Optical Confederation response to NHS England and NHS Clinical Commissioners consultation on conditions for which over-the-counter items should not routinely be prescribed in primary care: A consultation on guidance for CCGs

About the Optical Confederation:

The Optical Confederation represents the 13,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.

Consultation:

NHS England has legal duties which require giving due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as defined under the Equality Act 2010) and those who do not share it. NHS England must have regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities. An initial Equality and Health Inequalities Assessment (EHIA) has been carried out on these proposals and this can be read here. https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed. Further information on our duties can be read at https://www.england.nhs.uk/about/equality/

Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?

Yes (please tick all that apply)/No/Unsure

In our view the proposal to restrict the prescription of treatments for dry eye (section 4.3.4 of the consultation paper) will disproportionately affect those living with disability and the elderly.

Disposable income in these groups is lower than in the general population. These groups are most at risk from developing chronic dry eye related conditions that will necessitate long term use of artificial tears and similar products. As such, these proposals unfairly disadvantage these groups. These proposals may also impact severely on those living in poverty, this may increase health inequalities rather than reduce them. According to the DWP[i] 16% of people are in the relative low-income category before allowing for housing costs (BHC) and 22% of people are in the relative low-income category after housing costs (AHC). If we consider the absolute low-income category, then 15% of the population are in this category BHC and 20% AHC. 14% of pensioners fall within the absolute low-income category (AHC) and given the increased prevalence of dry eye related conditions within this age group[ii], there is a real risk of disadvantaging this group.

The potential cost of using two concurrent dry eye treatments in a chronic situation can be broken down as follows.

- Unpreserved sodium hyaluronate e.g. Hyco San £10.99
- Lacrilube £4.88

Total £15.87 x 12 months = £190.44

For these low-income groups this may be unaffordable, either causing an impact on the ability to pay other bills or preventing patients from self-treating.

Proposals for CCG commissioning guidance

Do you agree with the three proposed categories for [items] or [conditions] as below:

- **An item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness;**
- **A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; or**
- **A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy**

Agree

Do you agree with the general exceptions proposed?

Agree

Should we include any other patient groups in the general exceptions?

Yes – Conditions that transition from short term to become chronic conditions.

Section 1: Drugs with limited evidence of clinical effectiveness

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that Probiotics items and Vitamins and minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness?
Agree

Please provide further information.

Section 2: Self-Limiting Conditions

Do you agree with the recommendation to: 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?

Agree/Neither agree or disagree/Disagree/Unsure (for each condition)

- **Acute Sore Throat** No Comment
- **Cold Sores** No Comment
- **Conjunctivitis** Agree
- **Coughs and colds and nasal congestion** No Comment
- **Cradle Cap (Seborrhoeic dermatitis – infants)** No Comment
- **Haemorrhoids** No Comment
- **Infant Colic** No Comment
- **Mild Cystitis** No Comment

Section 3: Minor Ailments Suitable for Self- Care

Do you agree with the recommendation to: 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?

We only responded to the question on Dry eye, and disagreed that treatments should not routinely be available on prescription in primary care, and provided further information, as below:

We disagree with the proposed restriction on the prescription of treatments for dry eye. This is because the restriction would have a disproportionate impact on those living with disability and the elderly, as described in our response to the question on equality above.

There is also a risk that a patient may develop more complex symptoms, which are difficult to treat, if the condition is not managed properly from the outset.

Are there any item or condition specific exceptions you feel should be included, in addition to those already proposed and the general exceptions covered earlier?

There are two major omissions from the exceptions for dry eye treatments.

1: Those with co-morbid eye disease. E.g. Glaucoma. The cumulative and iatrogenic effects of glaucoma medication[iii],[iv],[v] and its preservatives, often cause complications for this patient group and this group should also be considered as a formal group for exception.

2: Those with chronic eye conditions. These patients have pathology that is not a simple, short term, self-limiting condition and as such should be considered as a formal exception.

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[i] DWP, Households Below Average Income, 2015/16, Tables 3.17 and 3.18ts, 4.16 and 4.17tsPercentageNumber

[ii] https://nei.nih.gov/health/dryeye/dryeye

[iii] Baudouin, C., Labbé, A., Liang, H., Pauly, A. and Brignole-Baudouin, F., 2010. Preservatives in eyedrops: the good, the bad and the ugly. *Progress in retinal and eye research*, *29*(4), pp.312-334

[iv] Baudouin, C., 2008. Detrimental effect of preservatives in eyedrops: implications for the treatment of glaucoma. *Acta ophthalmologica*, *86*(7), pp.716-726.

[v] Baudouin, C., 2001. The pathology of dry eye. *Survey of ophthalmology*, *45*, pp.S211-S220.