

Prescription consultation response

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

Age / disability / ~~gender reassignment/race/religion or belief/sex/sexual orientation/marriage and civil partnership/~~ pregnancy and maternity

The RCPCH strongly advises that some children will be particularly vulnerable to the proposed changes and recommendations. They have limited control of their own medicinal needs as they are reliant on their parent(s) / carer(s). It cannot always be guaranteed that parents / carers will act in the best interest of the child, especially when financial costs may restrict individuals from accessing and purchasing the necessary medications for their children. The RCPCH is concerned that the Inequalities Impact Assessment does not include children as a specific group. The impact of any proposal affecting children's health and wellbeing should be considered within all governmental policies as recommended in RCPCH State of Child Health, 2017.

NHS England should also ensure that consultation has been undertaken with the right experts to guarantee that access to and provision of medication applies to all ages and not only to adults.

Pregnant mothers also bear responsibility for their unborn child. They too should not be restricted from accessing medications which benefit the unborn child.

Young adults (aged 18-25) with special or complex medical needs may be particularly vulnerable during their transition from child to adult healthcare services. During this transitional period

children will be disproportionately affected. Increasing poverty levels may prevent parents / carers from purchasing many of the medicines listed in this consultation document. Families may have to make a decision to pay for medicine or not. Children are noted as big users of community pharmacies, yet the current consultation document has a weak impact assessment relating to the potential consequences with respect to emergency department and inpatient unscheduled services by children. These services are likely to experience increased attendances as parents seek alternative ways of obtaining necessary medicines (see page 2 – page 31 – this is not outlined as a potential issue).

RCPCH is very concerned that by removing free prescriptions, this will exacerbate health inequality levels and impact upon the rising number of children living in poverty. RCPCH and Child Poverty Action Group (CPAG) found that nearly four million children in the UK currently live within poverty, with paediatricians having major concerns that low incomes are contributing to the ill-health of children (

health – 2017).

Poverty and child

The list of organisations attending the stakeholder event does not indicate that any patient groups for children and young people attended (Appendix 1, p. 30). It is noted that the British National Formulary (BNF) aided the guidance process but there is no mention of the BNF for Children (BNFC). The RCPCH would welcome clarification from NHS England on which experts and organisations led on evidencing best-practice for children and young people, and to explain why RCPCH and BNFC partners were not consulted.

The Impact Assessment document states that children represent 1-2% of prescriptions; it should be ensured that the concerns of this group are adequately addressed..

It is recommended that future processes involve the RCPCH in the development of guidance / recommendations. RCPCH & Us, RCPCH Medicines Committee and BNFC partners should be all included as key stakeholders in the decision-making process.

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Glucosamine and Chondroitin :

The RCPCH agrees to the proposed recommendations for Glucosamine and Chondroitin, though concerns over poverty and inequality restricting access should be appropriately considered.

Herbal Treatments:

The RCPCH does not
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that NHS England ensure that the NICE guidance and recommendations proposed are based upon an evidence-base for both adults and children. If the evidence provided solely pertains to adult care then it is recommended that NHS England conduct further research regarding applicability to children.

Lidocaine Plasters:

The RCPCH agrees to the proposed recommendations for Lidocaine Plasters, though concerns over poverty and inequality restricting access should be appropriately considered.

Lutein and Antioxidants :

The RCPCH does not agree to the proposed recommendations for Lutein and Antioxidants, based upon the strength of evidence provided within the consultation document. The current evidence-base provided is not totally robust and it not supported by guidance. NHS England should encourage further research into the efficacy of Lutein and Antioxidants before continuing with these recommendations.

Omega-3 Fatty Acid Compounds :

The RCPCH does not agree to the proposed recommendations for Omega-3 Fatty Acid Compounds. Dieticians regularly use omega-3 supplements for specific metabolic conditions and in cases where children have fat-restricted diets (for example, long-chain fatty acid disorders and lipoprotein lipase deficiencies). It is recommended that NHS England ensure the availability of omega-3 for children in primary care settings.

Perindopril Arginine :

The RCPCH agrees to the proposed recommendations for Perindopril Arginine, though concerns over poverty and inequality restricting access should be appropriately considered.

Travel Vaccines:

The RCPCH does not agree to the proposed recommendations for Travel Vaccines. Children's travel plans are most likely to be at the mercy of their parents and/or other family members. Introducing payment for travel vaccinations creates a responsibility for parents to act as advocates on behalf of the child. Parents who do not have the time or money to ensure their child is vaccinated will ultimately put their child's health at risk. It is expected that more socio-economically disadvantaged groups in society will most likely avoid necessary vaccinations due to costs incurred. The RCPCH believes that this would ultimately have long-term cost implications for the NHS if there are increased

and NHS costs incurred relating to hip fractures, diabetes, cataracts, renal disease and hypertension.

It is suggested that children are appropriately prescribed antihistamines, especially when it has been recommended by specialist allergy services.

Nasal spray:

The RCPCH supports the views of the British Society for Allergy and Clinical Immunology (BSACI) in calling for nasal sprays to remain available on prescription. Intra-nasal corticosteroids are highly effective in preventative treatment for hayfever (though they are not routinely available). Children with multi-system allergies or those who are receiving corticosteroid treatment for asthma and/or eczema do not possess systematic bioavailability and so rely upon intra-nasal medication. Furthermore, some children may experience difficulties when using certain intra-nasal devices and so options should be available to them on prescription.

Patients with severe diseases may be reliant upon intra-nasal sprays though t92 (-)Tj 7a-t92 (-)Tj 7amo

condition, it is important to give every child equitable access to this treatment and ensure that gluten free foods remain available on prescription.