

Self-Care Phase 2 Consultation

Outcomes Report

1.0 Introduction and Background

In January 2016, following a 12 week formal NHS Warrington Clinical Commissioning Group consultation, the CCG approved guidance on self-care prescribing i.e. paracetamol, sunscreen. This advised that for minor short term health problems, patients should access advice and purchase medicines such as homely remedies as they and their family need rather than being prescribed by their GP or other clinicians. Patients are expected, where possible, to try to alter their diet and life-style if it is probable that this is the cause of a minor health problem.¹

Following the successful implementation of this policy, where 87% of local people agreed making the change would be a common sense approach, the CCG proposed this policy was extended to include additional medicines that fall within the following categories:

- Medicines and treatments that are available to purchase over-the-counter, used for the treatment of minor, short-term medical conditions.
- Medicines and treatments where there is limited evidence of clinical benefit or cost-effectiveness.
- Medicines and treatments that are prescribed to treat conditions where there is no clinical need for treatment.

1.1 Phase one outcomes and mitigations

Following on from the first consultation the following mitigations were actioned to ensure effective implementation.

1. A large scale communications plan for public awareness. This included patient briefings, posters and a range of self-care leaflets
2. Amendments to the CCG and Warrington Borough Council's Homely Remedy Policy for Care Homes
3. Self-care guidance was produced for GPs and prescribing health professionals which included exceptional circumstances where the listed medications could be prescribed. The exceptional circumstances included but are not exhaustive of:
 - Patients and families on low incomes where the GP feels they cannot afford the medication
 - People with learning disabilities if the GP feels they don't understand the self-care advice
 - Homelessness community who cannot afford the medication

1

<http://www.warringtonccg.nhs.uk/Downloads/Get%20Involved/004%2016%20GB%20Report%20Medicines%20Management%20Consultation%20Outcomes%20Report.pdf>

1.2 Complaints and PALS Queries from Phase 1

The Patient Experience Team received one formal complaint in relation to the first phase of the self-care consultation. The complaint concerned the prescribing of foot care cream.

Five queries have been received by patients, these were all relating to patients who had had their prescription stopped due to the change in policy, three had this decision reversed as they had long term conditions and two were given self-care advice and information as the CCG agreed with the GP's decision not to prescribe as the patient did not have any long terms conditions relating to the medication.

1.2 National Context

In 2017, NHS England undertook a national consultation concerning items that should not be routinely prescribed in primary care. The consultation focused on 18 specific medicines, the consultation also considered those products which can be purchased over the counter.² The consultation question relating to over the counter medications focused on if NHS England should assess items for potential restriction, further consultations will then be undertaken on specific items.

The consultation supports the approach of the CCG in restricting the prescribing of over the counter medication. There were 5,543 respondents. From the comments received the three main themes overall were:

- 1) Treatments available over the counter should not be prescribed (65% agreed with the proposal to assess items for potential restriction)
- 2) Over the counter medicines should not be prescribed unless there is a specific need from the individual
- 3) Restriction of over the counter medicines just because of the cost to the NHS is unfair on vulnerable groups

The themes above mirrored the outcomes of the CCG's first consultation.

1.2.1. From 20th December 2017 NHS England launched their next phase, consulting on specific items to be restricted.³ This consultation includes items NHS England consider to be self-limiting and so does not need treatment as it will heal or be cured of its own accord, or which lends itself to self-care. The national consultation mirrors and supports the CCG proposals, with 27 from the national list of 35 either included in this consultation or Warrington CCG have already consulted on and implemented guidance.

1.2.2. The national GP Five Year Forward View also highlights self-care as one of their top ten high impact changes⁴. The document highlights a 2016 survey of over 5000 people for national Self-Care Week that stated that 80% of people would be

² <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-consultation-report.pdf>

³ <https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/>

⁴ <https://www.england.nhs.uk/gp/gpfv/about/>

likely to seek advice from a pharmacist and use over the counter remedies for coughs, colds and other self-treatable conditions. And 92% acknowledged the importance of taking responsibility for their own health in order to ease the financial burden on the NHS.

2.0 NHS Warrington CCG Local Consultation

NHS Warrington CCG undertook a statutory consultation on the proposals as they constituted a substantial development of, or variation in the provision of health services, in accordance with regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. When undertaking any public consultation the Gunning Principles must be applied, see Appendix 1 for how this consultation adhered to the principles.

The consultation was undertaken for 12 weeks from Friday 22nd September 2017 until Friday 15th December 2017.

2.1 Aims

The aims of the proposals were:

- To ensure that the CCG use our prescribing resources effectively
- To deliver best patient outcomes from the medicines that our local population uses
- To ensure that all medicines that are prescribed have evidence of clinical benefit or cost-effectiveness and no medicines and treatments are prescribed to treat conditions where there is no clinical need for treatment

The aims of the consultation were:

- To ensure the local population were aware of the proposals
- To ensure the local population were able to have their say on the proposals
- To provide sufficient evidence and information was provided for the CCG to make a decision on the proposals and
- If appropriate to ensure that any issues and themes raised are taken into account and any potential mitigating actions are considered.

2.2 Medications

The medicines and treatments that are available to purchase over-the-counter, used for the treatment of minor, short-term medical conditions being assessed are:

- Pain relief cream/ointment for short term use
- Oral Antihistamines for hay fever
- Decongestant nasal spray and tablets
- Teething gels and mouth ulcer products
- Vaginal moisturisers (e.g. lubricant gels and creams)
- Warts and verrucae paints
- Heparinoid gel/cream
- Antiperspirants
- Antifungal treatment (e.g. Athletes foot)
- Treatments for bites or stings

- Treatment for cold sores
- Antibacterial eye drops
- Treatment for diarrhoea
- Head lice treatments
- Treatments for infant colic
- Creams/ointments for nappy rash
- Threadworm treatments
- Vaginal thrush
- Haemorrhoids treatment

Medicines and treatments where there is limited evidence of clinical benefit or cost-effectiveness:

- Cough preparations
- Eye care products (e.g. blepharitis wipes)
- Probiotics

Medicines and treatments that are prescribed to treat conditions where there is no clinical need for treatment:

- Treatments for mild acne
- Cradle cap and dandruff treatments
- Baby milks (unless a clinical need for a specialist milk)

2.3 Equality Impact Assessment

An Equality Impact Assessment was undertaken to highlight any risks or issues identified for the protected characteristics covered in the Equality Act 2010. The full assessment is on our website, please [click here](#) to view it. The issues identified in the initial desk top assessment were previously mitigated in the first consultation with the exceptional circumstances. This guidance will remain the same. Through the consultation other issues relating to equality were highlighted, these were concerning domiciliary care (age), treatments for infant colic (age) and the psychological impact of acne (disability). These will be explored further in the report.

2.4 Methodology

The consultation took place over 12 weeks. The methods of engagement were varied as was the target audience. See Appendix 2 for the completed audit of all the communications and engagement activity.

2.4.1 Summary Document and survey

A summary leaflet explaining the proposals was produced with a survey to obtain people's views. This was agreed by the CCGs lay reader panel before being published.

Frequently asked questions were also developed and added to throughout the engagement. The FAQs included the exceptions of certain medications in being bought over the counter, for example Antibacterial eye drops for children under two years of age or where a patient has pain, visual deterioration or contact lens use.

2.4.2 Public Events

The CCG organised a public event to capture the views of the community. This was promoted in the summary document through the CCG's and partners social media channels, email invites sent to the CCG's 'membership scheme', through Healthwatch Warrington, Warrington Voluntary Action mailing to third sector organisation and through a press release in the Warrington Guardian.

Healthwatch Warrington also organised a public event to hear about the proposals, this was advertised through the same channels as above. Due to the lack of numbers this event was unfortunately cancelled.

Two other public events to promote the consultation were also attended; these were Healthwatch Warrington's AGM and Speak Up's Living Well event (for people with learning disabilities and their carers and families).

2.4.3 Attendance at events, meetings and Third Sector Groups

From the equality impact assessment those groups and organisations who represent, work or support people that do not pay for their prescriptions were targeted. These meetings were with disability groups, older people's groups, a peer support group for people with learning disabilities, two carers drop ins, Care Home managers forum, Third Sector Network Hub, Warrington Borough Council job clubs, the CCGs Health Forum and the Patient Participation Group Network. Speak Up's mental health engagement officer supported this work to promote the consultation through her ongoing work.

Please see Appendix 3 for the write of these events and meetings.

2.4.4 Communications

The communications were far reaching and varied. The summary documents were electronically sent and displayed at various venues across Warrington, these included CCG, Healthwatch Warrington, partners and providers websites, information sent to provider members, GP Practices, School News for parents and teachers, community Centres and community newsletters, third sector newsletter and e-news, children's centres, residents Group, CAB waiting area, pharmacies, LiveWire venues , provider waiting rooms and outpatients and care homes.

Social media was used throughout the consultation, the evidence of the reach of this is highlighted in the audit of activity in Appendix 2.

The consultation was advertised in the media, specifically the Warrington Guardian,

3.0 Respondents

The full survey results can be found in Appendix 4. This has been displayed as overall findings and also splits the percentages into those respondents who don't pay for their prescriptions.

There were 389 surveys completed, with the engagement activity that took place this increases this number significantly whose views have been taken into account.

3.1 Breakdown of respondents (summary)

In summary, 73% of respondents were female, 97% were the same gender they were assigned at birth, 96% were heterosexual, 16% had a disability, 53% had a long term condition, 90% were white British, 69% were Christian, 20% were aged over 65, 35% were aged between 50-64 and 30% aged between 35-49, 27% were retired, 41% in full time employment, 16% in part time employment, 3% not working due to permanent sickness or disability, 2% unemployed and 2% not working due to being a full time carer, 17% were carers. From the postcode information gathered there was a spread of areas, whilst this can't be exact, it highlights that a large percentage of respondents were from Warrington's most deprived areas.

Of the total survey responses 95% were individual respondents and 5% representing groups. This 5% can be broken down to eight different groups or organisations. Group respondents were also received though the engagement activity, these included Warrington disability forum, Speak Up peer support for adults with learning disabilities and West Warrington Older Peoples Engagement Group. Responses were also received by Warrington Borough Council's Public Health Team and the Local Pharmaceutical Committee.

From the survey respondents 48.1% were exempt from paying for prescriptions and as illustrated in Appendix 4 the support for the proposals did not alter. From the respondents the main reason for exemption was age (over 60) this was 66.5% with 22.6% being exempt due to medical reasons and 8.2% of respondents being exempt due to being on for tax credits, low incomes.

Respondents from the engagement activity also included a large proportion who don't currently pay for their prescriptions, including people with disabilities, long term conditions, people over 60 and those on low income or relevant benefits. The majority of people spoke to through this engagement were also in support of the proposals.

4.0 Main Findings and Appropriate Mitigations

The following section highlights the main findings from all the engagement activity. The information is from the survey results (389 responses), attending various groups and meetings and the public engagement events and have been themed to form the findings. Mitigations actions are also highlighted.

4.1 Supportive of proposal

The majority of respondents were in support of the proposals with an average percentage of **75%** in support. The full percentages for each medication can be found in Appendix 4. For the three categories this can be broken into:

- Medicines and treatments that are available to purchase over-the-counter, used for the treatment of minor, short-term medical conditions **73%**
- Medicines and treatments where there is limited evidence of clinical benefit or cost-effectiveness **80%**

- Medicines and treatments that are prescribed to treat conditions where there is no clinical need for treatment **80%**

The comments through the survey and discussions at the engagement activities also support the proposals.

“Makes sense to use the budget where it is really needed”

“I think it is time the public started to take some responsibility for their own health, and not expect to see a doctor for every minor ailment”

The survey results can be broken down into those who do not pay for their prescriptions as the proposals will have the biggest impact on this cohort of patients.

For those respondents that do not pay the total average percentage in support of the proposal is **74%**. Again for the three categories this can be broken into:

- Medicines and treatments that are available to purchase over-the-counter, used for the treatment of minor, short-term medical conditions **73%**
- Medicines and treatments where there is limited evidence of clinical benefit or cost-effectiveness **77%**
- Medicines and treatments that are prescribed to treat conditions where there is no clinical need for treatment **82%**

Patients and the public from the engagement meetings were also in support, a peer support group for people with learning disabilities were in agreement of the proposals, were also aware of self-care options and where to buy over the counter medications from. Attendees at Staying Connected, Warrington’s disability forum, and the majority of carers who attended WIRED carers drop ins were also in support. Through work with Speak Up, people with mental health problems were engaged but there was little interest in completing the surveys as it was felt to be the right thing to do. A large majority of the attendees from the above groups did not pay for their prescriptions, this supported the survey results.

4.2 Specific medication

Although the majority of respondents were in favour of the proposals, there were certain medications people had particular concerns with if they were to be restricted on prescription. These are highlighted below with suggested mitigations.

4.2.1 Vaginal Thrush

The survey percentage in support of restricting this on prescription is significantly lower than the other medications, with 58.5% agreeing, 31.6% not supporting the proposal and 9.9% unsure. Comments received, including a discussion in the CCG’s Health Forum, highlighted concerns including:

- Women could feel embarrassed to ask for treatments for thrush at a pharmacy

- Certain treatments are not available over the counter for all patients and
- Repetitive thrush should be investigated

Vaginal thrush treatments are a restricted over the counter medication that are only available from a pharmacy. Their sale is not permitted to those women who have symptoms of thrush for the first time and are under 16 or over 60 years old.

Patients should seek advice from their GP if they have any of the following:

- unusual symptoms, such as coloured or smelly discharge, or sores on the skin around the vagina
- abnormal vaginal bleeding or pain
- two episodes of thrush within the last six months
- reacted badly to antifungal treatment in the past, or it didn't work
- they or their partner have previously had a sexually transmitted infection (STI) and they think it might have returned
- symptoms don't improve after 7-14 days of treatment

These restrictions are in place as the GP may need to confirm the diagnosis and/or carry out tests to check for any underlying causes. These restrictions to purchase will not be affected by the proposal, therefore the risk of these concerns are already mitigated.

The CCG will ensure a patient briefing and guidance on vaginal thrush is developed, including the current restrictions to be able to buy over the counter and the reasons for these.

4.2.2 Children's Treatments (infant colic and baby milks)

For infant colic there is a small majority of 55.5% in agreement and 31.5% disagreeing with the restriction. There was a large majority in support of baby milks being restricted (84.6%), however there were significant comments through the survey raising concerns with restricting any medication for children "anything related to children should be prescribed – parents should not have to pay prescription fees for children."

The majority of concerns raised, for both infant colic and baby milk, related to the cost of these medications if bought over the counter, with many respondents stating for specialist baby milk the cost is approximately £20.

Treatment for infant colic for children where lactose intolerance is a longer term condition, and it has been confirmed by testing, is the current criteria for prescribing lactose enzyme drops, and this will still remain the same.

For baby milk, this will still be prescribed if there is a clinical need for specialist milk i.e. allergies to cow's milk. The restriction will only be for if there is no clinical need to treat.

4.2.3 Eye Drops and Eye Care Products

A small majority agreed with antibacterial eye drops being restricted (49.9%) with 37% disagreeing. For eye care products (e.g. blepharitis wipes) there were 64.4% in agreement. There were several comments expressing concern with restricting eye care treatments “eyesight is precious so think they need expert help”.

There were several comments relating to patients, especially children, not being able to obtain certain eye products over the counter due to restrictions.

The current restrictions to purchasing antibacterial eye drops for conjunctivitis over the counter from a pharmacy are children under two years of age, or where a patient has pain, visual deterioration or contact lens use.

Patients will be advised to seek advice from their GP if their symptoms worsen during treatment with over the counter eye drops or persist after treatment.

These restrictions to purchase will not be affected by the proposal, therefore the risk of these concerns are already mitigated.

4.2.4 Head Lice

There were some concerns relating to head lice treatments, while this doesn't reflect in the percentage in support (83%), it is worth highlighting. The concerns all focused on affordability of treatments, if there is more than one child in the family and if there is a need for repeat treatments.

The proposal is not a blanket ban, the agreed CCG prescribing guidance from the first consultation has exceptions which includes if prescribing health professionals feel the patient cannot afford the advised medication this can still be prescribed. These exceptions will remain.

4.2.5 Antihistamines for Hay Fever

While the percentage in support of antihistamines being restricted is high (75%) there were concerns raised through the survey. There were some comments from respondents who put unsure (8%) as they felt it depended on the severity of the case. For example some over the counter treatments may not be strong enough for severe cases of hay fever. There were also some comments that antihistamines are used for other conditions such as Urticaria (skin rash).

The proposal is only for short term conditions and for medication that can be bought over the counter, if a patient requires a higher dose than is available over the counter and/or is a longer term, repetitive or debilitating condition a prescription will still be available.

4.2.6 Treatments for mild Acne

The percentage, through the survey, in support of treatments for mild acne is 69.45%, while this is the majority there were several comments raised regarding acne treatments. These included:

- The psychological issues potential associated with acne “deliberating to the sufferer even if its mild”
- Some mild acne treatments, available over the counter have not always been effective for some patients
- Acne could be a sign of other diseases so should be treated

As the proposal is not a blanket ban, one of the key messages will be that the proposal is not to discourage people from seeking advice from a GP. A patient will still be able to seek advice from a GP or other prescribing health professional and medication will be prescribed if clinically appropriate.

4.2.7 Threadworm treatments

From the survey there was 49.21% in support of these restrictions and 31.94% not agreeing. There were no additional comments received via the survey or through the engagement, as such it is difficult to know if there is any specific concerns relating to these treatments.

To treat threadworms successfully, all household members must be treated, even if they don't have any symptoms as the risk of the infection spreading is very high. This could be a reason for a lower percentage in support.

The current restrictions to purchasing threadworm treatments are:

- Those who have threadworms and are pregnant or breastfeeding
- Children who have threadworms and are under two years old

As with the other medications this is not a blanket ban, and a GP or prescribing health professional will assess on a case by case basis.

4.3 Pharmacy

Throughout the consultation the importance of pharmacies was highlighted. This is also supported by national messages about self-care. Many respondents felt the role of the pharmacy needs to be highlighted more, especially free, confidential advice that pharmacies offer.

These messages will form part of the communications plan and will utilise national awareness weeks i.e. Self Care awareness week and Ask Your Pharmacy Week.

4.4 Care Homes and Domiciliary Care Agencies

Feedback received through engagement at Warrington's Care Home Forum and through survey feedback stated that there are issues with Care Home staff and Domiciliary Care agencies not being able to administer medications that are not prescribed.

NHS Warrington CCG and Warrington Borough Council have developed the 'Medication Guidelines for Nursing and Residential Homes and Domiciliary Care

Policies and Procedures 2016', ⁵the guidance covers the administering of over the counter medications. The Domiciliary Policy which sits underneath this policy is currently being reviewed and the CCG will ensure this will mitigate the risks highlighted regarding administering over the counter medications.

The CCG will ensure this policy is communicated effectively with all Care Homes and Domiciliary Care agencies.

4.5 Minor Ailments Scheme

Warrington's Public Health team and the Local Pharmaceutical Committee suggested that Warrington should commission a Minor Ailments Scheme (Care at the Chemist).

Minor Ailment Schemes are services from a Community Pharmacy that (where evidence demonstrates a reduction in pressures within primary care), are locally commissioned by clinical commissioning groups. There is no national service in England and the medical conditions covered and eligibility varies by area. The schemes only cover certain *acute* conditions and patients are only offered medicines if they need them for their particular condition. Some patients may have to pay for these as they normally would. NHS Warrington CCG has, on a number of occasions, reviewed the merits of commissioning a minor ailment scheme but to date have not done so. This decision may be reviewed in future.

4.6 Cost of the medications

Whilst there was a large majority in support of the proposals, there were comments throughout the survey results and from responses received specifically relating to the cost of certain over the counter medications.

"There's a balance here between cost saving (for the public and NHS) and making sure people who can't afford them are not precluded from receiving treatment when needed".

Warrington's Public Health Team also raised the cost of certain over the counter medications being a potential barrier to some people accessing medications.

This proposal, as with the first phase, is not blanket plan, it is a restriction on prescribing. From the first consultation exceptional circumstances were produced and these will remain the same. These exceptional circumstances include people who are on low or limited income and the prescribing health professional does not feel they can afford to buy the advised medication.

⁵ <https://portal.gpteamnet.co.uk/Library/ViewItem/a614d126-5730-40bb-ab3a-a6de00c6b8ec>

As the proposal is for short term conditions the cost should not be more than the current cost of a prescription. Large quantities of the medications should not be needed. If symptoms are persisting and/ or stronger medications are needed a GP or prescribing health professional will still be able to prescribe if clinical appropriate.

4.7 Symptom management

There were also a lot of comments regarding people needing advice about a condition and not just buying over the counter medications.

“Some people may need advice initially before progressing to self-managing”

““some conditions may be misdiagnosed, or there may be underlying caused that need proper diagnosis”

If the proposals are agreed the outcomes of the consultation will be clear that the proposal is not about discouraging people from seeking advice from a GP or other health professional if they are worried about their symptoms.

If the GP diagnoses a longer term condition, or the patient fits the national criteria of not being able to purchase the advised over the counter medication a prescription will be issued. The current policy allow clinicians to consider exceptions on a case by case basis, this will continue.

4.8 Awareness and Communications

If the proposals are agreed a comprehensive communications plan will be developed which will take into account all the issues that have been raised. The plan will need to include:

- Public information (leaflets and posters) on the changes and the rationale – these will include online resources and copies for GP practices.
- Self-care briefings on the conditions affected – these will be available to all GP Practice and will be promoted across Warrington.
- Briefing for practice staff on the local restrictions and the exceptions to buying the medications over the counter so staff can advice patients.

The key messages will need to include:

- There are exceptional circumstances – this is not a blanket ban
- National exceptions for certain patients being able to buy certain over the counter medications will still apply
- If patients are worried about their symptoms, they will be encouraged to seek advice from a Pharmacy or their GP Practice
- The restrictions are only for short term conditions, if they are needed for longer term conditions they will still be prescribed. Or if a patient clinical needs strength of medication that is not available over the counter this can still be prescribed.

5.0 Next Steps

The Governing Body is asked to consider the information presented and agree to the restriction of the listed medications.

If the proposals are agreed the CCG's Self Care Prescribing Policy will be amended to include the listed medications and an alert will be added to GP systems to inform and remind them of the restrictions if they issue a prescription.

The proposed start date of phase two of the self-care policy is Monday 29th January 2018.

The national consultation outcomes will be fed through to the CCG Governing Body or Quality Committee for the Self Care Prescribing Policy to be further amended to if necessary.

Appendix 1

Self-Care Consultation Process and the Gunning Principles

When undertaking any public consultation in the UK the Gunning Principles must be applied. This has been confirmed by the Court of Appeal in 2001 (Coughlan case)

When assessing the self-care consultation the four principles were applied as evidenced below.

1. When proposals are still at a formative stage - *Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.*

The CCG used evidence gathered when undertaking the first self-care consultation in 2015 to develop these proposals.

The consultation questions made clear the options to agree or disagree with the proposals. At presentations at public meetings and Third Sector Organisations it was made clear this was a consultation and if the majority of the public did not agree it would not happen.

2. Sufficient reasons for proposals to permit 'intelligent consideration' - *People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document.*

The consultation documents made the reasons for the proposals clear, as below

- There are a number of medicines currently prescribed in Warrington that patients and the public can get over the counter
- The medicines on the list are usually prescribed for minor health problems only and where this is not the case they will continue to be prescribed.
- NHS Warrington CCG spends approximately £1 million per year on medicines that are available to buy over the counter, which are often only required short term for minor ailments. This money can be better spent on reducing health inequalities across the town for the benefit of the wider population.

A Frequently Asked Question sheet was produced for the public to further understand the implications of the proposals.

An Equality Impact Assessment was undertaken to determine where specific engagement should be undertaken. As well as general engagement and communications focused work was undertaken to target those people who are currently exempted, as these will be most impacted. This included:

- Attending public events targeting Healthwatch Warrington's AGM, Living Well event for people with learning disabilities and a specific focused CCG public event

- Targeted engagement at Third Sector Organisations who represent the wider community – Warrington Disability Forum, Speak Up (adults with learning disabilities) and Older Persons Engagement Group
- Targeted communications at CAB, job clubs, schools news, community centres, libraries, Healthwatch, Children’s Centres.

3. Adequate time for consideration and response - *Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?*

The consultation was undertaken for 12 weeks. The engagement and communications methods used were wide and varied, which included press releases, social media, emails, printed documents in various places and targeted engagement at groups and public events.

When analysing the results and making the final decision many issues raised had already been mitigated through the first local consultation.

4. Must be conscientiously taken into account - Think about how to prove decision-makers have taken consultation responses into account.

There was overwhelming agreement to the proposals, however some issues and concerns were raised. The mitigating actions to these concerns are below.

- Updated Domiciliary Policy for care agencies
- Public information on the changes and the rationale – these will include online resources and copies for GP practices.
- Self-care briefings on the conditions affected – these will be available to all GP Practice and will be promoted across Warrington.

The key messages will need to include:

- There are exceptional circumstances – this is not a blanket ban
- National exceptions for certain patients being able to buy certain over the counter medications will still apply
- If patients are worried about their symptoms, they will be encouraged to seek advice from a Pharmacy or their GP Practice
- The restrictions are only for short term conditions, if they are needed for longer term conditions they will still be prescribed. Or if a patient clinical needs strength of medication that is not available over the counter this can still be prescribed.

Appendix 2. Audit of engagement activity

Stakeholder Group	CCG Action	Dates
Patients and Public		
Website	<p>The items to be uploaded are:</p> <ul style="list-style-type: none"> • Overview statements • Link to survey monkey • Frequency asked questions – will be added to throughout the engagement <p>Information put on Facebook and Twitter – social media pack to be produced</p> <p>Information sent to providers to put on their website</p>	22.09.17
<p>Website hits 2,443 hits on self-care consultations pages</p>		
Social Media	<p>Information put on Facebook and Twitter Updated throughout the engagement</p>	22.09.17
<p>Social Media Statistics</p> <p>Twitter 24 tweets Average impressions over the consultation: 37.45k Average profile visits over the consultation: 892.75</p> <p>Facebook 24 posts 124 page views</p>		

Reach 4,340			
Consultation Document	<p>To be disseminated electronically</p> <ul style="list-style-type: none"> • Providers to send to membership and on website • All GP Practices • School News for parents and teachers • Chamber of Commerce • Warrington Collegiate • Neighbourhoods – Community Centres and community newsletters • Priestly College • Third Sector newsletter and e-news • Children’s Centres • Residents Group • Chester University Warrington Campus • Nurseries 	<p>To be sent to and displayed</p> <p>All GP Practices</p> <ul style="list-style-type: none"> • The Gateway – for public and to all tenant organisations • Warrington Disability Partnership Centre for Independent Living • Healthwatch Warrington (including Men’s HW and Young HW) • CAB • Pharmacies • Children’s Centres • WBC Job Clubs • WBC Contact Centre • Health and Wellbeing Mentors • Wellbeing Hub • LiveWire Sites and Libraries • Lifetime • Providers (for waiting rooms, outpatients etc) • Community centres/ venues to target new parents and young mums (breastfeeding and mums and tots groups) • Care Homes 	22.09.17

Health Forum To be discussed and disseminated to CCG Patient and Service User Forums.	EEC Team to send information to their Health Forum members. Medicines Management Team attended and presented to the Health Forum	22.09.17 25.09.17 7pm	
CCG 'Membership' Scheme The CCG have developed a membership scheme with approx. 200 individual and Third Sector representatives on the mailing list.	EEC Team to send information	22.09.17	
PPGs Individual PPGs and PPG Networks	EEC Team to send information to the PPG Network Discussed the proposals at the PPG Network meeting	22.09.17	
CCG Public Event	To hold a public event to be able to present the proposals and gain feedback	09.11.17	
External Public meetings/ events Health and Wellbeing Event Public Health are organising a event to target the community.	To attend and promote the consultation	10.10.17	

Healthwatch Warrington AGM		14.10.17
Speak Up Living Well event		29.10.17
Healthwatch Warrington public event for medicines management	Unfortunately this was cancelled due to lack of interest.	
Media		
Press releases To target <ul style="list-style-type: none"> • Warrington Guardian • Warrington Worldwide • South Warrington news • WIRE FM • Radio Warrington 	Press release to be developed to launch the consultation Press release to be developed as a reminder – with information about the public event Press release to be developed as a final reminder	22.09.17 Mid October 28.11.17
Third Sector Organisations		
Warrington Voluntary Action	EEC to send information for further distribution WVA to highlight any Third Sector organisations to work with/ liaise with	
Healthwatch Warrington	Information sent to Healthwatch Warrington to send to their wider database. Stakeholder briefing to be sent for formal Healthwatch response Discuss possibility of a focused event	
Third Sector Network Hub	To attend to discuss the proposals and gain feedback	25.10.17

	As the strategic third sector partners they will disseminate information across their own networks	
Equality Groups and vulnerable groups (to focus on protected characteristics from the EIA)		
Warrington Disability Forum (Stay connected)	CCG to present and discuss the proposals	13.10.17
Speak Up for learning disabilities	CCG to present and discuss the proposals	17.10.17 to attend
Speak Up for people with mental health problems	CCG to present and discuss the proposals	Speak Up to lead on this.
WIRED Carers	CCG to present and discuss the proposals	Lymm 07.11.12 Culcheth 04.10.17
Warrington Parents and Carers	CCG promoted consultation – representative attended Health Forum for full presentation	
West Warrington OPEG	CCG to present and discuss the proposals	23.10.17
LifeTime	Promoted consultation at the centre	
WBC Job Club	CCG to attend and promote consultation	
Third Sector Network Hub	CCG presented the proposals	25.10.17
Primary Care Engagement		
GPs	EEC Team will send to all local GPs in weekly bulletin	22.09.17 Repeat monthly
Federations Meeting	Information to be sent to the Chairs for distribution and offer for a presentation	22.09.17
Healthier Warrington Phoenix Teaching Warrington Alliance		
Commissioning PLT	To inform Primary Care of the proposals	12.10.17
Other Clinical Engagement		

Pharmacists	To send briefings to all Pharmacists – Via GP Bulletin	22.09.17
Bridgewater Community Healthcare NHS Foundation Trust	To send briefings to Bridgewater for extended access and out of hours staff	22.09.17
Internal Engagement		
CCG Staff	Information to be sent via Staff bulletin Information to be presented at staff brief	26.09.17
Primary Care Quality Committee	Committee approved the consultation – to provide an update	17.07.17
Primary Care Development Group	Consultation discussed	20.09.17
Stakeholder Group		
Health and Wellbeing Boards	Information sent to the Board	19.09.17
Public Health	Stakeholder briefing to be sent	19.09.17
Bridgewater Community Healthcare NHS Foundation Trust	Stakeholder briefings to be sent	19.09.17
Warrington and Halton Hospitals NHS Foundation Trust	Stakeholder briefings to be sent	19.09.17
North West Boroughs	Stakeholder briefings to be sent	19.09.17
St Helens and Knowsley Hospitals NHS Trust	Stakeholder briefings to be sent	19.09.17
Warrington Borough Council/ Public Health	Stakeholder Briefings to be sent	19.09.17
Partnership Boards	Stakeholder Briefings to be sent	19.09.17

<ul style="list-style-type: none"> • Learning Disability and Austim • Carers • Hate Crime • Mental Health • CYP 		
Schools	Both Primary and Secondary and Nurseries	Through WBC
Care Homes	To send briefings to all Care Home To send consultations surveys to all Care Homes To attend Care Home Forum	22.09.17 06.12.17
Local Medical Committee	Stakeholder Briefings to be sent Invitation to attend and present given – no response	19.09.17
Local Pharmaceutical Committee	Stakeholder Briefings to be sent Invitation to attend and present given – formal response received	19.09.17
Halton CCG and St Helens CCG	To keep them informed	19.09.17
LiveWire	Stakeholder Briefing to be sent	19.09.17
Political Engagement		
Overview and Scrutiny	To send Stakeholder briefing To attend Scrutiny	22.09.17 23.11.17

MPs	Stakeholder briefings to be sent Chair and Chief Clinical Officer to update MPs at briefing sessions.	22.09.17
Councillors	EEC Team to inform all councillors	22.09.17

Appendix 3 Write up of engagement discussions

Mental health engagement – from Speak Up

Very similar to first consultation: it making sense and the items in the list being readily available.

Certainly no concerns that are particular to those who struggle with their mental health.

Some questions regarding how it will be shared / communicated as no one I spoke to was aware that there had already been changes (other than hearing it from Speak Up). I did reassure them that this is probably a good indicator that it hasn't impacted them to date.

Genuinely – I did promote it and took the leaflets out and about with me but there was little interest in feeding back as it was felt to be the right thing to be doing.

Speak up Peer Support for people with learning disabilities

Warrington Speak Up Group

Who's here...
 Russell / Sarah / Lynda / Nicola / Sue / Nicola / Molly / Keble / Jill / Caroline / Chris / Aden / Pip / Rebecca / William / Arron / Elizabeth / Ian / Mark / Katie H / Catherine / Ami /

NHS CCG
 Katie

Supports Evening
 November 16th 2017
 Tea

Who can't make it
 Lesley / Rodney / Craig / Dan

Administrative notes:
 No group Mens group on 31st
 No speak up group next week due to half term

Medicine / Cream
 If we can buy things for common illness at the chemist – IS it OK for G.P's to Not prescribe them?
 People who have long term conditions will still get them.
 A prescription costs £9.40 to you
 It costs the CCG £42 on average.
 This is because of the G.P's time and because so many people don't pay for prescriptions.

Need to make sure supported Living providers understand the changes.
 Poundshop / Asda / Lidl / Home Bargains etc have lots of things MUCH cheaper. ✓
 We know where to find most of these things.

WBC contracts.
 Nicola Kelli
 supported Living and Outreach
 Reach - "It's going to pot, we've got all agents staff"
 Dimensions - haven't said why → Nic explains

The doctors time costs money.
 speak to the pharmacist, they know all about medicines.

There's one person we don't get on with.
 Do you know who to contact

WCL
 It's hard

But
 If the problem is serious + over the counter medicines don't work → Go and see your doctor.

We need everyone to try + do the things they can easily do to help themselves.

Everyone in attendance were fully in support of the proposal, they felt it made sense and understood GPs time and prescriptions cost money. The majority of people knew the best places for them to buy over the counter medications and all knew their local pharmacy. No-one in the group paid for their prescriptions.

CCG Health Forum – (taken from the Forum minutes agreed at their October meeting)

Jenny Lunn explained that Phase 1 of the self-care consultation was conducted in 2015 which advised that for minor short term health problems, patients should access advice and purchase medicines such homely remedies as they and their family need rather than being prescribed by their GP or other clinicians; this subsequently went live in January 2016 and since then there has been a saving of approximately £0.26m (there was no projected savings as it wasn't felt to be possible to estimate). It was also reported that there are additional savings as a result of this, for example - GP time, pharmacy time, admin, etc.; however It was suggested that these savings aren't easy to report on as they aren't as tangible.

There is a further £200,000 being spent on Medicines included in the phase 2 consultation.

Queries were raised in regards to the budget Warrington receives being altered in the next financial year which will just "remove" this amount of money from the allocation - Jenny Lunn noted that there are many factors which are taken into consideration when the budget is allocated; this includes population growth, rise in medication costs, etc.; therefore, a National formula is used.

This consultation had a response of 236 surveys (some on behalf of groups) with 87% in support of the change.

Jenny Lunn stated that other areas took the idea on board and added to the list of medications; from this, it has encouraged Warrington to run a second Phase - medications in this phase will be circulated with the minutes of this meeting. Brief discussion was then had in regards to those who are exempt from paying for prescriptions and Maria Austin reported that there was engagement focus during Phase 1 with this cohort of patients and they themselves were in agreement with the changes.

Jenny Lunn clarified that this was never intended to be a blanket ban and the policy allow clinicians to consider exceptions on a case by case basis, there are exceptions - this includes someone who is homeless and has no means of paying for medicines. It was agreed that by implementing self-care, it will help to change the culture of how Primary Care is utilised and if successful, should take pressure off of Primary Care. In regards to baby milks, it was noted that in the case for clinical need for medication, then prescriptions will be provided.

Queries were raised in regards to who would establish if there is a clinical need and Jenny Lunn stated that this would be a clinician such as a GP.

Further concerns were raised in regards to children that don't necessarily get the care they need from their parents/guardians (an example was provided where children are fed better during term time due to being provided by the school rather than in school holidays); if parents are expected to purchase these medications, then the worry is that their children won't receive the right care.

Jenny Lunn requested that this be fed into the feedback via the survey so that it can form part of the consultation; however, Jenny Lunn assured delegates that if a clinician believes that a child is in need, then a prescription could be provided on a case by case basis.

Anne Robinson asked whether gluten free products would form part of this consultation.

Jenny Lunn stated that due to a national consultation currently being conducted in regards to gluten free products, this will not form part of the local agenda. The National report will be provided in November 2017.

Delegates suggested that if during Phase 2, reporting on the support and positive outcomes of Phase 1 is done well, then Phase 2 should have support from the public as well.

Phase 2 will run Friday 22nd September - Friday 15th December and Katie Horan will bring back the outcomes at the January Health Forum.

Warrington Staying Connected – disability forum

The group were aware of the consultation and will feedback individually as well. The majority of the group were in support of the proposals. One attendee raised her concern that due to the first consultation she had issues getting her prescribed cream for a long term condition. This has now been resolved.

WIRED Carers Drop In Lymm and Culcheth

Carers at both drop ins were supportive of the proposals – a minority discussed their concern with eye care products being restricted.

Care Home Forum

Issues were raised regarding domiciliary care agencies not being able to administer over the counter medications to their clients.

West Warrington Older People's Engagement Group

The group understood the need for the consultation and expressed their surprise that some of the medications were able to be prescribed.

CCG organised Public Event

Six people attended the event. The main discussions were relating to:

- Do patients visit a GP and expect these medications to be prescribed?
- Will pharmacies be able to cope with the increased demand?
- If a patient needs some of these treatments for a longer term condition but chose to buy it themselves this should still be included on the notes
- One patient has had paracetamol stopped on prescriptions from the first consultation however there was no discussion with the patient first
- This second phase needs to be well communicated
- One patient felt strong that this is not about efficiency it is about cutting services and patients are losing out.

Appendix 4

Full breakdown of survey responses

A total of 387 people responded

Q1. Do you think the following medications should be prescribed by a GP or other health professional? (Medicines that can be purchased over the counter)

	Yes		No		Unsure		Total
Pain relief cream/ointment for short term use	16.67%	64	77.86%	299	5.47%	21	384
Oral Antihistamines for hay fever	16.23%	62	75.39%	288	8.38%	32	382
Decongestant nasal spray and tablets	13.39%	51	80.31%	306	6.30%	24	381
Teething gels	9.47%	36	87.63%	333	2.89%	11	380
Vaginal moisturisers (e.g. lubricant gels and creams)	12.53%	48	78.59%	301	8.88%	34	383
Warts and verrucae paints	13.35%	51	79.58%	304	7.07%	27	382
Heparinoid gel/cream	12.34%	47	63.52%	242	24.15%	92	381
Antiperspirants	3.94%	15	92.39%	352	3.67%	14	381
Antifungal treatment (e.g. Athletes foot)	15.40%	59	78.59%	301	6.01%	23	383
Treatments for bites or stings	9.38%	36	87.24%	335	3.39%	13	384
Treatment for cold sores	9.14%	35	84.07%	322	6.79%	26	383
Antibacterial eye drops	36.84%	140	50.00%	190	13.16%	50	380
Treatment for diarrhoea	16.62%	64	77.40%	298	5.97%	23	385
Head lice treatments	12.73%	49	83.38%	321	3.90%	15	385
Treatments for infant colic	31.59%	121	55.35%	212	13.05%	50	383
Creams/ointments for nappy rash	15.67%	60	77.55%	297	6.79%	26	383
Threadworm treatments	31.94%	122	49.21%	188	18.85%	72	382
Vaginal thrush	31.41%	120	58.64%	224	9.95%	38	382
Haemorrhoids treatment	26.51%	101	62.20%	237	11.29%	43	381

As shown above the majority of respondents were in support of the proposals, with the percentages for the individual medications ranging from 49.21% to 92.39%. On average, 73% in support of these medications being restricted.

Q2. Do you think the following medicines should be prescribed by a Doctor/Nurse for MINOR short term ailments? (Medicines with limited clinical or cost-effectiveness)

	Yes		No		Unsure		Total
Cough preparations	6.01%	22	89.62%	328	4.37%	16	366
Eye care products (for example blepharitis wipes)	16.23%	62	64.40%	246	19.37%	74	382
Probiotics	4.24%	16	87.27%	329	8.48%	32	377

As shown the majority of respondents supported the proposal for these medications, with on average 80% being in support.

Q3. Do you think the following medicines should be prescribed by a doctor/nurse for MINOR short term ailments? (Medicines used for conditions where there may be no clinical need to treat)

	Yes		No		Unsure		Total
Treatment for mild acne	23.30%	89	69.37%	265	7.33%	28	382
Dandruff and cradle cap	9.19%	35	87.14%	332	3.67%	14	381
Baby milk (unless a clinical need for specialist milk)	10.21%	39	84.55%	323	5.24%	20	382

As shown the majority of respondents supported the proposal for these medications, with on average 80% being in support.

Q4. Respondents were asked if they had any comments regarding the proposals.

219 comments were received. The comments can be broken down into the following themes:

1. Need for comprehensive communications to include information and clarity on:
 - treatments for long term conditions will not be affected
 - all medications are available over the counter cheaper than the cost of a prescription
 - criteria for being able to buy certain medications needs to be clear
 - this is not about discouraging patients from seeing a GP or other health care professional
 - the importance and benefits on pharmacies
2. Impact of administering medications in Care Homes and for domiciliary care agencies
3. Need for promotion of self-care
4. The impact for families and patients on low incomes

5. Consideration for a Minor Ailments Schemes

From the comments there were several concerns raised about the following medications.

- Vaginal thrush
- Baby milk
- Eye drops
- Headlice
- Antihistamines
- Acne

Q5: Do you currently pay for prescriptions?

Yes	51.8%	199
No	48.1%	185
Total		384

There was a large percentage of respondents that do not pay for prescriptions. For these respondents we asked the reason for the exemption. 158 stated their exemption. Below shows the exemption categories

Answer Choice	Responses	Percentages
Age	105	66.5%
Medical or Disability*	35	22.6%
NHS tax credit exemption certificate or a valid HC2 certificate.	13	8.2%
Pregnant or have had a baby in the last 12 months	5	3.2%
Total	158	

The table below shows further breakdown of those that don't pay and the percentages in support of the proposal.

Do you think the following medications should be prescribed by a GP or other health professional? (Medicines that can be purchased over the counter)

	Yes		No		Unsure		Total
Pain relief cream/ointment for short term use	18.68%	34	74.73%	136	6.59%	12	182
Oral Antihistamines for hay fever	17.78%	32	71.11%	128	11.11%	20	180
Decongestant nasal spray and tablets	16.02%	29	76.24%	138	7.73%	14	181
Teething gels	11.24%	20	85.96%	153	2.81%	5	178
Vaginal moisturisers (e.g. lubricant gels and creams)	11.05%	20	79.56%	144	9.39%	17	181
Warts and verrucae paints	15.00%	27	76.67%	138	8.33%	15	180
Heparinoid gel/cream	10.56%	19	62.22%	112	27.22%	49	180
Antiperspirants	5.00%	9	92.78%	167	2.22%	4	180
Antifungal treatment (e.g. Athletes foot)	15.47%	28	78.45%	142	6.08%	11	181
Treatments for bites or stings	10.44%	19	87.36%	159	2.20%	4	182
Treatment for cold sores	11.05%	20	81.77%	148	7.18%	13	181
Antibacterial eye drops	38.20%	68	47.75%	85	14.04%	25	178
Treatment for diarrhoea	18.03%	33	75.96%	139	6.01%	11	183
Head lice treatments	9.89%	18	85.71%	156	4.40%	8	182
Treatments for infant colic	30.77%	56	56.04%	102	13.19%	24	182
Creams/ointments for nappy rash	13.81%	25	80.11%	145	6.08%	11	181
Threadworm treatments	32.04%	58	47.51%	86	20.44%	37	181
Vaginal thrush	28.89%	52	58.89%	106	12.22%	22	180
Haemorrhoids treatment	27.37%	49	61.45%	110	11.17%	20	179

Do you think the following medicines should be prescribed by a Doctor/Nurse for MINOR short term ailments? (Medicines with limited clinical or cost-effectiveness)

	Yes		No		Unsure		Total
Cough preparations	6.36%	11	87.28%	151	6.36%	11	173
Eye care products (for example blepharitis wipes)	17.13%	31	60.77%	110	22.10%	40	181
Probiotics	6.18%	11	83.71%	149	10.11%	18	178

As shown the majority of respondents supported the proposal for these medications, with on average 80% being in support.

Do you think the following medicines should be prescribed by a doctor/nurse for MINOR short term ailments? (Medicines used for conditions where there may be no clinical need to treat)

	Yes		No		Unsure		Total
Treatment for mild acne	15%	27	75.00%	135	10.00 %	18	180
Dandruff and cradle cap	6.15%	11	89.39%	160	4.47%	8	179
Baby milk (unless a clinical need for specialist milk)	11.60 %	21	82.87%	150	5.52%	10	181

As shown above, when analysing the respondents that are exempt for paying for prescriptions, the support for the proposals does not alter.

Q6. Are you responding on behalf of yourself or an organisation?

95% were individual respondents and 5% representing groups or organisations.

The groups and organisations are listed below:

- Bridgewater Community Healthcare NHS Foundation Trust
- Summerville Care Home
- Home Instead
- Warrington Community Living
- Brampton Lodge
- GP Practice those named were: Eric Moore Partnership and Lakeside Surgery
- West Warrington Older Person's Engagement Group

Q7. What is the first part of your postcode?

Postcode	Percentage	Number
WA1	8%	30
WA2	16%	59
WA3	14%	52
WA4	21%	77
WA5	30%	112
WA13	5%	17
Other	6%	24

Total		371
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From the postcode of the respondents we can filter the results to Warrington's most deprived areas and those that are exempt from paying for prescriptions. From this the percentages that supported the proposals were on average 87%.

Question 8 - Please state your sex

ANSWER CHOICES	RESPONSES	
▼ Male	24.21%	92
▼ Female	73.42%	279
▼ Other	0.00%	0
▼ Prefer not to say	2.37%	9
TOTAL		380

Question 9 - Are you the same gender you were assigned at birth?

ANSWER CHOICES	RESPONSES	
▼ Yes	96.81%	364
▼ No	0.00%	0
▼ Prefer not to say	3.19%	12
TOTAL		376

Question 10 – What is your Sexual Orientation?

ANSWER CHOICES	RESPONSES	
▼ Heterosexual/straight	96.29%	337
▼ Bisexual	1.14%	4
▼ Gay man	1.43%	5
▼ Gay woman	1.14%	4
TOTAL		350

Question 11 - Do you consider yourself to have a disability?

ANSWER CHOICES	RESPONSES	
▼ Yes	16.49%	62
▼ No	79.79%	300
▼ Prefer not to say	3.72%	14
TOTAL		376

Question 12 - Do you consider yourself to have a long term condition?

ANSWER CHOICES	RESPONSES	
▼ Yes	52.52%	198
▼ No	44.30%	167
▼ Prefer not to say	3.18%	12
TOTAL		377

Question 13 - Race

ANSWER CHOICES	RESPONSES	
▼ Asian or Asian British - Bangladeshi	0.55%	2
▼ Asian or Asian British - Indian	0.27%	1
▼ Asian or Asian British - Pakistani	0.00%	0
▼ Other Asian background	0.00%	0
▼ Black or Black British - African	0.27%	1
▼ Black or Black British - Caribbean	0.00%	0
▼ Other Black background	0.00%	0
▼ Mixed Heritage - White & Asian	0.27%	1
▼ Mixed Heritage - White & Black African	0.00%	0
▼ Mixed Heritage - White & Black Caribbean	0.00%	0
▼ Other mixed heritage background	0.27%	1
▼ White - British	90.14%	329
▼ White - Irish	1.10%	4
▼ White - Polish	0.00%	0
▼ White - Gypsy/Traveller/Roma	0.00%	0
▼ Other white background	0.82%	3
▼ Chinese	0.27%	1
▼ Prefer not to say	6.03%	22
TOTAL		365

Question 14 - Age

ANSWER CHOICES	RESPONSES	
▼ Under 18	0.00%	0
▼ 19 - 25	2.70%	10
▼ 25 - 34	12.40%	46
▼ 35 - 49	30.19%	112
▼ 50 - 64	35.04%	130
▼ Over 65	19.68%	73
TOTAL		371

Question 15 - Religion or belief

ANSWER CHOICES	RESPONSES	
▼ Buddhism	0.00%	0
▼ Christianity	69.14%	242
▼ Hinduism	0.29%	1
▼ Islam	0.00%	0
▼ Judaism	0.29%	1
▼ Sikhism	0.57%	2
▼ Other religion or belief	10.00%	35
▼ Prefer not to say	19.71%	69
TOTAL		350

Question 16 - What is your employment status?

ANSWER CHOICES	RESPONSES	
▼ Employee in full time work (over 30 hours)	40.86%	152
▼ Employee in part time work (under 30 hours)	15.86%	59
▼ Retired	26.61%	99
▼ Permanently sick/disabled	3.23%	12
▼ Full time carer	2.15%	8
▼ Unemployed	2.42%	9
▼ Self-employed (full or part time)	4.30%	16
▼ Looking after home	3.49%	13
▼ Full time education (College/university)	1.08%	4
▼ Part time student	0.00%	0
▼ Government supported training	0.00%	0
TOTAL		372

Question 17 - Are you a carer?

ANSWER CHOICES	RESPONSES	
▼ Yes	16.67%	62
▼ No	83.33%	310
TOTAL		372