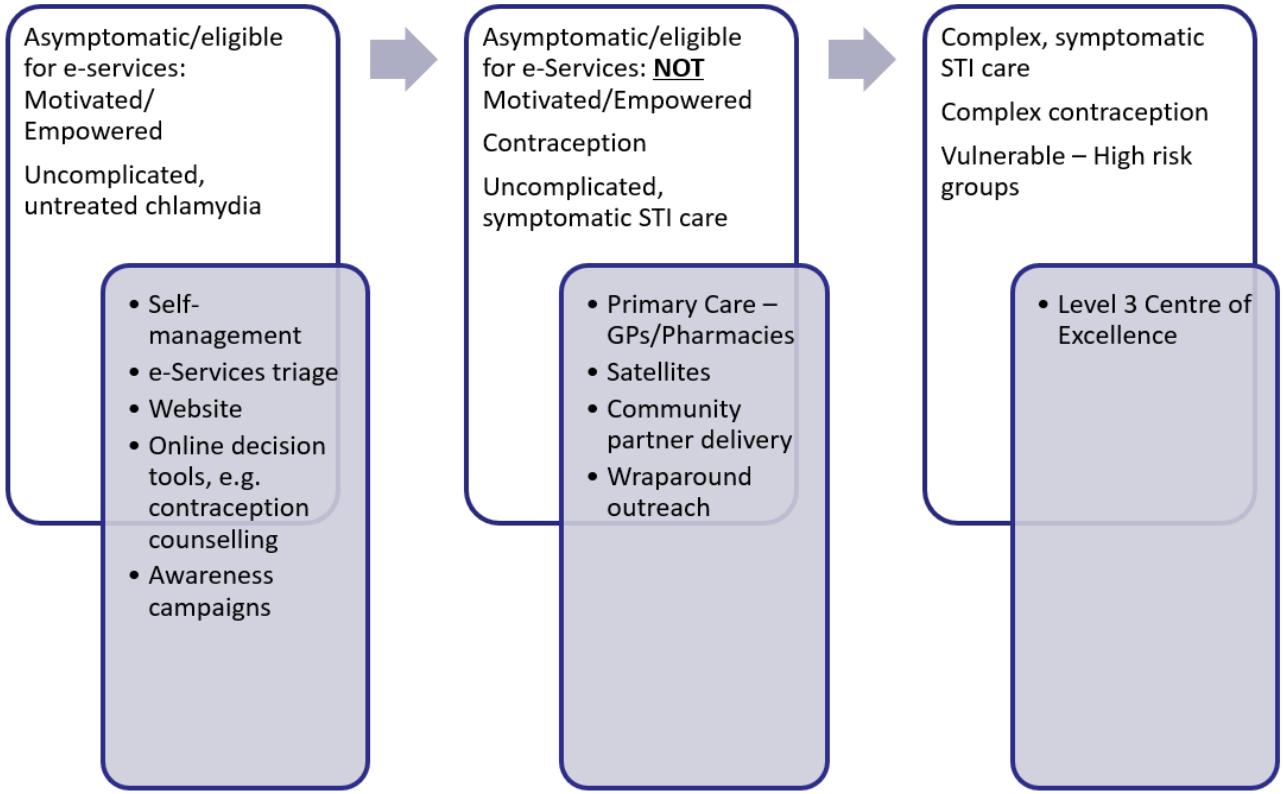
New Service Model: Locations in LBTH



Site	Opening Times
Ambrose King Centre	Monday 08.30 – 19.30 Tuesday 08.30 – 19.30 Wednesday 12.00 – 19.30 Thursday 08.30 – 19.30 Friday 08.30 – 16.30 Saturday – 09.00 – 16.00
Mile End Hospital	Friday 13.15 – 16.15
St Andrew's	Tuesday 12.15 – 19.30 Wednesday 12.15 – 14.30 Wednesday (YP) 15.30 – 19.15 Thursday 08.15- 11.15
Mildmay	Monday 16.15 – 19.30
Step Forward	Wednesday 16.15-18.30

New Service Model: Modern Facilities

New Service Model: Personas



New Service Model – Pt L.R

- 17 years
- Female
- Mixed ethnicity - White/Black British

KEY NEEDS

- Recent unprotected sex
- Termination 3 months ago

HOW ADDRESSED BY OUR SERVICE

- Emergency contraception (IUD)
- Sexual Health Screening
- On going contraception needs

New Service Model – Pt A.N

- 19 years
- Originally from Pakistan
- Trans-Man - Female to male transition

KEY NEEDS

- Stigma
- Sexual health and wellbeing

HOW ADDRESSED BY OUR SERVICE

- Health advisor review
- Sexual Health Screening
- PEP/PREP assessment
- Referral for IMPACT trial
- Contraception needs

New Service Model

- Video

Future Opportunities

- Life Sciences cluster will bring together NHS, industry, health science organisations and researchers to deliver improvement in health outcomes
- A new facility for sexual health, integrated with research and development focussed on genomics, data, bioengineering and population health
- Build on Barts Health strong track record in delivering sexual health research
- Enabling local population to take part in innovative trials and encouraging repatriation of local residents to the service

This page is intentionally left blank

Non-Executive Report of the: **Health Scrutiny Subcommittee** 5 March 2018	TOWER HAMLETS
Report of: Tower Hamlets CCG, Barts Health Trust, East London Foundation Trust, LBTH	
Patient Voice and Engagement	

Originating Officer(s)	Michael Keating

1. Summary

This report provides a summary of how effectively key health and social care organisations in the borough engage with service users and respond to their views.

2. Recommendations:

The HSC Committee is recommended to:

- Note the report and presentation, and identify ways key health and social care organisations could improve their engagement with service users.

This page is intentionally left blank

A snapshot of how the statutory partners in Tower Hamlets Together engage with local people

TOWER HAMLETS TOGETHER

Delivering better health through partnership

Health Scrutiny, 5 March 2018

www.towerhamletstogether.com #TH2GETHER

TOWER HAMLETS

GP CARE GROUP CIC

thcvs Council for Voluntary Service

NHS
Barts Health NHS Trust
East London NHS Foundation Trust
Tower Hamlets Clinical Commissioning Group

- The following slides provide:
  - An introduction to Tower Hamlets Together (THT)
  - A snapshot of the engagement and involvement undertaken by each of the statutory partners – Barts Health, East London Foundation Trust, the GP Care Group, LB Tower Hamlets Health and Social Care and Tower Hamlets CCG as well the THT Programme Management Office – and the budget
  - An indication of next steps

- It should be noted that there is a huge range of activity underway locally and will continue to be vital for the successful delivery of services
- The budget figures provided are indicative of the centralised activity of partners but do no cover the full range of what goes on

A collaborative partnership of acute, primary and mental health, social care and the voluntary and community sector in place since the end of 2013

Local people sit at the heart of our design principles…

Person-centred care with clear understanding and collaboration between residents and staff about what to expect from each other to make the right shared decisions based on individual needs

Health and social care services integrated around people, with staff not hindered by organisational boundaries or bureaucracy in order to put people's needs first

Transparent and clear information for patients and staff to help them make effective and timely decisions

Joined-up working to drive improved wellbeing through partnerships outside of the health and social care system

Scarce resources have the greatest impact by allocating them according to changing population need with clear accountability between clinical decisions and resource allocation

A learning health and care system – real time access to knowledge, digital capture of care experience, engaged empowered patients, incentives aligned for value, full transparency, a leadership instilled culture of learning, supportive system competencies

Our People Charter describes how we should our behave with each other…

We aim to provide person-centred, coordinated care to all people who use our services. This means you can always expect us to:

- Be polite and respectful to you
- Respect your confidentiality
- Let you know who we are and what we do
- Communicate clearly and openly with you in the way that you need us to
- Respond to phone calls, emails and letters quickly
- Ensure that you only need to tell your story when you choose
- Ensure that we take into account your mental, physical and social needs
- Be informed and prepared for appointments with you and have read your notes

- Work with you as an active and equal partner, jointly agreeing your care plan to include your personal goals and wishes
- Support you to support yourself where possible
- Involve and listen to carers involved in your care
- Involve service users and carers in service planning and evaluation
- If we don't know how to help initially, we will explore other options and get back to you quickly

We value our staff and support them to provide high-quality whole-person care, including mental and physical health, social care and wellbeing. We will work with service users and carers to build mutually respectful and trusting relationships. This includes keeping appointments, exploring self-management (when appropriate) and giving constructive feedback.

THT Programme Management

- Leads the User and Stakeholder Focus workstream which brings together THT engagement leads, Healthwatch, the voluntary and community sector, patients and carers to coordinate and share good practice
- Analysed over 100 local activities to understand what's happening locally (see Ladder of Participation and Involvement)
- Ensured resident voice in the development of the new community health services contract
- Explored the development of a 'stakeholder council' to test the difficult decisions
- Worked with Healthwatch to deliver 'Your Voice Counts' events across the borough
- Discovered what residents want from services to create the 'I' statements of the outcomes framework
- Budget: 30k per annum

Barts Health NHS Trust

Current position across the Trust

- Patient experience framework in place
- Patient experience leads at site and corporate level
- New partner for patient feedback procured
- Wealth of intelligence on the experience of patients at Bart's Health
- A range of initiatives in place to develop our approach to engagement in place including the Collaborative Boards and collaborative pairs programmes
- Experienced based co-design methodology in place to support quality improvement
- Analysis of patient experience data
- Good working relationships with external stakeholders
- Patients involved in research trials
- Duty of Candour embedded in our culture of safety
- Patient stories & narrative on Board & key leadership meetings
- Investment in advocacy, patient information & inclusion indicates delivery sensitive to multi-cultural environment
- Large proactive volunteers service with new strategy being developed to increase impact and reach

Working towards good and outstanding

We will be taking our strategy forward to ensure:

- Patient and public involvement will be embedded in our organisational governance and in the work we do with partners in the wider health and social care partnership
- Our framework for patient experience and engagement will be embedded consistently across the organisation and we will use triangulated patient experience information consistently and will be able to demonstrate that feedback and engagement is driving improvement
- Patient feedback informs all of our quality improvement initiatives and service improvement projects and patients are partners in our quality improvement collaborative and on our clinical boards
- Maximise opportunities for research and new approaches working with patients that reflect our unique population
- Sensitive multi-media approach to engagement with positive results across age ranges, cultural, family & community needs

Barts Health at Royal London (RLH) and Mile End hospitals

- Working Together Group
- Alliance Partnership Board
- An increasingly active Patient Panel since February 2017
- Patient panel engagement events including Open Day, Behcets Awareness Day, Friends and Family Test procurement
- Dementia friendly space initiative on the 14th floor with user engagement in design
- New RLH Patient Experience Operational Group to triangulate the experience data and improvement actions - with Inclusion Team and patient and Healthwatch representation
- Working with Healthwatch
  - Revised pattern of enter and views with a designated site lead to co-ordinate
  - Bi-monthly meeting with Director of Nursing, including discussion of a new list of patient leader projects
  - Member of maternity partnership board.
  - Quarterly meetings with Trust CEO and Chief Nurse, with patient experience sub-groups
- PALS now a site based and managed service for local resolution
- Budget: across Barts Health numerous corporate and site-based staff have explicit engagement responsibilities so the budget is in excess of £100k, though the organisation encourages all teams to build patient engagement into their business as usual work

East London Foundation Trust

- People Participation Team, sits outside of Patient Experience
- Borough and Community Health PP Leads (with Newham)
- Working Together Group
- Training for staff, both internal and external
- Service User/Carer involvement in Quality Improvement, interview panels and staff appraisals
- Collaborative service development
- Representation at internal and external meetings and steering groups
- ‘Expert by Experience’ research, audits and inspections
- Co-facilitation of groups and co-production of conferences and awaydays
- Co-produced Recovery College and employment of Peer Support Workers
- Reward and Recognition policy
- Budget: 59k per annum (People Participation staffing costs only)

East London Foundation Trust

Examples of successful participation and involvement

- Collaboration between the Working Together Group, ELFT and Barts Health to design a Hopewall in a place of safety room at the Royal London Hospital

- All Tower Hamlets Recovery College courses are co-produced by both 'experts by experience' and professionals resulting in shared learning and also encourages links to the community

- The Trust aims to identify all veterans of the Armed Forces and their families and improve services as a result of the involvement of a veteran in the Working Together Group

The GP Care Group

- Patient Experience Team (PET) based at Mile End Hospital and Network Manager as engagement lead
- Discovery interview team of paid staff and volunteers undertake interviews with service users and carers to drive service improvement and development = able to resolve issues quickly while addressing systemic problems with frontline teams and share the learning across partners
- PET undertake whole systems reviews to understand patient experience across pathways
- Patient Participation Groups in 35/37 GP practices
- National GP Patient Survey
- Education and awareness events at network and locality level in community settings
- Patient surveys e.g. diabetes, surgical after-care and extended hours
- Budget: 108k per annum

The GP Care Group

An example how patient feedback has contributed to service development:

- **The Admissions Avoidance and Discharge (AADS) Team provides clearer written information about the purpose and duration of their input**
- **The AADS team have liaised with the pre admissions team at RLH to ensure that all planned admissions are screened for anticipated support required on discharge**
- **Improved communication about anticipated lateness of planned visits by Community Nurses**
- **Visits by team members who are known to individual service users and families wherever possible, particularly those with cognitive impairment**

Tower Hamlets CCG

- Engagement lead as part of Corporate Affairs Team and Lay Member for Patient and Public Engagement on Board
- Patient Leaders Programme
- Community Commissioning Panel
- Innovation bursary projects
- Patient stories at governing body meetings
- Commissions voluntary and community sector groups to carry out engagement with key groups
- Budget: 102k per annum

LB Tower Hamlets Health & Social Care

- Community Engagement & Quality Officer (Health, Adults & Community Services and Children's Services) and Corporate Community Engagement Team – supported by broad range of council staff also undertaking engagement
- 'Communities Driving Change' priority of Health and Wellbeing Strategy
- Community Insights Network with community researchers
- Surveys & feedback questionnaires - seeking views on services and insight on health and wellbeing for adults, carers, children and young people
- Wide range of health and care related forums and reference groups to engage on key issues, concerns and service development and improvement
- Community Engagement Strategy and development of co-production framework
- Budget: 155k per annum (staffing costs for posts focused mainly on engagement)

Next steps

- Involve local people in the new integrated care life course workstreams
  - Born Well and Growing Well
  - Living Well
  - Ageing Well

- Building on the work to date creating a ‘Centre of Excellence’ to advise and consult, promote innovation, leadership, training and reflect on learning

- Strengthen collaboration and learning – with Healthwatch, th voluntary and community sector, other partners and residents

The future: after using Tower Hamlets Together services we want residents to be able to say…

Around me	I feel safe from harm in my community
	I play an active part in my community
	I am able to breathe cleaner air in the place where I live
	I am able to support myself and my family financially
	I am supported to make healthy choices
	I am satisfied with my home and where I live
	My children get the best possible start in life
My doctors, nurses, social workers and other staff	I am confident that those providing my care are competent, happy and kind
	I am able to access safe and high quality services (when I need them)
	I want to see money is being spent in the best way to deliver local services
	I feel like services work together to provide me with good care
Me	I understand the ways to live a healthy life
	I have a good level of happiness and wellbeing
	Regardless of who I am, I am able to access care services for my physical and mental health
	I have a positive experience of the services I use, overall
	I am supported to live the life I want
Tower Hamlets Together	I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community

Questions?

TOWER HAMLETS TOGETHER

Delivering better health through partnership

TOWER HAMLETS GP CARE GROUP thcvs Council for Voluntary Service NHS Barts Health NHS Trust East London NHS Foundation Trust Tower Hamlets Clinical Commissioning Group

This page is intentionally left blank

Non-Executive Report of the: **Health Scrutiny Subcommittee** 5 March 2018	
Report of: Tower Hamlets GP Care Group CIC	
Community Health Service (Alliance Agreement) Progress Update	

Originating Officer(s)	Chris Banks, Chief Executive Tower Hamlets GP Care Group CIC

1. Summary

In April 2017 an alliance partnership agreement to deliver community health services was signed between three local healthcare providers: Tower Hamlets GP Care Group Community Interest Company (CIC), Barts Health NHS Trust, and East London NHS Foundation Trust (ELFT).

The partnership enables local GPs to work much closer with hospital and community trusts to offer patients more joined up health services across the borough and reduce duplication. This report outlines the aims of the agreement and provides a performance update to the Sub-Committee following the agreements first year of operation.

2. Recommendations:

The HSC Committee is recommended to:

- Note the report and presentation, and identify ways the agreement could improve as it moves into the second year of implementation.

This page is intentionally left blank

Community Services Alliance

TOWER HAMLETS TOGETHER

Delivering better health through partnership

Presentation to Overview & Scrutiny Committee

TOWER HAMLETS

GP CARE GROUP

thcvs Council for Voluntary Service

NHS Barts Health NHS Trust East London NHS Foundation Trust Tower Hamlets Clinical Commissioning Group

Barriers to meeting Population need that we are trying to address

Challenges we face:

- **Siloed workforce** with separations between the staff working for the different services getting in the way of integrated working and a unified culture
- **Siloed organisations** with different ownership, payment mechanisms and regulators leading to misaligned incentives and targets, and causing fragmented delivery from front-line staff
- **Insufficiently integrated IT systems and limited access to data** meaning staff can't access the information they need
- **Separate budgets** by provider/ care areas meaning we don't get the best value from our allocation of resources and efforts are duplicated
- **Disjointed transformation efforts** not aligned where the need is greatest
- **Inflexible contract mechanism** meaning limited ability to drive change within an annual cycle
- **Funding is limited and diminishing** while the needs of our population are growing

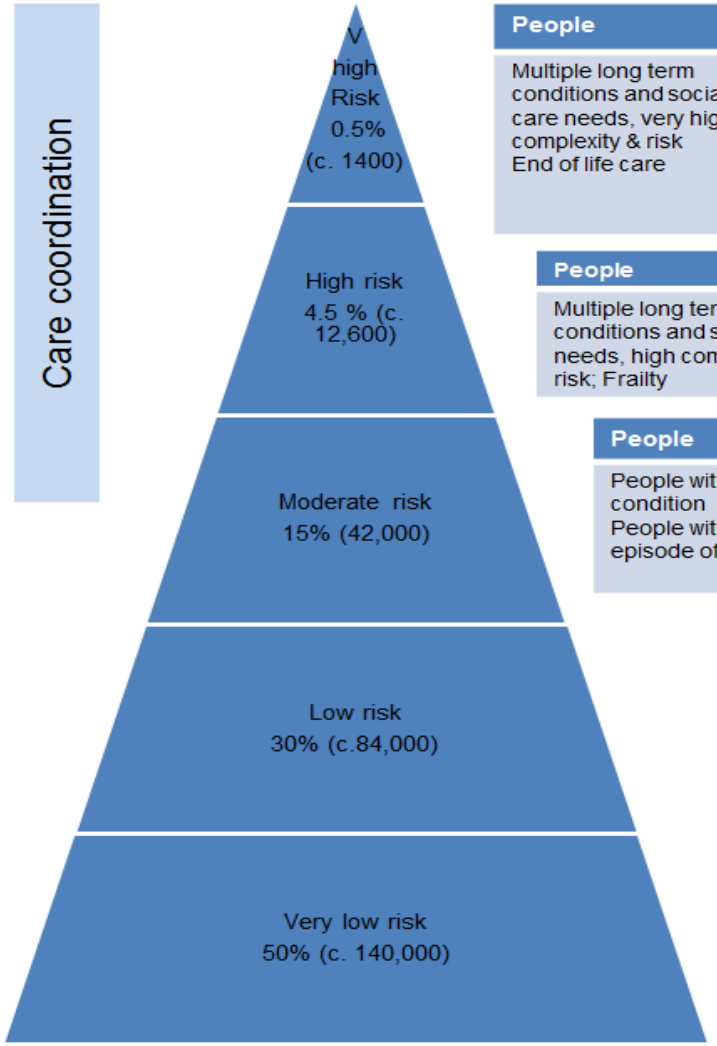
Population experience:

- People tell their story multiple times, and experience a **fragmented patient journey**
- 60% of **people die in hospital**, despite most wanting to die at home
- **High death rates and morbidity** related to long term conditions, premature death rates from cancer among highest in country
- Unnecessarily high rates of **acute hospital admission**, especially A&E
- There are **large variations** in the quality of care received even in the same setting
- **50% of children are malnourished**
- Inefficiencies in the system result in **additional burden and waste to the taxpayer**

Model of care for adults with complex needs

Care coordination

Self care



People	Process	Typical Interventions	Typical CC
Multiple long term conditions and social care needs, very high complexity & risk End of life care	MDT assessment Care plan Allocated care coordinator Review Rapid Response	Case management Person centred care planning Tertiary prevention Carer support Social prescribing	Professional lead, e.g. DN, RMN etc.

People	Process	Typical Interventions	Typical CC
Multiple long term conditions and social care needs, high complexity & risk; Frailty	Care plan Review Care navigation	Tertiary prevention Person centred care planning Carer support Self-management; social prescribing	GP

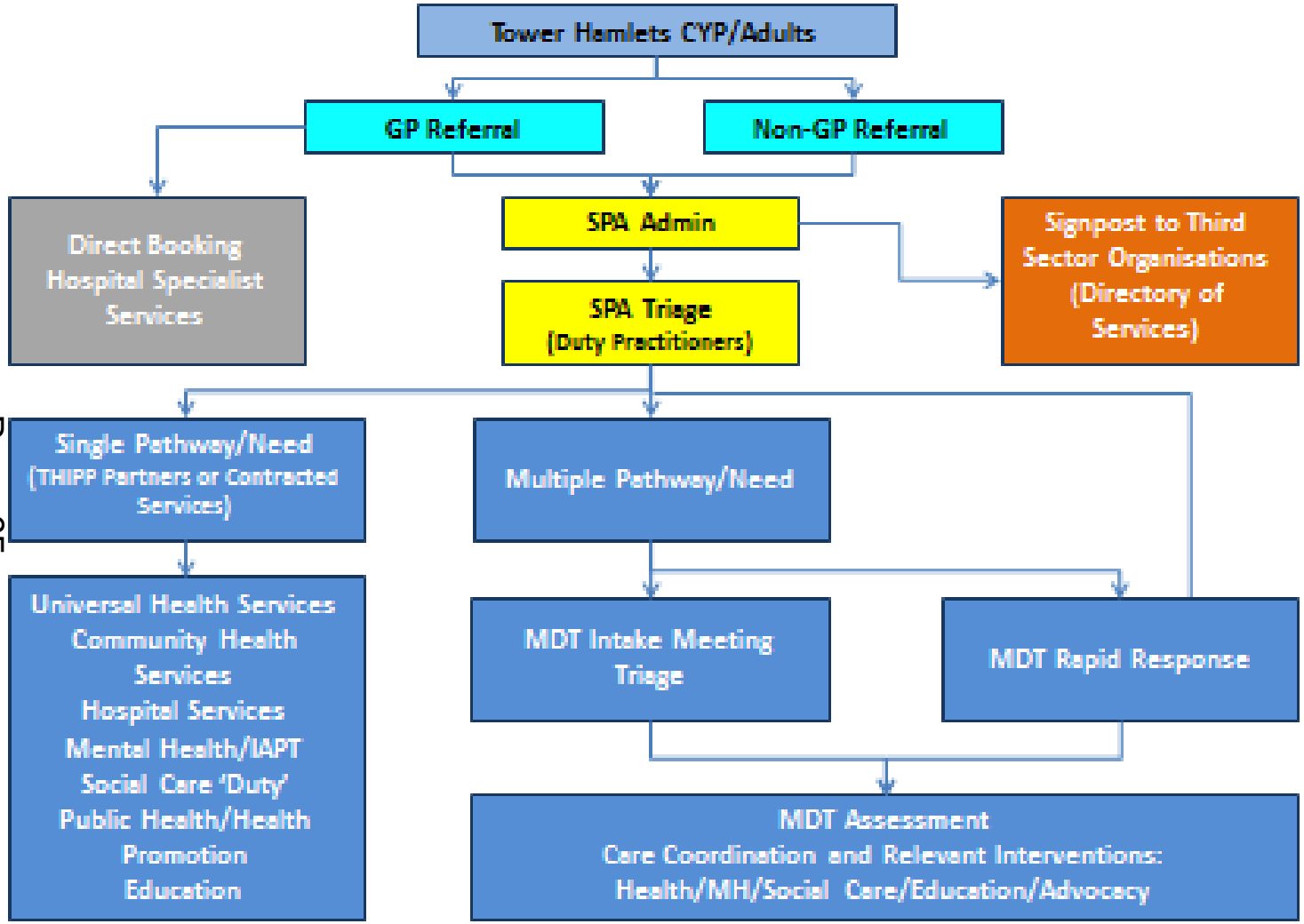
People	Process	Intervention	Typical CC
People with one long term condition People with a single episode of care	Care plan Review	Secondary prevention Self-management Social prescribing	GP

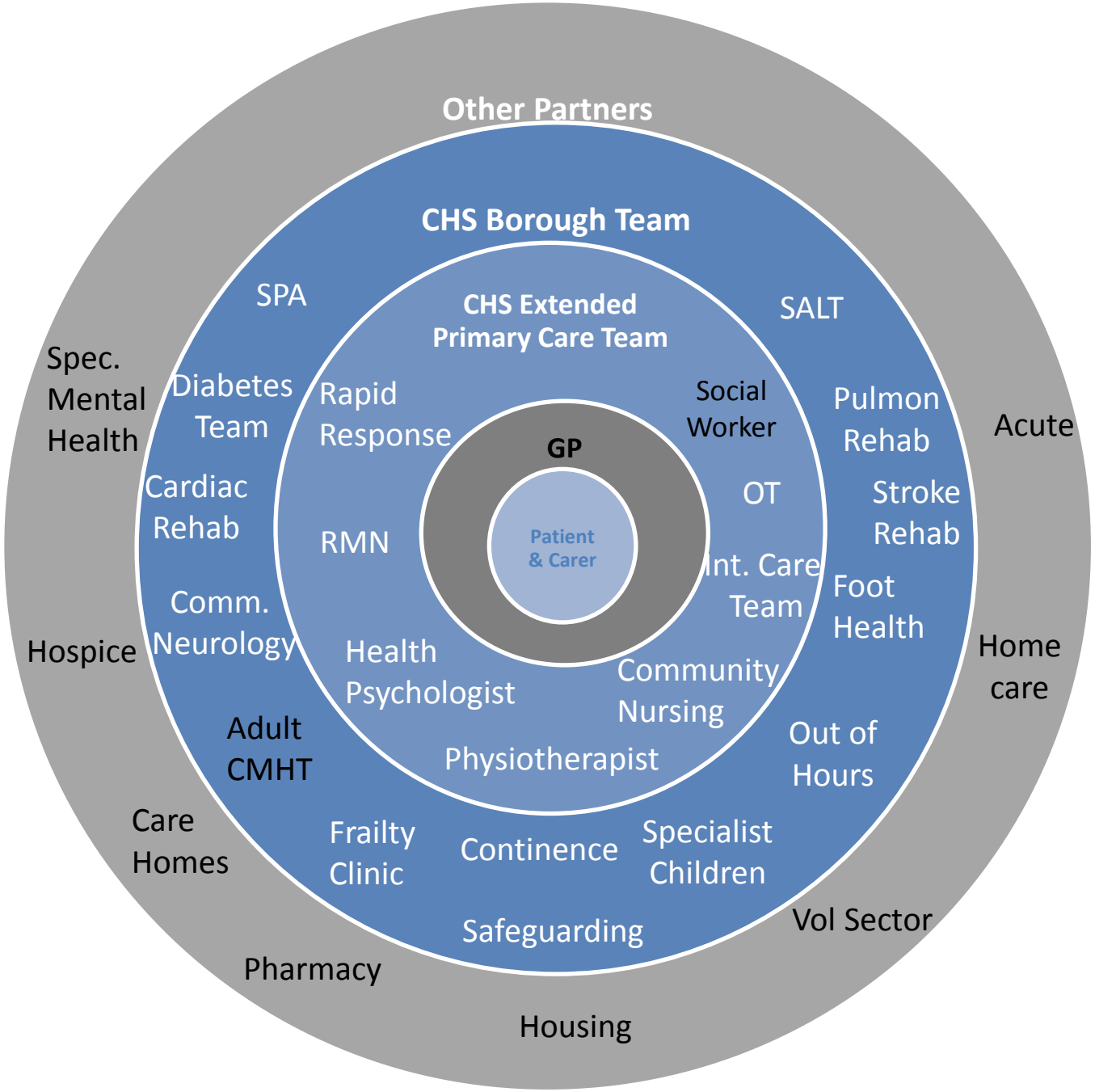
People	Process	Typical Intervention
People with risky lifestyle factors	Self care	Primary prevention Social prescribing

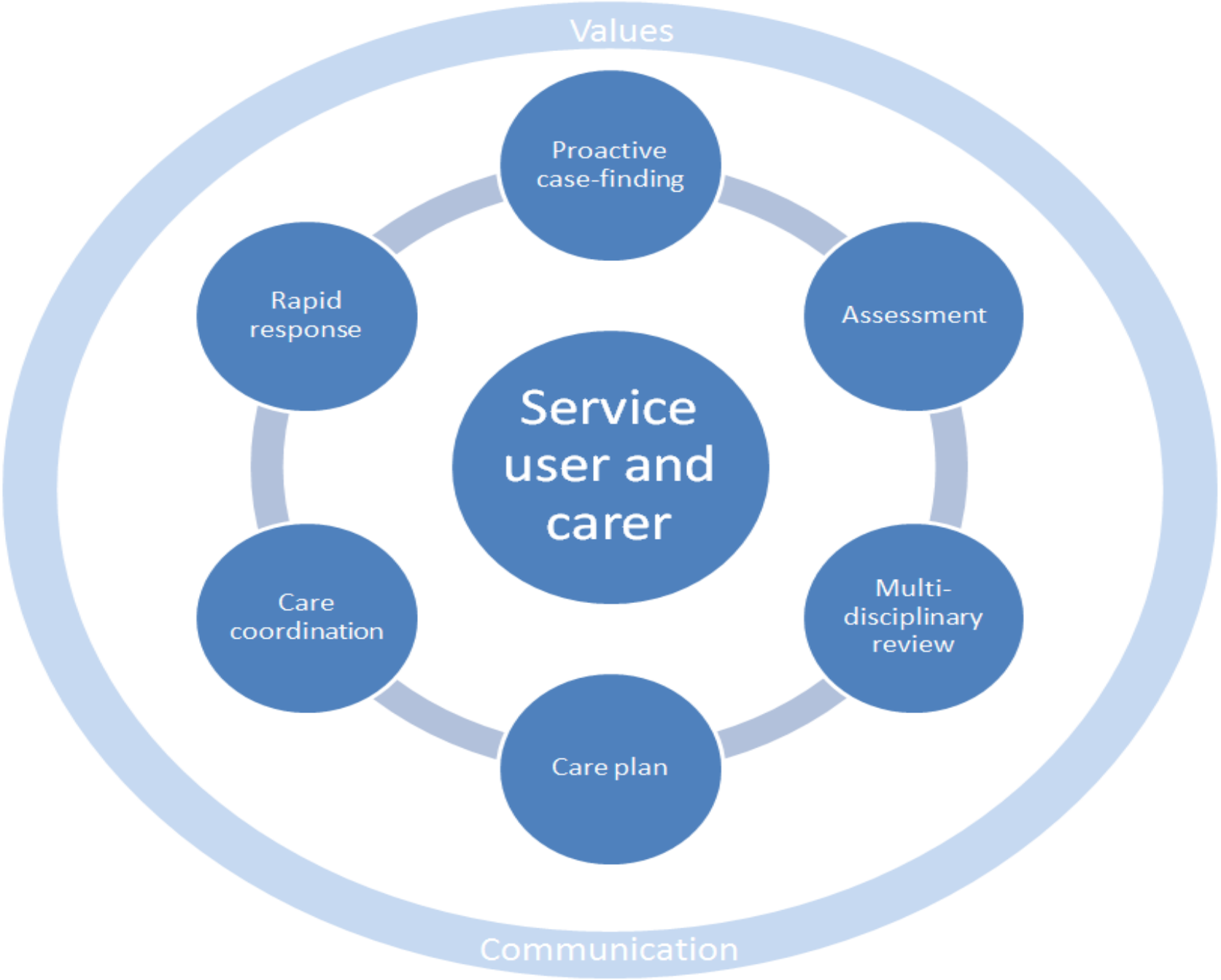
The delivery model

- A single point of access for all health and social care services
- Extended “whole person care” primary care teams
- A new integrated community rehabilitation service
- A new rapid access integrated frailty assessment service
- A new model for complex children’s services, provided from one site, with the aim of developing a comprehensive integrated delivery model for children
- Specialist services for adults working across acute and community
- IT that works, with mobile working fully rolled out
- Promoting prevention and self-care, including through social prescribing and a wellbeing hub.

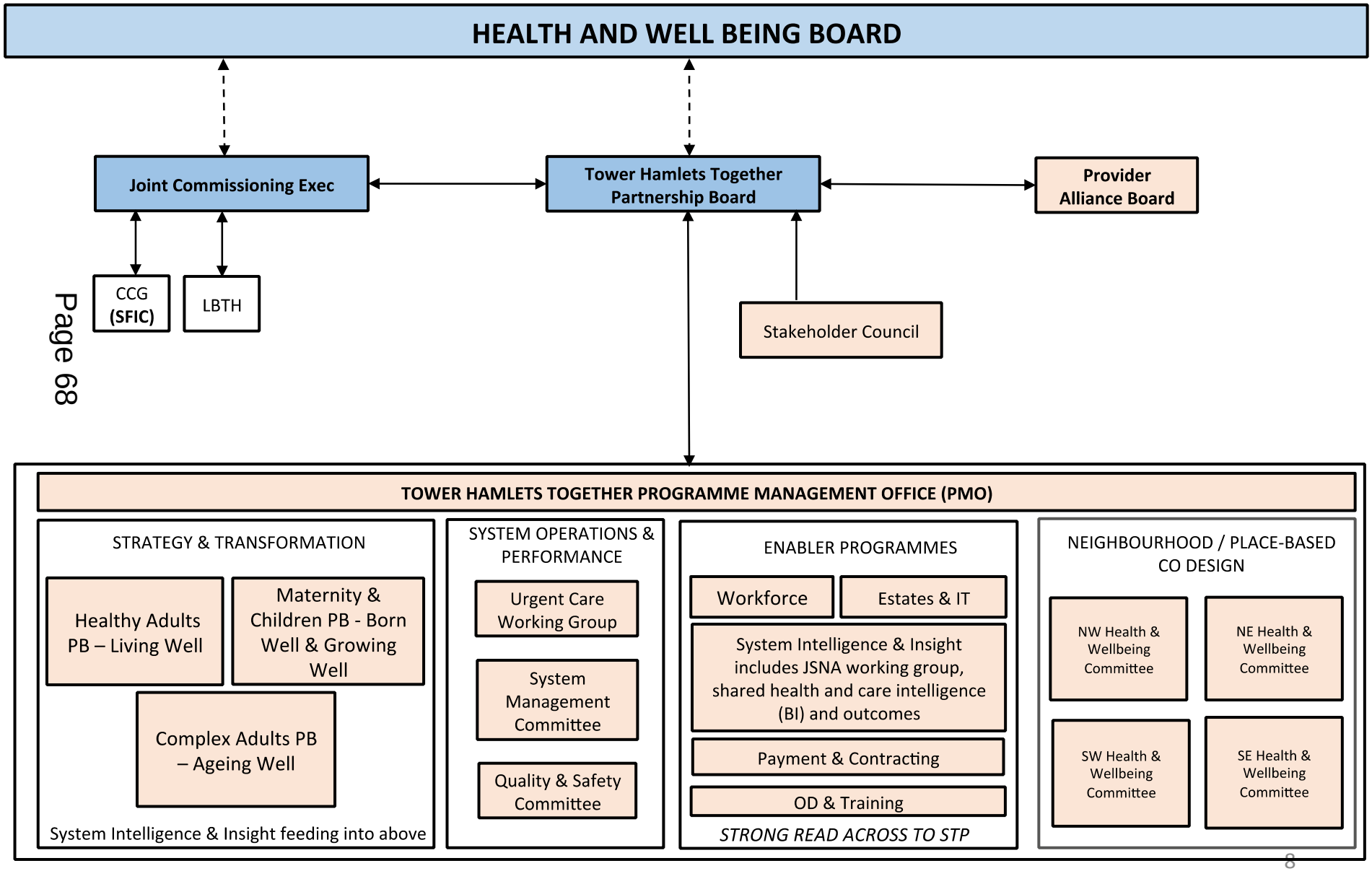
Single Point of Access Pathway



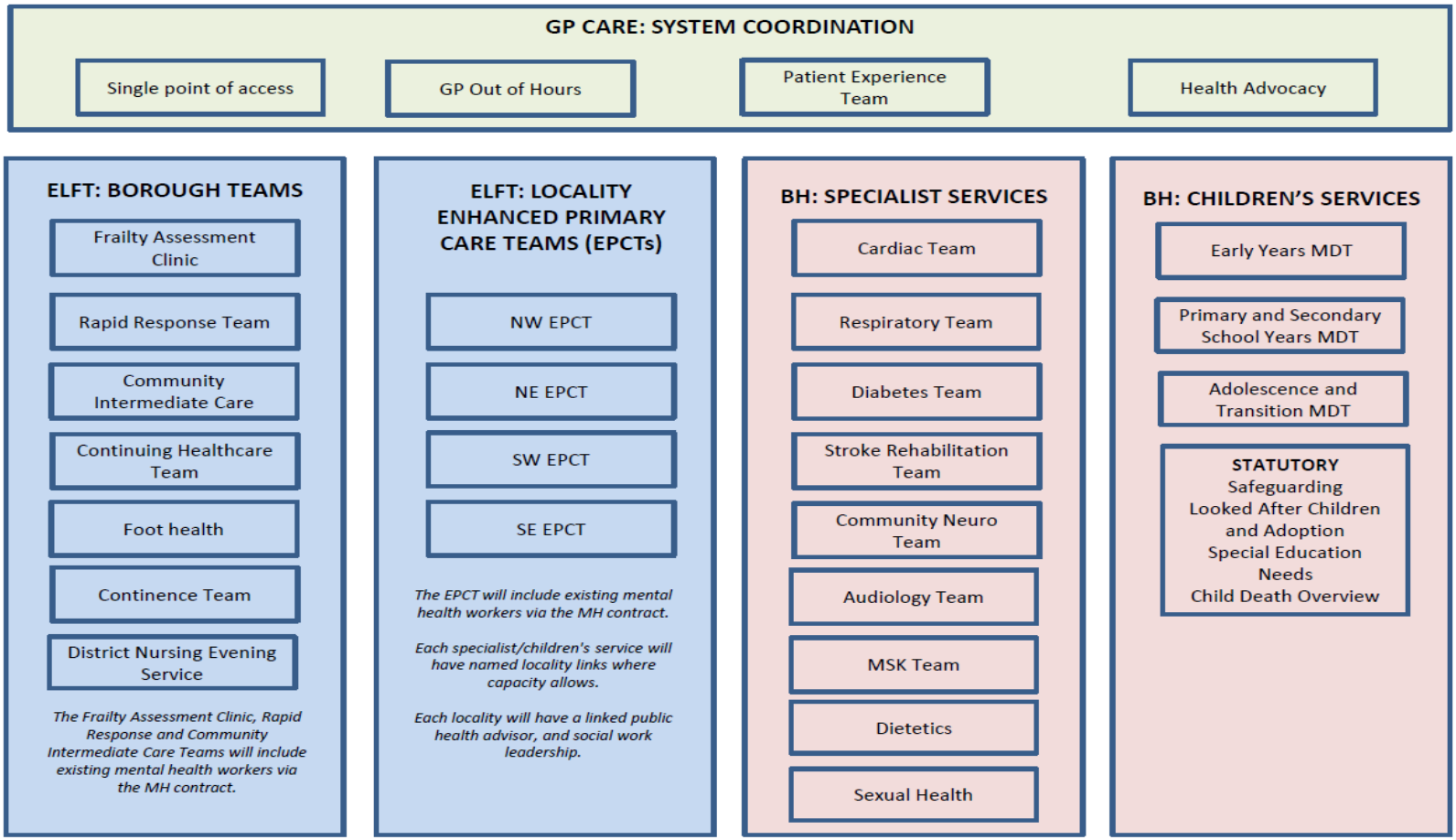

Other Partners
CHS Borough Team
CHS Extended Primary Care Team
GP
Patient & Carer
SPA
SALT
Spec. Mental Health
Diabetes Team
Rapid Response
Social Worker
Pulmon Rehab
Acute
Cardiac Rehab
OT
Stroke Rehab
RMN
Int. Care Team
Foot Health
Comm. Neurology
Hospice
Health Psychologist
Community Nursing
Home care
Adult CMHT
Out of Hours
Physiotherapist
Care Homes
Frailty Clinic
Continence
Specialist Children
Safeguarding
Vol Sector
Pharmacy
Housing


Values
Proactive case-finding
Assessment
Multi-disciplinary review
Care plan
Care coordination
Rapid response
Service user and carer
Communication

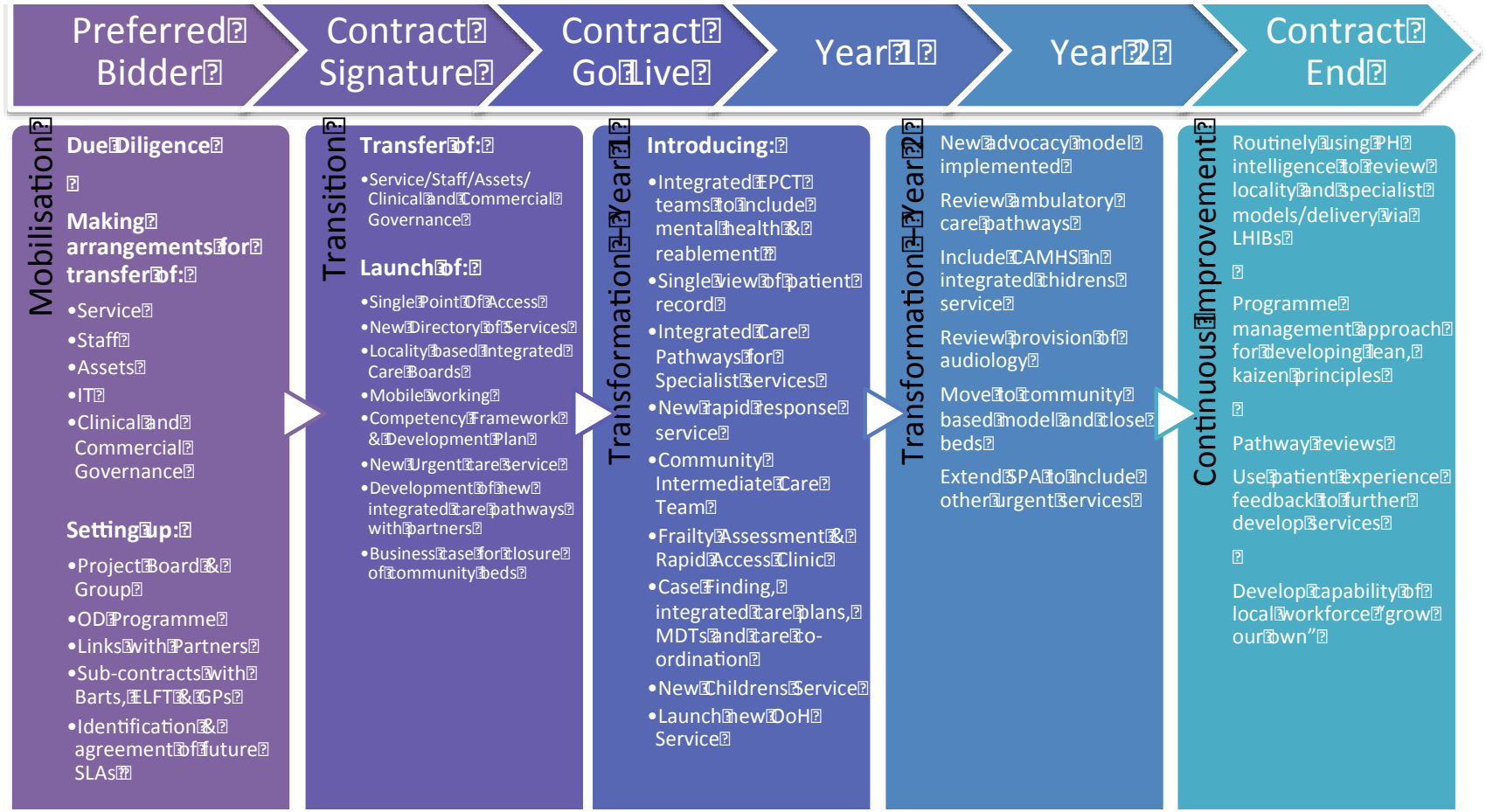
Tower Hamlets Together Operating Framework 2017-18



Alliance Partner Responsibilities



Transformation plan



Impact

- Greater support for self management
- Improved links with community services and more patients managed in the community
- Change in staff bases, rationalisation of desks/offices, mobile working
- Patients have greater influence in service design and delivery
- More responsive support to avoid admission
- Care co-ordination – identified care co-ordinator, joint MDTs, shared care planning
- Increased role of Locality Boards to plan & manage local population health

Contract Structure and Payment

- The contract is for 5 + 2 years.
- GPCG, Barts Health and ELFT all have contracts directly with the CCG for the elements they deliver.
- There is an Alliance Agreement and an Alliance Board comprising of the three providers and the CCG.
- GPCG is the Alliance Manager and has a co-ordinating role to support the delivery of the model and the associated outcomes.
- The contract is outcomes based with 5% increasing to 25% of the contract value dependent on the achievement of a range of PROMs, PREMs and process based proxies for outcomes

Next steps - emerging plans to expand the alliance (1)

- The CHS alliance arrangements were a pragmatic answer to issues arising in the mobilisation and due diligence of the CHS contract, that meant a prime provider model was not deemed sustainable
- The alliance is in effect an overarching contract/MOU that sets expectations and rules as to how the GP Care Group, Barts and ELFT, and the CCG, work together to deliver the CHS contract
- One benefit of an alliance model is that it can be flexed in terms of scope and scale with agreement of all parties.
- Tower Hamlets Together has explicitly recognised that this could provide the basis upon which an accountable care system of provision could be based

Next steps - emerging plans to expand the alliance (2)

- The current alliance contract oversees the delivery of CHS only
- The CHS bid and emergent service model is explicit about the links it must have with other providers and services in order to deliver high quality community based integrated care for Tower Hamlets residents
- This is in line with a long standing strategic objective of the CCG and LBTH to achieve greater integration of services
- The CCG currently has limited levers to achieve this in the short to medium term for other CCG commissioned services (procurement), and no levers for health and social care integration
- An alliance model allows for services and budgets to be included in the alliance, whilst maintaining the existing bilateral arrangements with the CCG
- The THT Board allows for joint strategic planning but is not a vehicle for integrated delivery of services. The alliance could provide that.
- It is clear from emerging national policy that there is an accelerated move towards a) health and social care integration and b) the development of accountable care

Non-Executive Report of the: **Health Scrutiny Subcommittee** 5 March 2018	
Report of: Tower Hamlets Clinical Commissioning Group	
NHSE consultation on conditions for which over the counter items should not be prescribed in primary care	

Originating Officer(s)	Samantha Buckland Prescribing Adviser NEL Commissioning Support Unit

Summary

Following the NHS England consultation on items of low/limited clinical value which should not be routinely prescribed in primary care in 2017; the decision was taken to further consult about conditions for which over the counter items should not be routinely prescribed in primary care. The consultation launched on 20th December 2017 and closes on 14th March 2018.

The full consultation guidance can be accessed at the links below:

- https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/ - main NHSE webpage
- https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/user_uploads/otc-guidance-2.pdf - official consultation guidance document
- https://www.engage.england.nhs.uk/++preview++/consultation/over-the-counter-items-not-routinely-prescribed/user_uploads/otc-ehi-analysis-form.pdf - national impact and equality analysis (NB: a local THCCG analysis will be completed)
- https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/consultation/intro/ - link to the online feedback form. Questions from the online form are listed in appendix 4 of the guidance document.

A summary paper of the 35 minor/self-limiting conditions and their recommendations with the known cost per 1000 patients data for TH CCG is enclosed, along with an appendix showing the graphical comparison data with other CCGs.

It is important to note that TH CCG has not previously conducted a local consultation on restricting OTC medicines. Therefore a local consultation will be run to coincide with the national consultation such that any impact assessment and decisions made on restricting prescribing will take into account any local factors such as deprivation or vulnerable groups. A communications and engagement plan, in conjunction with NELCSU, has been developed and is fully underway to ensure all patient groups, healthcare organisations, vulnerable or at risk groups, MPs and other affected

parties are consulted with.

Nationally in the year prior to June 2017 the NHS spent approx. £569 million on prescriptions for minor conditions, which could otherwise be purchased over-the-counter from a pharmacy and/or other outlets such as petrol stations or supermarkets. This consultation focuses on £136 million that could be potentially saved from those prescriptions as listed below.

These prescriptions include items for conditions:

- Considered as self-limiting do does not need treatment
- Lends itself to self-care so could manage by purchasing over the counter items

Or items:

- That can be purchased over the counter at a lower acquisition cost that would be incurred by the NHS (from A&E attendance, GP appointment time, Dispensing costs etc)
- For which there is little evidence of clinical effectiveness.

There are general exclusion criteria on p9 of the consultation document.

CCGs asked for a nationally co-ordinated approach to develop guidance to ensure consistency and to address unwarranted variation.

Key issues locally:

- Encouraging full THCCG and partners plus public engagement with both local and national consultation
- How this may affect future patient pathways (particularly as there is an additional consultation until 21st February 2018 on draft NICE guidance on community pharmacy promoting health and wellbeing due for full publication in August 2018)
- Impact on future of Pharmacy First and similar commissioned minor ailment services
- Impact on and potential support for vulnerable groups not explicitly mentioned in the consultation such as schools (medication policies), care homes (homely remedies), homeless (access to medicines)
- Support for prescribers
- Potential of encouraging positive messages around self-care and wider accessibility to advice or treatment
- Risks of any media attention locally

Recommendations:

The HSC Committee is recommended to:

1. Read the consultation in line with NHSE requirement for consultation to be discussed at a local overview and scrutiny committee.
2. Respond as an organisation if conclude there is a need to via the online survey available at https://www.engage.england.nhs.uk/consultation/over-the-

counter-items-not-routinely-prescribed/consultation/intro/ or written responses can be sent to england.medicines@nhs.net before 14th March 2018.

3. Encourage affected local patients and public to respond to the consultation
4. Encourage local healthcare professional colleagues and/or local partnership patient/public organisations to respond either individually or as local organisations to the consultation
5. Follow the public media releases from THCCG and share widely

This page is intentionally left blank

NHS
Tower Hamlets
Clinical Commissioning Group

Over the counter medicines consultation

Samantha Buckland, Prescribing Adviser

Agenda

NHS
Tower Hamlets
Clinical Commissioning Group

- Overall objectives for the work
- The proposals for commissioning guidance on conditions for which over the counter items should not routinely be prescribed in primary care.
- What TH CCG is doing now
- Questions

Overall objective of the work

NHS
Tower Hamlets
Clinical Commissioning Group

Prioritise limited NHS funding

The medicines spend is the second largest spend, after staffing costs, for the NHS – a total of £16.8bn across England in 2015/16, an increase of 29.1% from £13bn in 2010/11.

Smarter use of resources means greater funding for other high priority areas that have an impact for patients, support improvements in services and deliver transformation.

Support the principle of self-care

Empowering people with the confidence and information to look after themselves gives people greater control of their health and encourages behaviour that helps prevent ill health in the long-term

Overall objective of the work

NHS
Tower Hamlets
Clinical Commissioning Group

Reducing demand on general practice

It is estimated that there are 57 million GP consultations nationally a year for minor conditions at a total cost to the NHS of £2 billion. These appointments take up an average of one hour a day for every GP.

Addressing increased price and other costs

The costs to the NHS for many of these products is inflated beyond the prices for which they can be purchased over-the-counter and include further hidden costs, including prescribing dispensing and administration costs.

Overall objective of the work

NHS
Tower Hamlets
Clinical Commissioning Group

Reducing Variation

Many CCGs are considering or have already implemented policies to reduce spend on items that can be purchased over the counter - having national support from NHS England for local decision making in this area would ensure consistency across the country

How were the proposals developed?

NHS
Tower Hamlets
Clinical Commissioning Group

NHS England and NHSCC previously consulted on ***items which should not be routinely prescribed in primary care***

That initial consultation sought views generally on the principle of restricting the prescribing of medicines which are readily available over the counter. An initial list of 26 minor or self-limiting conditions where prescribing restrictions could be considered were identified.

Feedback was generally supportive (65% agreed) so proposals for consultation were developed.

They consulted their clinical working group on proposed approach and, based on their guidance, mapped OTC items to the minor conditions for which they are typically prescribed. **They refined their approach to propose prescribing restrictions based on condition rather than item name or formulation**

How were the proposals developed?

NHS
Tower Hamlets
Clinical Commissioning Group

The OTC items prescribed by the NHS were analysed using data from the NHS Business Services Authority (year prior to June 2017 data) which showed that approximately £569m was spent on OTC medicines.

They analysed the medicines falling within the top 90% of OTC spend, to identify how the medicines could be classified according to the conditions for which they might be prescribed (as per their licensed indications).

They estimate that restricting prescribing for 'minor' conditions may save up to £136m once all discounts and clawbacks have been accounted for.

Minor Conditions for which prescriptions could potentially be restricted

NHS
Tower Hamlets
Clinical Commissioning Group

Conditions
Self-limiting illnesses:
1. Acute Sore Throat
2. Cold Sores
3. Conjunctivitis
4. Coughs and colds and nasal congestion
5. Cradle Cap (Seborrhoeic dermatitis – infants)
6. Haemorrhoids
7. Infant Colic
8. Mild Cystitis
Minor illnesses suitable for self-care:
9. Contact Dermatitis
10. Dandruff
11. Diarrhoea (Adults)
12. Dry Eyes/Sore tired Eyes
13. Earwax
14. Excessive sweating (Hyperhidrosis)
15. Head lice
16. Indigestion and Heartburn
17 Infrequent Migraine.
18. Infrequent constipation

Conditions
19. Insect bites and stings
20. Mild Acne
21. Mild Dry Skin/Sunburn
22. Mild to Moderate Hay fever/Allergic Rhinitis
23. Minor burns and scalds
24. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
25. Mouth ulcers
26. Nappy Rash
27. Oral Thrush
28. Prevention of dental caries
29. Ringworm/Athletes foot
30. Teething/Mild toothache
31. Threadworms
32. Travel Sickness
33. Warts and Verrucae
Items:
Probiotics
Vitamins and Minerals.

These minor conditions/items can be grouped into three…

NHS
Tower Hamlets
Clinical Commissioning Group

- An item of limited clinical evidence of effectiveness;
- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own, however some patients may wish to purchase over the counter medicines for symptomatic relief.
- A condition that is a minor ailment and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.

Proposals for CCG commissioning guidance

NHS
Tower Hamlets
Clinical Commissioning Group

- They consulted their clinical working group on proposed approach and the guidance for consultation was developed.
- NHS England proposes to make one of the following three recommendations for each condition (or item):
- Advise CCGs to support prescribers in advising patients that **[item]** should not be routinely prescribed in primary care due to **limited evidence of clinical effectiveness**.
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **self-limiting and will clear up on its own** without the need for treatment.
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **appropriate for self-care**.

Proposals for CCG commissioning guidance

NHS
Tower Hamlets
Clinical Commissioning Group

- It is important to note that this guidance focuses on restricting prescribing for the conditions outlined, not on the restriction of prescribing for individual items.
- It is also intended to encourage people to self-care for minor illnesses as the first stage of treatment.
- Clinicians should continue to prescribe, taking account of NICE guidance as appropriate:
  - for the treatment of long term conditions (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease),
  - for the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines)
  - for those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms such as cough lasting longer than three weeks.)

Proposals for CCG commissioning guidance

NHS
Tower Hamlets
Clinical Commissioning Group

- The following groups of patients should also continue to have their treatments prescribed on the NHS:
  - Treatment for complex patients (e.g. immunosuppressed patients).
  - Patients on treatments that are only available on prescription.
  - Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or a prescription only medication.

General Exceptions

NHS
Tower Hamlets
Clinical Commissioning Group

- **Prescriptions for the conditions listed in this guidance should also continue to be issued on the NHS for:**
  - Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
  - Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor ailment.
  - Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
  - Patients where the clinician considers that their ability to self-manage is compromised as a consequence of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care.

Consultation

Tower Hamlets
Clinical Commissioning Group

- 3 month national public consultation will run from 20th December to 14th March 2018

- Web consultation survey
- https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/consultation/intro/

- Range of other face to face and online events.
  - **Face-to-face events**

    Monday 5 March (2 – 4pm) - London

- Opportunity to provide views on the proposals.

What is TH CCG doing now

Tower Hamlets
Clinical Commissioning Group

- In order to ensure that the outcomes of the consultation can be implemented swiftly THCCG is undertaking local consultation for implementation of the draft guidance in line with the requirements of the Health and Social Care Act.
- This will allow for a rapid local decision to be made on implementation of the final guidance for each condition when it is planned to be published in April 2018.
- During the national consultation phase, TH CCG can provide a response to the national consultation on the commissioning guidance, based on our own local consultation and engagement activities. This could include but is not limited to:
  - TH CCG's perspective on the guidance;
  - the outcome of any relevant local consultations; and/or
  - feedback from local engagement with patient participation groups, local community groups representing people with protected characteristics, Healthwatch and discussion with the local overview and scrutiny committee of the Local Authority

Reflection on and implementation of consultation outcome

NHS
Tower Hamlets
Clinical Commissioning Group

- Following closure of the consultation, NHS England will feedback to CCGs the summary of responses received allowing an opportunity for reflection and review.

- NHS England and NHSCC via the clinical working group will review the responses received and develop finalised clinical commissioning guidance which would be published. The expectation being that CCGs should 'have due regard to' the guidance when making local decisions in accordance with the Health and Social Care Act. This should be available in **April.**

- Individual CCGs will make a local decision on whether to implement the national clinical commissioning guidance, with due regard to both local circumstances and their own impact assessments.

NHS
Tower Hamlets
Clinical Commissioning Group

Summary of NHSE's recommendations for the 35 minor and/or self-limiting conditions which should not be routinely prescribed in primary care with Tower Hamlets CCG cost per 1000 pts where known.

	Condition	Cost per 1000 pts in THCCG Aug – Oct 2017 (where known)	Category	Rationale	Recommendation	Exceptions
1	Probiotics	£3 (Btm 50% of CCGs)	A	Insufficient evidence to support prescribing for the treatment or prevention of diarrhoea of any cause	Should not be routinely prescribed in primary care	ACBS approved indication or as per any local policy
2	Vitamins and minerals	£45 (Top 50% of CCGs – 16th highest CCG)	A	Insufficient high quality evidence to demonstrate clinical effectiveness of vitamins and minerals. In most cases dietary supplementation is unnecessary – can be obtained through healthy, varied and balanced diet. Many supplements are classified as foods and not medicines, therefore not protected by MHRA strict criteria to confirm quality, safety and efficacy.	Any prescribing not in-line with exceptions should be discontinued. Should not be routinely prescribed in primary care.	• Iron deficiency anaemia • Demonstrated vitamin D deficiency (does not include maintenance) • Calcium & Vit D for osteoporosis • Malnutrition including alcoholism (as per NICE guidance) • Patients suitable to receive Healthy Start vitamins for pregnancy or children between the ages 6m to 4th birthday
3	Acute sore throat		B	A sore throat due to viral or bacterial cause is self-limiting. There is little evidence to suggest that	Prescription for treatment of acute sore throat should not be routinely offered in primary care as	None identified

				treatments such as lozenges and throat sprays help to treat the cause.	condition is self-limiting and will clear up on its own without need for treatment.	
4	Cold sores	£2 (Btm 50% of CCGs)	B	Cold sores caused by the herpes simplex virus usually clear up without treatment within 7-10 days. *This guidance does not apply to complex patients (i.e. immunocompromised patients)*	Prescription for treatment of cold sores should not be routinely offered in primary care as condition is self-limiting and will clear up on its own without need for treatment.	None identified
5	Conjunctivitis	£92 (Top 50% of CCGs – 2nd highest CCG)	B	Treatment isn't usually needed as the symptoms usually clear within a week. Almost half of all simple cases clear up within ten days without need for treatment. Several self-care measures that help with symptoms. If treatment is needed, then it is dependent on the cause.	Prescription for treatment of conjunctivitis should not be routinely offered in primary care as condition is self-limiting and will clear up on its own without need for treatment.	None identified
6	Coughs, colds, nasal congestion	£2 (Btm 50% of CCGs)	B	Most colds start to improve within 7-10 days. Most coughs clear up within 2-3 weeks. Both conditions can cause nasal congestion. Neither condition requires any treatment.	Prescription for treatment of coughs, colds and nasal congestion should not be routinely offered in primary care as condition is self-limiting and will clear up on its own without need for treatment.	None identified
7	Cradle Cap (Seborrhoeic dermatitis – infants)		B	Cradle cap is harmless and doesn't usually itch or cause discomfort. Appears in babies in the first two months and clears up without treatment within weeks to a few months.	Prescription for treatment of cradle cap should not be routinely offered in primary care as condition is self-limiting and will clear up on its own without need for treatment.	None identified

8	Haemorrhoids	£9 (Top 50% of CCGs – 3rd highest CCG)	B	Often clear up by themselves after a few days. Making simple dietary changes and not straining on the toilet recommended first. Treatments to reduce itching and discomfort and these are available over the counter for purchase.	Prescription for treatment of haemorrhoids should not be routinely offered in primary care as condition is self-limiting and will clear up on its own without need for treatment.	None identified
9	Infant colic	£1 (Btm 50% of CCGs)	B	Colic eventually improves on its own so medical treatment isn't usually recommended. Limited evidence that treatments available OTC are effective.	Prescription for treatment of infant colic should not be routinely offered in primary care as condition is self-limiting and will clear up on its own without need for treatment.	None identified
10	Mild cystitis		B	Mild cystitis is common type of urinary tract inflammation normally caused by infection, however not a cause for serious concern. Mild cases defined as those responsive to symptomatic treatment but will also clear up on their own. If symptoms don't improve in 3 days, despite self-care measures, then the patient should be advised to see their GP. Products that reduce the acidity of urine to reduce symptoms have lack of evidence to suggest they're effective.	Prescription for treatment of mild cystitis should not be routinely offered in primary care as condition is self-limiting and will clear up on its own without need for treatment.	None identified
11	Contact dermatitis	Eczema = £11 (Btm 50% of CCGs – 4th lowest CCG) Emollients (OTC) = £597 (Top 50% of CCGs – 10th highest CCG)	C	Contact dermatitis is a type of eczema triggered by contact with a particular substance. Treatment normally involves avoiding the allergen or irritant and treating symptoms with OTC emollients and topical corticosteroids	Prescription for treatment of contact dermatitis will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
12	Dandruff		C	Dandruff is common skin condition, not contagious or harmful, easily treated with	Prescription for treatment of dandruff will not be	No routine exceptions

				OTC anti-fungal shampoo. GP appointment is unnecessary.	routinely offered in primary care as the condition is appropriate for self-care	See general exceptions included in consultation document (p9/10)
13	Diarrhoea (adults)	Upset stomach = £254 (Btm 50% of CCGs)	C	Acute diarrhoea usually caused by bacterial or viral infection – other causes includes drugs, anxiety or food allergy. OTC treatment can help replace lost fluids or reduce bowel motions. *This recommendation does not apply to children.*	Prescription for treatment of acute diarrhoea will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
14	Dry eyes / sore tired eyes		C	Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment. Mild to moderate cases can usually be treated using lubricant eye treatments that can be easily purchased over the counter	Prescription for treatment of dry eyes/sore tired eyes will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
15	Earwax		C	Earwax usually passes out of the ears harmlessly but sometimes build up and block the ears. Common problem that can be treated using eardrops from a pharmacy.	Prescription for treatment of earwax will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
16	Excessive sweating (Hyperhidrosis)		C	First line treatment involves simple lifestyle changes. An antiperspirant containing aluminium chloride is usually the first line of treatment and is sold in most pharmacies.	Prescription for high strength antiperspirants for the treatment of mild to moderate hyperhidrosis will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
17	Head Lice	£14 (Top 50% of CCGs)	C	Head lice can be easily treated with wet combing or OTC medicines purchased from a pharmacy.	Prescription for treatment of head lice will not be routinely offered in	No routine exceptions See general exceptions included in

				Further information from NHS Choices.	primary care as the condition is appropriate for self-care	consultation document (p9/10)
18	Indigestion and heartburn	£59 (Btm 50% of CCGs)	C	Indigestion can be managed by making simple diet and lifestyle changes or taking OTC antacids.	Prescription for treatment of indigestion and heartburn will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
19	Infrequent constipation		C	Can be effectively managed with a change in diet or lifestyle or short term use of over the counter laxatives.	Prescription for treatment of simple constipation will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
20	Infrequent migraine	Analgesia (excl. POM and cough/cold remedies) = £193 (Btm 50% of CCGs)	C	Can be adequately treated with OTC pain killers or combination medicine containing pain killers and anti-sickness medicines. *Those with severe or recurrent migraines should continue to seek advice from their GP.*	Prescription for treatment of mild migraine will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
21	Insect bites and stings		C	OTC treatments can help ease symptoms, such as painkillers, creams for itching and antihistamines	Prescription for treatment of insect bites and stings will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
22	Mild acne		C	Several creams, lotions and gels for treating acne are available at pharmacies. Treatments can take up to three months to work.	Prescription for treatment of mild acne will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
23	Mild Dry Skin / Sunburn	Emollients (OTC) = £597 (Top 50% of CCGs – 10th highest CCG)	C	Most people manage dry skin or sun burn themselves or prevent symptoms developing, using sun protection, by using products easily bought in a pharmacy or	Prescription for treatment of dry skin, sunburn or sun protection will not be routinely offered in	ACBS approved indication of photodermatoses (skin protection in)

				supermarket. Emollients are used to help manage dry, itchy or scaly skin conditions.	primary care as the condition is appropriate for self-care	See general exceptions included in consultation document (p9/10)
24	Mild to moderate Hayfever / Seasonal Rhinitis	Antihistamines = £72 (Top 50% of CCGs)	C	Hayfever is common allergic condition that affects up to 1 in 5 people. Currently no cure but those with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist	Prescription for treatment of mild to moderate hay fever will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
25	Minor burns and scalds		C	Depending on how serious a burn is, it is possible to treat burns at home. Antiseptic creams and treatments for burns should be included in any products kept in a medicine cabinet at home *More serious burns always require professional medical attention. Burns requiring A&E treatment include but not limited to:* • *All chemical and electrical burns* • *Large or deep burns* • *Burns that cause white or charred skin* • *Burns on the face, hands, arms, feet, legs or genitals that cause blisters*	Prescription for treatment of minor burns and scalds will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
26	Minor conditions associated with pain, discomfort and/or fever (e.g. aches and sprains, headache, period pain, back pain)	Analgesia excl. POM & cough/cold remedies = £193 (Btm 50% of CCGs)	C	In most cases can be treated at home with OTC painkillers and lifestyle changes such as getting more rest and drinking enough fluids. Patients should be encouraged to keep a small supply of OTC analgesics in their medicines cabinets at home so they are able to manage minor ailments at home with need for a GP appointment.	Prescription for treatment of conditions associated with pain, discomfort and mild fever will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
27	Mouth ulcers		C	Usually harmless and do not need to be treated as clear up within a week or two. Can usually be managed at home without	Prescription for treatment of mouth ulcers will not be routinely offered in	No routine exceptions See general exceptions included in

				needing to see a dentist or GP. OTC treatment can help to reduce swelling and ease discomfort.	primary care as the condition is appropriate for self-care	consultation document (p9/10)
28	Nappy rash		C	Can usually be treated at home using barrier creams purchased at supermarket or pharmacy. Normally clears up after about three days if recommended hygiene tips are followed.	Prescription for treatment of nappy rash will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
29	Oral thrush		C	Minor condition that can be treated without need for GP consultation or prescription in first instance. Common in babies, older people with dentures or those using steroid inhalers. Can be easily treated with OTC gel.	Prescription for treatment of oral thrush will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
30	Prevention of dental caries	Dental products on FP10 = £32 (Btm 50% of CCGs)	C	Dentist may advise of using higher strength fluoride toothpaste if at particular risk of tooth decay. Higher fluoride toothpastes and mouthwashes can be purchased OTC.	Prescription for high fluoride OTC toothpaste should not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
31	Ringworm / Athletes Foot	Fungal infection = £26 (Top 50% of CCGs)	C	These fungal infections, medically known as “tinea”, are not serious and are usually easily treated with OTC treatments. However, they are contagious and easily spread so it is important to practice good foot hygiene.	Prescription for treatment of ringworm or athletes foot will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
32	Teething / Mild toothache		C	Teething gels often contain a mild local anaesthetic which helps to numb pain or discomfort caused by teething and these can be purchased from a pharmacy. If baby is in pain or has a mild raised temperature then paracetamol or ibuprofen suspension can be given. Mild toothache in adults can also be treated	Prescription for treatment of teething in babies or toothache in children and adults will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)

				with OTC painkillers.		
33	Threadworms	£1 (Top 50% of CCGs – 10th highest CCG)	C	Common in children and spread easily. Effectively treated without need to see GP. Treatment can easily be bought from pharmacies. Strict hygiene measures can also help clear up a threadworm infection and reduce the likelihood of reinfection. Everyone in the household will require treatment, even if they don't have symptoms.	Prescription for treatment of threadworm will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
34	Travel sickness	£12 (Btm 50% of CCGs)	C	Mild motion sickness can be treated by various self-care measures (e.g stare at a fixed object, fresh air, listen to music); more severe motion sickness can be treated with OTC medicines	Prescription for treatment of motion sickness will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)
35	Warts and verrucae		C	Generally harmless and tend to go away on their own eventually. Several treatments can be purchased from a pharmacy to get rid of warts an verrucae more quickly if patients require treatment.	Prescription for treatment of warts and verrucae will not be routinely offered in primary care as the condition is appropriate for self-care	No routine exceptions See general exceptions included in consultation document (p9/10)

Categories

A – items of low clinical effectiveness (lack of robust evidence for clinical effectiveness)

B – self-limiting condition (does not require medical advice or treatment as it will clear up on its own)

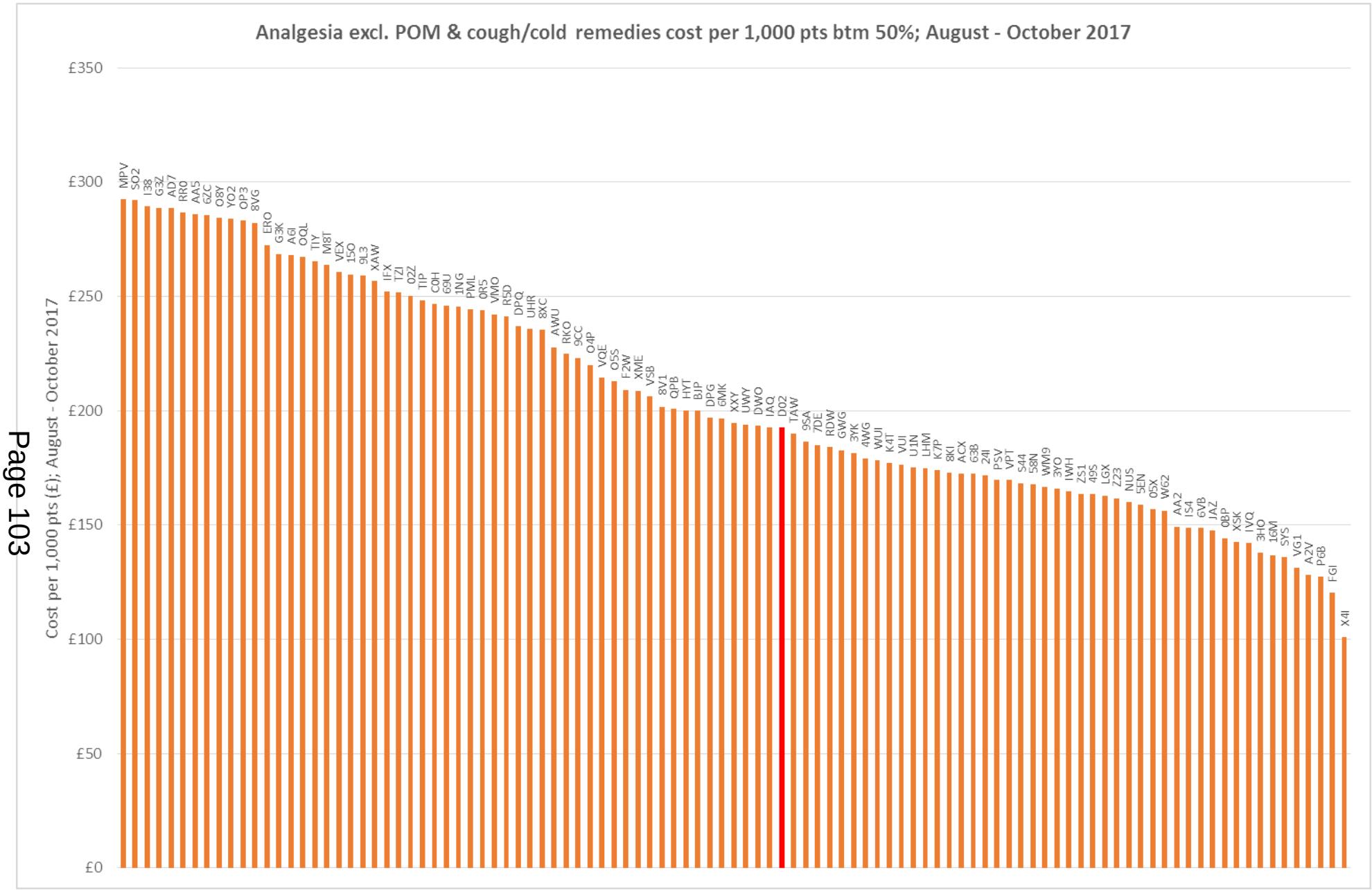
C – minor ailment suitable for self-care (treatment with items that can easily be purchased over the counter from a pharmacy or similar outlet)

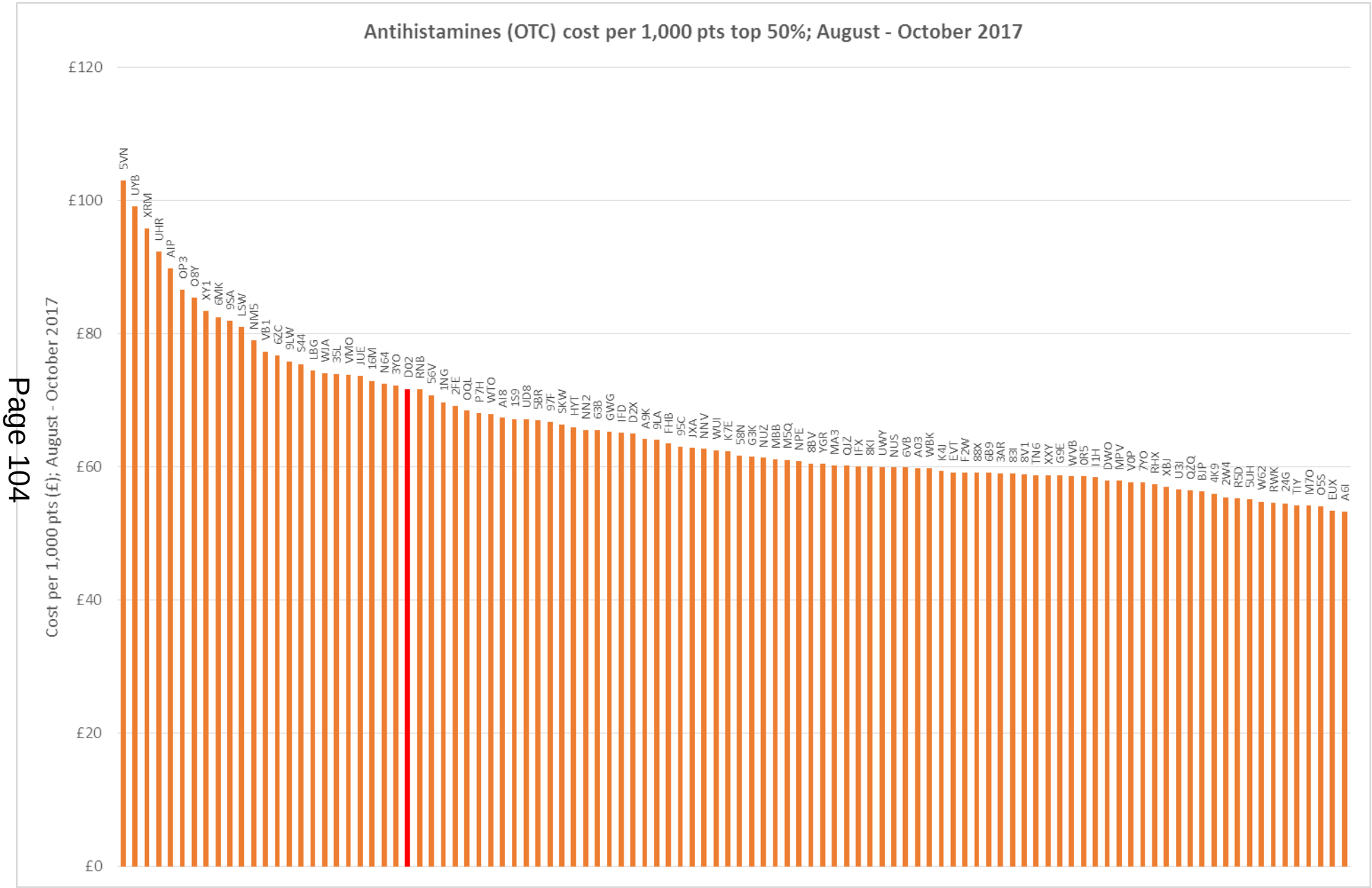
Key

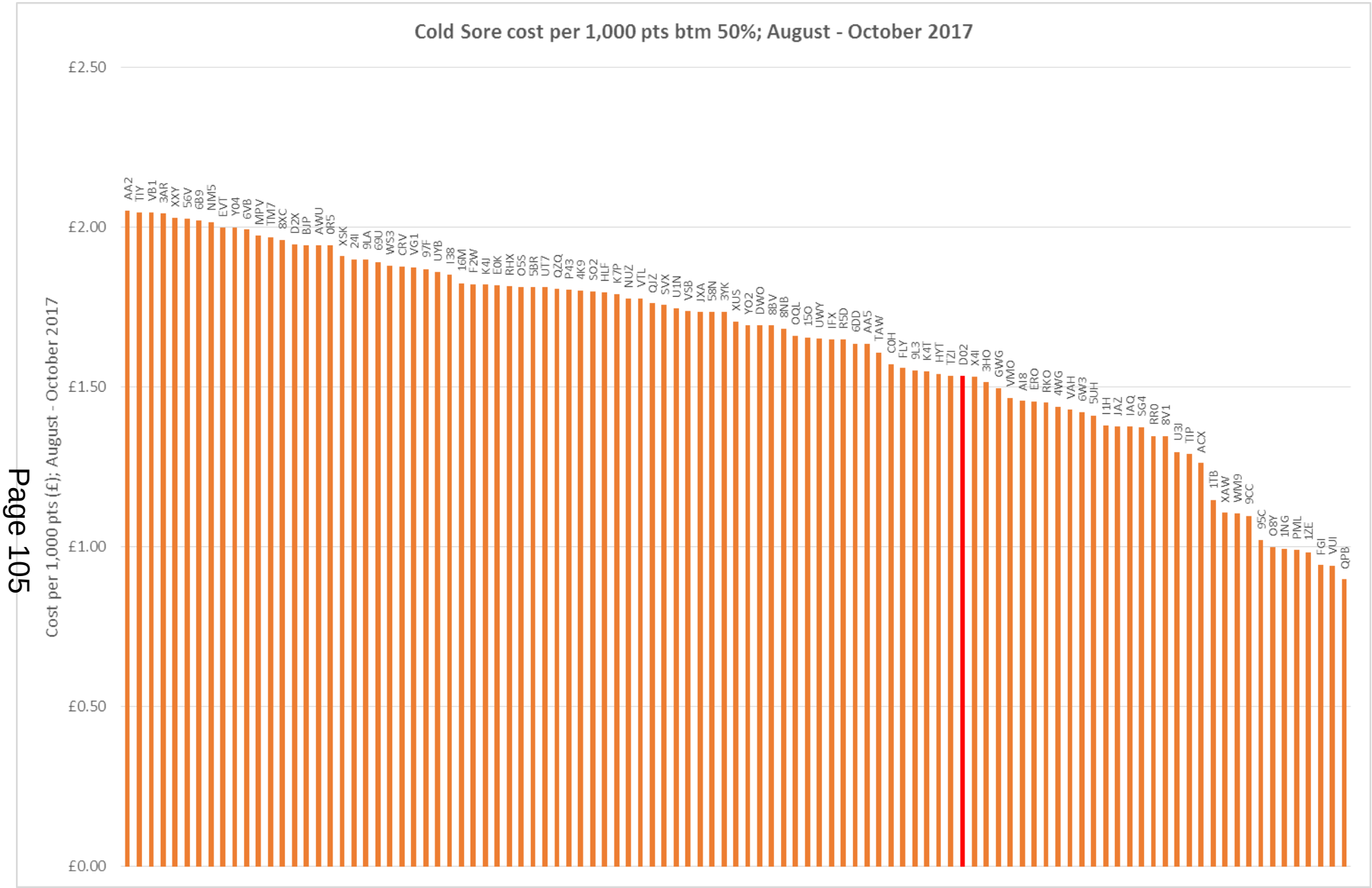
POM = Prescription Only Medicine

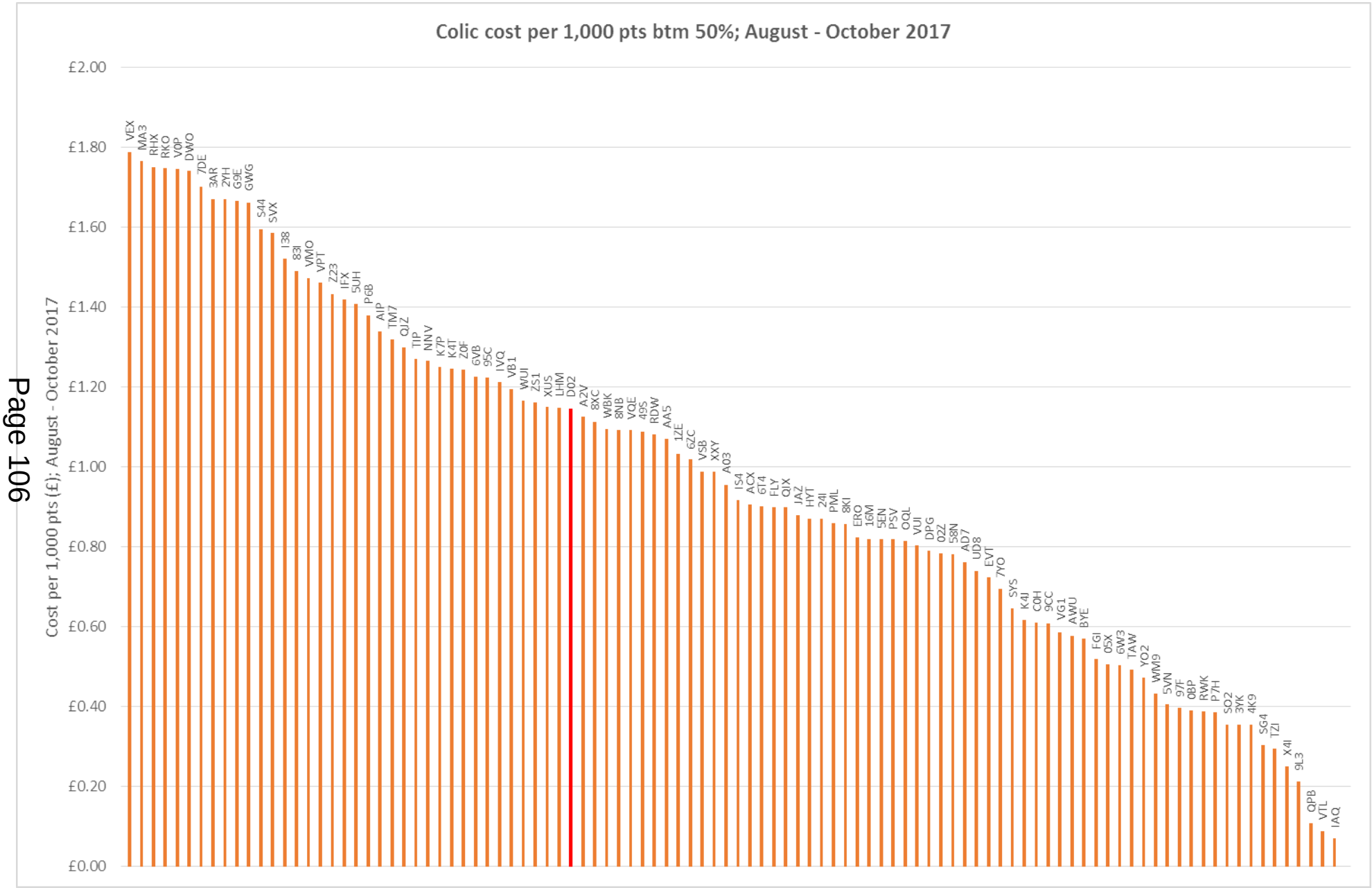
OTC = Over the counter

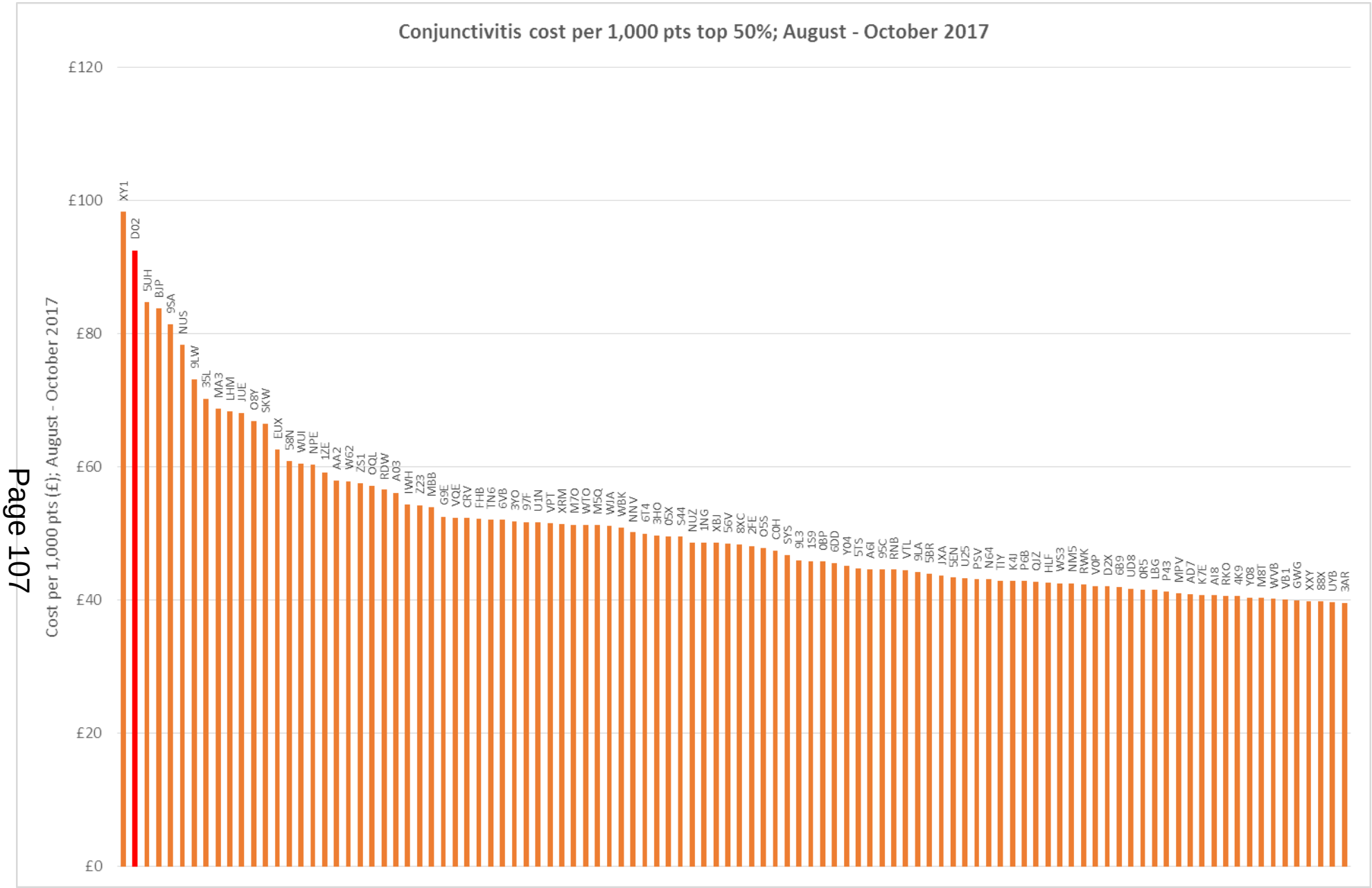
Appendix 1 – Over-the-counter comparison graphs showing cost per 1000 pts for THCCG (highlighted in red)

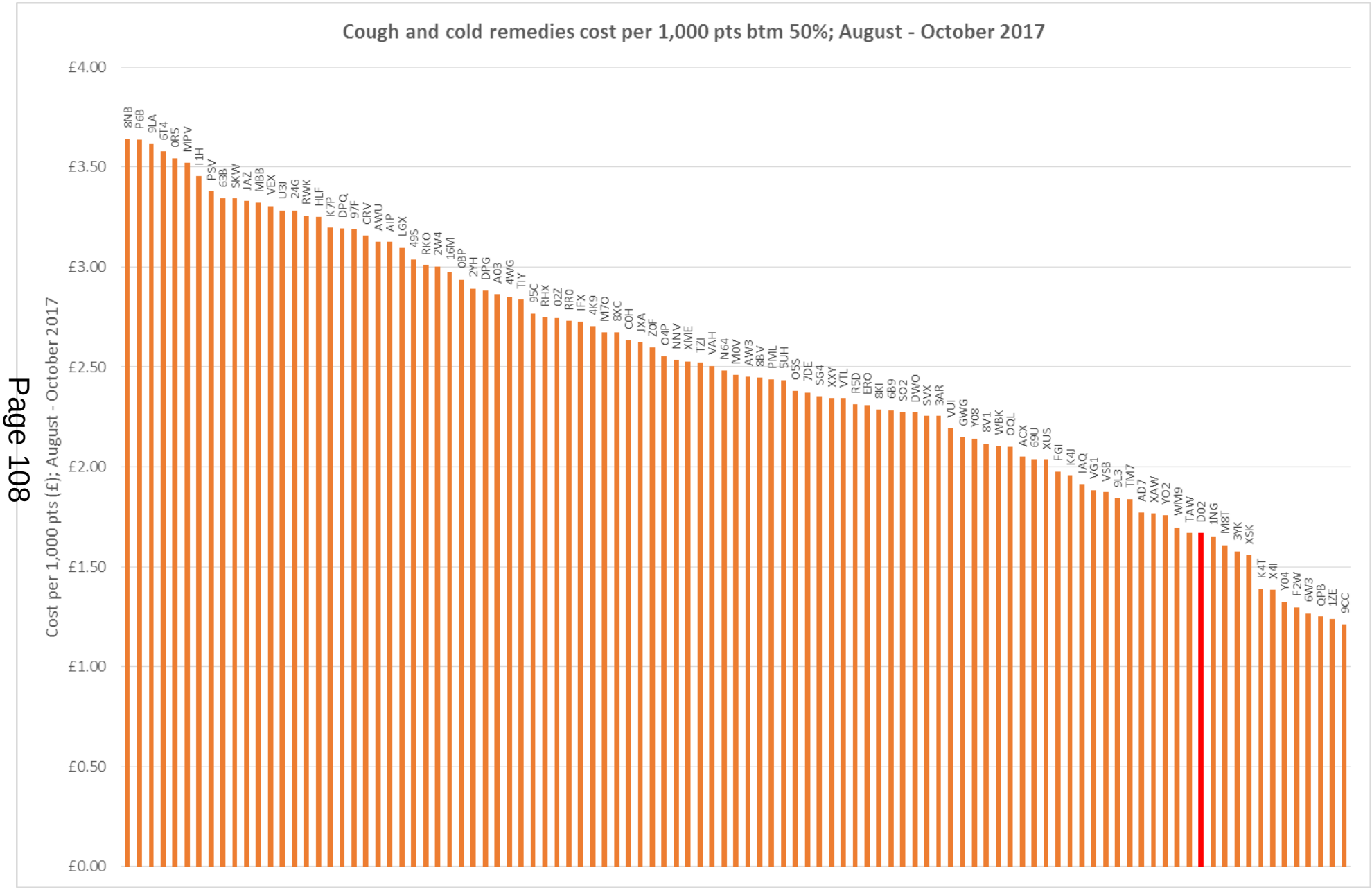


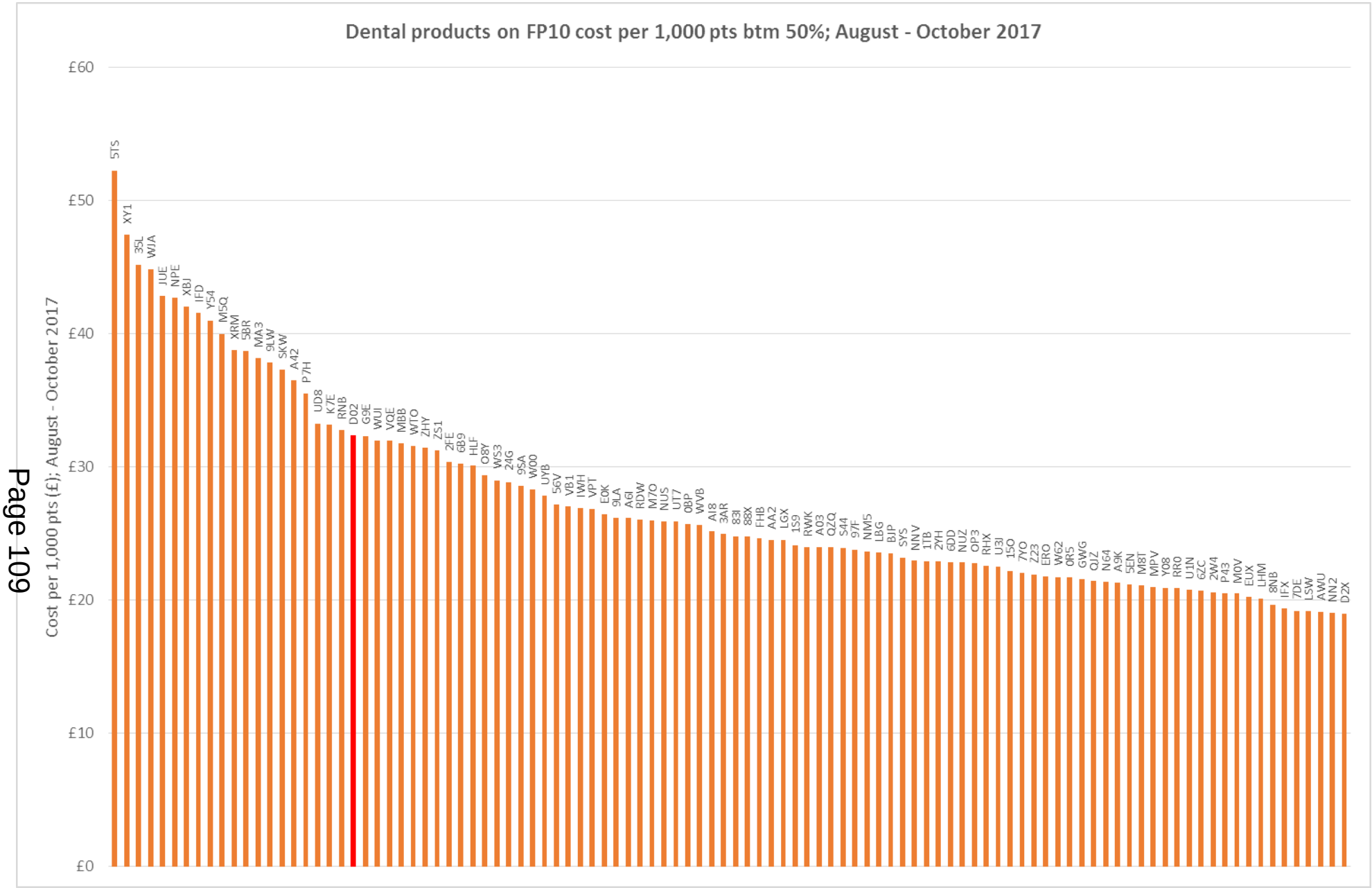

Antihistamines (OTC) cost per 1,000 pts top 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£120
£100
£80
£60
£40
£20
£0
5VN
UYB
XRM
UHR
AIP
OP3
O8Y
XY1
6MK
9SA
LSW
NM5
VB1
6ZC
9LW
S44
LBG
WJA
35L
VMO
JUE
16M
N64
3YO
D02
RNB
56V
1NG
2FE
OQL
P7H
WTO
A18
1S9
UD8
5BR
97F
SKW
HYT
NN2
63B
GWG
IFD
D2X
A9K
9LA
FHB
95C
JXA
NNV
WUI
K7E
58N
G3K
NUZ
MBB
M5Q
NPE
8BV
YGR
MA3
QJZ
IFX
8KI
UWY
NUS
6VB
A03
WBK
K4J
EVT
F2W
88X
6B9
3AR
83I
8V1
TN6
XXY
G9E
WVB
0R5
I1H
DWO
MPV
V0P
7YO
RHX
XBJ
U3I
QZQ
BJP
4K9
2W4
R5D
5UH
W62
RWK
24G
TIY
M7O
O5S
EUX
A6I

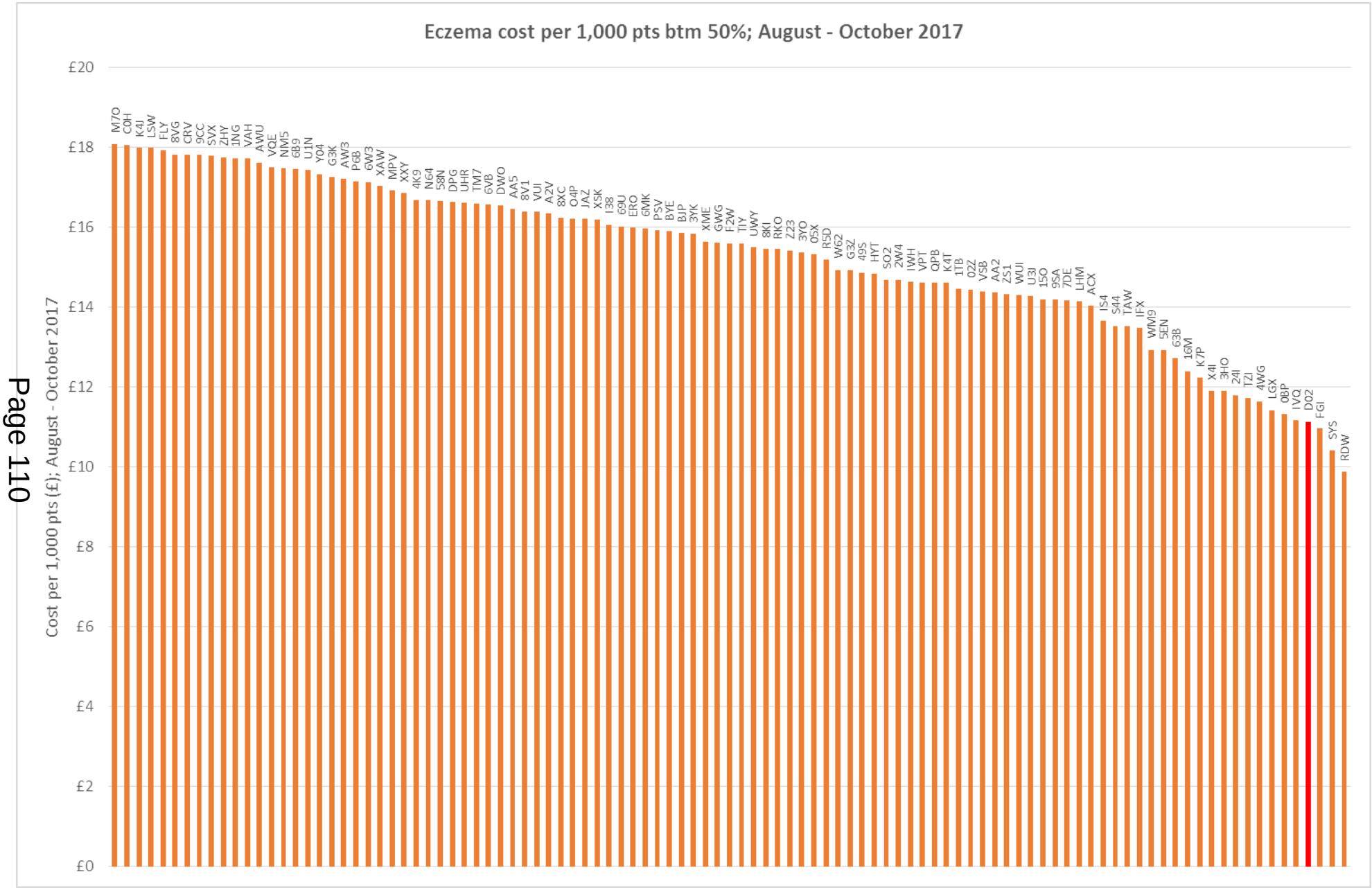

Cold Sore cost per 1,000 pts btm 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£2.50
£2.00
£1.50
£1.00
£0.50
£0.00
AA2 TIY VB1 3AR XXY 56V 6B9 NM5 EVT Y04 6VB MPV TIM7 8XC D2X BJP AWU 0R5 XSK 24I 9LA 69U WS3 CRV VG1 97F UYB I38 16M F2W K4I E0K RHX O5S 5BR UT7 QZQ P43 4K9 SO2 HLF K7P NUZ VTL QJZ SVX U1N VSB JXA 58N 3YK XUS YO2 DWO 88V 8NB OQL 15O UWY IFX R5D 6DD AA5 TAW C0H FLY 9L3 K4T HYT TZI D02 X4I 3HO GWG VMO AI8 ERO RKO 4WG VAH 6W3 5UH I1H JAZ IAQ SG4 RR0 8V1 U3I TIP ACX 1TB XAW WM9 9CC 95C O8Y 1NG PML 1ZE FGI VUI QPB

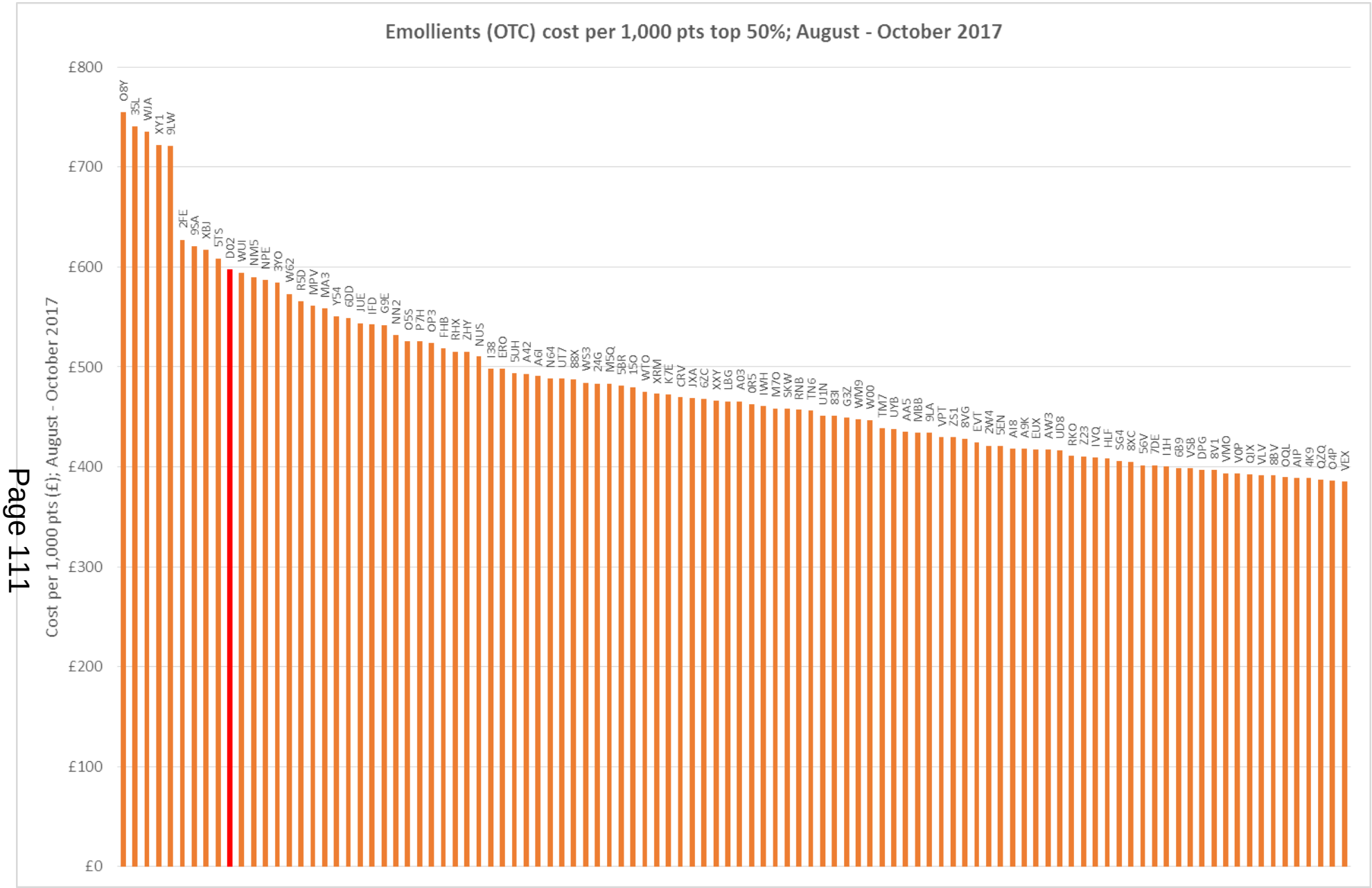

Colic cost per 1,000 pts btm 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£2.00
£1.80
£1.60
£1.40
£1.20
£1.00
£0.80
£0.60
£0.40
£0.20
£0.00
VEX MA3 RHX RKO V0P DWO 7DE 3AR 2YH G9E GWG S44 SVX I38 83I VMO VPT Z23 IFX 5UH P6B AIP TM7 QJZ TIP NNV K7P K4T Z0F 6VB 95C IVQ VB1 WUJ ZS1 XUS LHM D02 A2V 8XC WBK 8NB VQE 49S RDW AA5 1ZE 6ZC VSB XXY A03 IS4 ACX 6T4 FLY QIX JAZ HYT 24I PML 8KI ERO 16M 5EN PSV OQL VUJ DPG 02Z 58N AD7 UD8 EVT 7YO SYS K4J C0H 9CC VG1 AWU BYE FGI 05X 6W3 TAW YO2 WMI9 5VN 97F 0BP RWK P7H SO2 3YK 4K9 SG4 TZI X4I 9L3 QPB VTL IAQ

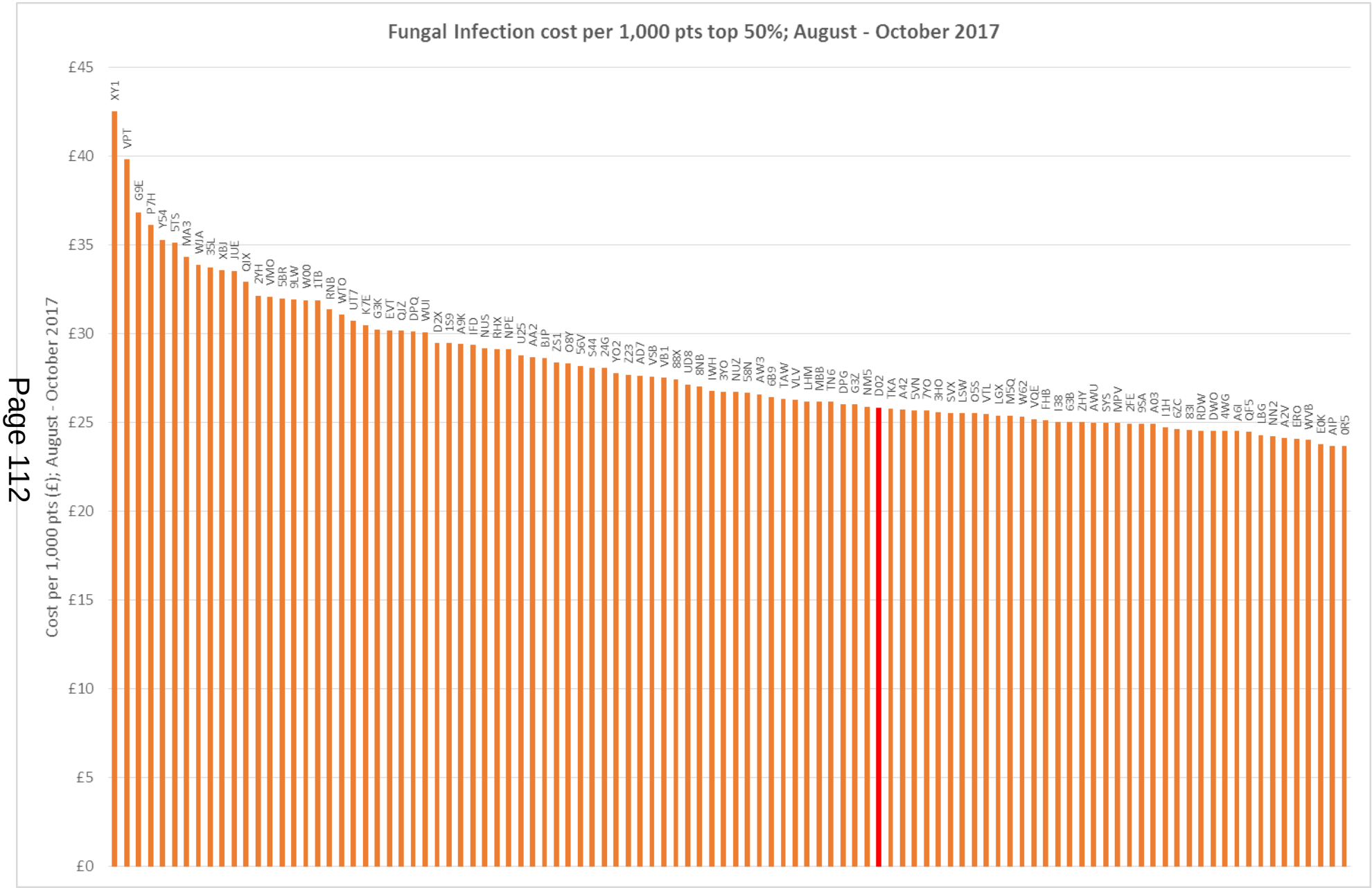

Conjunctivitis cost per 1,000 pts top 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£120
£100
£80
£60
£40
£20
£0
XY1 D02 5UH BJP 9SA NUS 9LW 35L MA3 LHM JUE O8Y SKW EUX 58N WUI NPE 1ZE AA2 W62 ZS1 OQL RDW A03 IWH Z23 MBB G9E VQE CRV FHB TNG 6VB 3YO 97F U1N VPT XRM M7O WTO M5Q WJA WBK NNV 6T4 3HO 05X S44 NUZ 1NG XBJ 56V 8XC 2FE O5S C0H SYS 9L3 1S9 0BP 6DD Y04 5TS A6I 95C RNB VTL 9LA 5BR JXA 5EN U25 PSV NG4 TIY K4J P6B QJZ HLF WS3 NM5 RWK V0P D2X 6B9 UD8 0R5 LBG P43 MPV AD7 K7E AI8 RKO 4K9 Y08 M8T WVB VB1 GWG XXY 88X UYB 3AR

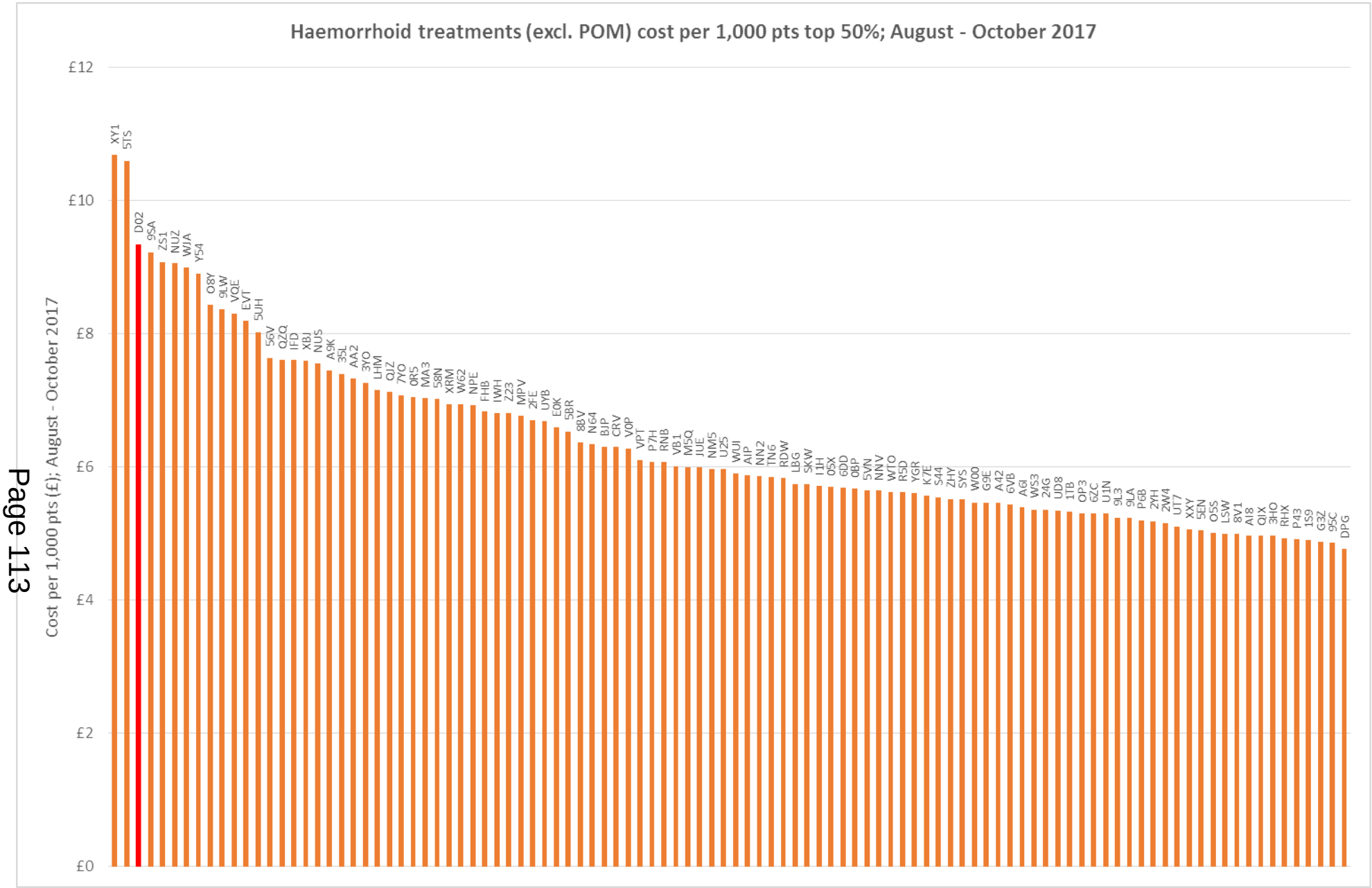

Cough and cold remedies cost per 1,000 pts btm 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£4.00
£3.50
£3.00
£2.50
£2.00
£1.50
£1.00
£0.50
£0.00
8NB P6B 9LA 6T4 0RS MPV I1H PSV 63B SKW JAZ MBB VEX U3I 24G RWK HLF K7P DPQ 97F CRV AWU AIP LGX 49S RKO 2W4 16M 0BP 2YH DPG A03 4WG TIY 95C RHX 022 RR0 IFX 4K9 M7O 8XC C0H JXA Z0F O4P NNV XME TZI VAH N64 M0V AW3 8BV PML 5UH O5S 7DE SG4 XXY VTL R5D ERO 8KI 6B9 SO2 DWO SVX 3AR VUI GWG Y08 8V1 WBK OQL ACX 69U XUS FGI K4J IAQ VG1 VSB 9L3 TM7 AD7 XAW YO2 WM9 TAW D02 1NG M8T 3YK XSK K4T X4I Y04 F2W 6W3 QPB 1ZE 9CC

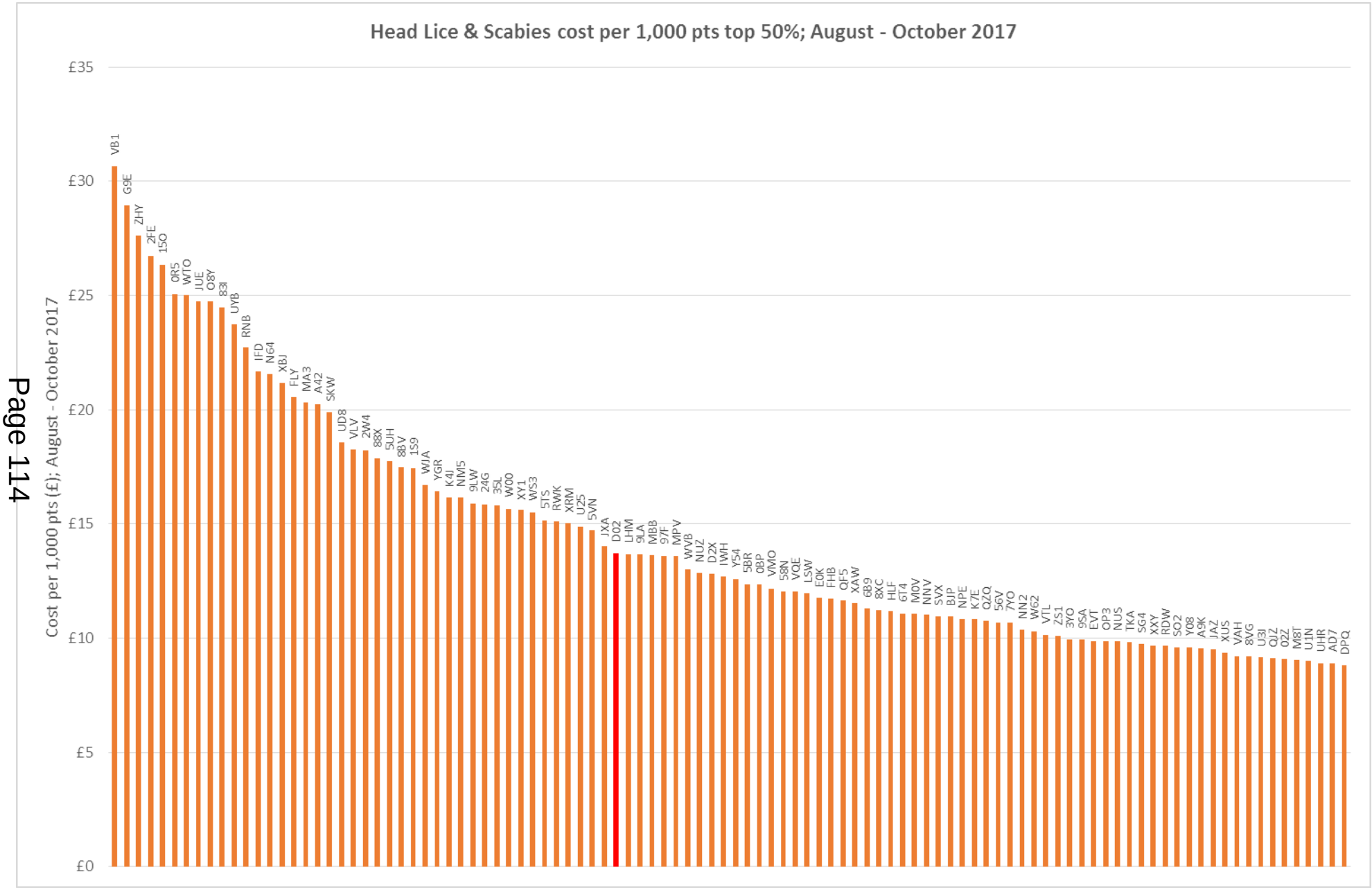

Dental products on FP10 cost per 1,000 pts btm 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£60
£50
£40
£30
£20
£10
£0
STS
XY1
35L
WJA
JUE
NPE
XBJ
IFD
Y54
M5Q
XRM
5BR
MA3
9LW
SKW
A42
P7H
UD8
K7E
RNB
D02
G9E
WUI
VQE
MBB
WTO
ZHY
ZS1
2FE
6B9
HLF
O8Y
WS3
24G
95A
W00
UYB
56V
VB1
IWH
VPT
E0K
9LA
A6I
RDW
M7O
NUS
UT7
0BP
WVB
AI8
3AR
83I
88X
FHB
AA2
LGX
1S9
RWK
A03
QZQ
S44
97F
NM5
LBG
BJP
SYS
NNV
1TB
2YH
6DD
NUZ
OP3
RHX
U3I
1SO
7YO
Z23
ERO
W62
0R5
GWG
QJZ
N64
A9K
5EN
M8T
MPV
Y08
RR0
U1N
6ZC
2W4
P43
M0V
EUX
LHM
8NB
IFX
7DE
LSW
AWU
NN2
D2X

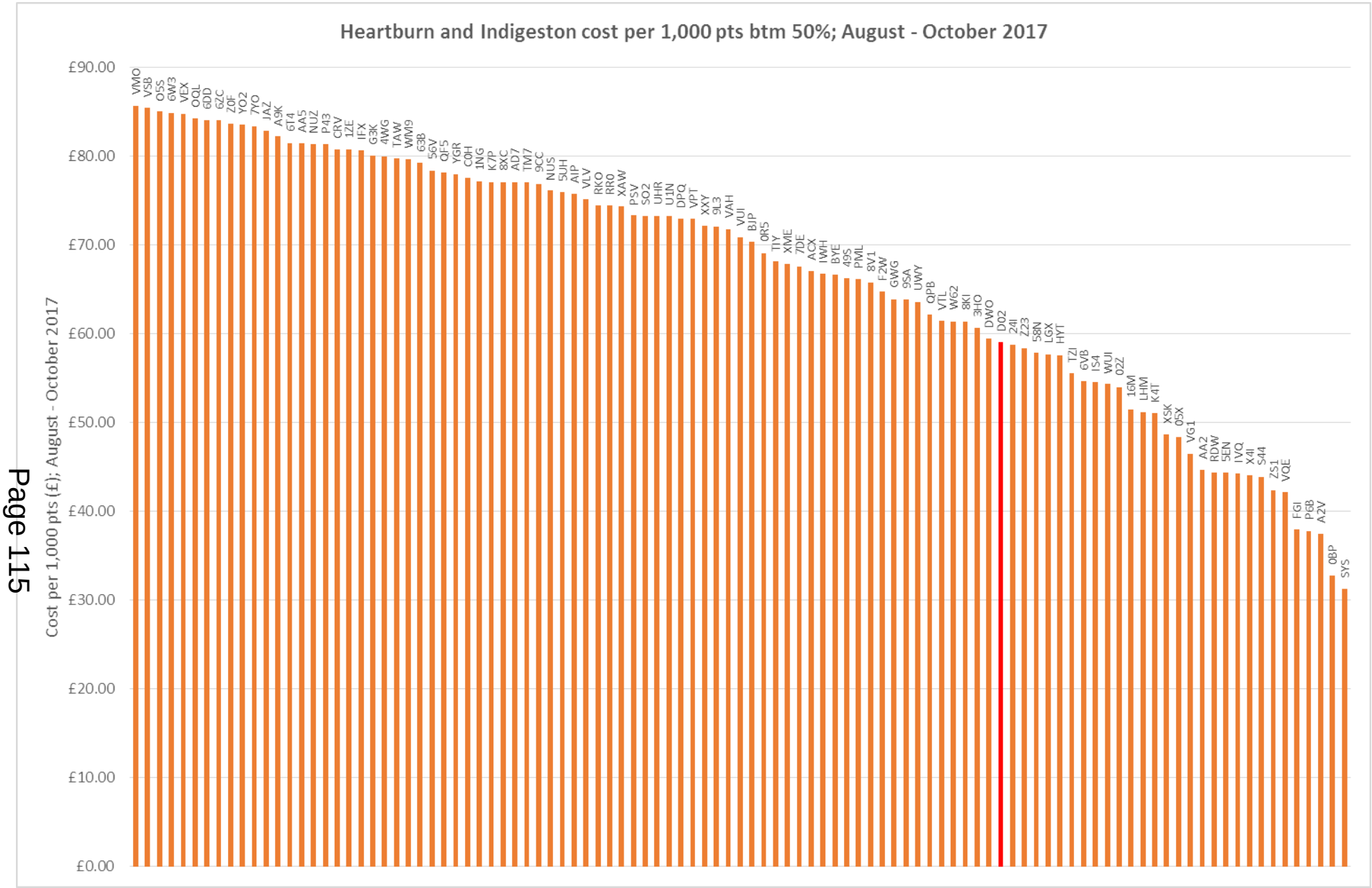

Eczema cost per 1,000 pts btm 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£20
£18
£16
£14
£12
£10
£8
£6
£4
£2
£0
M7O C0H K4J LSW FLY 8VG CRV 9CC SVX ZHY 1NG VAH AWU VQE NM5 6B9 U1N Y04 G3K AW3 PGB 6W3 XAW MPV XXY 4K9 NG4 S8N DPG UHR TM7 6VB DWO AA5 8V1 VUJ A2V 8XC O4P JAZ XSK I38 69U ERO 6MK PSV BYE BJP 3YK XME GWG F2W TIY UWY 8KI RKO Z23 3YO 0SX R5D W62 G3Z 49S HYT SO2 2W4 IWH VPT QPB K4T 1TB 02Z VSB AA2 ZS1 WUJ U3I 15O 9SA 7DE LHM ACX IS4 S44 TAW IFX WM9 5EN 63B 16M K7P X4J 3HO 24I TZI 4WG LGX 08P IVQ D02 FGI SYS RDW

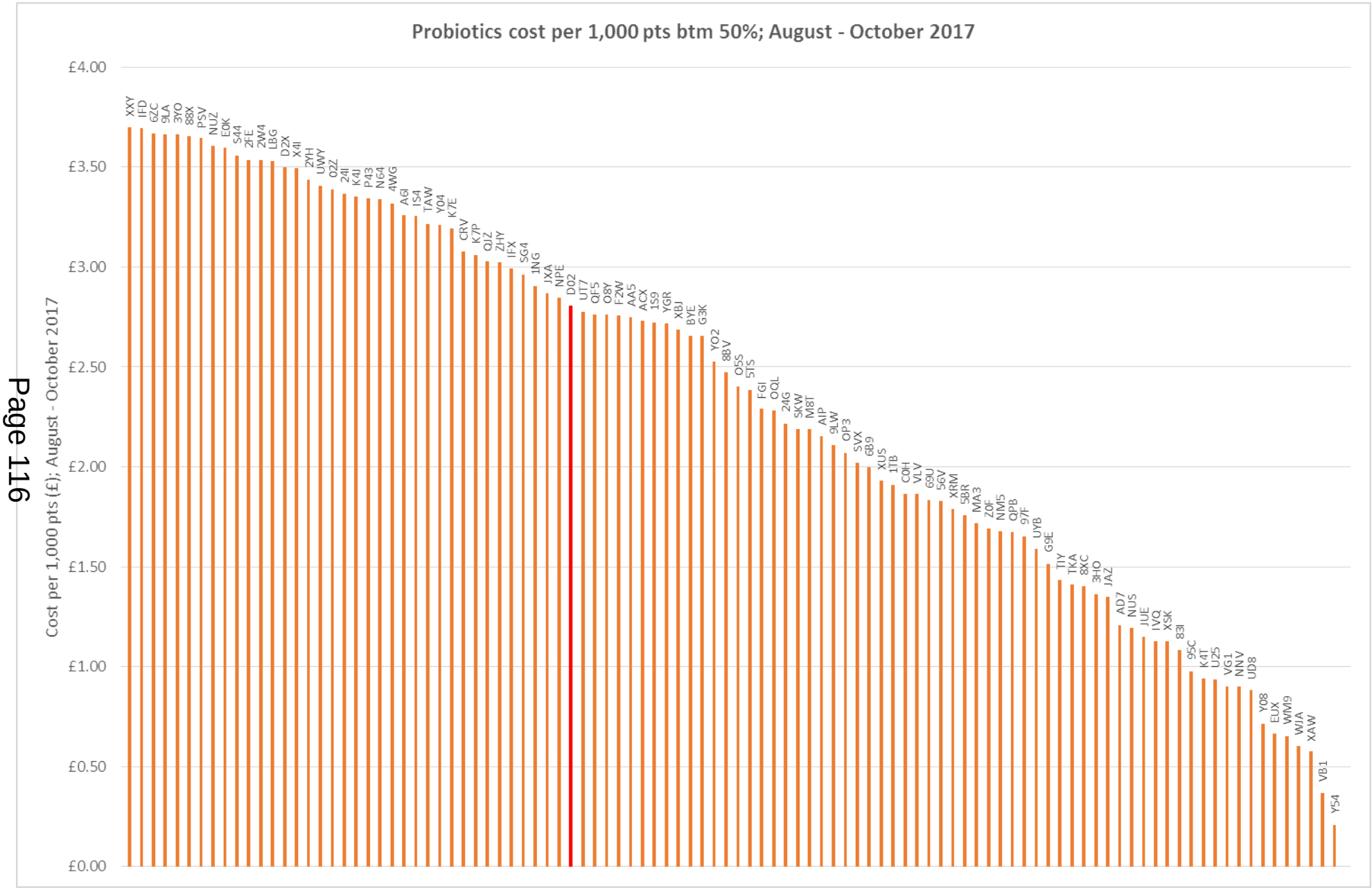

Emollients (OTC) cost per 1,000 pts top 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£800
£700
£600
£500
£400
£300
£200
£100
£0
O8Y 35L WJA XY1 9LW 2FE 9SA XBJ 5TS D02 WUJ NMS NPE 3YO W62 R5D MPV MA3 Y54 6DD JUE IFD G9E NN2 O5S P7H OP3 FHB RHX ZHY NUS I38 ERO 5UH A42 A6I N64 UT7 88X WS3 24G M5Q 5BR 15O WTO XRM K7E CRV JXA 6ZC XXY LBG A03 0R5 IWH M7O SKW RNB TN6 U1N 83I G3Z WM9 W00 TM7 UYB AA5 MBB 9LA VPT ZS1 8VG EVT 2W4 5EN AI8 A9K EUX AW3 UD8 RKO Z23 IVQ HLF SG4 8XC 56V 7DE I1H 6B9 VSB DPG 8V1 VMO V0P QIX VLV 8BV OQL AIP 4K9 QZQ O4P VEX

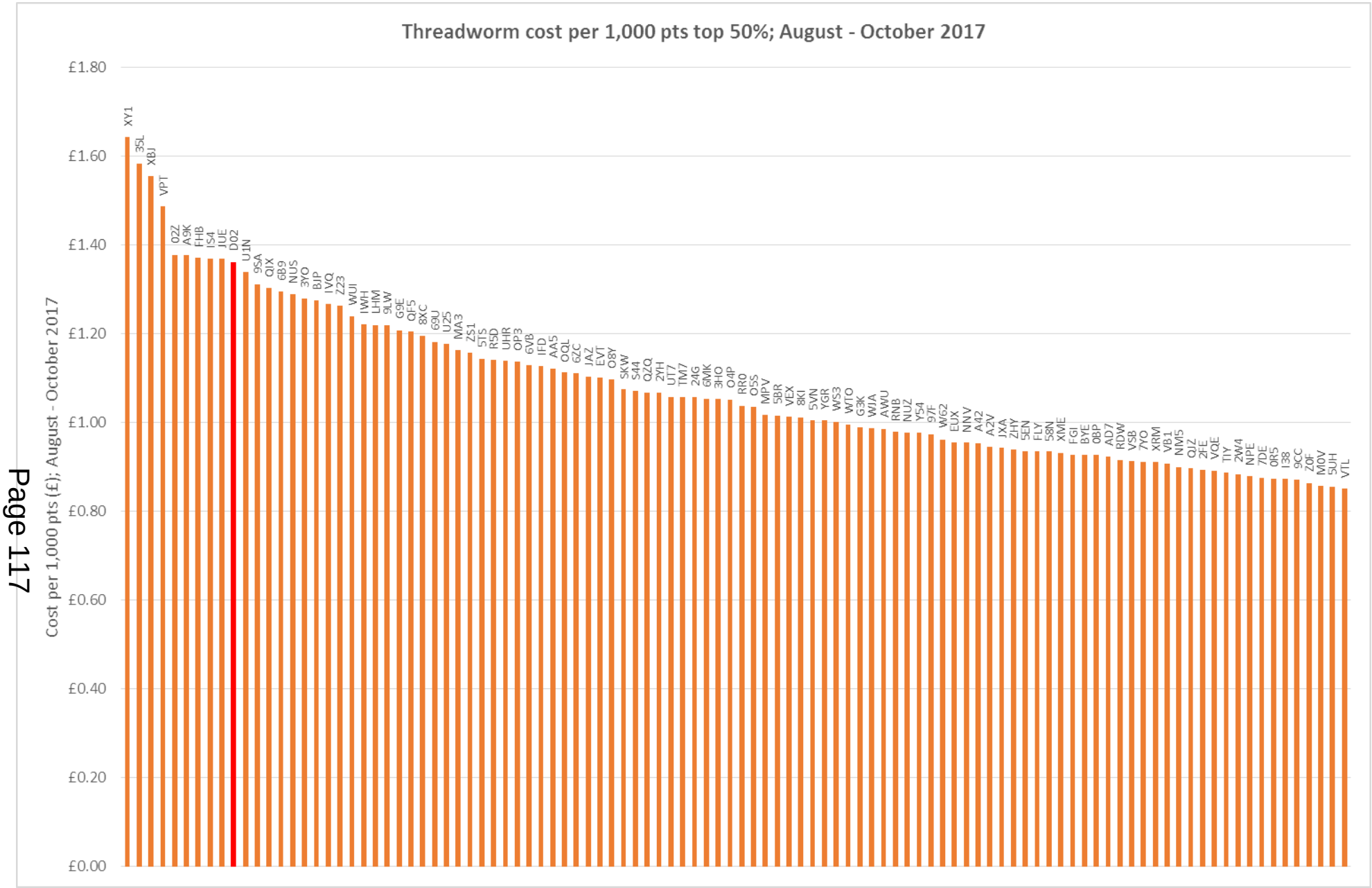

Fungal Infection cost per 1,000 pts top 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£45
£40
£35
£30
£25
£20
£15
£10
£5
£0
XY1 VPT G9E P7H Y54 5TS MA3 WJA 35L XBJ JUE QIX 2YH VMO 5BR 9LW W00 1TB RNB WTO UT7 K7E G3K EVT QJZ DPQ WUJ D2X 1S9 A9K IFD NUS RHX NPE U25 AA2 BJP ZS1 O8Y 56V S44 24G YO2 Z23 AD7 VSB VB1 88X UD8 8NB IWH 3YO NUZ 58N AW3 6B9 TAW VLV LHM MBB TN6 DPG G3Z NM5 D02 TKA A42 5VN 7YO 3HO SVX LSW O5S VTL LGX M5Q W62 VQE FHB I38 63B ZHY AWU SYS MPV 2FE 95A A03 11H 6ZC 831 RDW DWO 4WG A6I QF5 LBG NN2 A2V ERO WVB E0K AIP 0R5

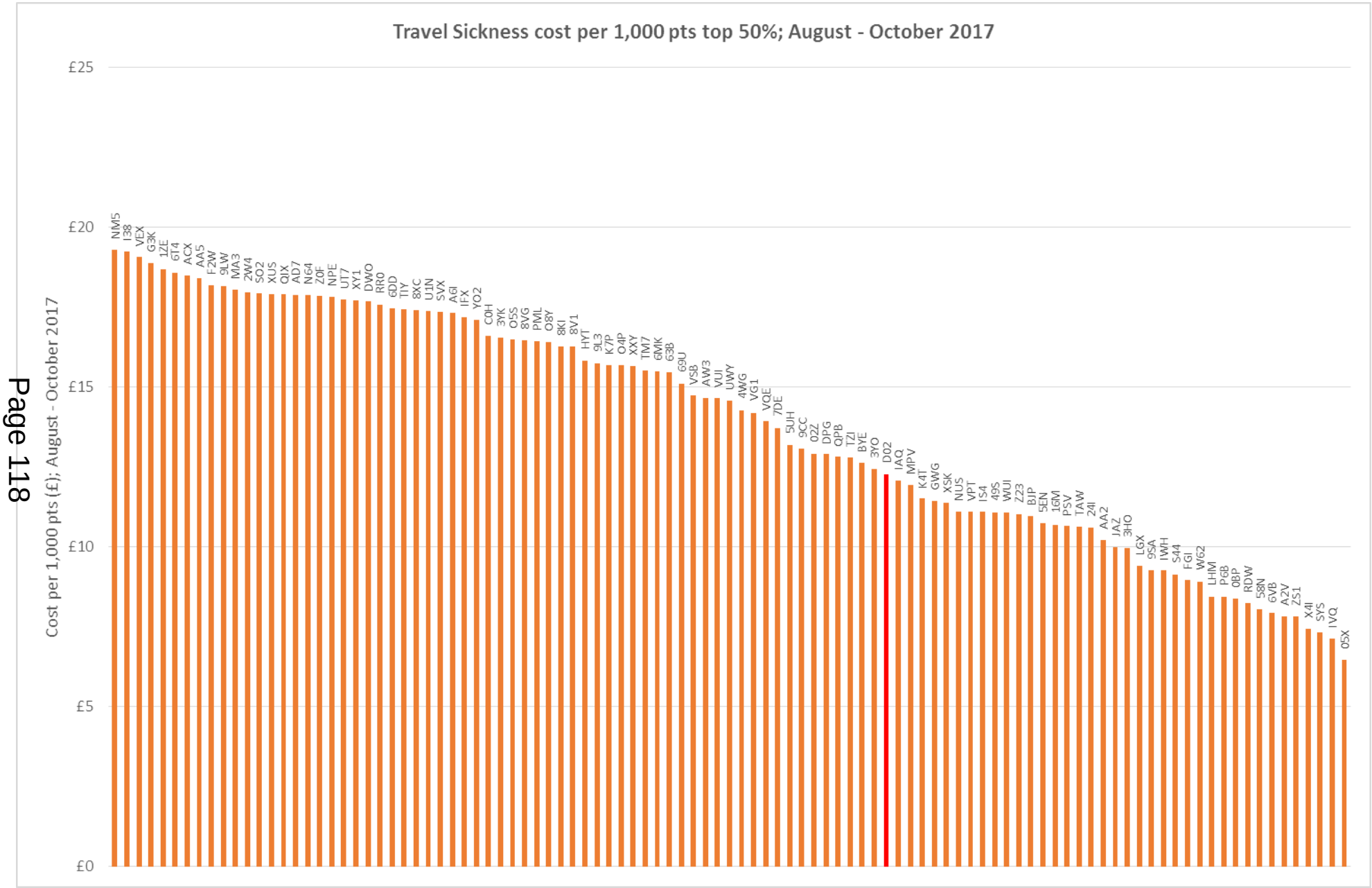

Haemorrhoid treatments (excl. POM) cost per 1,000 pts top 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£12
£10
£8
£6
£4
£2
£0
XY1 5TS D02 9SA ZS1 NUZ WJA Y54 O8Y 9LW VQE EVT SUH 56V QZQ IFD XBJ NUS A9K 35L AA2 3YO LHM QJZ 7YO 0R5 MA3 58N XRM W62 NPE FHB IWH Z23 MPV 2FE UYB E0K 5BR 8BV N64 BJP CRV V0P VPT P7H RNB VB1 M5Q JUE NM5 U25 WUI AIP NN2 TN6 RDW LBG SKW I1H 05X 6DD 0BP 5VN NNV WTO R5D YGR K7E S44 ZHY SYS W00 G9E A42 6VB A6I WS3 24G UD8 1TB OP3 6ZC U1N 9L3 9LA P6B 2YH 2W4 UT7 XXY 5EN O5S LSW 8V1 AI8 QIX 3HO RHX P43 159 G3Z 95C DPG

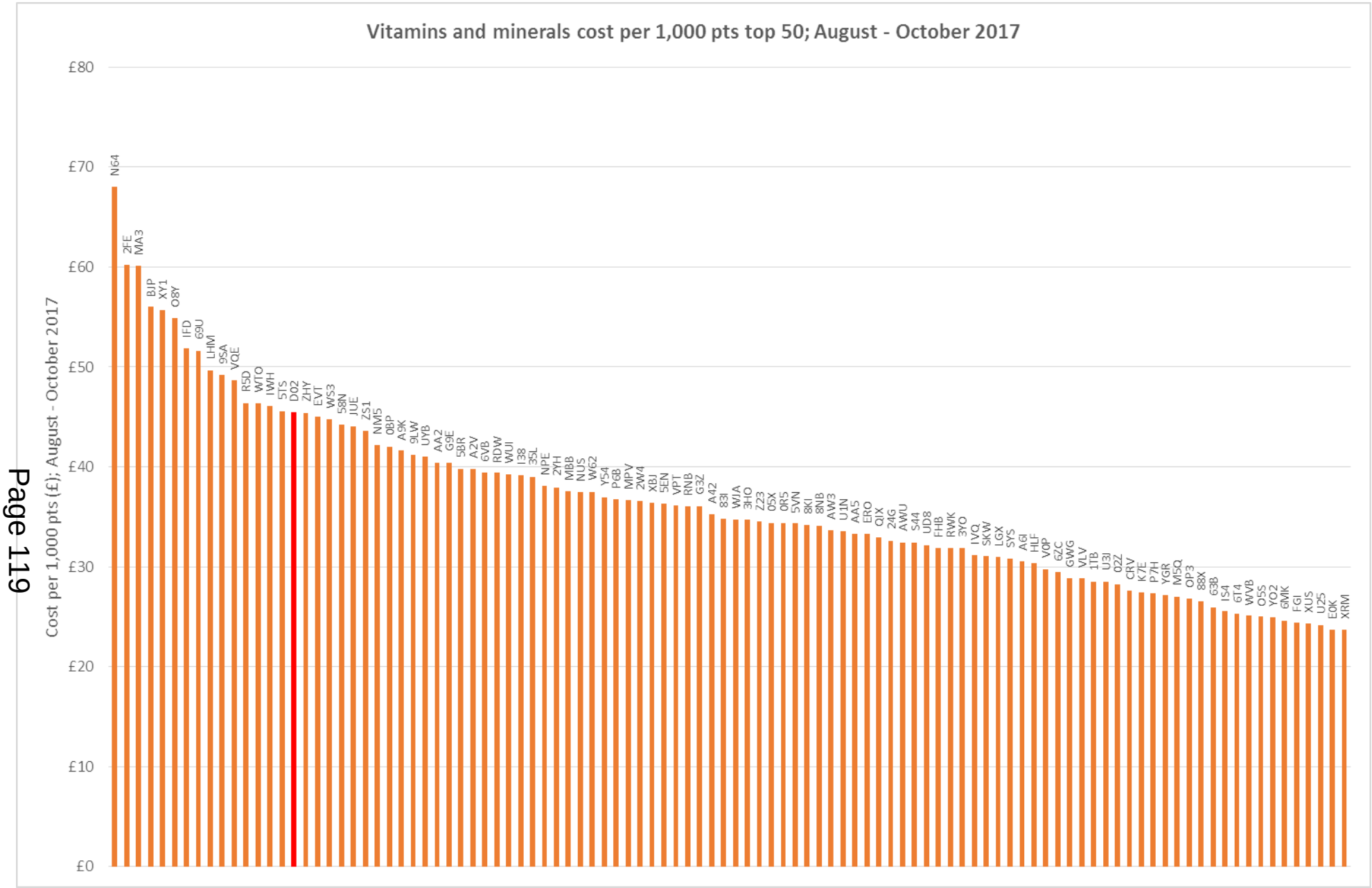

Head Lice & Scabies cost per 1,000 pts top 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£35
£30
£25
£20
£15
£10
£5
£0
VB1 G9E ZHY 2FE 15O 0R5 WTO JUE O8Y 83I UYB RNB IFD N64 XBJ FLY MA3 A42 SKW UD8 VLV 2W4 88X 5UH 8BV 1S9 WJA YGR K4J NM5 9LW 24G 35L W00 XY1 WS3 5TS RWK XRM U25 SVN JXA D02 LHW 9LA MBB 97F MPV WVB NUZ D2X IWH Y54 5BR 0BP VMO 58N VQE LSW E0K FHB QF5 XAW 6B9 8XC HLF 6T4 M0V NNV SVX BJP NPE K7E Q2Q 56V 7YO NN2 W62 VTL ZS1 3YO 9SA EVT OP3 NUS TKA SG4 XXY RDW SO2 Y08 A9K JAZ XUS VAH 8VG U3I QIZ 02Z M8T U1N UHR AD7 DPQ

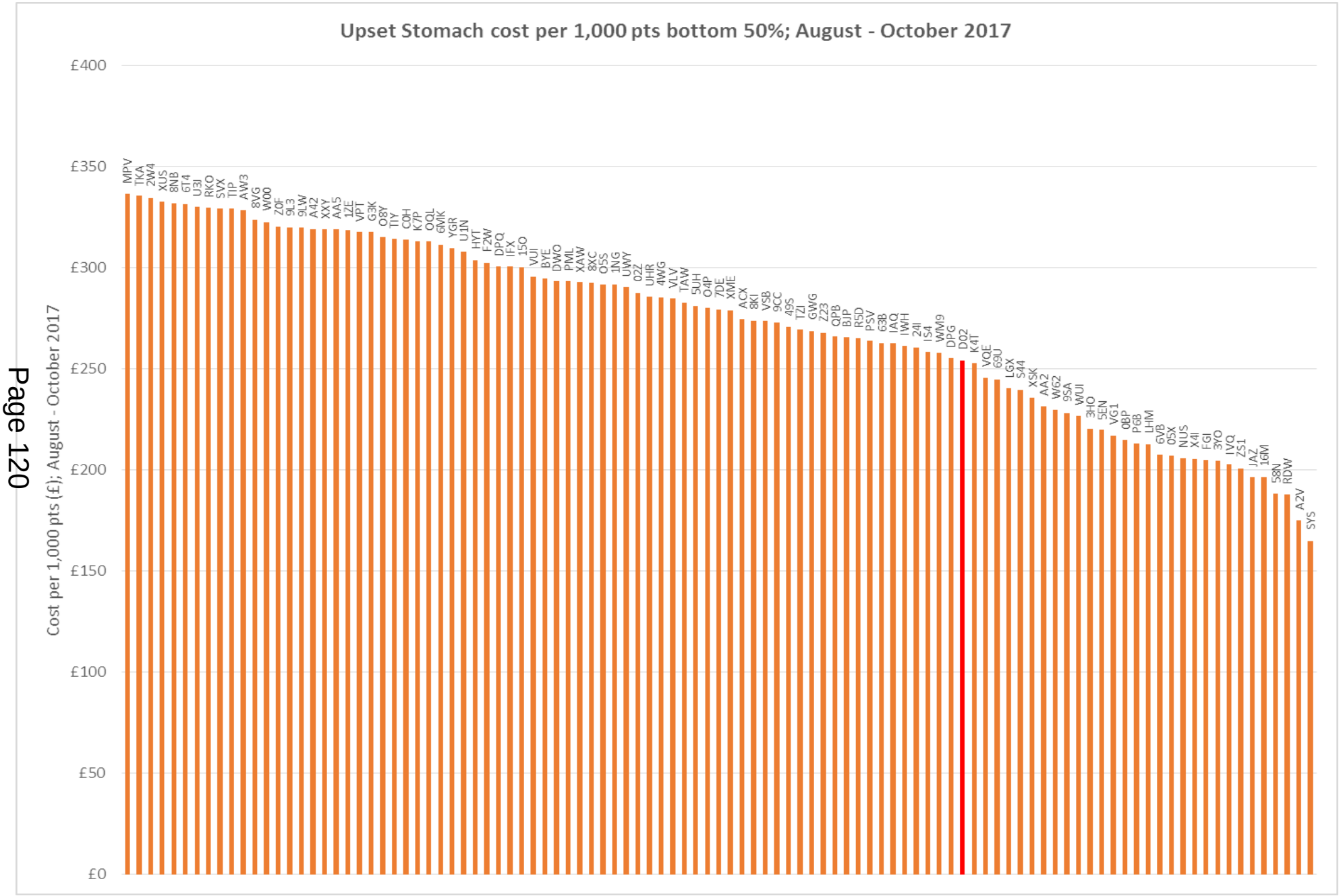

Heartburn and Indigeston cost per 1,000 pts btm 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£90.00
£80.00
£70.00
£60.00
£50.00
£40.00
£30.00
£20.00
£10.00
£0.00
VMO VSB O5S 6W3 VEX OQL 6DD 6ZC Z0F YO2 7YO JAZ A9K 6T4 AA5 NUZ P43 CRV 1ZE IFX G3K 4WG TAW WMJ9 638 56V QF5 YGR C0H 1NG K7P 8XC AD7 TM7 9CC NUS 5UH AIP VLV RKO RRO XAW PSV SO2 UHR U1N DPQ VPT XXY 9L3 VAH VUI BJP 0R5 TIY XME 7DE ACX IWH BYE 49S PWL 8V1 F2W GWG 9SA UWY QPB VTL W62 8KI 3HO DWO D02 24I Z23 58N LGX HYT TZI 6VB IS4 WUI 02Z 16M LHM K4T XSK 05X VG1 AA2 RDW 5EN IVQ X4I S44 ZS1 VQE FGI P6B A2V 08P SYS


Probiotics cost per 1,000 pts btm 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£4.00
£3.50
£3.00
£2.50
£2.00
£1.50
£1.00
£0.50
£0.00
XXY IFD 6ZC 9LA 3YO 88X PSV NUZ E0K S44 2FE 2W4 LBG D2X X4I 2YH UWY 022 24I K4J P43 NG4 4WG A6I IS4 TAW Y04 K7E CRV K7P QJZ ZHY IFX SG4 1NG JXA NPE D02 UT7 QF5 O8Y F2W AA5 ACX 1S9 YGR XBJ BYE G3K YO2 8BV O5S 5TS FGI OQL 24G SKW M8T AIP 9LW OP3 SVX 6B9 XUS 1TB C0H V1V 69U 56V XRM 5BR MA3 Z0F NM5 QPB 97F UYB G9E TIY TKA 8XC 3HO JAZ AD7 NUS JUE IVQ XSK 83I 95C K4T U25 VG1 NNV UD8 Y08 EUX WM9 WJA XAW VB1 Y54


Threadworm cost per 1,000 pts top 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£1.80
£1.60
£1.40
£1.20
£1.00
£0.80
£0.60
£0.40
£0.20
£0.00
XY1 35L XBJ VPT 02Z A9K FHB IS4 JUE D02 U1N 9SA QIX 6B9 NUS 3YO BJP IVQ Z23 WUI IWH LHM 9LW G9E QF5 8XC 69U U25 MA3 ZS1 5TS R5D UHR OP3 6V8 IFD AA5 OQL 6ZC JAZ EVT O8Y SKW S44 QZQ 2YH UT7 TM7 24G 6MK 3HO O4P RR0 O5S MPV 5BR VEX 8KI SVN YGR WS3 WTO G3K WJA AWU RNB NUZ Y54 97F W62 EUX NNV A42 A2V JXA ZHY 5EN FLY 58N XME FGI BYE 0BP AD7 RDW V5B 7YO XRM VB1 NM5 QJZ 2FE VQE T1Y 2W4 NPE 7DE 0R5 I38 9CC Z0F M0V 5UH VTL


Travel Sickness cost per 1,000 pts top 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£25
£20
£15
£10
£5
£0
NM5 I38 VEX G3K 1ZE 6T4 ACX AA5 F2W 9LW MA3 2W4 SO2 XUS QIX AD7 N64 Z0F NPE UT7 XY1 DWO RR0 6DD TIY 8XC U1N SVX A6I IFX YO2 C0H 3YK O5S 8VG PML O8Y 8KI 8V1 HYT 9L3 K7P O4P XXY TM7 6MK 63B 69U VSB AW3 VUI UWY 4WG VG1 VQE 7DE 5UH 9CC 02Z DPG QPB TZI BYE 3YO D02 IAQ MPV K4T GWG XSK NUS VPT IS4 49S WUI Z23 BJP 5EN 16M PSV TAW 24I AA2 JAZ 3HO LGX 9SA IWH S44 FGI W62 LHM P6B 08P RDW 58N 6VB A2V ZS1 X4I SYS IVQ 05X


Vitamins and minerals cost per 1,000 pts top 50; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£80
£70
£60
£50
£40
£30
£20
£10
£0
N64
2FE
MA3
BJP
XY1
O8Y
IFD
69U
LHM
9SA
VQE
R5D
WTO
IWH
5TS
D02
ZHY
EVT
WS3
58N
JUE
ZS1
NM5
0BP
A9K
9LW
UYB
AA2
G9E
5BR
A2V
6VB
RDW
WUJ
I38
35L
NPE
2YH
MBB
NU5
W62
Y54
P6B
MPV
2W4
XBJ
5EN
VPT
RNB
G3Z
A42
83I
WJA
3HO
Z23
05X
0R5
5VN
8KI
8NB
AW3
U1N
AA5
ERO
QIX
24G
AWU
S44
UD8
FHB
RWK
3YO
IVQ
SKW
LGX
SYS
A6I
HLF
V0P
6ZC
GWG
VLV
1TB
U3I
02Z
CRV
K7E
P7H
YGR
M5Q
OP3
88X
63B
IS4
6T4
WV8
O5S
YO2
6MK
FGI
XUS
U25
E0K
XRM


Upset Stomach cost per 1,000 pts bottom 50%; August - October 2017
Cost per 1,000 pts (£); August - October 2017
£400
£350
£300
£250
£200
£150
£100
£50
£0
MPV TKA 2W4 XUS 8NB 6I4 U3J RKO SVX TIP AW3 8VG W00 Z0F 9L3 9LW A42 XXY AA5 1ZE VPT G3K O8Y TIY C0H K7P OQL 6MK YGR U1N HYT F2W DPQ IFX 15O VUJ BYE DWO PML XAW 8XC O5S 1NG UWY 02Z UHR 4WG VLV TAW 5UH O4P 7DE XME ACX 8KI VSB 9CC 49S TZI GWG Z23 QPB BJP R5D PSV 63B IAQ IWH 24I IS4 WM9 DPG D02 K4T VQE 69U LGX S44 XSK AA2 W62 9SA WUJ 3HO 5EN VG1 0BP P6B LHM 6VB 05X NUS X4I FGI 3YO IVQ ZS1 JAZ 16M 58N RDW A2V SYS