

Five examples of waste in the NHS

The health service is currently facing unprecedented challenges, fuelled by a growing and ageing population and exacerbated by increasing financial pressures.

With the NHS required to find £22 billion of efficiency savings by 2020, it is critical that everything possible is done to limit pressures on services, reduce wasteful practices and shift the entire system towards a greater focus on preventative care.

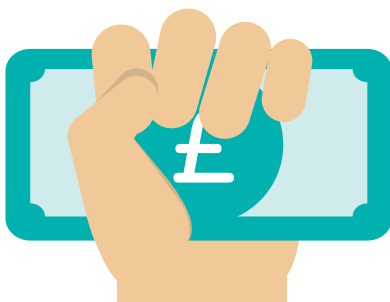
However, there are still areas of NHS care where example of egregious waste exist. These include:

- Unnecessary prescribing practices
- A lack of clarity and understanding from people over which service they require, resulting in unnecessary pressures on A&E and GP services
- Unnecessary regulatory burdens due to restrictive interpretations of medicines regulation and inconsistency of enforcement

These examples demonstrate the need for a renewed effort to ensure the appropriate use of NHS services. The NHS cannot afford to waste money and resources.

The Government is currently considering reforms to community pharmacy¹. A central aspect of these reforms will be to consider how to enhance community pharmacy's role in supporting healthy living, preventative health and self care for minor ailments and long-term conditions, as part of a more integrated local care model.

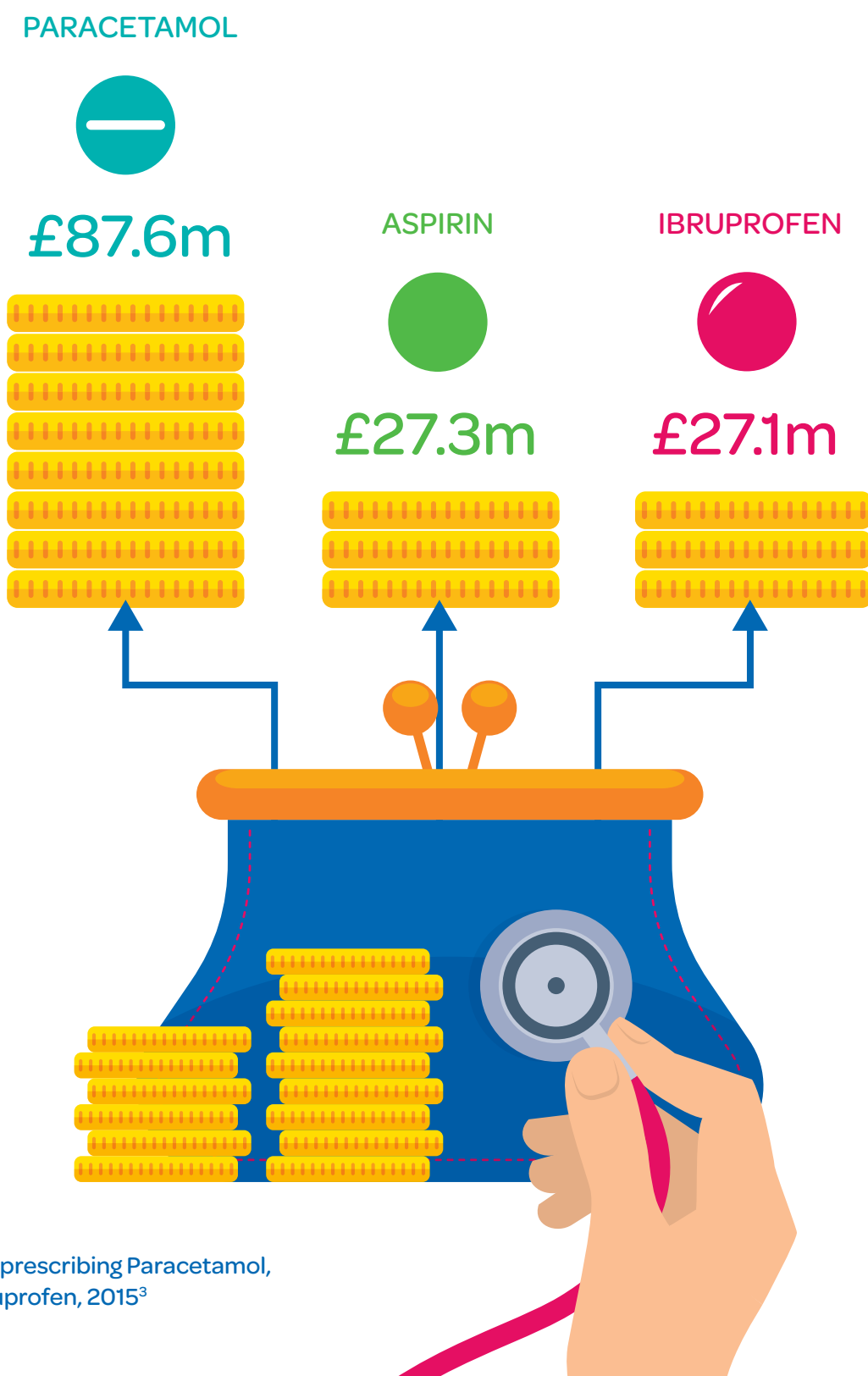
Community pharmacy reforms present a clear opportunity for a renewed, concerted effort to encourage more people to self care. Crucially, equipping people with the knowledge to self care and to self treat commonly occurring conditions could help to reduce areas of waste, freeing up valuable resources to either help the NHS to meet its efficiency target, or to reallocate finances elsewhere.



Prescribing medicines that are available over the counter

In 2015, the NHS in England spent £142 million on prescribing paracetamol, ibuprofen and aspirin³.

All products which can be purchased cheaply over the counter².

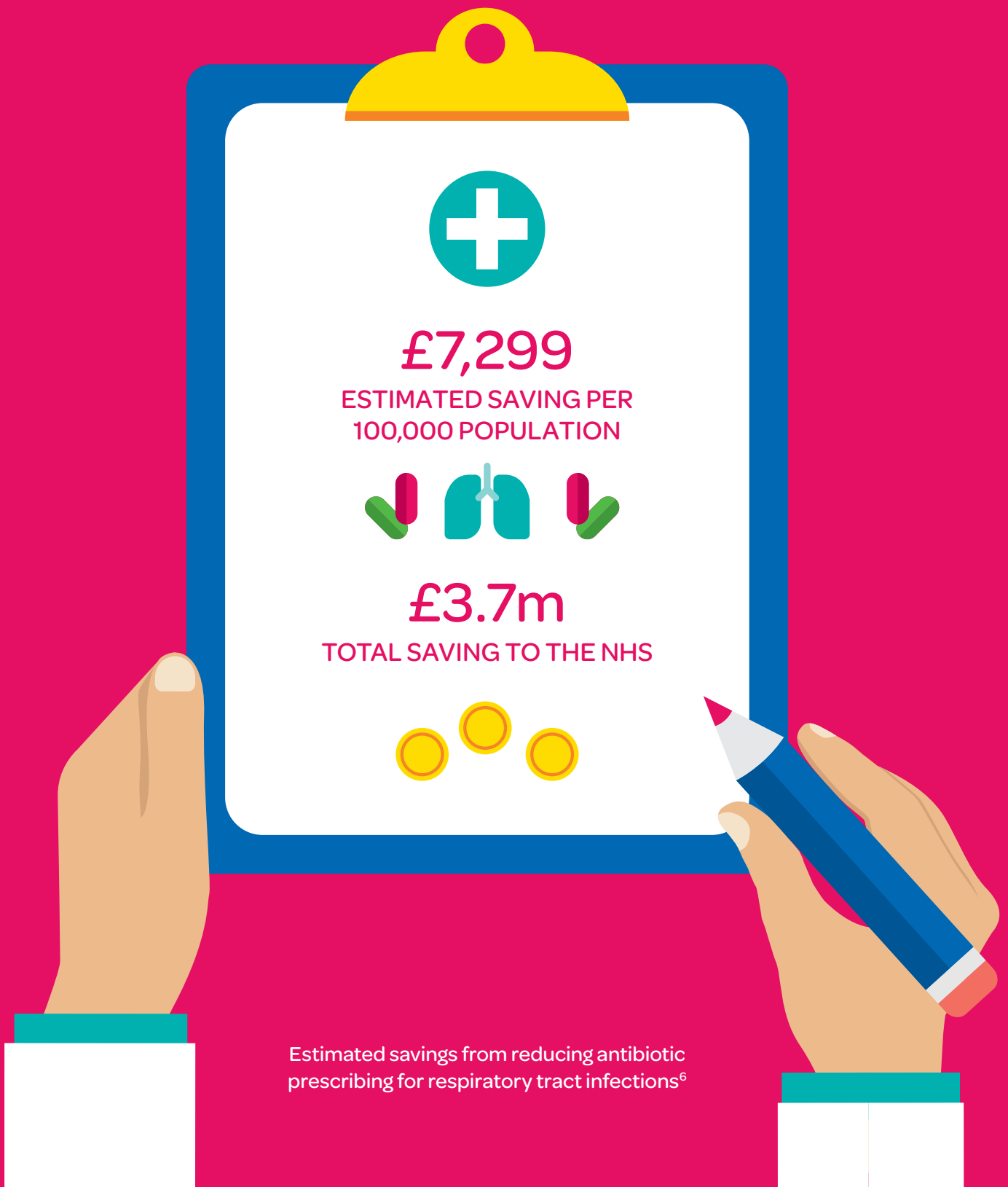


NHS spend on prescribing Paracetamol, Aspirin and Ibuprofen, 2015³

Overprescribing antibiotics

The NHS also wastes a significant amount of money prescribing antibiotics for conditions where the modest benefits do not justify their use⁴.

In particular, the National Institute for Health and Care Excellence (NICE) estimates that significant savings could be made through a 'no prescribing' or 'delayed prescribing' approach for a number of respiratory tract infections, including the common cold, acute rhinosinusitis and acute bronchitis⁵.



Estimated savings from reducing antibiotic prescribing for respiratory tract infections⁶

Unnecessary A&E visits and GP consultations

There is evidence to suggest that people are confused about which NHS service they need, leading to considerable inappropriate use of primary and secondary services.

Similarly, there is evidence to suggest that significant amounts of people are attending GP appointments for self treatable conditions. 57 million GP consultations in 2006-2007 involved minor ailments, some of which could have been treated through self care. This amounts to a cost of £2 billion per year⁸.

SELF TREATABLE
CONDITIONS WERE
RESPONSIBLE FOR

19.1%
OF A&E
ATTENDANCE
IN 2014

COST OF INAPPROPRIATE
A&E ATTENDANCE

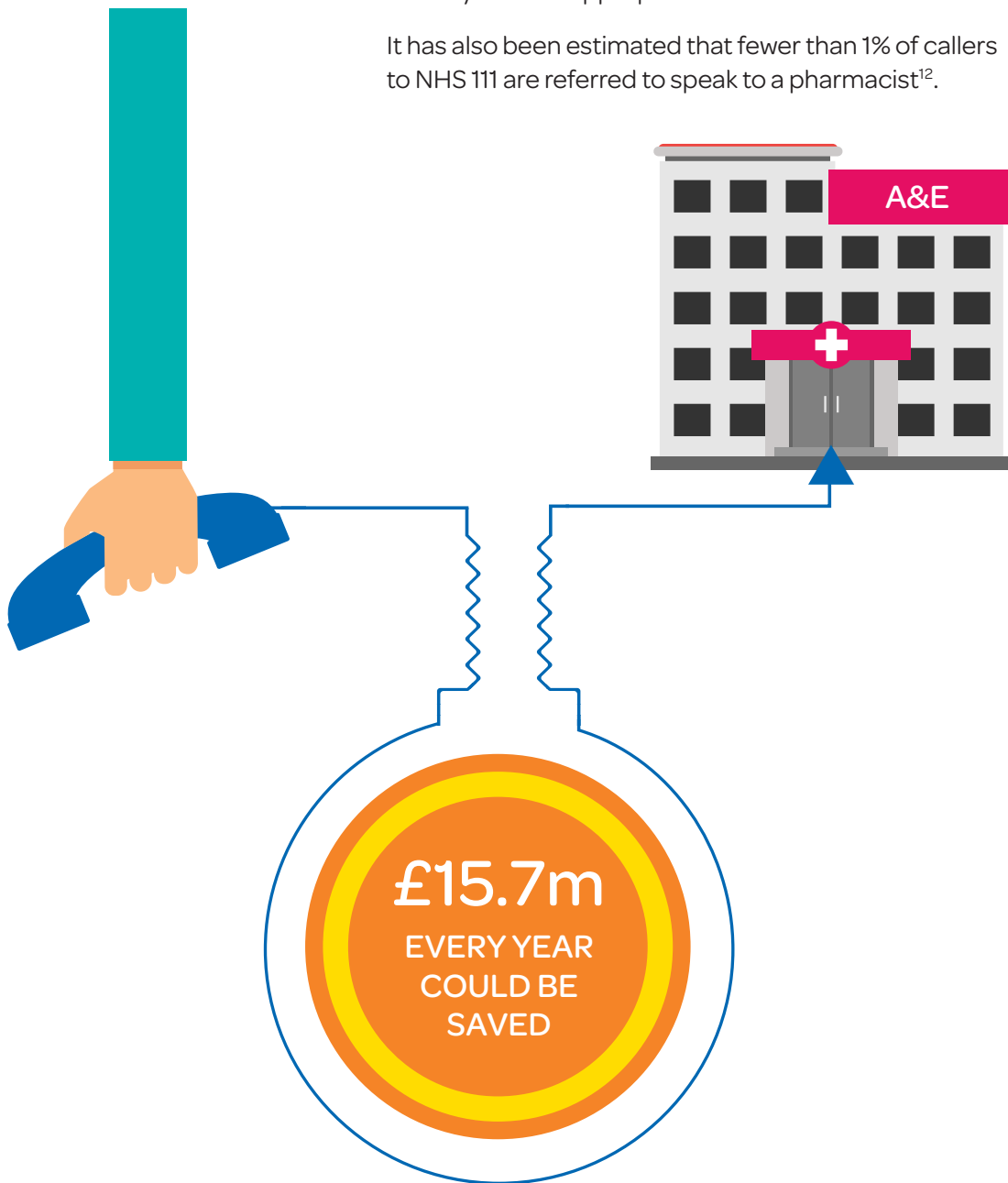
£290m

NHS 111 inefficiencies

The NHS 111 service was set up to ensure people are directed to the most appropriate medical care. However, evidence suggests that three quarters of people directed to A&E by the 111 helpline could have been helped elsewhere⁹.

- Of the NHS 111 calls reviewed in one study¹⁰, a GP would have advised attendance at a primary care out-of-hours centre or minor injury unit in 45.2% of cases, and self management or some alternative strategy in 27.8% of cases – 73% of cases were inappropriately directed to A&E
- Nationally, the NHS 111 directed around 1.1 million people to A&E in 2014
- If the study's findings are applied on a national scale, it could be estimated that around £15.7 million is wasted each year on inappropriate A&E visits¹¹

It has also been estimated that fewer than 1% of callers to NHS 111 are referred to speak to a pharmacist¹².



IF NHS 111 DID NOT DIRECT PEOPLE TO A&E WHEN THEY DID NOT NEED TO GO

Estimated savings from NHS 111 inefficiencies

Medicines reclassification

All medicines in England are classified for use by the Medicines and Healthcare products Regulatory Agency (MHRA).

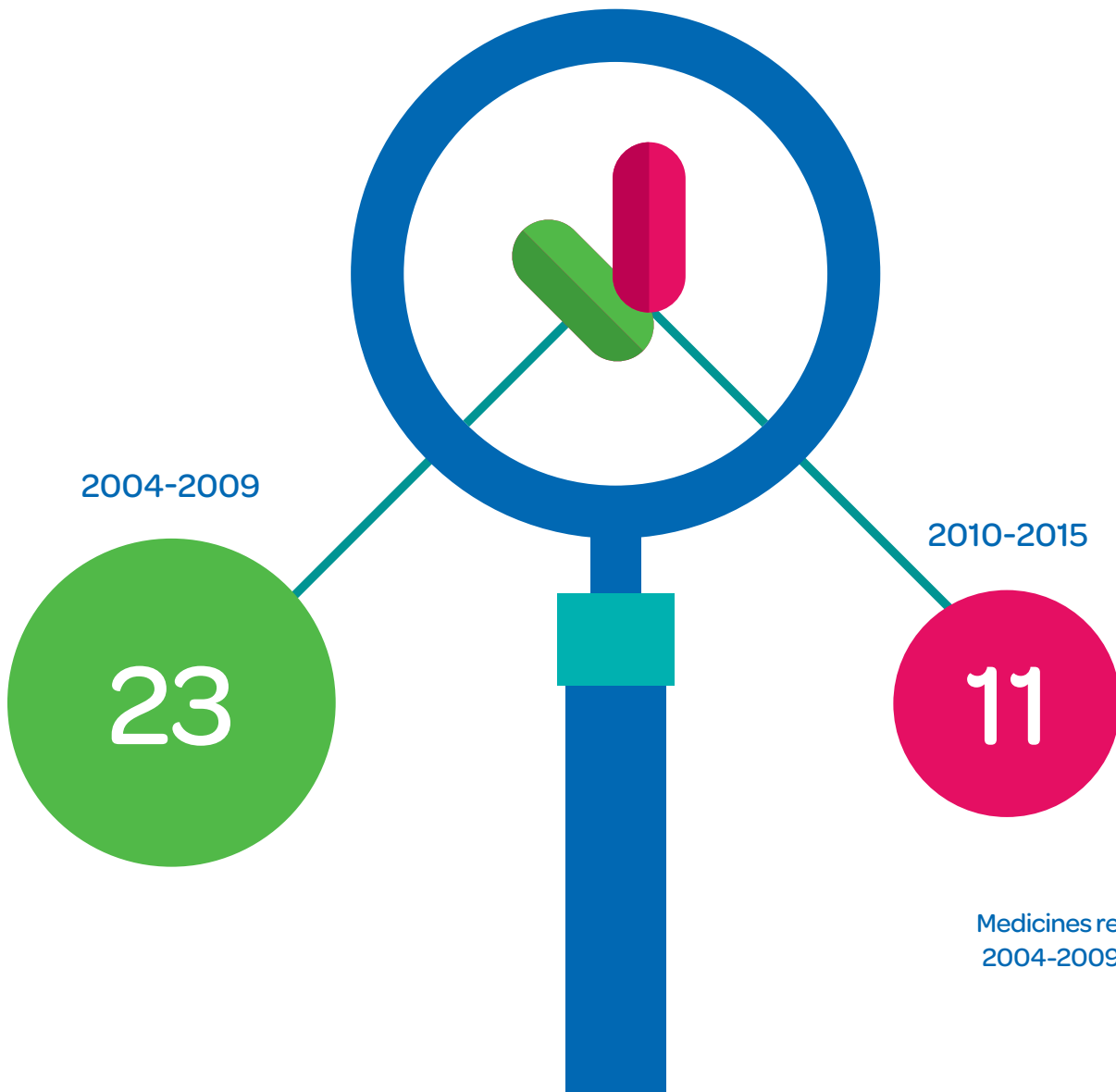
The MHRA classifies the way medicines in the UK can be sold and supplied:

- On a prescription (referred to as prescription-only medicines (POMs))
- In a pharmacy without prescription, under the supervision of a pharmacist (P)
- As a general sale list (GSL) medicine which can be sold in general retail outlets as well as pharmacies without the supervision of a pharmacist

New medicines are usually authorised for use as POMs. After some years' use, if there is enough evidence to support the safe use of the product without a doctor's supervision a medicine may be reclassified to P or to GSL. Pharmacy medicines which have been safely used for several years may be reclassified as GSL. The efficient reclassification of medicines, or 'switching', is therefore an important way in which medicines are made readily available to support people to self care.

However, there is evidence to show that the rate of switching has slowed down over time, potentially due to an increasingly strict interpretation of the regulation covering reclassification. For example, the MHRA does not simultaneously consider bids to move a treatment from POM to P/GSL and also from P to GSL. This means that drugs that are on prescription have to be paid for by the NHS whilst waiting to be changed to OTC. This can result in unnecessary costs to the NHS and will limit people's ability to access treatments to help them self care.

THE NUMBER OF SWITCHES THAT TOOK PLACE IN



Recommendations

Across the NHS, there are clear opportunities to reduce incidents of waste to ensure NHS finances are focused on where they are really needed.

Below, we have made a series of recommendations for how these examples of waste in the NHS could be prevented:

01

Implement a national self care strategy.

The Department of Health and Public Health England should develop a national strategy for self care

02

Prioritise the 'Make Every Contact Count' initiative.

The 'Make Every Contact Count' initiative should be utilised to promote self care at every opportunity, not just for long-term conditions but also for self treatable conditions, and should be implemented in full at a local level by CCGs and Local Authorities

03

Reforms of community pharmacy to facilitate more self care.

The current pharmacy reforms provide an opportunity to place self care front and centre of the work of pharmacists, and to promote the role of pharmacists as healthcare professionals. Incentives should be built into the new pharmacy contractual framework to expand the range of self care services which pharmacies offer

04

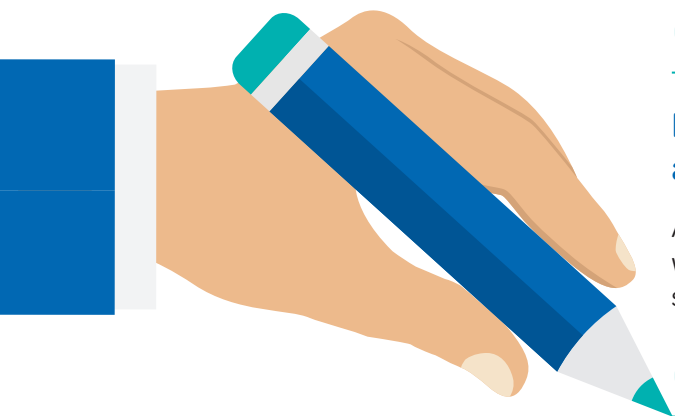
Review of prescribing practices of OTC medicines and indications suitable for self treatment.

A review of the extent to which OTC medicines are prescribed would help to assess where potential cost savings for the health service could be released

05

Support the MHRA to continue to optimise the process of reclassification.

The Department of Health should ensure that where appropriate more medicines are made available without prescriptions to support more people to self care, including through setting a target for reclassification



References

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- 3 Health and Social Care Information Centre Prescription cost analysis, England, 2014/15
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- 10 Anderson, A. and Roland, M., Potential for advice from doctors to reduce the number of patients referred to emergency departments by NHS 111 call handlers: observational study, 2015, BMJ Open Journal
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- 13 George Freeman MP, answer to Written Question 33763