

## **Medicines Management Consultation Outcomes Report**

### **Executive Summary**

#### **Proposal**

NHS Warrington Clinical Commissioning Group undertook a formal consultation from Friday 24<sup>th</sup> July until Friday 30<sup>th</sup> October on the proposal that patients should be expected to buy medicines for minor short term health problems themselves, rather than these be prescribed by their GP or other clinicians.

#### **Response**

There was overwhelming support for the proposals, with an average of 87% of the survey respondents in support of the proposals. The proposals were also supported within the wider engagement activities that took place.

#### **Breakdown of Respondents and Engagement Activities**

236 surveys were completed. Of these 91% were individual respondents and 9% representing groups. The overall reach of the consultation was much wider, as evidenced in Appendix 3.

Engagement activities undertaken included:

- Four public events, including a Healthwatch event, were organised or attended.
- Presented at five Third Sector groups
- Presented at the CCGs Health Forum
- Presented at six clinical meetings
- Information sent to all key stakeholders, including all GPs, Patient Participation Groups, healthcare providers, Warrington Borough Council, MPs, all Councillors, Local Medical Committee and Local Pharmaceutical Committee
- Information sent through to Third Sector Organisations, Healthwatch database, CCG membership, local colleges and children's centres
- Summary documents sent to and displayed at over 60 venues across Warrington, particularly targeting deprived communities, including Citizen's Advice Bureau and Job Clubs
- Press releases issued and promotion via CCG and partner websites and promoted across social media

#### **Recommendations**

1. Implement the proposals, subject to formal endorsement at Governing Body in January 2016.

2. Produce and implement a comprehensive marketing and communications plan to provide feedback on the outcome to the public and other key stakeholders 'You Said – We Did'. This activity will include:

- Materials to support GPs and other prescribing health professionals
- Information for the public on the rationale of the changes – You Said – We Did
- Self-care information for patients
- Fact sheets for public use – highlighting the fact and dispelling myths on the changes
- Ensure key messages on what is **NOT** changing, i.e. prescriptions for people with long term conditions and people who are diagnosed Coeliac
- Fact sheets on the medications including alternatives, where over the counter medications can be purchased with appropriate costs and differences, if any, between brands names and shops own brands to reduce cost
- Communications to be supported by national campaigns.

3. Work with key stakeholders including GPs, practice staff, Community Pharmacists, providers and Warrington Health Plus to gain support for implementation of the proposals.

4. Work with nurseries and schools to ensure effective implementation of the proposals.

5. With support from the CCG's Quality Improvement Nurse for Care Homes, work with Care Homes to ensure effective implementation of the proposal.

# Medicines Management Consultation Main Outcomes Report

## Introduction and Background

NHS Warrington Clinical Commissioning Group undertook a formal consultation from Friday 24<sup>th</sup> July until Friday 30<sup>th</sup> October (97) on the proposal that patients should be expected to buy medicines for **minor short term** health problems themselves, rather than these be prescribed by their GP or other clinicians. The consultation was extended for a further seven days after it was initially due to finish to target engagement activities in the deprived areas of Warrington.

Patients and the public have access to an increasing range of resources for advice on medicines usage, e.g. community pharmacists, NHS 111, the internet, which can be used to enable self-care as well as their GP or a Nurse.

NHS Warrington CCG spends approximately £1million per annum on medicines that are available to purchase over the counter. The CCG feel this money could be better spent on treating more serious conditions such as heart disease and diabetes. Many of these products are readily available, along with advice, from local pharmacies. Some are also available from local shops and supermarkets.

There are also inconsistencies with GPs prescribing these medications. The CCG need to ensure that everyone in Warrington has the same expectation of what will be provided on prescription by their GP.

It is recognised that the impact of the proposals will be on those patients that are exempt from paying for their prescriptions, as the cost of the listed medications to buy over the counter are less than the cost of a prescription (currently £8.20).

## Methodology

The CCG undertook a statutory consultation on the proposals as they constituted a substantial development of or variation in the provision of health services, in accordance with regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. When undertaking any public consultation the Gunning Principles must be applied, see Appendix 1 for the process relating to this consultation.

In January 2015 to help develop the proposals the CCG undertook pre-consultation work. This included engagement with the CCG's Health Forum, made up of individual patients and the public and Third Sector Organisations, including Healthwatch. Also engaged with, as part of the pre-consultation work, were the CCGs Patient Participation Group Network, Practice Managers and GPs.

The outcome was then fed into the consultation document, and a Frequently Asked Questions document was generated. Feedback from this pre-consultation work was positive.

An Equality Impact Assessment (see Appendix 2) was undertaken to assess the potential impact on the nine protected characteristics covered under the Equality Act 2010. From this assessment activity we undertook focused engagement with these groups, as well as the population as a whole. For the full audit of engagement activity please see Appendix 2.

In summary, we organised or attended a total of four public events, including a Healthwatch event, presented at five Third Sector groups, presented at six clinical meetings, Practice Managers and Care Home Forums.

Information was sent to key stakeholders including MPs, all Councillors, Health and Wellbeing Board and provider organisations, over 1200 Third Sector organisations via Warrington Voluntary Action, the CCGs 'membership scheme', approx. 200 members, Healthwatch database (517) and Patient Participation Groups, totalling over 2000 members of the public and representatives of Third Sector Organisations.

Information was displayed and sent to over 60 venues and facilities, including GP practices, LiveWire venues, libraries, Citizen's Advice Bureau, charity shops and pharmacies

Protected characteristics, according to the Equality Act 2010, were targeted. This engagement included LifeTime (drop in for older people), Priestley College, Young Healthwatch and working with Warrington Borough Council's Neighbourhood teams.

In regards to the media, there were three press releases that were issued to the local media, including the Warrington Guardian (online and paper readership of 140,741) and Warrington Worldwide (5,000 daily online visitors), information was published on the CCG website, which saw its visits significantly increase throughout the consultation period. The social media reach was 4785 followers on Twitter, consultation specific tweets – 22 retweets / 10 favourites. Facebook: 190 Likes, consultation specific posts – 570 people reached.

With all the direct engagement activity that took place the approximate number of people directly engaged with was 450. For the full write up of discussions see Appendix 3. It is harder to quantify the number of the wider public that were engaged and communicated with but as can be seen in Appendix 1 this was far reaching.

## **Main Findings and Themes**

**There was overwhelming support for the proposals, with an average of 87% of the survey respondents in support of the proposals.**

There were 236 surveys completed. With all the engagement activity that took place the approximate number of people directly engaged with was 450. 28 additional survey respondents were received from Priestley College students. They were

received after the consultation period therefore they cannot be added to the final break down, however their responses support the proposals.

The majority of participants who attended the various events, groups and meetings were also in support of the proposals.

Table 1 shows the percentage of survey respondents in support for the listed medications no longer being prescribed, along with the percentages of those respondents who do not currently pay for prescriptions.

**Table 1- Percentages in support of proposals**

	<b>Total</b>	<b>Those who don't pay for prescriptions</b>
<b>Medication</b>	<b>In support</b>	<b>In support</b>
Painkillers	<b>87%</b>	<b>88%</b>
Vitamins	<b>88%</b>	<b>88%</b>
Ear Wax removers	<b>87%</b>	<b>86%</b>
Lozenges / Throat sprays	<b>91%</b>	<b>89%</b>
Toothpaste / Mouthwashes	<b>94%</b>	<b>93%</b>
Indigestion remedies for occasional use	<b>89%</b>	<b>88%</b>
Creams for minor scars	<b>88%</b>	<b>89%</b>
Hair removal creams	<b>94%</b>	<b>95%</b>
Moisturisers and bath additives for dry skin	<b>74%</b>	<b>74%</b>
Sun creams	<b>91%</b>	<b>92%</b>
Foods and food supplements	<b>75%</b>	<b>75%</b>

### **Breakdown of Respondents**

A full breakdown of the survey respondents can be found in Appendix 5. In summary, 71% of respondents were female, 96% were the same gender they were assigned at birth, 90% were heterosexual, 17% had a disability, 49% had a long term condition, 94% were white British, 79% were Christian, 27% were aged over 65, 27% were aged between 55-64 and 16% aged between 35-44, 66% were retired, 34% in full time employment, 15% in part time employment, 4% not working due to permanent sickness or disability, 5% unemployed and 2% not working due to being a full time carer, 19% were carers. 23.5% of respondents were from Warrington's most deprived areas (from postcode information given).

Of these 91% were individual respondents and 9% representing groups. This 9% can be broken down to seven different groups and responses from Warrington Borough Council, Councillors, Warrington Health Plus and a GP practice.

From the survey respondents 56% were exempt from paying for prescriptions and as illustrated by Table 1 the support for the proposals did not alter. These respondents can be broken down further to postcodes. We can filter the results to Warrington's most deprived areas and those that are exempt from paying for prescriptions. From this the percentages that supported the proposals were on average 87%.

From the respondents the main reason for exemption was age (over 60) this was 66.4% with 14.2% of respondents being exempt due to being on for tax credits, low incomes etc.

### **Additional Comments and Engagement Discussions**

**“ If it is only for minor ailments then they should be bought. I don't pay for prescriptions but would never expect to get any of these on prescription. I didn't even know you could ”**

From the additional comments and discussions at engagement activities there was also overwhelming support for the proposals. There was also a lack of awareness that some of the medicines could be prescribed.

However, throughout the consultation there were issues and concerns that were raised.

These can be grouped into four main themes.

1. The need for public awareness when implementing the proposals, including what is not being affected, and for promotion of self-care to support the implementation
2. The need for support for GPs, Practice Staff and other health professionals in implementing the proposals
3. Problems with nurseries, schools and care homes not administering medications that are not prescribed by a GP or health professional
4. The impact on low income and vulnerable families

#### **1. The need for public awareness when implementing the proposals, including what is not being affected and promotion of self-care**

**“ If this medication is required for those with long term conditions these items should still be available ”**

There is a need for a comprehensive communications and marketing plan to support the implementation of the proposals, including the rationale for change. This should

include messages to ensure patients know what is **NOT** going to change. Respondents from both the survey and engagement activities were concerned that the proposals will impact those patients with long term conditions, people with Coeliac disease were particularly mentioned on several occasions. The proposals will not affect prescribed medication for those with long term conditions.

**“More can be done by patients to self-care first”**

Included in the communications plan should be self-care information and alternative treatments. There was broad agreement throughout the consultation that people should be encouraged to self-care, and more should be done to raise awareness and understanding. This should be done in partnership with other organisations i.e. Public Health and Warrington Health Plus. Some GP Practices already promote self-care via their website, this should be promoted throughout all GP Practices. This can also be supported by national campaign materials such as Self Care Week, Pharmacy Awareness Week and Winter campaigns. It was also recognised that Pharmacists expertise is not always used enough.

**“ As long as it still encourages patients to see a GP for a consultation if necessary, there is the potential for a more severe diagnosis to go untreated if the patient continues to self-medicate ”**

The communication messages need to ensure that patients are not discouraged in making a GP appointment. It was felt that while self-care is important to promote, it is also important that if patients feel unsure of symptoms or symptoms persist they shouldn't feel they can't see a GP.

**2. The need to communicate and support GPs, Practice Staff and other health professionals in implementing the proposals**

**“ It will be useful to be backed up by Warrington wide advice ”**

Through the engagement with GPs, Practice Managers, Patient Participation Groups and Pharmacists it was highlighted that GPs and health professionals will need support from the CCG to implement the proposals. GPs and Health Professionals are front line with patients and will need to fully communicate with patients on the changes and the rationale of the changes. The CCG needs to make the policy change clear to all GPs and health professionals, working with Warrington Health Plus, all local health providers and Community Pharmacists.

Resources for GPs and health professionals to give to patients is essential, this will be integral to the communications plan.

### **3. Problems with nurseries, schools and care homes not administering medications that are not prescribed by a GP or health professional**

Issues were raised regarding reluctance and/or inability of nurseries, schools and care homes in administering medications that have not been prescribed by a GP or health professional. These concerns were raised by the public and through the CCGs Care Home Forum. The issues were also raised by a supported living service.

It was felt if there was a mechanism whereby staff could obtain guidance and support from a GP or Pharmacist this would benefit care homes and supported living staff this could ensure effective implementation.

### **4. The impact on low income and vulnerable families**

**“ I am concerned that some families or individuals cannot afford these items. ”**

Concerns were raised by individuals, Councillors and through the engagement activity of the impact the proposals could have on vulnerable families and those on low incomes. It was felt that some families or individuals would not be able to afford over the counter medications and as a result might make the wrong health choices.

However, this was also balanced with respondents and the public understanding that the NHS budget is limited. Respondents stated that people on low incomes need to be made aware of the changes and costs of alternatives.



## Recommendations

1. Implement the proposals, subject to formal endorsement at Governing Body in January 2016.

2. Produce and implement a comprehensive marketing and communications plan to provide feedback on the outcome to the public and other key stakeholders 'You Said – We Did'. This activity will include:

- Support for GPs and other prescribing health professionals
- Information for the public on the rationale of the changes
- Self-care information for patients
- Facts and myths on the changes
- Ensure key messages on what is **NOT** changing, i.e. prescriptions for people with long term conditions and people who are diagnosed Coeliac
- Fact sheets on the medications including alternatives, where over the counter medications can be purchased with approximate costs and differences, if any, between brands names and shops own brands to reduce cost
- Communications to be supported by national campaigns

3. Work with key stakeholders including GPs, practice staff, Community Pharmacists, providers and Warrington Health Plus to gain support for implementation of the proposals.

4. Work with nurseries and schools to ensure effective implementation of the proposals.

5. Through the CCG's Quality Improvement Nurse for Care Homes, work with Care Homes to ensure effective implementation of the proposal.

## Appendix 1.

### Medicines Management Consultation Process and the Gunning Principles

When undertaking any public consultation in the UK the Gunning Principles must be applied. This has been confirmed by the Court of Appeal in 2001 (Coughlan case)

When assessing the Medicines Management Consultation the four principles were applied as evidenced below.

**1. When proposals are still at a formative stage** - Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.

The CCG undertook pre consultation from January 2015 – June 2015 to gain opinion on the proposals before the formal consultation.

The consultation questions made clear the options to agree or disagree with the proposals. At presentations at public meetings and Third Sector Organisations it was made clear this was a consultation and if the majority of the public did not agree it would not happen.

**2. Sufficient reasons for proposals to permit 'intelligent consideration'** - People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document.

The consultation documents made the reasons for the proposals clear, as below

- There are a number of medicines currently prescribed in Warrington that patients and the public can get over the counter
- The medicines on the list are usually prescribed for minor health problems only and where this is not the case they will continue to be prescribed.
- NHS Warrington CCG spends approximately £1 million per year on the medicines that are available to buy over the counter, which are often only required short term for minor ailments. This money can be better spent on reducing health inequalities across the town for the benefit of the wider population.

A Frequently Asked Question sheet was produced for the public to further understand the implications of the proposals.

The consultation document made clear the impact of the proposals stating “All residents of Warrington have the potential to be affected as the proposal is that the medications will not be prescribed, unless in exceptional circumstances or if it is **NOT** a minor ailment. However the majority of the medications or alternatives can be purchased over the counter for less than the cost of a prescription.”

An Equality Impact Assessment was undertaken to determine where specific engagement should be undertaken. As well as general engagement and communications focused work was undertaken to target those people who are currently exempted, as these will be most impacted. This included:

- Attending public events targeting Older Peoples Celebration Day (approx. 200 in attendance) and Mental Health Awareness Day (approx. 100 in attendance)
- Targeted engagement at Third Sector Organisations who represent the wider community – Warrington Disability Forum, Long Term Conditions Support Group, Speak Up (adults with learning disabilities), Priestley College, Older Persons Engagement Group
- Targeted communications at CAB, charity shops, job clubs, schools news, community centres, libraries, young Healthwatch, Children’s Centres, Health and Wellbeing Mentors

**3. Adequate time for consideration and response** - Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?

The consultation was undertaken for 97 days. Pre Consultation was also undertaken from January 2015. The engagement and communications methods used were wide and varied, which included press, social media, emails, printed documents in various places and targeted engagement at groups and public events.

After the consultation there was two months to analyse the results and mitigate any risks identified.

**4. Must be conscientiously taken into account** - Think about how to prove decision-makers have taken consultation responses into account.

There was overwhelming agreement to the proposals, however some issues and concerns were raised. The mitigating actions to these concerns are below.

- An additional criteria needs to be devised that unequivocally enables prescriptions to support the wellbeing for this cohort of patients for the Public Sector Equality Duty to be met
- Develop action plan for monitoring progress and uptake and review policy accordingly.
- In terms of Care Homes to ensure that the listed medications are included in the revised guidelines for medicines management for care homes staff.
- To work with schools and nurseries to ensure effective implementation – guidance will be written, shared through newsletters and provider forums.
- To ensure the key messages in the communications plan include alternatives and costs and also self care advice so the proposals do not adversely affected those on low incomes

## Appendix 2.

### Equality Analysis and Assessment report CCG

Date of start: January 2015

Date of update: January

November 2015, December 2015

Date of final report: January 2016

Signature:

Signed off (senior manager):

- 1) Details of service / function:** (Clearly identify the function & give details of relevant service provision and or commissioning milestones (review, specification change, consultation, procurement ) and timescales -

NHS Warrington Clinical Commissioning Group have considered the proposal that patients should be expected to buy medicines for minor health problems themselves, rather than these be prescribed by their GP or other clinician.

Patients and the public have available an increasing range of resources for advice on medicines use, e.g. community pharmacists, NHS 111, the Internet, which can be used to enable self-care as well as their GP or a Nurse.

Warrington CCG spends approximately £893k per annum on medicines that are available to purchase. This money could be better spent on treating more serious conditions such as heart disease and diabetes. Many of these products are readily available, along with advice, from their local pharmacy. Some are also available from local shops and supermarkets.

Everyone in Warrington has the same expectation of what will be provided from their GP practice

Timescales

Pre consultation has taken place (January – March 2015) with the CCGs Health Forum, Practice Managers and the PPGs. These comments and feedback have been feed into the consultation.

April – June further information and statistics have been gathered to inform the EIA and the impact of the changes

July – October – formal 90 day consultation to take place

November – Report and feedback to the CCG

January 2016 – if proposal is agreed to implement including communications plan to inform patients and the public

## **2) What is the Change to service**

The change will be decommissioning of certain medications from being prescribed by GPs. The list of these medications are:

- Pain killers for minor aches and pains - unless there is an immediate clinical need in which case a small amount may be prescribed to cover the episode
- Vitamins - unless there is a true clinical need
- Homeopathic remedies – these are not allowed on the NHS in Warrington but patients can buy these remedies themselves
- Ear wax removers – a few drops of olive oil are just as good as anything on prescription
- Lozenges, throat sprays, mouthwashes, gargles and toothpastes – except for seriously ill patients
- Indigestion remedies for occasional use
- Creams for minor scars
- Hair removal creams
- Moisturisers and bath additives for dry skin - unless confirmed skin condition
- Sun creams
- Foods and food supplements except where clinically indicated – in many cases the 'food first' approach is an alternative to specially prepared supplements

## **3) Effects of change.**

### **Removal of certain medicines on free prescription.**

1. Impact on the poorest in the community and acts as a barrier to health care.

2. Infringes health and social care act 2012:

14T Duties as to reducing inequalities

Each clinical commissioning group must, in the exercise of its functions, have regard to the need to—

- (a) reduce inequalities between patients with respect to their ability to access health services, and
- (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

3. Would not meet PSED and section 19 ( indirect discrimination), would breach section 29 (Provision of a service) and section 20 ( Duty to make adjustment ) of the Equality Act 2010

Protected characteristic	issue	problem	Legal position	Mitigation
Age	<p>16 -18 years old in receipt of sever hard ship payments ( £40.00 per week)</p> <p>18-25 year old in receipt of JSA (£57.90 per week )</p> <p>Extremely low income below the poverty line.</p>	<p>These would qualify for free prescriptions on such low income not being able to get basic medicines on free prescription would be a barrier to health care. Research evidence suggests that those on income of less than £20,000 defer buying over the counter medication</p>	<p>Would not meet H&amp;SC act 2010 section 14T as it increases health inequality and access to health provision.</p> <p>Section 19 – indirect discrimination</p> <p>Would be ‘indirect discrimination’ as it is a policy, criteria and practice that would treat a young person less favourably and/or be more of a detriment than another person.</p>	<p>As this change refers to restriction of prescriptions and is not a blanket ban of the products, on consultation if the GP or health professional determines the clinical need of that patient is severe enough they retain the right to use their clinical judgement to prescribe the medications. <b>An additional criteria needs</b></p>

		harming their health.	In failing to meet section 19, this would also fail the test of PSED 1 (eliminate discrimination)	<b>to be devised that unequivocally enables prescriptions to support the wellbeing for this cohort of patients for the Public Sector Equality Duty to be met</b>
Disability Including long term illness and Cancer where patients are on low income or benefit dependent	Qualifies for free prescriptions	Currently included all medicine that the person needs and not just related directly to illness.  However, some conditions may require regular over the counter medication such as pain killers' in order to manage day to day wellbeing.	Would not meet H&SC act 2010 section 14T as it increases health inequality and access to health provision  Section 19 – indirect discrimination.  Would be 'indirect discrimination' as it is a policy, criteria and practice that have more of a detriment to that of another.  In failing section 19, would automatically fail PSED Objective 1 – and also Objective 2 as disability requires	If the patient requires the listed medications to manage day to day wellbeing, they will still be prescribed.  <b>An additional criteria needs to be devised that unequivocally enables prescriptions to support the wellbeing for this cohort of patients for the Duty to be met</b>

			<p>additional resources ( section 3 &amp; 4)</p> <p>May infringe section 20 duty to make reasonable adjustments where people with disabilities may require more resources or services to maintaining wellbeing.</p>	
<p>Sex (female/single parent) – low income /benefit dependent</p>	<p>Females are statistically more prevalent as single parent than males.</p> <p>Single parent with children over 12 months and under 5yrs of age can be legally benefit dependent.</p>	<p>Parent would qualify for free prescriptions.</p> <p>Being on such low income and not being able to get basic medicines on free prescription would be a barrier to health care.</p> <p>Research evidence suggests that those on income of less</p>	<p>Would not meet H&amp;SC act 2010 section 14T as it increases health inequality and access to health provision.</p> <p>Section 19 – indirect discrimination.</p> <p>Would be ‘indirect discrimination’ as it is a policy, criteria and practice that have more of a detriment to that of another.</p>	<p>As this change refers to restriction of prescriptions and is not a blanket ban of the products, on consultation if the GP or health professional determines the clinical need of that patient is severe enough they retain the right to use their clinical judgement to prescribe the medications.</p>



	With children over 7years of age may be on part time low income topped up by tax Credits.	that £20,000 defer buying over the counter medication harming their health	In failing to meet section 19, this would also fail the test of PSED 1( eliminate discrimination)	<b>An additional criteria needs to be devised that unequivocally enables prescriptions to support the wellbeing for this cohort of patients for the Duty to be met</b>
Race	n/a			
Religion & belief	n/a			
sexuality	n/a			
Gender reassignment	n/a			
Pregnancy and maternity	Free prescriptions		<p>Would not meet H&amp;SC act 2010 section 14T as it increases health inequality and access to health provision.</p> <p>Section 19 – indirect discrimination.</p> <p>Would be ‘indirect discrimination’ as it is a policy, criteria and practice that have more of a detriment to that of</p>	As this change refers to restriction of prescriptions and is not a blanket ban of the products, on consultation if the GP or health professional determines the clinical need of that patient is severe enough they retain the right to use their clinical

			<p>another.</p> <p>In failing to meet section 19, this would also fail the test of PSED 1( eliminate discrimination)</p>	<p>judgement to prescribe the medications.</p> <p><b>An additional criteria needs to be devised that unequivocally enables prescriptions to support the wellbeing for this cohort of patients for the Duty to be met</b></p>
<p><b>4) Consultation: Who do you need to consult and engage with</b></p>				

<p><b>Pre consultation :Please ensure this information feeds into the consultation and engagement processes stakeholder mapping, targeted and specialist consultation</b></p> <p><i>The bigger the change the broader and deeper the consultation). Develop a stakeholder matrix and assign different methods of consultation as appropriate. Ensure that the feedback can be analysed and cross tabulated from different protected characteristics.</i></p>	<p><b>Post consultation analysis:: what has been done, who with, what was the outcome (any trends that need to be acted upon</b></p> <p><b>See below</b></p>
<p><b>GPs</b></p>	
<p><b>CCGs Health Forum</b></p>	
<p><b>PPG</b></p>	
<p><b>Practice Managers</b></p>	
<p>There was overwhelming support for the proposals, with an average of 87% of the survey respondents in support of the proposals. The proposals were also supported within the wider engagement activities that took place.</p>	
<p>Breakdown of Respondents and Engagement Activities 236 surveys were completed. Of these 91% were individual respondents and 9% representing groups.</p>	
<p>Engagement activities</p> <ul style="list-style-type: none"> <li>• Four public events, including Healthwatch, were organised or attended</li> <li>• Presented at five third sector groups</li> <li>• Presented at CCGs Health Forum</li> <li>• Presented at six clinical meetings</li> <li>• Information sent to all key stakeholders, including all GPs, Patient Participation Groups, health providers, Warrington Boroughs Council, MPs, all Councillors, Local Medical Committee and Local Pharmaceutical Committee</li> <li>• Information sent through to Third Sector Organisations, Healthwatch database, CCG membership, local colleges and children’s centres</li> <li>• Summary documents sent to and displayed at over 60 venues across Warrington, particularly targeting deprived communities, including CAB and Job Clubs</li> <li>• Press releases issued and promotion via CCG and partners website and social</li> </ul>	

media

### **Breakdown of respondents**

A full breakdown of the survey respondents can be found in Appendix 4. In summary, 71% of respondents were female, 96% were the same gender they were assigned at birth, 90% were heterosexual, 17% had a disability, 49% had a long term condition, 94% were white British, 79% were Christian, 27% were aged over 65, 27% were aged between 55-64 and 16% aged between 35-44, 66% were retired, 34% in full time employment, 15% in part time employment, 4% not working due to permanent sickness or disability, 5% unemployed and 2% not working due to being a full time carer, 19% were carers. 23.5% of respondents were from Warrington's most deprived areas (from postcode information given).

From the survey respondents 56% were exempt from paying for prescriptions, the support for the proposals did not alter. These respondents can be broken down further to postcodes. We can filter the results to Warrington's most deprived areas and those that are exempt from paying for prescriptions. From this the percentages that supported the proposals were on average 87%.

From the respondents the main reason for exemption was age (over 60) this was 66.4% with 14.2% of respondents being exempt due to being on for tax credits, low incomes etc.

### **Recommendations**

1, Implement proposals

2, Produce and implement a comprehensive marketing and communications plan – This to include:

- Support for GPs and other prescribing health professionals
- Information for the public on the rationale of the changes
- Self-care information for patients
- Facts and myths on the changes
- Ensure key messages on what is NOT changing, i.e. prescriptions for people with long term conditions and people who are diagnosed Coeliac
- Fact sheets on the medications including alternatives, where over the counter medications can be purchased with appropriate costs and differences, if any, between brands names and shops own brands to reduce cost
- Communications to be supported by national campaigns

3, Work with key stakeholders including GPs, practice staff, Community Pharmacists, providers and Warrington Health Plus to gain support for implementation of the proposals.

4, Work with nurseries and schools to ensure effective implementation of the proposals.

5, Through the CCG's Quality Improvement Nurse for Care Homes, work with Care Homes to ensure effective implementation of the proposal.

**7) Have you identified key gaps in service or potential risks that need to be mitigated**

- An additional criteria needs to be devised that unequivocally enables prescriptions to support the wellbeing for this cohort of patients for the Public Sector Equality Duty to be met
- Develop action plan for monitoring progress and uptake and review policy accordingly.
- In terms of Care Homes to ensure that the listed medications are included in the revised guidelines for medicines management for care homes staff.
- To work with schools and nurseries to ensure effective implementation – guidance will be written, shared through newsletters and provider forums.
- To ensure the key messages in the communications plan include alternatives and costs and also self care advice so the proposals do not adversely affected those on low incomes

**5) Are the Public Sector equality Duties engaged? Which ones? Is there evidence that Sector Equality Duties will be met? (give details of why)**

- a) **Eliminate discrimination & Prohibitive behaviours in service delivery**

**Does this project meet PSED**

YES subject to ensuring an additional criteria needs to be devised that unequivocally enables prescriptions to support the wellbeing for this cohort of patients for the Public Sector Equality Duty to be met

### Appendix 3. Audit of Communications and Engagement Activity

Patients and the public		
<p>Web content publication on CCG Consultation website page Added as a tab on homepage The items to be uploaded are:  Overview statement  Link to survey monkey  Frequency asked questions – will be added to throughout the consultation</p> <p>Consultation Documents</p>	<p>WCCG EEC Team upload to website</p> <p>Information put on Facebook and Twitter</p> <p>Information sent to providers for their communication channels</p> <p>Disseminated to:</p> <ul style="list-style-type: none"> <li>• All GP Practices</li> <li>• The Gateway – for public and to all tenant organisations</li> <li>• Warrington Disability Partnership Centre for Independent Living and Market Stall</li> <li>• Healthwatch Warrington</li> <li>• School News for parents and teachers</li> <li>• Chamber of Commerce</li> <li>• Warrington Collegiate</li> <li>• Neighbourhoods – Community Centres and community newsletters</li> <li>• CAB</li> <li>• Priestly College students</li> <li>• Young Healthwatch</li> <li>• Pharmacies</li> <li>• Town Centre Charity Shops</li> <li>• Children’s Centres</li> <li>• WBC Job Clubs</li> <li>• WBC Contact Centre</li> <li>• Health and Wellbeing Mentors</li> <li>• LiveWire Leisure Sites</li> <li>• LiveWire Libraries</li> </ul>	<p>24.07.15</p> <p>24.07.15 repeat weekly</p> <p>27.07.15</p> <p>From 27.07.15</p>
<p>Public Meetings</p> <p>Get Engaged (approx. 50 attendees)  The CCG organised an event for patients and the public to learn more about how they can get engaged with local health and social care services.</p>		<p>09.09.15</p>

World Mental Health Awareness Day (approx. 100 attendees) Attended the public event to target those with mental health problems		10.10.15
Older Peoples Celebration Day (approx. 200 attendees) Attended to promote the consultation and disseminate consultation documents		01.10.15
<b>Media</b>		
Press releases	Press release to be sent to Warrington Guardian, Warrington Worldwide and South Warrington News	29.07.15
Press coverage	<a href="http://www.warrington-worldwide.co.uk/2015/07/29/should-we-pay-for-over-the-counter-medicines/">http://www.warrington-worldwide.co.uk/2015/07/29/should-we-pay-for-over-the-counter-medicines/</a> <a href="http://www.warringtonguardian.co.uk/news/13524456.Have_your_say_on_changes_to__o-ver_the_counter__medicines/">http://www.warringtonguardian.co.uk/news/13524456.Have_your_say_on_changes_to__o-ver_the_counter__medicines/</a> <a href="http://www.warrington-worldwide.co.uk/2015/08/08/a-free-dinner-thats-the-right-medicine/">http://www.warrington-worldwide.co.uk/2015/08/08/a-free-dinner-thats-the-right-medicine/</a>	01.08.15 08.08.15
<b>Warrington Health Forum</b> Warrington CCG's Health Forum is open to the CCG membership scheme and Third Sector organisations. The aim of the forum is to share CCG work and obtain feedback.	WCCG EEC Team sent information to their Health Forum members.  MM presented at Warrington Health Forum	27.07.15  28.09.15
<b>PPGs</b> Warrington CCG facilitate and chair a PPG Network, for PPG representatives and practice staff to meet, share ideas and to discuss CCG work areas.	WCCG Engagement Team sent information to the PPG Network  Pre consultation undertaken. Rep from PPG Network sits on the Health Forum.	27.07.15  27.07.15 20.08.15
<b>CCG 'Membership' Scheme</b> The CCG have developed a membership scheme with approx. 200 individual and Third Sector representatives on the mailing list.	WCCG Engagement Team sent information	Resend 21.09.15  Resend 12.10.15

<b>Third Sector Organisations</b>		
<b>Warrington Voluntary Action</b> Warrington Voluntary Action have an email bulletin which goes to over 1400 Third Sector groups	WCCG Engagement Team sent information	27.07.15 20.08.15
<b>Healthwatch</b> Healthwatch have a database of over 500 individuals and group representatives.  Healthwatch hold themed public meetings to engage the population.	Information sent to Healthwatch to send to their wider database.  MM presented at Healthwatch Dinner and Discuss meeting (approx. 40 attendees)	27.07.15 20.08.15  26. 08.15 6pm Warrington Masonic Hall
<b>Warrington Disability Partnership (approx. 10 attendees)</b> The Disability Forum is made up of representatives from a range of organisations who support people with a physical or learning disability or with a mental health issue.  <b>Long Terms Conditions Group (approx. 20 attendees)</b> The group is made up of members of the public who all have long term conditions.	CCG presented at Warrington Disability Partnership  CCG presented to the group	08.10.15 7:30pm  12.10.15 10.30am
<b>OPEG West Warrington (15 attendees)</b> The group is made up of older people from the West of Warrington	CCG to present and facilitate discussions to gain public views	26.10.15
<b>Speak Up (approx. 20 attendees)</b> The group is made up of adults with learning disabilities	CCG to present and facilitate discussions to gain public views	
<b>Clinical Engagement</b>		
GPs	WCCG EEC Team will send to all local GPs in weekly bulletin	31.07.15 resend monthly
<b>Federations Meeting</b> <b>Healthier Warrington</b> <b>Phoenix</b> <b>Teaching</b>	CCG presented at each federation meeting or had as an agenda item	24.09.15 16.09.15



Warrington Alliance		27.10.15
<b>Internal Engagement</b>		
CCG Staff	Information to be sent via Staff bulletin	28. 07.15 resend monthly
Quality Committee	MM to update	
<b>Stakeholder Group</b>		
Providers	EEC Team sent information	27.07.15
Health and Wellbeing Boards	Information sent to the Board	21.08.15
Local Pharmaceutical Committee	CCG presented at the LPC	14.08.15
Care Home Forum	CCG presented at the Care Home Forum	7.10.15
Local Medical Committee	CCG presented at the LMC	02.11.15
<b>Political Engagement</b>		
Overview and Scrutiny	Information sent – Committee decided against formal presentation	14.10.15 6:30pm Town Hall
MPs	Chair and Chief Clinical Officer to update MPs at briefing sessions.	24.07.15 Helen Jones MP 07.08.15 David Mowat MP
Councillors	WCCG Engagement Team to inform all councillors	21.08.15

## Appendix 4. Write up of Engagement Discussions

### Get Engaged comments and questions

#### 40 people in attendance

Why doesn't pharmacists analyse prescriptions more closely. I know of a patient who receives the same prescription every month and half of the items on the prescription are no longer required. Not sure if this is the pharmacist or GP responsibility?

Will the limit/reduction/changes in prescriptions for minor ailments happen for 1 date or will it be phased out over time, to help people prepare for this? Costs could be prohibitive for large families, especially if they are on low income – will GP take this into account when deciding for 'other' cases, when prescriptions are allowed? A phased approach will best help people to be prepared for these changes, which could cause significant challenges for those with a limited income or large families. Patients will also need to know best/most affordable places to buy medications.

Where these things are needed but people are on limited incomes can these be flexibility? E.g. family with several children – otherwise people may go without leading to more serious health problems or they may turn up at A&E, all of which is more expensive.

Will Chemists promote branded products which are more expensive but no better than generic?

Are Warrington residents who are covered by another CCG (e.g. Burtonwood GPs are supported by St. Helens) also going to have the same affect? It's important that all Warrington residents are covered by the same approach.

Hair removal cream, what if it is needed as part of transition for trans\* fluid people, this can prove very expensive?

Do vitamins include calcium supplements; if you have osteoporosis then it is a long term condition

Communications to include creating a medicine cupboard – getting cheaper medicines in stock so don't end up paying lots extra if need urgently.

This would save a lot of NHS money to patients who get free prescriptions.

We need more public information/education about how to treat minor ailments. Pharmacists could be helpful with this, would help this was a national move.

Involve schools in giving out publicity material before strategy is implemented.

- Leaflets
- Material to be included in school online newsletters.
- Go into schools and talk to children.

- Give a talk to U3A.

I'm concerned that GPs will be placed in a difficult position by having to refuse patients who are unaware of this. It has the ability to endanger relationships.

This will affect families in poverty. Flyers could be handed out by GPs re CCG consultations at the end of an appointment.

There is a big difference in prices for the same drug/item in different places. Good example is cold sore cream (not on the list I realise). So would help if there was greater awareness of where you can get best prices and awareness of branded medicines that are more expensive.

Will need to change culture of GPs as they often ask "do you pay for your prescriptions" if you don't you get more medicines/quantity etc on prescription.

Change culture of public as they 'expect' this service now.

Many individuals cannot afford the creams

## **Warrington Health Forum**

### **28<sup>th</sup> September 2015**

23 in attendance, representatives from Red Cross, Wired Carers, BHA, PPGs, Warrington Ethnic Communities Association, Long Term Conditions Support Group, Trans\*Warrington, Women's Refuge.

Why weren't GPs given instruction in the first place not to prescribe certain things, why weren't they told directly not to prescribe this if the patient does not have a long term condition? It's based on the GP's medical opinion whether they feel the patient needs the drug which they are going to prescribe, hidden behind 'clinical need' it is now down to GPs to say you're not entitled to that drug, as you do not have a long term health condition. – public comment

Patient education is also something that attendees at the Health Forum believe needs to be worked upon as some people will go to the GP believing they need medication when they don't, which is taking up GPs time. Therefore, some people need help and guidance in a legible form in order to communicate with the public on when to see the GP, and how to self-manage minor health problems at home.

Targeted work is to take place with those who do not pay for their prescription to hear their views. However those who do not pay for their prescriptions have completed the online questionnaire seem to be the most in favour of this project going ahead.

There was concern it may cause problems for those who are living with a very low income as some people ask for a couple of months' worth of medication.

Everyone is going to have different views on how they view what a 'minor health condition' is, therefore there needs to be a lot of education around self-care.

Who will pay for the medication if patients in a residential care home don't have the funds to pay for their own medication if they were to be seen as having a minor health condition, the residential care home or the patients?

It was suggested that GPs should signpost a patient with a long term condition after diagnosis so that they are then able to self-care/self-manage. This was a point that attendees at the forum agreed with.

It was suggested that going to a chemist and describing symptoms for minor health issues is a good idea rather than seeing a GP, which is part of self-care.

## **Healthwatch Dinner and Discuss**

### **31 members of the public attended**

The majority of attendees were in agreement.

Publicity is important for implementing the proposals.

Dental prescriptions should be by dentists only. Certain conditions need toothpaste due to medications they have been on, this shouldn't change.

Different circumstance of the patients should be considered.

Should be looking at deprived areas and the impact on these individuals

Currently there is inequality of people who get the medications

There was concern that people with long term conditions or you have Lung and heart conditions will be affected.

People will need advice if the proposals affect them.

There was concern that people who are isolated or can't leave their house, won't have enough of these medications for a week if a GP stops prescribing them. If it did go ahead how would transition happen?

## **Warrington Disability Partnership 10 in attendance**

There was concern that the proposals will impact those with a long term condition e.g. muscular dystrophy. It was explained if medications are needed for a LTC the prescription will remain the same.

There was a concern that the proposal is rationing medications, and it will have a negative impact on families who might not be able to afford to buy the medications over the counter. Therefore people will be left in need and it could have a knock on effect to their health.

Implementation will also need a culture change of GPs, an example of given of a GP who told a patient to stop buying over the counter painkiller as they are entitled to free prescriptions.

## **Long Term Conditions Group 20 in attendance**

The group were in favour of the proposals if they did not impact the prescribing of medications for those people with long term conditions.

The group stressed the need for more self-management and self-help information. They only concern was the potential impact of low income families.

## **OPEG West Warrington 15 people in attendance**

The group were broadly in agreement with the proposals. They felt the communications for implementing the proposals need to be right, and to ensure that people with LTCs aren't worried that their medications will be stopped. Also need to be aware of not all people with a LTC have a diagnosed conditions, as some conditions are hard to diagnose, this shouldn't effect if medications will continue to be prescribed.

There was concern about those families or individuals who might not be able to afford to buy the medications over the counter.

## **Warrington Speak Up**

The group agreed that people should be expected to buy the medications on the list themselves and to possibly think about more natural remedies over medications. They believed it is easier to go to the shops than to get an appointment with a GP for a prescription.

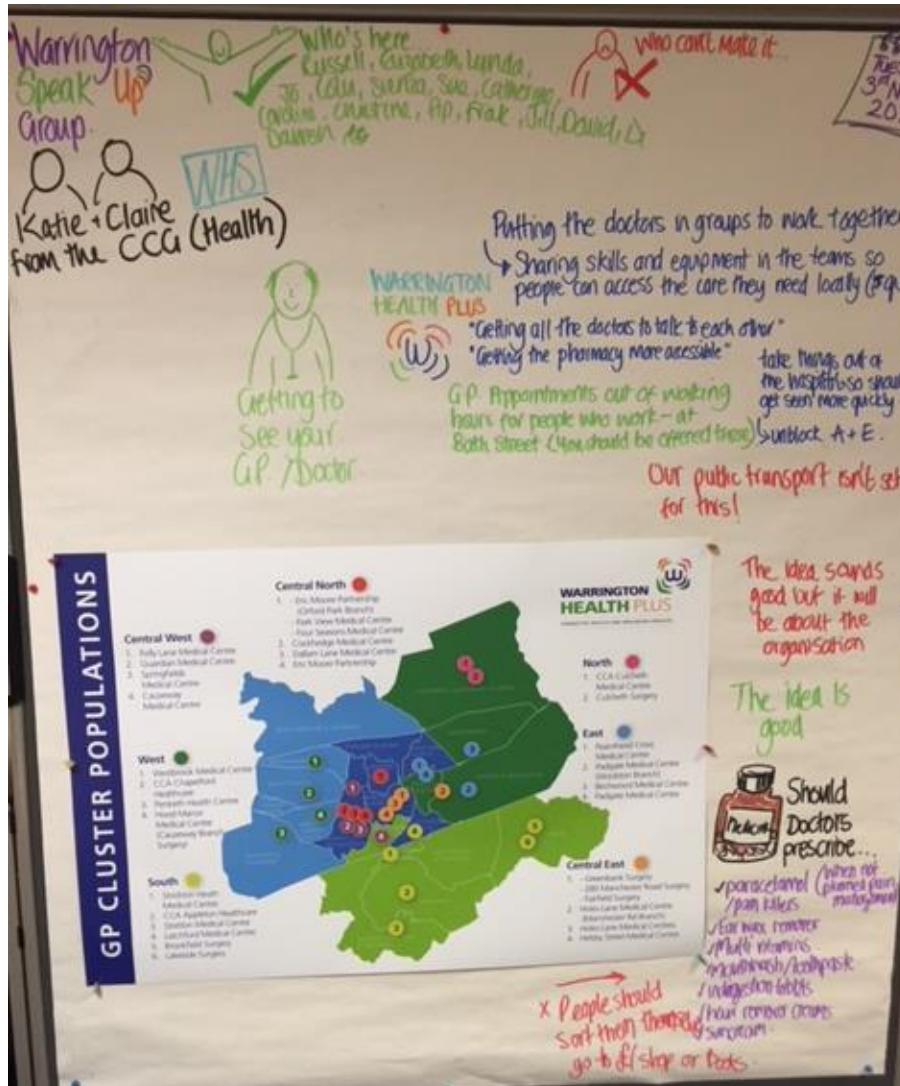
Some of the comments were:

"It's silly and a waste of money."

"It's scary to think that we spend £1million on this every year."

The group stated that the 'Let's Check' programme works really well for them and the support they receive is really good and means they don't have to attend the GP surgery unnecessarily.

Below is a picture of the whiteboard discussion that took place at the meeting:



## Federations meetings Warrington Alliance

There needs to be support in place for GPs and Practice in implementing the proposals.

There were also other suggestions for medicines to be added to the list.

## Local Medical Council

The LMC were in favour of the proposals. However they stated that the medications should be prescribed if there is a medical need.

They stressed the need for a clear communications plan to patients to support GPs when they are telling patients the listed medications are now longer being prescribed.

## **Local Pharmaceutical Committee**

The LPC is in support of reducing the prescribing of items that patients can purchase over the counter. We have the following comments relating to the list of medication.

**Pain killers for minor aches and pains** – unless there is an immediate clinical need.

This would seem appropriate – However, as many patients receive pain killers for long term conditions and for example children will often receive them for an acute illness it is not clear how many patients will fall within this category.

The CCG should consider how a possible National Pharmacy Minor ailments scheme would impact this consultation. Pain relief medication and indigestion medication are often included within local schemes across the country.

It is assumed that Paracetamol will still be prescribed prophylactically, in line with NICE guidance, for children following their Meningitis vaccination.

### **Vitamins**

CCG would need to ensure that any guidelines do not detrimentally impact on the long term health of patients.

### **Ear Wax removers**

Care would need to be taken to ensure that patients are recommended to purchase an appropriate olive oil preparation and method of administration, in order to avoid damage to the ear as a result of inappropriate administration. This could be an issue for patients with low incomes.

### **Indigestion remedies**

It is unclear how the prescribing guidelines would determine occasional indigestion as a patient may be starting with a long term gastric problem or may be prescribed proton pump inhibitors and suffer from occasional discomfort which would require indigestion remedies.

### **Other comments regarding this proposal**

- Has the CCG completed an equality impact assessment – Those individuals who currently don't pay for prescriptions and are least able to afford to pay for these items are most likely to be adversely affected by the implementation of this policy e.g. elderly, patients on low incomes and single parents with young children.
- Has the CCG reviewed the levels of prescribing of these items in areas of deprivation?
- At the LPC meeting it was highlighted that there had been low levels of responses to the consultation from people living within economically deprived

areas of Warrington. The CCG should ensure that sufficient numbers of responses are received from this group of the population.

- The CCG needs to consider if the implementation of this policy could result in patients choosing to attend more expensive healthcare providers such as out of hours care or A & E which would increase costs in other areas of the healthcare system.
- Members questioned what other activities and cost reviews had been undertaken in order to tackle inappropriate prescribing of medication and is interested in understanding communications plans that the CCG have regarding the implementation of the proposal.

### **Practice Managers Forum**

Nine Practice Managers were in attendance.

There expressed concern of the impact the proposal could have on families or individuals on low incomes.

They felt there needs to be a clear communications plan for implementation, support and resources will be needed for the GPs and other prescribing health professionals. They also felt that a standard policy for these medications would be helpful and will help when dealing with complaints.

### **Additional comments received through media and emails**

Our doctors usually write the name of any available over the counter medication he/she suggests on a piece of paper for us rather than giving a prescription that we have to pay for. We did have one once though but the chemist immediately advised that it could be bought over the counter and was cheaper that way so we did that and threw the prescription away

Parents can be very demanding when they want a prescription for their children, i.e. Calpol. There will be a significant number of people who don't get involved in this consultation and that means the GPs are expected to then explain the decision. This will then lengthen consultations and potentially increase workload. The team asked if the ability to prescribe these items should therefore be removed altogether which will ensure patients have to use the pharmacy

Tablets which patients are unable to access in larger quantities (e.g. paracetamol) should be on script for 60 or more. Chronic pain sufferers are unable to walk to chemist every other day.

Tablets such as Cocodamol should be on script if more than 24 are needed-addiction problems.

Other painkillers should be paid for unless extremely expensive (morphine?) or patient has terminal illness or chronic illness (rheumatoid arthritis?).



I have known GPs put E45 on script when it is relatively cheap. Think this should only be available to patients who have a consultant diagnosed illness e.g. eczema, chronic dermatitis, psoriasis.

## Appendix 5

### Full breakdown of survey Responses

**Q1. Do you think the following medications should be prescribed by a GP or other health professional?**

	Yes	No	Unsure	Total
Painkillers for minor aches and pains	<b>9.83%</b> 23	<b>87.18%</b> 204	<b>2.99%</b> 7	234
Vitamins	<b>7.30%</b> 17	<b>88.41%</b> 206	<b>4.29%</b> 10	233
Ear Wax removers	<b>9.01%</b> 21	<b>86.70%</b> 202	<b>4.29%</b> 10	233
Lozenges / Throat sprays	<b>5.60%</b> 13	<b>90.52%</b> 210	<b>3.88%</b> 9	232
Toothpaste / Mouthwashes	<b>2.58%</b> 6	<b>93.56%</b> 218	<b>3.86%</b> 9	233
Indigestion remedies for occasional use	<b>6.01%</b> 14	<b>88.84%</b> 207	<b>5.15%</b> 12	233
Creams for minor scars	<b>5.56%</b> 13	<b>87.18%</b> 204	<b>7.26%</b> 17	234
Hair removal creams	<b>3.00%</b> 7	<b>93.99%</b> 219	<b>3.00%</b> 7	233
Moisturisers and bath additives for dry skin	<b>14.22%</b> 33	<b>74.14%</b> 172	<b>11.64%</b> 27	232
Sun creams	<b>4.72%</b> 11	<b>90.99%</b> 212	<b>4.29%</b> 10	233
Foods and food supplements	<b>13.91%</b> 32	<b>74.78%</b> 172	<b>11.30%</b> 26	230

As shown above the majority of respondents were in support of the proposals, with the percentages for the individual medications ranging from 74.14% to 93.99%. On average, 87% in support of the proposals.

Respondents were asked if they had any comments regarding the proposals. 113 comments were received. The comments can be broken down into the following themes:

- Need for awareness of the proposals and treatments for long term conditions will not be affected
- Impact of administering medications in Care Homes
- Impact of administering medications in Nurseries and Schools
- Need for promotion of self-care

### Q3: Do you currently pay for prescriptions?

Answer Choices	Responses	
Yes	43.78%	102
No	56.22%	131
<b>Total</b>		<b>233</b>

The majority of respondents (56%) do not pay. For these respondents we asked the reason for the exemption. 113 stated their exemption. Below shows the exemption categories.

Answer Choice	Responses
Under 16 or under 18 in full time education*	
Over 60	75 (66.4%)
Medical or Disability*	15 (13.4%)
NHS tax credit exemption certificate or a valid HC2 certificate.	16 (14.2%)
Pregnant or have had a baby in the last 12 months	6 (5.3%)
War Pension	1 (1%)
<b>Total</b>	<b>113</b>

\* there were an additional 28 responses from Priestley College, all of whom were exempt due to being under 18 and in full time education. However the responses were submitted after the consultation closed. Their responses were in support the proposals.

The table below shows further breakdown of those that don't pay (131) and the percentages in support of the proposal.

	Yes	No	Unsure	Total
Painkillers for minor aches and pains	<b>9.16%</b> 12	<b>87.79%</b> 115	<b>3.05%</b> 4	131
Vitamins	<b>7.63%</b> 10	<b>87.79%</b> 115	<b>4.58%</b> 6	131
Ear Wax removers	<b>10.00%</b> 13	<b>85.38%</b> 111	<b>4.62%</b> 6	130
Lozenges / Throat sprays	<b>6.20%</b> 8	<b>89.15%</b> 115	<b>4.65%</b> 6	129
Toothpaste / Mouthwashes	<b>3.08%</b> 4	<b>93.08%</b> 121	<b>3.85%</b> 5	130
Indigestion remedies for occasional use	<b>6.92%</b> 9	<b>88.46%</b> 115	<b>4.62%</b> 6	130
Creams for minor scars	<b>5.38%</b> 7	<b>89.23%</b> 116	<b>5.38%</b> 7	130
Hair removal creams	<b>1.54%</b> 2	<b>95.38%</b> 124	<b>3.08%</b> 4	130
Moisturisers and bath additives for dry skin	<b>13.18%</b> 17	<b>73.64%</b> 95	<b>13.18%</b> 17	129
Sun creams	<b>3.85%</b> 5	<b>92.31%</b> 120	<b>3.85%</b> 5	130
Foods and food supplements	<b>14.06%</b> 18	<b>75.00%</b> 96	<b>10.94%</b> 14	128

As shown above, when analysing the respondents that are exempt the support for the proposals does not alter.

#### **Q5. Are you responding on behalf of yourself or an organisation?**

91% were individual respondents and 9% representing groups or organisations. The groups and organisations are listed below:

- Older People's Engagement Group (OPEG)
- WIRED Carers
- Muscular Dystrophy
- Councillor
- Warrington Borough Council
- Trans\* Warrington
- Culcheth PPG
- Warrington Health Plus
- GP
- Residents Associations
- Westbrook Practice
- RRRRe - Vamp

### Q6. What is the first part of your postcode?

Answer Choices	Responses	
WA1	9.6%	18
WA2	13.9%	26
WA3	16%	30
WA4	23%	43
WA5	27.8%	54
WA6	0.5%	1
WA7	0.5%	1
WA12	0.5%	1
WA13	6.9%	13
Total		187

From the postcode of the respondents we can filter the results to Warrington's most deprived areas and those that are exempt from paying for prescriptions. From this the percentages that supported the proposals were on average 87%.

### Q7. What gender are you?

Answer Choices	Responses	
Male	27.96%	59
Female	71.09%	150
Prefer not to say	0.95%	2
<b>Total</b>		<b>211</b>

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### Q8. Are you the same gender you were assigned at birth?

Answer Choices	Responses	
Yes	96.65%	202
No	0.96%	2
Prefer not to say	2.39%	5
<b>Total</b>		<b>209</b>

### Q9. What is your sexual orientation?

Answer Choices	Responses	
Heterosexual / Straight	89.76%	184
Bisexual	1.46%	3
Gay man	0.98%	2
Gay woman	1.46%	3
Prefer not to say	6.34%	13
<b>Total</b>		<b>205</b>

### Q10. Do you consider yourself to have a disability?

Answer Choices	Responses	
Yes	16.99%	35
No	79.13%	163
Prefer not to say	3.88%	8
<b>Total</b>		<b>206</b>

### Q11. Do you have a long term condition?

Answer Choices	Responses	
Yes	48.79%	101
No	48.79%	101
Prefer not to say	2.42%	5
<b>Total</b>		<b>207</b>

### Q12. What is your Race?

Answer Choice	Response	
Asian or Asian British – Indian	0.48%	1
Asian or Asian British – Pakistan	0.48%	1
Other mixed heritage background	1.44%	3
White British	94.74%	198
White Irish	0.48%	1
Other White Background	0.48%	1
Prefer not to say	1.91%	4

Total	209
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### Q13. What is your age?

Answer Choices	Responses	
Under 16	0.00%	0
16 - 24	1.44%	3
25 - 34	12.92%	27
35 - 44	16.27%	34
45 - 54	15.31%	32
55 - 64	27.27%	57
Over 65	26.79%	56
<b>Total</b>		<b>209</b>

### Q14. What is your religion?

Answer Choices	Responses	
Buddhism	0.00%	0
Christianity	78.86%	138
Hinduism	0.57%	1
Islam	0.57%	1
Judaism	0.00%	0
Sikhism	0.00%	0
Prefer not to say	20.00%	35
<b>Total</b>		<b>175</b>

26 additional comments were received, the majority (11 and 6) being no religion and Athetism respectively.

### Q15. What is your employment status?

Answer Choices	Responses	
Employee in full time work (over 30hrs)	33.99%	69
Employee in Part time work (under 30hrs)	15.27%	31
Retired	32.51%	66
Permanently sick/disabled	3.94%	8
Full time carer	1.97%	4
Unemployed	4.43%	9
Self-employed (full or part time)	5.42%	11
Looking after home	2.46%	5
Full time education (College/university)	0.00%	0
Part time student	0.00%	0
Government supported training	0.00%	0
<b>Total</b>		<b>203</b>

### Q16. Are you a carer?

Answer Choices	Responses	
Yes	18.93%	39
No	78.64%	162
Prefer not to say	2.43%	5
<b>Total</b>		<b>206</b>



**Acknowledgements**

The CCG would like to extend their thanks to everyone that took part in the consultation, Third Sector Organisations that we presented at and our provider and partners who supported the engagement activities.

**Contact Details**

For further information on the consultation please contact the Engagement, Experience and Communications Team on 01925 843 745 or email [ccc.communications@warringtonccg.nhs.uk](mailto:ccc.communications@warringtonccg.nhs.uk)