The first

Community Values Panel

Talking about the availability of over the counter medicines on prescription.

Can our NHS afford this?

An independent panel for Cambridgeshire and Peterborough

Contents

Key Findings

30 local people from across Cambridgeshire and Peterborough joined a Community Values Panel to have a say on funding local health services.

The panel was set up by the people who plan and buy health services in our region – Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). It was supported by our Healthwatch.

The panel met twice in the autumn of 2019 to help the CCG work out what's important to local people. This report includes the outputs of the first panel meeting on 24 October in St Ives.

Panel one

Twenty-six panellists on the day helped the CCG think about whether people should still be able to get over the counter medications on prescription. They heard from experts at the CCG who told them about:

+ The tough decisions the CCG has to make to reduce their £75 million debt. And how they are having a 'Big Conversation' with local people to help them think about this.
+ How the CCG spent £117 million on prescriptions in 2018. This includes £5.3 million on medicines that people could have bought without a prescription.
+ How £4.7million worth of unused medicines were returned last year. Once returned, they must be destroyed and cannot be used for other patients.

What the panellists thought

Panellists were asked to vote on how much they agreed or disagreed with the following statements at the start and then again at the end of the day. We wanted to see how their views changed after finding out more about the issue.

1. **We should only be prescribed items that cannot be purchased over the counter to enable the money to be spent on other health services.**

   At the start of the day, over half of the panellists thought GPs should only prescribe medication that cannot be bought over the counter. A further quarter thought they should still be able to prescribe over the counter medicines in exceptional circumstances.

   At the end of the day, people's votes remained similar.

2. **We should continue to prescribe anything that people need and reduce other healthcare services.**

   At the start of the day, seven out of ten panellists thought the CCG should not reduce other healthcare services so they could continue to prescribe anything that people need. At the end of the day this increased to eight out of ten people.

Shared values

Through a series of activities, the panellists thought about what values were most important to them around access to over the counter medicines on prescription. They also talked about what was least important for the CCG to consider.

Most important

+ People taking personal responsibility – with better education and information.
+ Reducing waste.
+ There was a 'safety net' for vulnerable people.
+ Financial prudence.

Least important

+ Entitlement to 'free' medication.
+ Personal choice.

About the panel

Why the panel was formed

More people are using NHS services. But money is limited. The CCG's £1.3 billion pays for things such as doctors, hospitals, community services, some pharmacy services and mental health services.

But the CCG is operating with £75m debt and needs to make some tough decisions about what health services to buy for the region's 980,000 people.

They must save money this year and spend less in the future.

The Community Values Panel is part of the CCG's Big Conversation asking people:

+ What they value most, and
+ What changes could be made to the way people access and use health services.

Our Healthwatch suggested a Community Values Panel as a new way to help the CCG understand in some depth what's important to a representative sample of our local population. And to find out which values the panel prioritises when considering a particular part of our local health service in challenging times.

Big Conversation

Between October and December 2019, the CCG launched their 'Big Conversation' to help them understand what is most important to people in the local community.

They asked people ten questions about the choices they say need to be made about affording future services. This was done via an online survey as well as a series of public meetings and visits to local community groups.

As part of finding out what's important to people, the CCG asked Healthwatch to run a series of Community Values Panels to look independently at several topics within the Big Conversation.

The Community Values Panels are funded by Cambridgeshire and Peterborough Clinical Commissioning group.

Who the panellists are

The 30 members of the Community Values Panel are a representative sample of the population of Cambridgeshire and Peterborough.

People were recruited through a publicity campaign promoted by Healthwatch, partner organisations and the local media, as well as through Healthwatch social media and local events.

Panellists were selected to reflect the diverse demographic characteristics of the population. This was based on age, gender, and district of residence. The selection also aimed to reflect the area's disability, ethnicity, sexuality, long-term conditions and caring profile appropriately.

Not everybody was able to come to both panels. This representative selection was also used when a small number of panellists dropped out and were replaced.

Healthwatch took people's names off the application form when choosing panellists to make sure the selection was fair.

All panellists were paid £50 for each four-hour workshop and reasonable travel costs. The funding included covering the cost of taxis for panellists with sensory impairments and learning disabilities.

Details of how we reflected the CCG population in the membership of the Community Values Panel is shown in Appendix 1.

How the Community Values Panel works

The model is based on the National Institute for Health and Clinical Excellence (NICE) Citizens' Council model which was identified as best practice.

https://www.nice.org.uk/Get-Involved/Citizens-Council.

Healthwatch also learnt from work done to set up Citizens' Councils / Panels in other parts of the country for varying purposes.

Panel meetings were convened by an independent facilitator, Phil Hadridge, with extensive experience in running workshops, and our Chair Val Moore who had direct experience with NICE Citizens' Council.

Healthwatch staff facilitated the table conversations and captured the panellists' contributions throughout the day using a variety of means.

An induction for the panellists included an overview of the NHS (the King's Fund 2018 video), a basic introduction into the CCG's role in buying health services for the local population and the pressures it currently faces.

How the topics were chosen

The CCG and Healthwatch identified topics from the Big Conversation for each panel meeting to consider. Panellists didn't know what the topic was before the day, so had no opportunity to prepare.

This approach provided an opportunity to look at initial reactions and probe more deeply into how people felt and thought about the questions.

The topics for the first two panels were:

+ Prescribing and over the counter medicines
+ Urgent and emergency care.

The CCG provided background information and expert input on each of the topics to help the panellists understand the context and challenges. The panellists were encouraged to ask questions of the experts.

Meeting each other and setting the ground rules

Time was taken at the first meeting to introduce each other and develop ground rules. The panellists decided that they needed to be:

+ Open.
+ Respectful.
+ All comments valid.
+ No question is 'silly'.
+ Not sharing content of day on social media.
+ Confidential, anonymous and not attributable.
+ Photos not to be used until after session.

How the panel was structured

Each Panel meeting followed the same format with some variations in methods:

+ Topical questions described.
+ Vote on questions to test panellist divergence on the topic.
+ Experts, specialists in the topic, explaining context.
+ Structured discussion in small groups.
+ Further scenarios explored.
+ Facilitator exercise to identify community values – what matters, and how people prioritise them.
+ Repeat vote on the topic to explore changes in the Panel view and for individuals.
+ Summary, evaluation and closing business.

Feedback from the CCG representative/s and the local experts was welcomed.

The evaluation forms and the facilitator-led team debrief informed the design and practicalities for the second workshop. A summary was shared with the panellists.

Prescribing and over the counter medicines

The purpose of the first panel was to discover the values people have in mind when considering whether the NHS should prescribe free over the counter medications to people, or not.

Meeting everybody

The session started with an explanation what the Community Values Panel is.

And how the Panel members would explore and develop their thoughts by using a variety of tools and techniques to aid thinking, talking and listening

Panellists introduced themselves, explaining why they had applied to join the panel.

+ Interested, care about the NHS ('The NHS is close to my heart', 'I feel passionately about the NHS')
+ Importance of diversity – 'having all our voices heard'.
+ Equity of access – 'we should all be able to use the same range of services'.
+ Recognising difficult decisions are necessary - financial challenges in the NHS locally.
+ Concerns about the closure (and threat of closure) of local health facilities particularly in rural areas (additional rural challenges) 'things are working well in my GP surgery – I don't want it to change'.
+ Need to reduce demand on services – greater emphasis on prevention.
+ Mental health/holistic wellbeing.
+ Personal interests in local services and hospitals.

The next conversation established ground rules for the way the panellists, facilitators and experts would work together. Panellists were given the opportunity to try out their voting devices with a brief health related quiz.

Where did the panel stand on the topic of the day?

The panellists were asked to vote on two statements at the start of the day.

Statement 1: We should only be prescribed items that cannot be purchased over the counter to enable money to be spent on other health services

12 of the 23 panellists who voted agreed with the statement, and a further six said only in exceptional circumstances. Four panellists disagreed and one was unsure.

Statement 2: We should continue to prescribe anything people need and reduce other healthcare services

19 of the 25 panellists who voted disagreed with this statement, four agreed and two were unsure.

What the experts said

The panellists heard about the financial challenges the CCG are currently facing from Jane Coulson, one of their officers.

The topic of prescribing over the counter medication was introduced by Chief Pharmacist from CCG, Sati Ubi, and Dr Cathy Bennet, a GP and primary care lead for the CCG on prescribing.

Their presentation covered the size and cost of local primary care prescribing, the issue of significant waste, and explained the CCG's prioritisation of the local medicine spend of £117m (see Appendix 2).

In 2018/9

+ £4.7m spent on drugs which were prescribed but not taken.
+ £1m spent on 'low value' drugs (e.g. glucosamine).
+ £5.3m spent on over the counter medication (e.g. paracetamol, head lice treatments, emollients, gluten free products and baby milk).

Questions from the panellists

The panel was surprised to hear that more prescriptions were written for over the counter medicines in areas where people had a higher disposable income.

There was significant interest from the panellists. They asked many questions both during the presentation and in the wide-ranging conversations at their tables.

The questions they asked

+ What happens to the money when there is a difference between the actual cost of the medication and the prescription charge?
+ Can I choose which items on my script I will pay for? I'm concerned that changes will lead to further rise in prescription charges.
+ Could all GPs be encouraged to sign up to a set of principles which would encourage common practice across the area? What can be done to help GPs push back?
+ What more can be done to discourage people from stockpiling their drugs?
+ Is there any alternative to the destruction of unopened drugs? Has this always been the practise?
+ Is there any more information available about drugs destroyed that would help target campaigns?
+ How do I buy medication over the counter if I don't know what I need? I will still need to see a GP?
+ Why is medication not used?
+ Why do GPs and practices vary in terms of their repeat prescribing methods? Seems to be one month sometimes two months. Do 28 day only scripts make more work for the practice?
+ How should reviews happen? Is it appropriate for a dispenser to question the need for medications in front of people?
+ I can only buy two boxes of 16 paracetamol tablets at any one time, but I can get more if I need more on a prescription. How will I avoid lots of return trips to the supermarket?
+ Why am I having problems getting the medication I need?

What the experts told us

The experts from the CCG explained that it is was not possible to re-use medicines, even when unopened, as pharmacies had no knowledge about how medicines had been stored by patients.

They told the panellists that medicines were incinerated for many reasons. This could include clinical reasons, for example when a patient had adverse reaction to prescribed medication. Although there hadn't been any local large-scale audits, they suspected that routinely available common drugs account for a large proportion of incinerated medicines.

They explained that it was only possible to account for medicines returned to pharmacies for incineration. In many instances, patients destroy unwanted or unused medicines themselves.

Discussing changing prescribing practices, the experts explained that GPs are independent contractors and that there are limits to the pressure that can be put on them to change practise.

There is a degree of nervousness from GPs who have concerns about:

+ The amount of time they would need to spend explaining why they couldn't prescribe over the counter medicines.
+ Getting complaints from patients who felt entitled to the medicines.

Different practices can have different approaches to prescribing. This can include things like the number of weeks for a prescription, e.g. 14 or 28 days or longer in some circumstances. But all professionals supported a greater use of practices' online systems to order medication and Apps such as the NHS App.

In response to what they had heard

The panellists as a whole were shocked by what they heard about the amount of wasted medicines. This is what individuals said:

"The public needs to be better educated about this."

"If they saved money from not prescribing so many over the counter drugs – then we could have more money to spend on other things, like a health advice centre."

"If this change is made and you cannot get over the counter medicines on prescription, then I think there will be conflicting views. There will be some angry people – but they will probably be the ones who could afford to pay. And then some others will be fine."

"It is unfair that only people in Cambridgeshire and Peterborough would not be able to get over the counter medicines on prescription, but people elsewhere could. It would be fairer if it was everywhere in the UK."

"I have more disposable income now than I ever had, but because I am over 60 I can get my prescriptions free, whereas my neighbours who are both working and struggling to make ends meet, have to pay. That doesn't seem right,"

"Those of us who can pay, should pay."

"Some supermarkets charge more than others for even generic paracetamol. How can we influence market forces?"

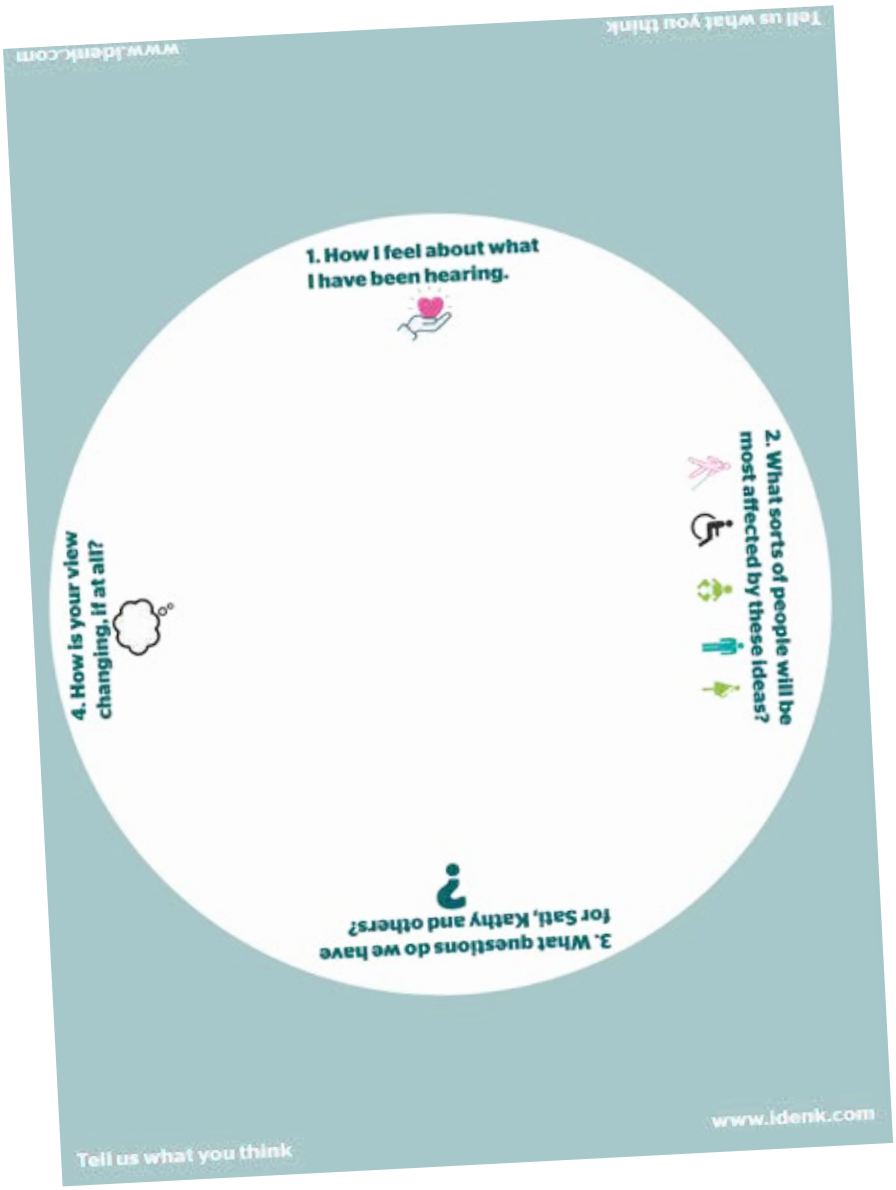
Exploring the issue in more detail

The panellists took part in five facilitated table conversations to explore the issue in more detail. The five groups each also reflected aspects of the demographic mix of the local population.

They talked about:

+ How they felt about what they'd been hearing.
+ What sorts of people would be most affected by changes in prescription practice.
+ If they had any questions for the experts.
+ If their views were changing at all.

Panellists were encouraged to record their feelings, views and questions on posters and post it notes on each of the tables.



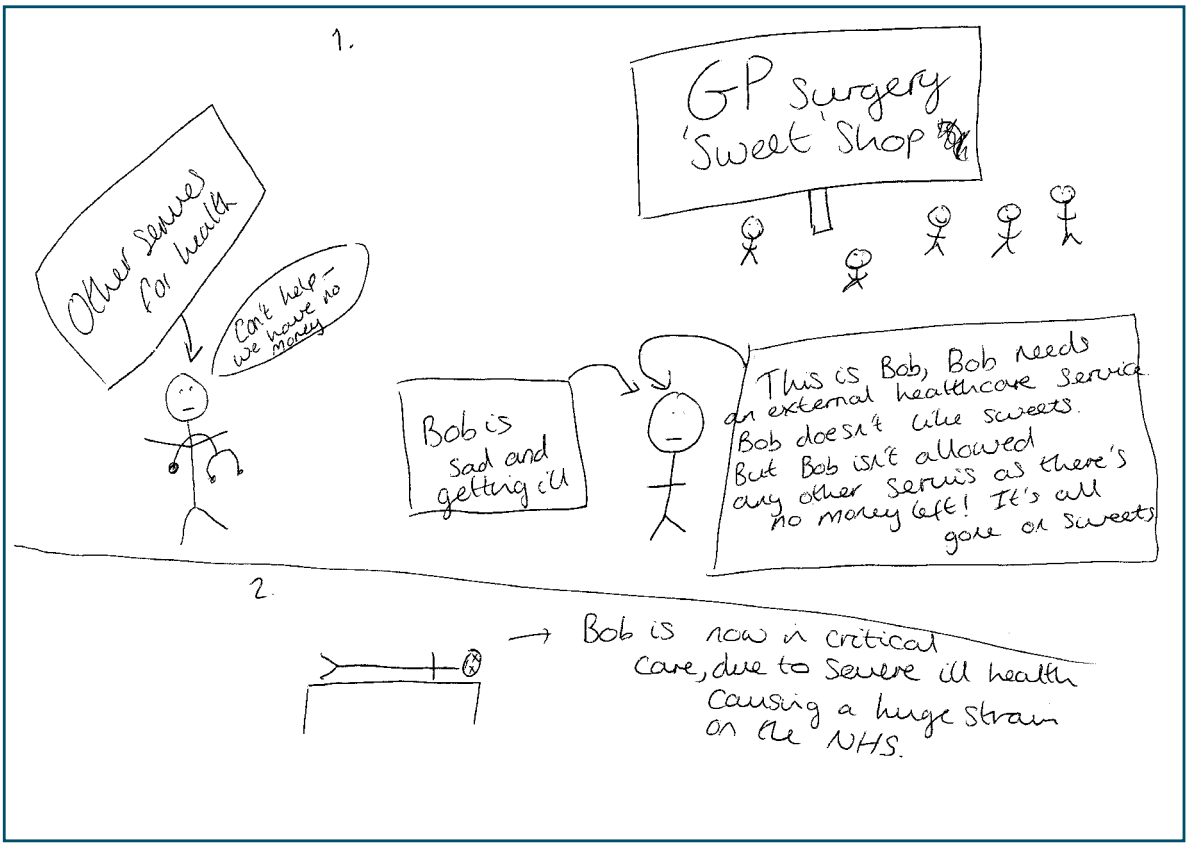
Several themes were identified from the table conversations

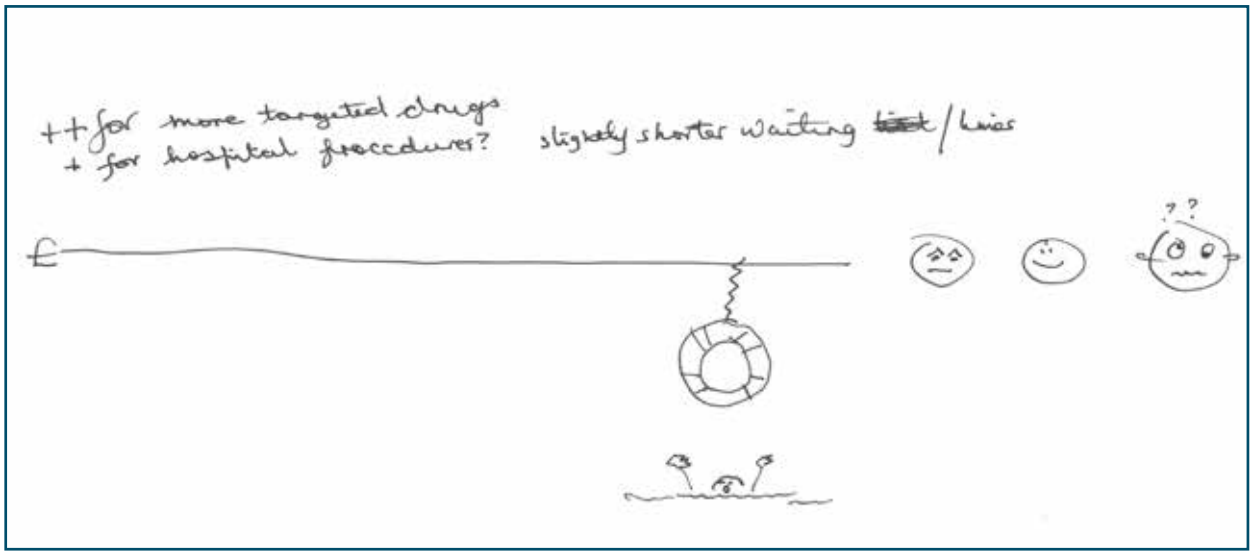
+ Support and pride in the NHS.
+ A desire to see the issue of waste tackled.
+ More, and simpler information to get key messages about waste and cost out to the local population.
+ Degree of lack of understanding that drugs will still be available to them.
+ A 'safety net' for vulnerable groups was imperative.
+ Consistency about what constitutes 'vulnerable'.
+ Support for personal responsibility.
+ Little evidence of shifting views, but people feel better informed.
+ A wish to place the issue in its wider public health context – keep people well and active 'prevention is better than cure'.
+ Implications for people who rely on other people to pick up drugs and prescriptions.
+ Support for making more and wider use of local pharmacists.
+ Wish to see all GP surgeries work to the same set of principles – at very least across the Cambridgeshire and Peterborough, but ideally nationally.

The table posters are summarised in Appendix 3.

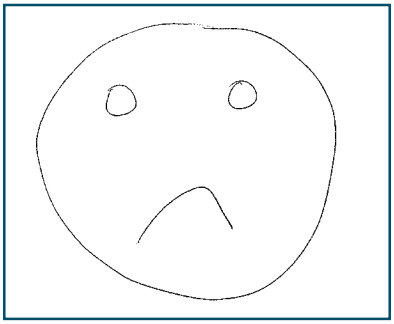
And it felt a bit like this!

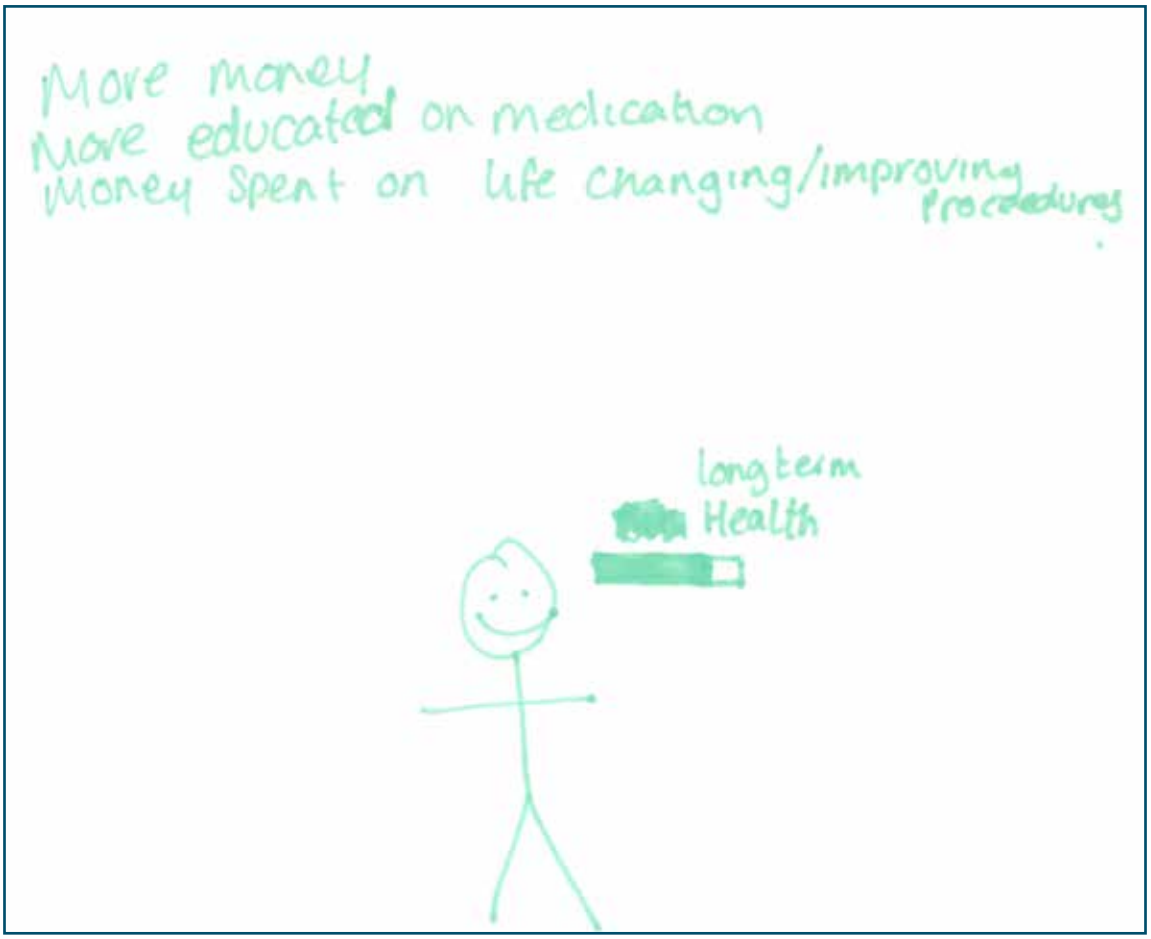
We asked our panellists to describe with drawing or words, how they felt having heard from the experts and taken part in the discussion of the topic.

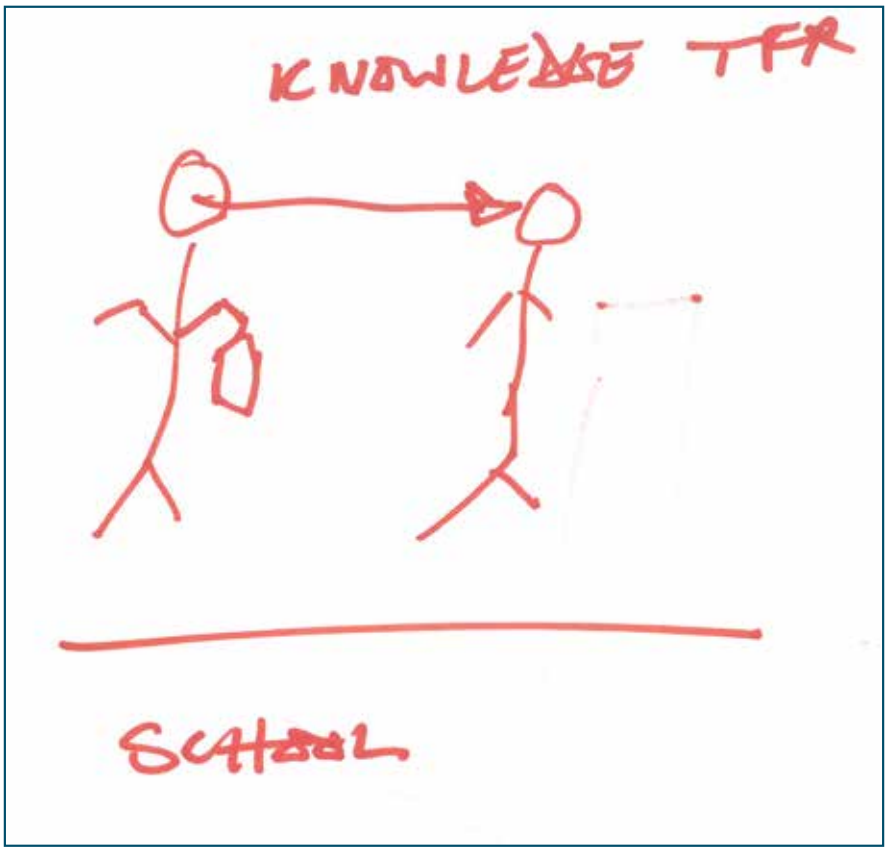



++for more targeted drugs
+ for hospital procedures?
slightly shorter waiting ~~test~~/ lists
£
??


EXTRA
for
DR Surgery
Giant
Advice Centre
Education Centre
for NHS




More money
More educated on medication
Money Spent on life changing/improving procedures
long term
Health


KNOWLEDGE TFR
SCHOOL


HOSPITAL
A+E+GP+999.
phone
999.
999
GP
GP
111
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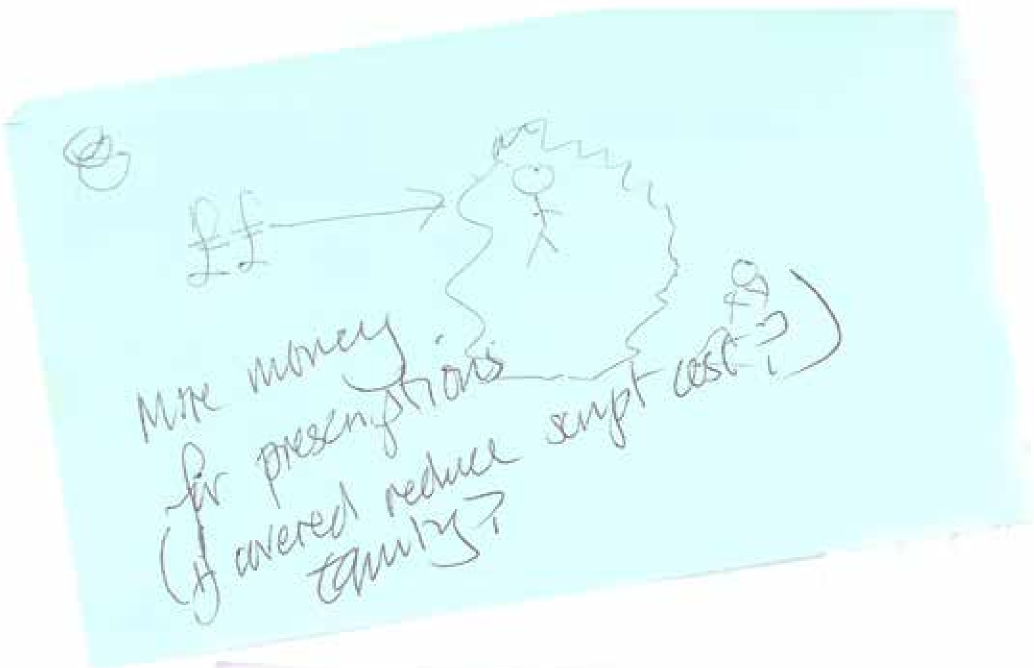
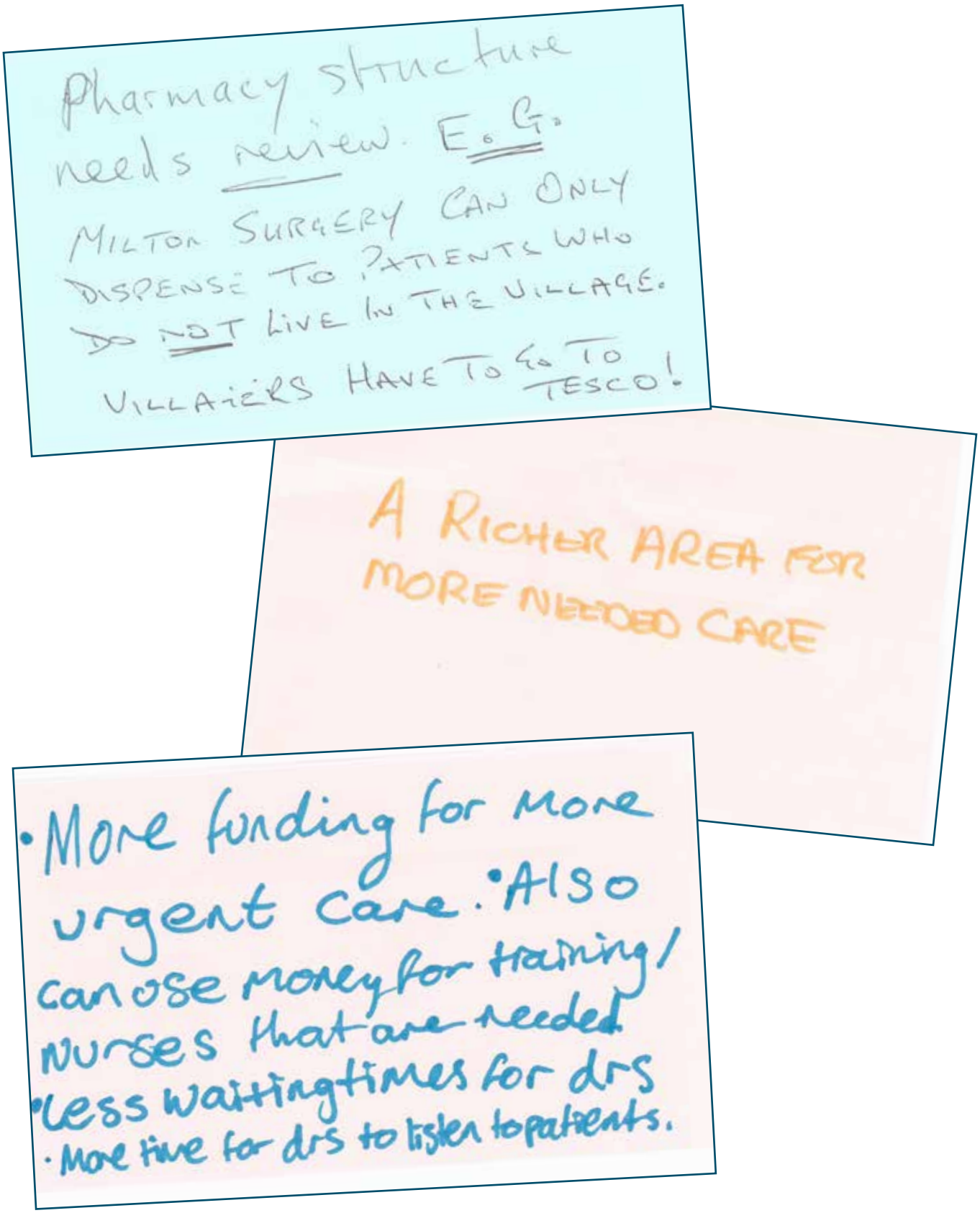
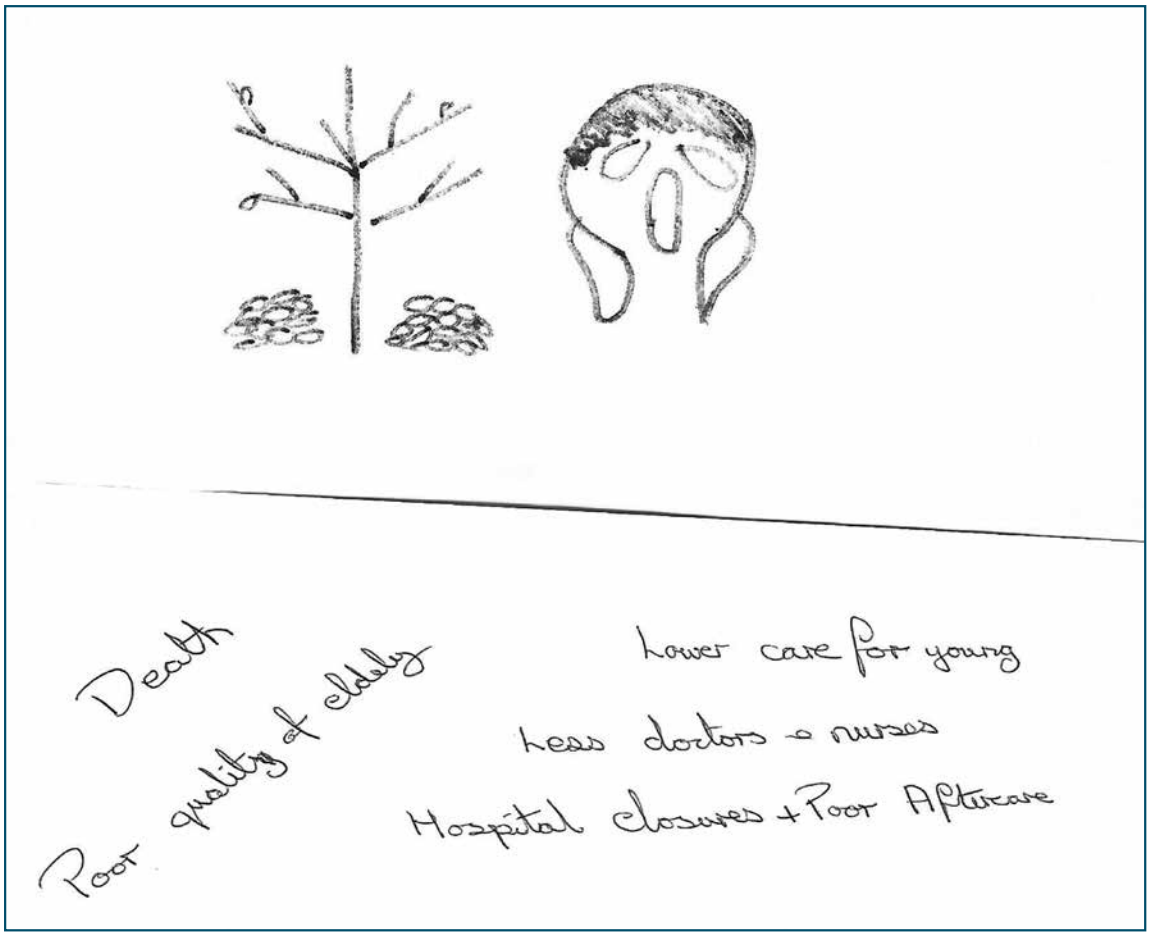
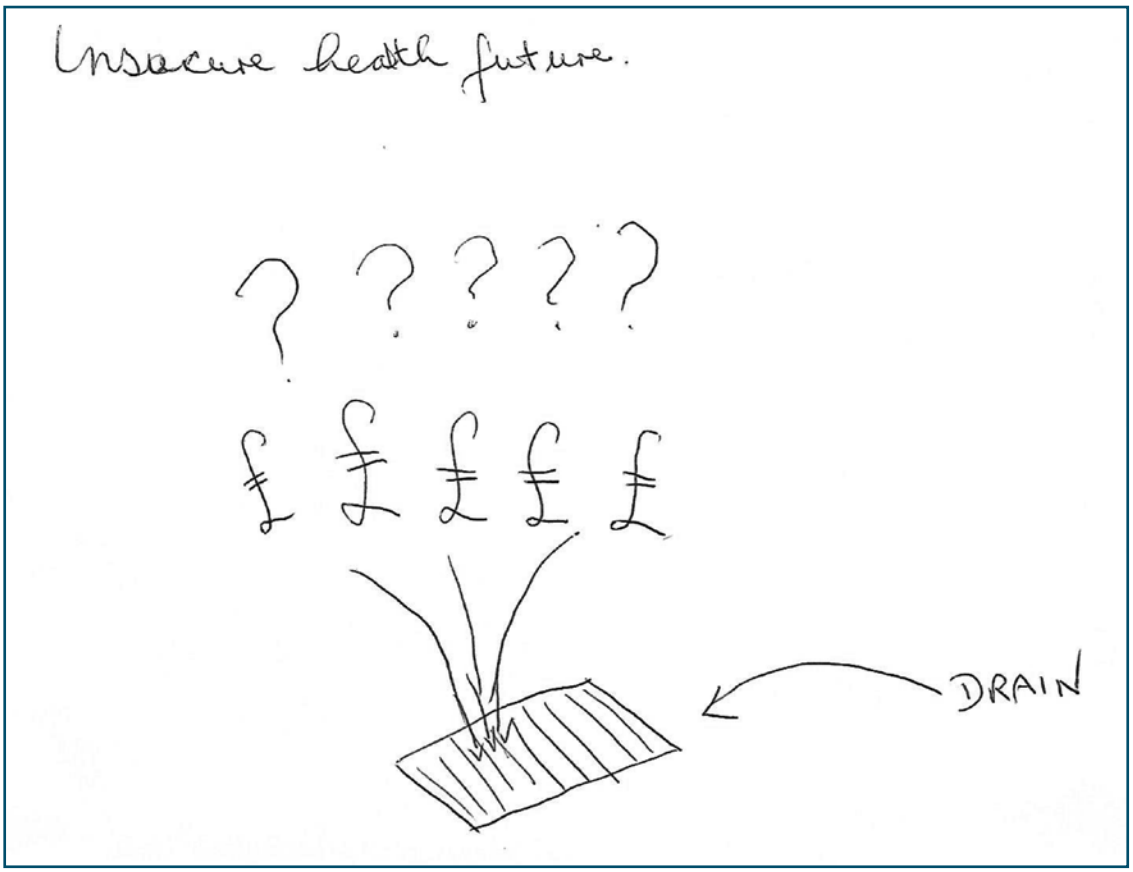
111


££
More money
for prescriptions
(if covered reduce script cost?)
family?



See page 37 for the words.


Death
Poor quality of elderly
Lower care for young
Less doctors + nurses
Hospital closures + Poor Aftercare


Insecure health future.
? ? ? ? ?
£ £ £ £ £
DRAIN

The panellists each explained their picture (or words) to the others at their table. Again, several themes were illustrated, for example:

+ Concerns for future funding.
+ Possible threats to services.
+ Confusion about which medications may not be available.
+ Annoyed about the amount of waste.
+ Queries about how potential savings would be spent.

This conversation led on to the panellists then discussing what were the two or three things which they feel the most important.

Values and what matters most

Each group was asked to reach a consensus about the values that were most and least important to them when considering the availability of over the counter medicines on prescription. And which they felt should underpin any future decisions about changes in prescribing.

This was a demanding exercise; however, the panellists were able to agree about what was most important to them.

Which values were most important

The panel as a whole wanted people to take more personal responsibility for their health and wellbeing. And more responsibility for making choices about medicines that were thoughtful of the cost to the NHS. They believed that better education as well as easily available and understandable information was key to this.

The panellists all agreed that there had to be an adequate safety net to make sure vulnerable people were able to get all the medication they needed.

The panellists had been shocked by the amount and value of medication that was routinely destroyed and wanted this addressed.

Messages about financial prudence underlay all the conversations.

Which values were least important

Panellists found it particularly difficult to identify and agree, either individually or collectively, which values they regarded as least important. One group was unable to complete this exercise.

The panellists told us that individual personal choice should be less important. Individuals expressed concerns about people feeling that they were entitled to 'free' medication.

There was a general agreement that doctors should be less concerned or embarrassed about saying 'no' to patients. They also told us that pharmaceutical company profits should be less important but recognised that this was an issue beyond the influence of CCG.

People wanted to see the expert's voice balanced with the patient's voice so that less emphaisis is put on what the expert says and wants.

Appendix 4 shows the full details of the panellists' lists.

Repeating the Panel votes

At the end of the day, the panellists voted again on the two statements related to the day's topic.

The first vote took place before the experts introduced the topic and the second vote at the close of the session.

Statement 1: We should only be prescribed items that cannot be purchased over the counter to enable money to be spent on other health services.

12 of the 23 panellists who voted agreed with the statement, and a further six said only in exceptional circumstances. Four panellists disagreed and one was unsure.

	First vote	Second vote
Yes	12	14
Only in exceptional cases	6	6
No	4	4
I'm not sure	1	1
Total	**23**	**25**

Statement 2: We should continue to prescribe anything people need and reduce other healthcare services.

At the end of the workshop the second votes showed a small change in response to statement two.

Only one panellist answered yes – 'We should continue to prescribe anything that people need and reduce other healthcare services.

Two more people replied 'no', increasing this vote from 19 to 21, and 'I'm not sure' by one.

More people chose to vote on the second occasion. Unfortunately, there was insufficient time to explore the vote more fully to unpick whether there had been any real shift in panellists' opinions about what they described themselves as a very complex issue.

	First vote	Second vote
Yes	4	1
No	19	21
I'm not sure	2	3
Total	**25**	**25**

Rounding off the day

At the close of the meeting, panellists told us how much they had enjoyed the session. They said they welcomed the opportunity to have their voices heard. And that they had learned a lot about the topic and the challenges faced by the CCG from the opportunity to hear and ask questions of the experts.

The evaluation forms confirmed what we had been told. They also said they had valued the opportunity to meet other people and hear their opinions. They liked the tools and techniques used, for example the voting and the table facilitation.

The evaluation forms also told us about the administrative arrangements which we could improve upon, for example the length of time spent on introductions, microphone arrangements and the quality of the coffee.

Reporting on the work of the Community Values Panel

Four panellists volunteered as report checkers to help Healthwatch make sure the reports produced from each meeting accurately reflected the tone and content of the event.

The report produced from each event, along with a shared introduction, sets out:

+ The question being considered.
+ A narrative of the Panel activities.
+ The voting results/ranking at each stage.
+ The factors that influenced people's views and any conclusions.
+ Social values and deliberations about their priority relating to the topic. This is for the CCG to use as community values guidance for taking forward future policy.

Appendices

Appendix 1

Reflecting the population in the CCG area – the percentages and panel makeup.

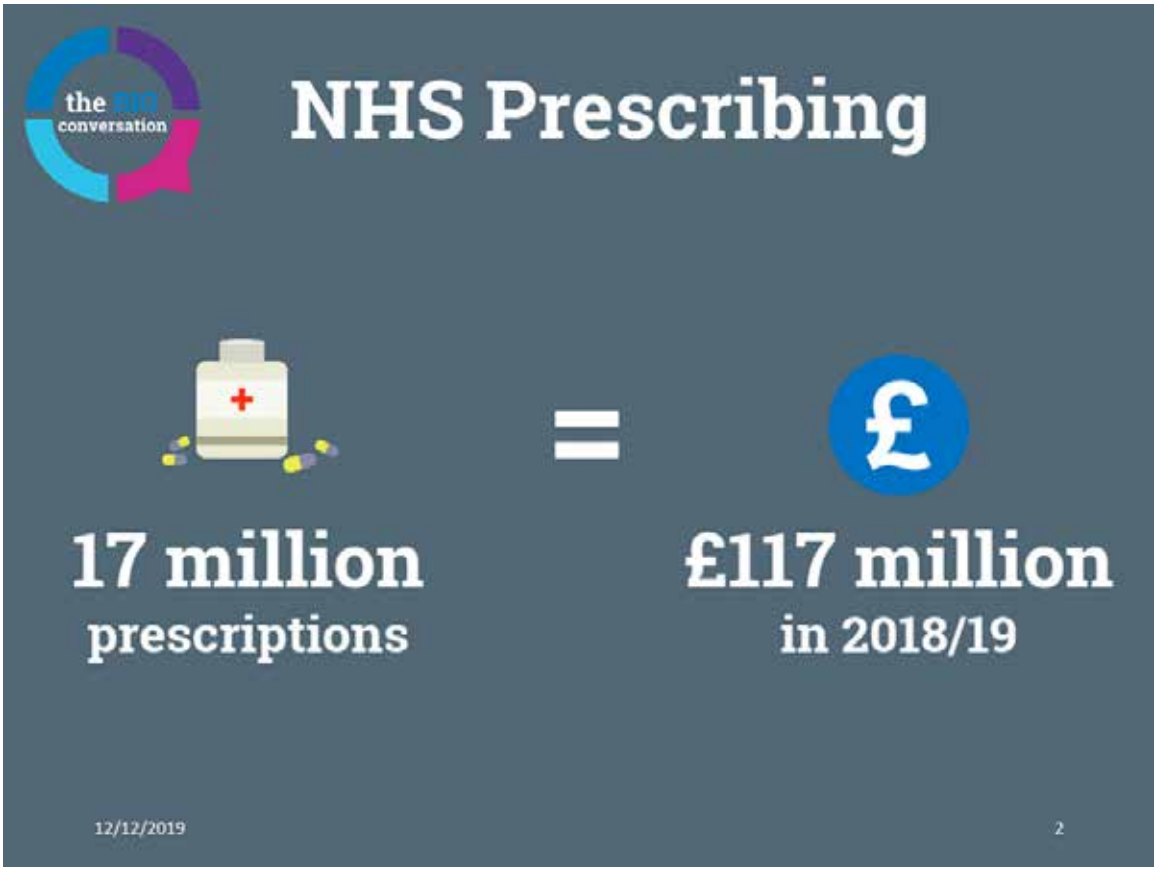
Gender	Female	Male
Percentage in local population	50%	50%
Number of panellists	15	15

Which district or city people lived in	Cambridge	East Cambs	Fenland	Hunts	South Cambs	Peterborough
Percentage in local population	15%	10%	12%	20%	19%	24%
Number of panellists	4	3	4	6	6	7

Age	15 to 24	25 to 44	45 to 64	65+
Percentage in local population	15%	33%	31%	21%
Number of panellists	5	10	9	6

Sub-categories in population	Carers	Disability or long-term condition	LGBTQ+	Minority ethnic community
Percentage in local population	12%	20%	10%	10%
Number of panellists	4	6	3	3

Appendix 2 - CCG Presentation slides



Over the Counter Medication

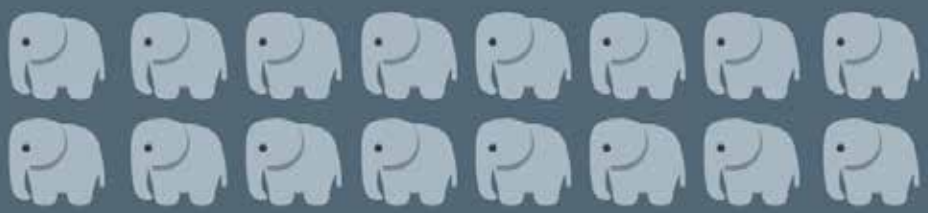
Last year we spent £5.3 million on medicines that our patients could easily have purchased without a prescription at a pharmacy or supermarket.

These include common medicines like paracetamol, emollients (skin creams/lotions), vitamins and indigestion and heartburn remedies, which are more expensive to the NHS when prescribed, compared to how much they cost to buy.

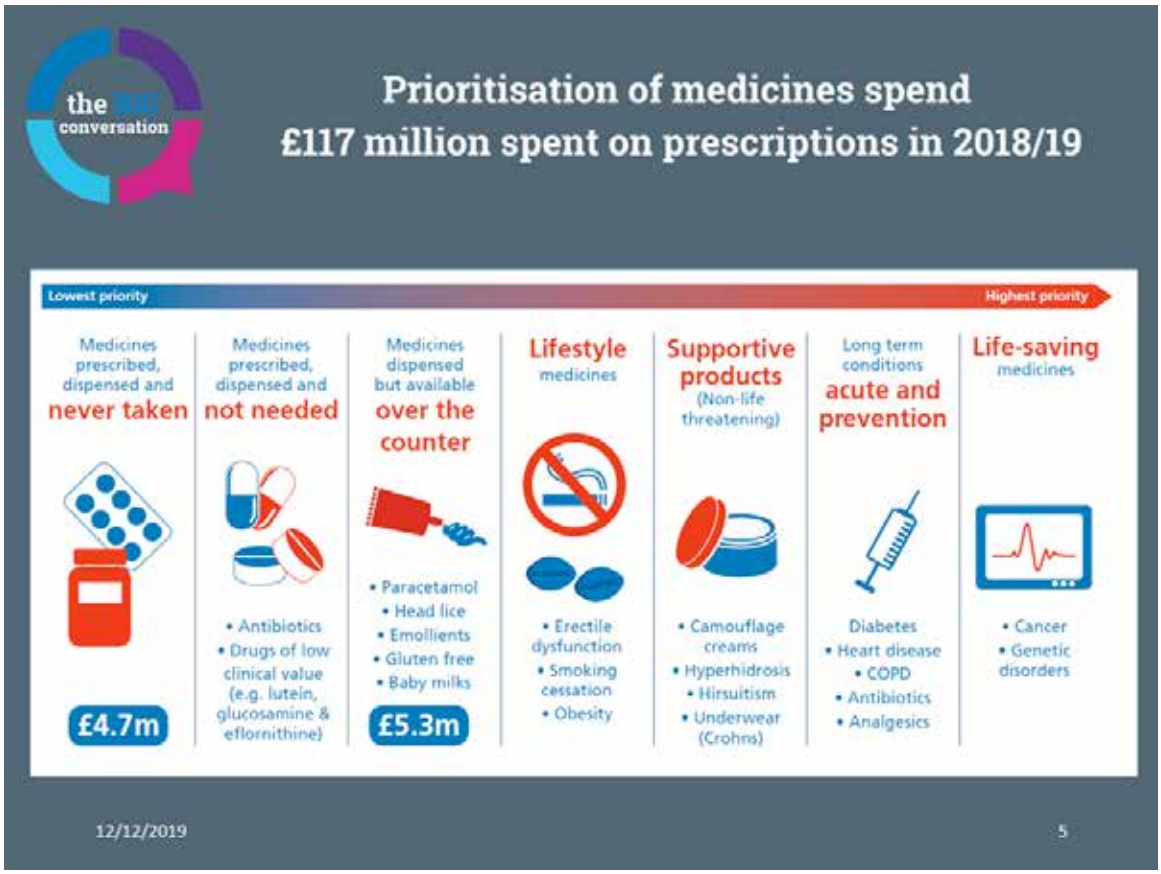
12/12/2019 3

Medicines Waste

£4.7 million of unused medicines wasted
(101 tonnes)



That's equivalent to 16 elephants


the conversation
Prioritisation of medicines spend
£117 million spent on prescriptions in 2018/19
Lowest priority
Highest priority
Medicines prescribed, dispensed and never taken
£4.7m
Medicines prescribed, dispensed and not needed
• Antibiotics
• Drugs of low clinical value (e.g. lutein, glucosamine & eflornithine)
Medicines dispensed but available over the counter
• Paracetamol
• Head lice
• Emollients
• Gluten free
• Baby milks
£5.3m
Lifestyle medicines
• Erectile dysfunction
• Smoking cessation
• Obesity
Supportive products (Non-life threatening)
• Camouflage creams
• Hyperhidrosis
• Hirsuitism
• Underwear (Crohns)
Long term conditions acute and prevention
Diabetes
• Heart disease
• COPD
• Antibiotics
• Analgesics
Life-saving medicines
• Cancer
• Genetic disorders
12/12/2019
5

Appendix 3 - Summary of table posters

Question	What people said
How do I feel about what I have been learning?	Prevention better than cure. Very complicated. I feel peeved that sealed drugs are destroyed. I think the public needs to be better informed and educated about OTC drugs. People don't need medication if we do more to keep them healthy and young. We should try to reduce demand – concerned about safe disposal – people still put drugs down the loo. Time frames for support and care needs to be invested in to deliver best support to the public – saves lives and health.
What sort of people will be most affected by these ideas?	Needs to be exemptions – GP decision? Safety net essential. I suspect the elderly and disabled will be most disadvantaged so there must be a safety net regarding OTC drugs. Vulnerable groups. People who are in poverty – unaware of this, who don't have a voice/ financial/disabilities/minorities. This affects everybody. Helping people out in their local community.
What questions do we have for our experts?	Greater use of generic drugs? Should government take the lead on awareness raising – rather than local?
How is your view changing, if at all?	My views have not changed re over the counter drugs Becoming more aware of the issues. Environmental impact of medicine wastage. We need to be more aware and not in denial. Increasing population – increasing pressure. Income disparity – unfair on those who cannot afford care and medicine, need support.

Question	What people said
How do I feel about what I have been learning?	Frustrated. Are points made being listened to? See French model for basic care for everyone. NHS provides too much (e.g. cosmetic procedures), look at original purpose, NI contributions do not reflect service provision. Free prescriptions at 60 – a political issue. Need better negotiations with drug companies. Personal responsibilities?
What sort of people will be most affected by these ideas?	Rural areas/older, less mobile people who live alone/people on low incomes, especially working people with low income. Wealthy pensioners? Are they 'entitled' or should be linked to retirement age? Cost of living.
What questions do we have for our experts?	How much do drugs cost? More or less than £9? Why doesn't the NHS have their own factories to produce generic drugs cheaply (Indian model)? But concerned about conditions for workers – costs v ethics. Need more advice and recommendations from GPs. What drugs are going into 'waste'? Are they prescribed or also OTC medicine?
How is your view changing, if at all?	Offer a simple YES/NO to those people who want to or are wealthy enough to give up their right to a free prescription. Why just keep paying it to everyone regardless.
Issues/comments unable to allocate	Patients should check their drug bag before leaving the pharmacy. NHS 'Dignitas'. GP conferences funded by pharmaceutical companies.

Question	What people said
How do I feel about what I have been learning?	Good idea to have notices at pharmacies – inform £9 prescription v .45p paracetamol. Reasonable to buy privately when cheaper. People stockpiling drugs now – waste. Need local supplies. £16 taxi, return to nearest ? Confused. Difficult to get what you need. Worried about supplies. Concerned about wrong prescriptions, contra-indications with existing conditions. Need advice.
What sort of people will be most affected by these ideas?	Learning disabilities/lack of understanding. Disabled. Everyone. People with autism. Long term conditions. Low income. Financial difficulties.
What questions do we have for our experts?	How do we educate everybody? Can suppliers do 'sample packs' to see if suitable – could reduce waste? What can you do to prevent stockpiling medicine? Media doesn't help/social concerns.
How is your view changing, if at all?	Not a straightforward 'yes' or 'no'. Feel more informed. Needs simplifying. View hasn't changed due to knowledge and experience.
Issues/comments unable to allocate	

Question	What people said
How do I feel about what I have been learning?	Alarmed to hear how much is wasted. Waste – given a month's supply of tablets but only needed to take them for 10 days. GPs need to be able to say 'no'. Training – cost v benefits.
What sort of people will be most affected by these ideas?	People: With long term conditions. On benefits – already get free? On low incomes. House bound. Disabled. Volunteer shopping services – could they check for medicine cabinet drugs? Could they buy them? Risks?
What questions do we have for our experts?	Private prescriptions: are they always converted into NHS prescriptions? Personal experience. People who pay for private care. Patients recognise professional standards of pharmacist and their potential. Can pharmacists tell patients if OTC is cheaper? Delivery systems – could that be better utilised? Could the voluntary sector do more ??shopping (probably too much risk). GP - set of principles? Yes, but CCG can't insist so need to encourage a conversation.
How is your view changing, if at all?	No – but the problem is much bigger, more complex and expensive . Additional information won't make a difference.
Issues/comments unable to allocate	People being refused expensive treatments that are actually part of their necessary care. Asked GP for prescription for foot issues. Told to buy it as would be cheaper. It wasn't, foot care important for people with diabetes. NHS is free at point of use: + Health tourism (different issue) + Means testing + Private health insurance

Question	What people said
How do I feel about what I have been learning?	Need education – take ownership of own health. The NHS makes me feel alive. I pay for my prescriptions by pre-payments. Most of my medicines keep me alive, but some things I get on my prescriptions help keep me comfortable. If I don't have these things I would not feel so well and might need antibiotics. But this is on the list as something that might be taken away.
What sort of people will be most affected by these ideas?	
What questions do we have for our experts?	
How is your view changing, if at all?	
Issues/comments unable to allocate	

Appendix 4

Summarised from each table's conversations.

What is most important to you?	What is less important to you?
Education: + General public + Start young + GPs re clinical staff/trainers (Access to education and information) Reduce waste. Good availability of medicines (waste). Prudence – make best use of the money available.	
Achieving best value for the NHS and patients – over the counter, common drugs available at capped price. Informed but hard decisions need to be made due to the size of the deficit – redefine NHS. Personal responsibility to self-care first – education and information.	Except exceptional circumstances – people's right to 'free medication'. If you can, do, Just focusing on one thing in isolation – waste elsewhere, e.g. + More appointments – less frequent prescribing. + No blood test available (purchase Saturday private nurse).
Education and access to information for people. Keep it fair – need to reduce inequalities. People taking responsibility for selves with support for those who can't – a safety net.	Doctors should be less afraid of upsetting people, not embarrassed to say 'no'. Pharmaceutical company/shareholder profit. Money (but we know it really is important).
Those most able to look after themselves to be educated and encouraged to do so. Using resources wisely. Good information (self-care) on over the counter medication.	Choice.

Safeguarding our NHS. Safeguarding the most vulnerable people in our society. Personal responsibility and greater self reliance including preventing ill health.	The expert's voice, balance it with the patient's voice (I think the group were trying to say that less emphasis should be put on what the expert says and wants – it led on to the conversation about use of cutting edge IT and AI). Everything doesn't have to be 'cutting edge', 'flashy' .

Post it notes - see page 20.

1. Pharmacy structure needs reviewing, e.g. Milton surgery can only dispense to patients who do not live in the village. Villagers have to go to Tesco.
2. A richer area for more needed care
3. *More funding for more urgent care. *Also can use money for training/nurses that are needed. * Less waiting times for doctors. *More time for doctors to listen to patients

Contact us

Call: 0330 355 1285 (local call rate number)

Email: enquiries@healthwatchcambspboro.co.uk

Website: www.healthwatchcambridgeshire.co.uk

Website: www.healthwatchpeterborough.co.uk

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