

Driving a self-care revolution in the UK



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Foreword

For many years I have been aware of the importance of self-care. This is due to my long-standing interest in diabetes, particularly type 1 diabetes, a condition for which, with the right education, self-care is possible and indeed, in many cases, the best way to deal with it.

Self-care is, of course, far broader than a single disease, but diabetes offers a good example of why we urgently need to drive a self-care revolution in this country. If patients can manage a complex condition like this, there is a whole spectrum of health related problems which can also be dealt with directly.

Cases of Type 1 diabetes continue to grow and people with the condition need to be able to manage it themselves, with support from care providers rather than ongoing, direct intervention. This is even more critical post-pandemic due to the intense pressure the NHS is under, limiting its ability to function in the way it used to.

More healthcare professionals than ever, including general practitioners, are choosing to go either part-time or retire early. It does not matter how much money we inject into the system if the trained personnel are not available to fill vacancies in the workforce. As a consequence, there is a need for greater self-reliance and access to reliable sources of healthcare information.

The same is true when we reflect on the use of accident and emergency departments and GP appointments. Many of those presenting are, ultimately, for minor ailments which do not need expert input. These visits, together with unnecessary prescriptions, cost the NHS a considerable amount of money every year; estimates suggest it could be costing up to £1.5 billion. In so many cases, this could be avoided, and resources could be saved for more urgent cases.

In the first instance, these interactions would often be better served by a consultation with a pharmacist, during which a patient can be given advice and guidance about how to manage an ailment – perhaps with the help of non-prescription drugs. Pharmacists are knowledgeable and readily accessible, as evidenced by the recent pandemic.

The challenge is that people struggle to understand that self-care is not the same as no care, and often health care professionals do not realise that self-care is a good option for both their patients and the NHS. This requires a level of awareness about the value of self-care by both patients and health care practitioners, and a support infrastructure that allows people to make the right decisions about their treatment.

It does not matter whether that is a member of the public wondering if they should speak to their GP or a GP not being aware of the services available for minor ailments, or a pharmacist being able to provide appropriate medicines without a prescription. We have to overcome that perception that unless someone is being given an appointment with a doctor, they are somehow being dismissed or disregarded.

The solutions to these challenges require both a long-term view and a recognition that our NHS needs help and support today.

That is why I am grateful to Sanofi for taking this issue so seriously, and why this report could not be more timely.

**Sir George Howarth MP,
Labour, Knowsley**

January 2023



Foreword

It is widely accepted that the NHS faces unprecedented pressures – an ageing population, ever tighter budgets, and the long-term impact of the COVID-19 pandemic, all combining to stretch the system to near breaking point.

There are few areas of the NHS where this pressure is felt more acutely than in primary care, in particular visits to GPs and yet, too often, part of these visits are for conditions that could be treated in self-care. For example, nearly 40 conditions are suitable to be treated with OTC like dandruff, mild to moderate hay fever, cough and cold and nasal congestion or dry eyes.

One way to look at this phenomenon is to accept that those patients were simply in the wrong queue. Perhaps they did not know that there were alternative, often easier, and more appropriate, routes for the treatment they sought.

Often, a self-care route might be an appropriate one - in many cases, people can take care of minor conditions if they are provided with the correct advice and over-the-counter (OTC) medication or treatment.

Pharmacists are highly trained clinical experts and can provide advice on a range of issues. They have at their disposal a wide range of effective OTC medications that are available to tackle an array of health issues and the public is accustomed to using pharmacies to tackle these broader health needs. Pharmacists can also guide patients back to general practitioners where there is no suitable OTC product, for example where a patient has an infection and antibiotics are required.

And yet, self-care is an overlooked solution to the problems faced by our primary care services.

To begin developing solutions and strategies to drive the use of self-care in the UK, Sanofi convened a roundtable of experts from across the health care continuum to discuss how we can drive a self-care revolution in the UK.

We examined three areas during our discussions:

- Promoting a better understanding of self-care among GPs and patients
- Making best use of community pharmacies
- Ensuring the right medicine is made available via the right route

We combined the insights and ideas shared at that roundtable with new data from a survey of UK pharmacists on their views on self-care and the support they need to deliver it more effectively.

This report is a summary of these findings and insights, and a plan for what to do next, complete with recommendations for government and the health service.

We want this report to be the beginning of a conversation that ultimately ends with a better public understanding of self-care, more support for our pharmacists to deliver it, and a recognition that OTC medication can unlock better health for millions of people.

I look forward to that conversation.

Harsh GK, Managing Director and General Manager, Sanofi UK and Ireland

January 2023



Recommendations

Our roundtable, research, and this report are the first steps in a conversation that will continue to evolve and drive change in how the UK approaches self-care. To help shape that journey, we have developed the following recommendations for policymakers and health officials.

- **Recommendation One:** NHS England should develop a specific communication campaign targeted at citizens, highlighting the importance of self-care, typical examples of illnesses and conditions which can be self-managed, and the professional health advice that pharmacists can offer.
- **Recommendation Two:** NHS England should develop a specific communication campaign targeted at general practitioners, reinforcing the importance of encouraging self-care, the typical ailments that are ‘candidates’ for self-care, and reinforcing the importance of early diagnosis of such conditions – this could form the basis of a continued professional training module on how self-care supports the continuum of care.
- **Recommendation Three:** The Department for Education should mandate the inclusion of a module on self-care as a core part of the Personal, Social, Health, and Economic (PSHE) curriculum in schools.
- **Recommendation Four:** The Department of Health and Social Care should develop a National Self-Care Strategy to guide action on this topic.
- **Recommendation Five:** The Department of Health and Social Care should implement training on triage systems and pathways for GPs, including the Community Pharmacist Consultation Service.
- **Recommendation Six:** NHS England should create and implement a data-sharing system which ensures better communication between pharmacists and GPs to allow for a holistic approach to patient care.
- **Recommendation Seven:** As we approach the fifth year of the Community Pharmacy Contractual Framework, the Department of Health and Social Care should commission a review into how future contracts can be structured to encourage and facilitate pharmacists’ dispensing of self-care advice.
- **Recommendation Eight:** The Department of Health and Social Care should implement a minor ailment and common conditions service modelled on Scotland’s ‘Pharmacy First’ scheme, allowing pharmacists to dispense expert advice for minor ailments and refer patients to other HCPs.
- **Recommendation Nine:** The Department of Health and Social Care should review the MHRA’s current medicine switching process. This review should evaluate:
 - the lessons from the COVID-19 pandemic to highlight what aspects of the MHRA’s pandemic working practices can be safely applied to safely accelerate the process of medicine switching.
 - how the impact of budget and workforce cuts can be mitigated.
 - how the public can be better educated on the differences between prescription and OTC medicine and why some drugs are switched to OTC.
 - whether exclusivity should be introduced for first in class switches by default, without the need to provide additional data.
- **Recommendation Ten:** The Department of Health and Social Care should review whether its current approach to prescription charges helps encourage uptake of self-care, or if a more flexible approach, whereby the costs of some OTC medicines recommended by a pharmacist, are covered by the NHS, is necessary.

Introduction

Pre-pandemic, some 18 million general practitioner appointments and 3.7 million accident and emergency visits were for minor ailments, at an estimated annual cost of £1.5 billion.¹

These conditions, which include blocked noses, travel sickness and dandruff, while distressing to sufferers, do not require the attention of overstretched clinicians and A&E services. It is, as **Sir George Howarth MP** said during Sanofi's recent roundtable on self-care, "a complete waste of resources."

One solution is self-care. Defined by the World Health Organization (WHO) as "the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider";² the pandemic highlighted the possibilities of self-care.

According to a survey by PAGB, the consumer healthcare association, in 2020, 69% of people who might not have considered self-care pre-pandemic were more likely to do so, with 81% agreeing A&E and GP appointments should not be used for self-treatable conditions (up from 69% in 2016).³

However, it appears that old habits are returning, and enthusiasm for self-care is perhaps waning. In an updated survey, PAGB found that 54% of people who might not have considered self-care pre-pandemic were more likely to do so now, a 15 percentage point drop, and 72% agree that A&E and GP appointments should not be used for self-treatable conditions, a drop of nine percentage points.⁴

There is a need to arrest this trend and embed new behaviours in the public consciousness. But this isn't simply a case of the public being hypochondriacs; in many instances, it is not clear what options patients have outside of GPs and A&E. In fact, both care providers and patients need to be more aware of the treatment options available to them, including self-care as a valid and supported patient pathway.

If awareness is one area that needs to be tackled, support is also important: self-care does not mean no care. Access to advice in a way that does not place an ongoing burden on stretched services is critical; there is also the need to have the right medicines available in the right places. Part of this is getting the most out of community pharmacies, whether they are embedded in a GP practice, stand-alone, or as part of established retail outlets.

With a shortfall in the number of qualified community pharmacists in England, this will be challenging. However, with the right approach, there is a significant opportunity to build on the self-care experience the public developed during the pandemic, create the support system needed to sustain these new behaviours, and empower patients and healthcare providers to embrace self-care and ease the burden on an already stretched NHS.

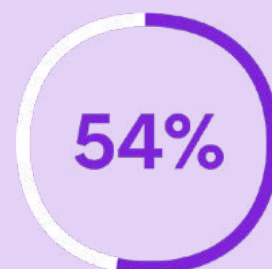
But tackling these challenges will only be possible with support from the public, private, third and academic sectors. To that end, Sanofi hosted a roundtable of experts across the continuum of health care, policy making and economics, to discuss the key issues and identify ways to drive a new approach to self-care in the UK.

Supplemented by a new survey of pharmacists commissioned by Sanofi, the outcomes have been collated into this report, highlighting the main discussion points and providing specific recommendations to drive a self-care revolution.

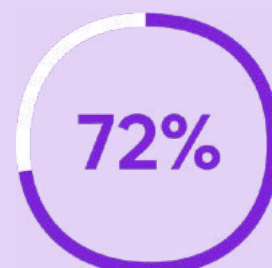
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WORLD HEALTH ORGANIZATION (WHO)



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About the roundtable

Attendees

DATE: JULY 6TH, 2022



Harsh GK,
General Manager,
Sanofi UK



Dr Paul Goggin,
Global Head
of Switch,
Sanofi



Sir George Howarth
MP, Vice Chair
of the All-Party
Parliamentary
Group on Diabetes



Baroness Ritchie of
Downpatrick, Member
of the House of Lords,
Poverty, Health and
Environment Select
Committee



Michelle Riddalls,
Chief Executive,
PAGB, the consumer
healthcare association



Martin Tod,
Chief Executive,
Men's Health Forum



Professor Chris Bojke,
Head of Academic Unit
of Health Economics,
University of Leeds



Alison Reid,
Chief Executive,
The IBS Network



Simone Miles,
Operation Director,
Allergy UK



Rachel Power,
Chief Executive,
The Patients
Association



Heather
Baumohl-Johnson,
Director of Services
and Operations,
Arthritis Action



Malcolm Harrison,
Chief Executive,
Company
Chemists'
Association



Asif Aziz OBE,
Director of
Healthcare,
Boots UK



Thorrún Govind,
Chair of the
English Pharmacy
Board, Royal
Pharmaceutical
Society



Amit Aggarwal,
Medical Director,
Association of
the British
Pharmaceutical
Industry



Hayden Holmes,
Project Director,
York Health Economics
Consortium



Sebastian Rees,
Health and Social
Care Researcher,
Reform

About the research

Sanofi commissioned Opinium Research to survey 250 pharmacists based in England between 17th and 27th June 2022.

Promoting a better understanding of *self-care* among *GPs* and *patients*



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Promoting a better understanding of *self-care* among *GPs* and *patients*

The first step in encouraging any sort of behaviour change is education, and there is a clear need to improve understanding of self-care among both the public and frontline health professionals.

Part of the challenge in achieving this with the public lies in what **Heather Baumohl-Johnson, Director of Services and Operations at Arthritis Action**, called “the journey the patient is on with their condition. Are they right at the beginning, or are they trying to find out what’s wrong with them, or are they at the next stage?”

Her question highlighted how the concept of self-care means different things to different patients and the medical professionals with whom they engage, depending on the condition in question, its severity and longevity.

This was a point also made by **Michelle Riddalls, Chief Executive of PAGB**. She said, “you’ve got self-care meaning lots of different things...from healthy eating, through to self-care for minor ailments and then going through to longer-term illnesses such as arthritis and irritable bowel syndrome. There are some areas where people are more used to trying self-care than in others.”

As **Alison Reid, Chief Executive of the IBS Network**, noted, the result is very different attitudes towards self-care depending on the condition in question, as some patients struggle to receive the support to self-manage their condition. “In our community, there’s a huge resistance to self-management, self-care, of their condition because it’s very complex to try to understand what the triggers are with IBS. After, sometimes, years of symptoms...their GP says, you’ve got IBS, sort out your triggers, and you’ll be fine.”

“ In our community, there’s a huge resistance to self-management, self-care, of their condition because it’s very complex to try to understand what the triggers are with IBS. After, sometimes, years of symptoms...their GP says, you’ve got IBS, sort out your triggers, and you’ll be fine.

This is in contrast to **Heather Baumohl-Johnson’s** experience, as “arthritis is a lifelong condition, so...as time progresses, [the patient] actually knows more because they’re living with their condition every day.”

According to **Alison Reid**, part of the reason for this resistance to self-care in some settings is “because of the traditional relationship with doctors since 1947. You go to the doctor, you tell them your symptoms, the doctor says, yes, I know what it is, and gives you a prescription. If patients don’t get something from a GP, they feel let down.”



Professor Chris Bojke, Head of the Academic Unit of Health Economics at the University of Leeds, expanded on this point, noting that patient willingness to pursue self-care via pharmacists is often dependent on what they need – treatment, or expert advice.

He said, “If patients are demanding access to the GP for treatment, there’s pretty good evidence out there that suggests they’re more than happy to go to the pharmacist. But people want access to information, so if we are seeking help for a symptom-based issue, and we don’t really know what it is, the patient will still want to see their GP. They want access to that kind of expert information.”

Perception is clearly at the heart of patient understanding of self-care, a point made by **Amit Aggarwal, Medical Director at the Association of the British Pharmaceutical Industry**, who said, “There is probably a perception that I worry I have an ailment, I want my money’s worth. I want to see the most qualified person, and I want the good stuff. I want a prescription medicine that is the latest, that’s the newest.”

This point on patient perception was echoed by **Thorrun Govind, Chair of the English Pharmacy Board at the Royal Pharmaceutical Society**, who explained that sometimes she’ll “show patients different options but they want the more expensive option, due to brand recognition.”

Another issue is the assumption that people understand alternatives are available. **Martin Tod, Chief Executive of the Men’s Health Forum**, said, “it’s pretty brave to assume that people understand how pharmacies work, understand the entire health process, because men don’t.”

This line of discussion raised the broader point of inequality of access. **Baroness Ritchie, a member of the House of Lords Food, Poverty, Health and Environment Committee**, noted that “some people don’t know what to do in terms of self-care - there’s a big educational piece, because currently it’s about survival of the fittest in many instances and inequalities in our society don’t always allow people to access self-care advice as they should.”

As **Sir George Howarth** pointed out, “how do you reach the people you need to reach, who could be the most resistant to being engaged in self-care?”

Martin Tod highlighted, in particular, the importance of using terminology that appeals to the target audience: “As soon as you use the word, ‘care’ with men, you’re done for. It’s not a word that men naturally identify with. If you talk to men about how they frame health, it’s often about strength and vigour.”

This was a point echoed, albeit regarding a very different audience, by **Rachel Power, Chief Executive of the Patients Association**. She reflected on her work with women in the Somali community and trying to improve their diets, but “actually, that’s just going into a culture and saying, ‘don’t do that’, rather than going into a culture and saying, ‘how can we enable you to live your life to the fullest?’, because there’s too much ‘don’t do this’ to people I think.”

At the same time, there is the question of whether there is enough direction from GPs and other care providers to self-care. **Sir George Howarth** noted that, “there’s an innate conservatism with this, particularly amongst medical practitioners, that historically medical practitioners have always known best.”

One scheme that has been in place for some time is the Community



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Pharmacist Consultation Service (CPCS), designed to relieve the burden on GPs and primary care providers. However, Sanofi's research found that more than a **third of pharmacists (34%)** believe the CPCS is not fit for purpose.

Why? Because **nearly half (46%)** of pharmacists who do not think the CPCS is fit for purpose believe GPs are not using the service, while **two-fifths (41%)** of this group cite patients not believing they are receiving the best medical advice if directed to a pharmacist by their GP.

Asif Aziz OBE, Director of Healthcare at Boots UK, echoed these findings, and drew a parallel with the current situation in Scotland, noting that there, "people know what services pharmacies can provide. They think 'I don't even need to go to a GP. I'll go to the pharmacy first. There is a set of conditions for which my pharmacy will take care of me.'"

Asif Aziz OBE also noted that better communication between GPs and pharmacists would help the situation: "GPs workload can be eased if we had data flows between pharmacists and GPs - we have to continue to care for the patient holistically end-to-end."

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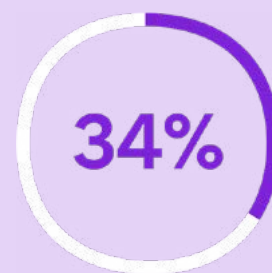
The inconsistent understanding of self-care was echoed when it came to the availability and perception of medicine, which will be explored in greater detail later in the report. More than **two-fifths (44%)** of pharmacists believe the patients they serve do not have a good understanding of the differences between and potential benefits of OTC drugs compared to those only available on prescription.

To tackle these issues, it is clear that greater levels of education are needed, with campaigns that meet the needs of all audiences. **Michelle Riddalls** highlighted that "digital plays a big part but there's a lot of misinformation, fake information out there. One of the things that we've been trying to do is work with NHS Digital and NHSX about ensuring that they've got self-care information available and easy to find on the NHS website, because then people have got somewhere to go as their first point of call."

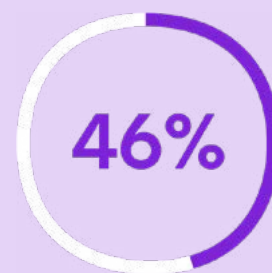
Indeed, when surveyed, **nearly half of pharmacists (47%)** would support informational and educational campaigns for both the public and for primary care practitioners to raise awareness of self-care and its benefits.

More broadly, there is widespread support among pharmacists for a dedicated National Self-Care Strategy to be developed by Government. When asked, **more than three quarters (77%)** of pharmacists support the development of such a strategy to provide national leadership on improving understanding of self-care and encouraging its use among patients and clinicians.

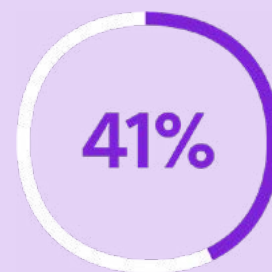
Harsh GK, Managing Director and General Manager of Sanofi UK, also stressed the need to think more about the definition of self-care that would be central to such a strategy. He said, "I think continuum of self-care is a better way to define it – perhaps tiering the concept. Asking ourselves, which parts of self-care the consumer or patient can own by themselves but still retaining that safety net that if this doesn't work, I go back to connect with a local pharmacist or GP?"



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Recommendations

Based on the insights and expertise shared at the roundtable, and the research undertaken with pharmacists, we recommend the following actions to improve understanding of self-care among the public and general practitioners:

- **Recommendation One:** NHS England should develop a specific communication campaign targeted at citizens, highlighting the importance of self-care, typical examples of illnesses and conditions which can be self-managed, and the professional health advice that pharmacists can offer.
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- **Recommendation Three:** The Department for Education should mandate the inclusion of a module on self-care as a core part of the Personal, Social, Health, and Economic (PSHE) curriculum in schools.
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Making best use of *community pharmacies*



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Making best use of *community pharmacies*

When properly equipped and supported, community pharmacists provide an excellent service to patients and should be at the frontline of encouraging and supporting self-care. This means supporting patients' understanding of the role of community pharmacies, the advice they can provide, and how they can help triage patients. When you consider that more people live within a 20-minute walk of a pharmacy than a GP surgery, the role of a pharmacist is even more important.⁵

Currently, however, that isn't always possible. **A third (33%)** of pharmacists working for independent or small pharmacy chains believe they do not have the resources to support patients with self-care, alongside their other roles. **A fifth (20%)** of pharmacists spend less than 30% of their time offering self-care advice to members of the public.

As **Thorrun Govind** noted during the roundtable discussions, "the situation in community pharmacy is not an easy environment to work in. The funding in place does not reflect the workload and positive patient outcomes."

This shortfall in pharmacists is considerable – there are currently more than 3,000 community pharmacist vacancies across England, with rates more than doubling from 2017 to 2021.⁶

Clearly capacity is a huge challenge if we expect community pharmacies to help drive more widespread use of self-care. This point was emphasised by **Simone Miles, Operations Director at Allergy UK**, who noted that "Being able to access self-help through local provision, such as pharmacies, is really crucial to allergy sufferers. But many patients find themselves going into primary care and getting shifted out, if they can't get an appointment there, into secondary and tertiary care. There's a real need for the whole breadth of allergies to be dealt with at primary care. I think pharmacies have a critical involvement in making sure that this can happen."

“ Being able to access self-help through local provision, such as pharmacies, is really crucial to allergy sufferers. But many patients find themselves going into primary care and getting shifted out, if they can't get an appointment there, into secondary and tertiary care. There's a real need for the whole breadth of allergies to be dealt with at primary care.

But as **Alison Reid of the IBS Network** noted, there is also a need to change patient perception of pharmacists: "In our community some people feel that their IBS symptoms are so severe, they believe that it's something else. They don't believe the professional – be that a pharmacist or even a GP."



They want to see a gastroenterologist; they want all of those invasive treatments. So, it's actually about having trust in the pharmacist."

From a financial perspective, despite the shortfall in pharmacists and increasing workload due to Covid-19, community pharmacists received no additional funding for delivering self-care beyond the Community Pharmacy Contractual Framework. "A lot of what pharmacies currently do is unfunded, and that's a bit of a challenge," said **Malcolm Harrison, Chief Executive of the Company Chemists' Association**, "as a sector, there hasn't been a single pay increase in the funding that goes to pharmacies since 2014."

“ A lot of what pharmacies currently do is unfunded, and that's a bit of a challenge.

Indeed, only a **quarter (26.8%)** of pharmacists believe the current approach to pharmacist reimbursements through the Community Pharmacy Contractual Framework reflects the value provided by pharmacists in dispensing self-care.

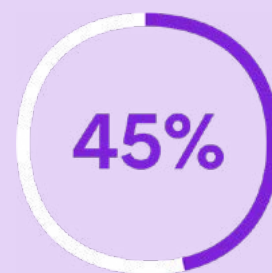
To address this, **Malcolm Harrison** proposes that if the Government wants to solve the primary care crisis, "they need to make sure that the funding that's put into primary care is spread across different settings so that patients can access the appropriate care at the appropriate point."

However, it is not just about money; currently, pharmacists have multiple roles, from fulfilling prescriptions to offering advice and selling OTC medicines – this of course impacts the time they have to provide advice and consultations and get prescriptions ready. This affects the patient's experience and what's needed, in **Malcolm Harrison's** view, is a way "to enable pharmacies to step away from the chain that ties them to a dispensing bench to do more for giving care, giving advice, offering support for patients."

Rachel Power emphasised the need for patients' voices to be heard as part of the debate around what services pharmacists should be offering, stressing that, "we need to frame this question about what matters to patients and how pharmacists can work in partnership to design services, because it's not about 'doing to' patients and it's not about educating patients. It's about giving power to patients."

And what do pharmacists themselves think will help deliver self-care? **Nearly half (45%)** believe a greater emphasis by primary care practitioners on the benefits of self-care will help, with **two-fifths (40%)** calling for greater financial support from the Government. There is also the need for better training and recruitment, while more than **a third (38%)** highlight collaboration between pharmacists and other health care practitioners as being critical.

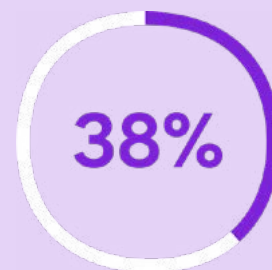
One idea, floated by **Simone Miles**, is using retired professionals to support pharmacists voluntarily. She said, "we have got a number of individuals, professionally trained individuals that are choosing not to work full-time at the moment or retired and actually we should be capitalising on the workforce that we've got in the UK that would be happy to give up maybe two hours a month."



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Recommendations

Based on the insights and expertise shared at the roundtable, and the research undertaken with pharmacists, we recommend the following actions to ensure that we collectively make the best use of pharmacies to encourage and drive self-care:

- **Recommendation Seven:** As we approach the fifth year of the Community Pharmacy Contractual Framework, the Department of Health and Social Care should commission a review into how future contracts can be structured to encourage and facilitate pharmacists' dispensing of self-care advice.
- **Recommendation Eight:** The Department of Health and Social Care should implement a minor ailment and common conditions service modelled on Scotland's 'Pharmacy First' scheme, allowing pharmacists to dispense expert advice for minor ailments and refer patients to other HCPs.

Ensuring the *right medicine* is made available via the *correct route*



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If community pharmacists are better equipped to support self-care, they need to have an adequate breadth and range of OTC medicines at their disposal to serve patients.

That does not appear to always be the case. More than a **fifth (22%)** of pharmacists believe they do not have a broad enough range of OTC medicines at their disposal. This rises to **67%** of pharmacists qualified for more than 15 years.

Some of this is down to certain drugs being primarily available through prescription when they could be OTC. For instance, nearly a **third (30%)** of pharmacists would prioritise switching sexual dysfunction drugs from prescription to OTC to ensure that they have a broad enough selection of treatments available to help patients who have sought their advice.

But how can we drive an improved approach to ensuring that pharmacists have a broad enough range of OTC medicines at their disposal? And how can we overcome the barrier of patients who are used to receiving a medicine on prescription, often for free, being asked to pay for that same medicine if it is OTC?

According to **Michelle Riddalls of PAGB**, one thing to consider is the NHS still paying for OTC drugs. She said, “if you have a scenario where you knew that a product would be really useful but people get it free now, asking those people to suddenly pay is actually quite a big investment for that person. So, if you want to increase access to and availability of those drugs, then maybe the NHS still pays for it but you can cut out a GP appointment, save the NHS that money, and the patient has the ability to go to a pharmacy and get it.”

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Michelle Riddalls also highlighted the commercial challenges companies face when considering switching a prescription product to OTC – ultimately, if a company is not prepared to make this commitment, the range of medicines available to pharmacists cannot be improved.



She said, “if something has been switched, the amount of money that has to be spent to go through that process is extremely high. So, one of the issues that we have at the moment with switching is lack of exclusivity. If you want to get more companies making medicines available as OTC, there is an exclusivity piece to consider.”

Paul Goggin, Global Head of Switch Science at Sanofi, noted that “the FDA currently offers companies three years of exclusivity if the product is a first in class switch by default.”

Clearly central to improving the range of OTC medicines available to pharmacists is the Medicines and Healthcare products Regulatory Agency (MHRA), the regulator charged with overseeing medicine switches.

However, the MHRA is undergoing a period of significant flux, following Brexit, and cuts to its budget, and now would be an appropriate time to consider if its current switching process could be improved.

Nearly **three-quarters (70%)** of pharmacists said they would support a review of the MHRA's current switching process to determine if improvements could be made to deliver a better range of OTC medicines.

There is precedent for this. With the support of the Government, the MHRA played a vital role during the Covid-19 pandemic by maintaining a swift and rigorous review process for vaccines. Now it must be provided with the support required to ensure its medicine switching process remains best-in-class.

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Recommendations

Based on the insights and expertise shared at the roundtable, and the research undertaken with pharmacists, we recommend the following actions to ensure that right medicines, for the right conditions continue to be made available through the most appropriate route:

- **Recommendation Nine:** The Department of Health and Social Care should review the MHRA's current medicine switching process. This review should evaluate:
 - the lessons from the COVID-19 pandemic to highlight what aspects of the MHRA's pandemic working practices can be safely applied to safely accelerate the process of medicine switching.
 - how the impact of budget and workforce cuts can be mitigated.
 - how the public can be better educated on the differences between prescription and OTC medicine and why some drugs are switched to OTC.
 - whether exclusivity should be introduced for first in class switches by default, without the need to provide additional data.
- **Recommendation Ten:** The Department of Health and Social Care should review whether its current approach to prescription charges helps encourage uptake of self-care, or if a more flexible approach, whereby the costs of some OTC medicines recommended by a pharmacist, are covered by the NHS, is necessary.

Conclusion

It is clear from the comments made above from the experts who were assembled at the Sanofi roundtable on self-care, that this is an important issue for patients, patient groups, politicians and the wider pharmaceutical industry.

The provision of good quality self-care options, such as OTC medications, will only be of benefit if it is accompanied by high quality information provided to patients and primary care practitioners. It is also equally important that patients receive clear guidance on what to do when OTC treatment does not provide the benefit they need or where further help should be sought from a healthcare practitioner.

Finding this balance is vital in helping to protect and preserve the resources of the NHS. Triage patients appropriately, which may include visiting a pharmacy to consult on a range of minor ailments, will provide an opportunity to treat ailments early and restore control by patients of some conditions. An essential part of such a process is ensuring modern pharmacies have access to a wide range of effective licensed medications to treat a variety of ailments which can be self-managed.

Sanofi was indeed fortunate to be able to bring together such a group of experts and would like to thank each of them in providing support to this meeting. We also must express our profound thanks to both Sir George Howarth and Baroness Ritchie for giving up their time to support this event.

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References

- ¹ <https://hansard.parliament.uk/commons/2022-04-26/debates/77644B86-5AEC-4B96-AEFD-B62D29FC973D/NationalStrategyForSelf-Care>
- ² <https://www.who.int/news-room/feature-stories/detail/what-do-we-mean-by-self-care>
- ³ <https://www.pagb.co.uk/content/uploads/2021/02/2020-PAGB-Self-Care-Survey-Results.pdf>
- ⁴ https://www.pagb.co.uk/content/uploads/2021/09/PAGB_SelfCare_Survey_2021_web.pdf
- ⁵ Todd A, Copeland A, Husband A, et al. Access all areas? An area-level analysis of accessibility to general practice and community pharmacy services in England by urbanity and social deprivation. *BMJ Open* 2015;5:e007328. doi: 10.1136/bmjopen-2014-007328
- ⁶ <https://thecca.org.uk/national-pharmacist-shortfall-of-over-3000-poses-significant-risk-to-local-pharmacies/>



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