

Briefing for the Health and Wellbeing Select Committee Meeting

Wednesday 24 January 2018

1. A&E performance

Local system performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) was 76.9 per cent in December. Across England there has been extremely high demand and this is putting local health and care services under significant pressure.

Some non-urgent hospital appointments and operations have been postponed in line with [national guidance](#) to help hospitals deal with the sustained pressure.

Some additional national funding was made available during December to support systems. Locally we have used this funding to put in place a number of extra initiatives to cope with demand including the provision of additional patient transport capacity and the provision of three additional reablement 'step-down' flats with the support of Curo.

Public Health data continues to show that more people are visiting GPs with flu symptoms and we are seeing more people admitted to hospital with flu. In terms of hospital admission, this is the most significant flu season since the winter of 2010/11 and the preceding pandemic year of 2009 although it is not an epidemic.

People suffering with flu-like symptoms should catch coughs or sneezes in tissues and bin them immediately, wash their hands regularly with soap and warm water and frequently clean regularly used surfaces to stop the spread of flu. Avoid having unnecessary contact with other people if you or they have symptoms of flu. The best form of protection against flu is to get the vaccine if you are eligible.

2. Proposals to restrict access to three non-urgent services

We have extended our consultation on proposals to restrict access to fertility treatment, vasectomies and female sterilisations. The consultation will now run until 31 January 2018.

This decision is in response to feedback at a public meeting held on Monday 8 January where people raised concerns that the CCG had not allowed sufficient time for the consultation and had not taken into account the Christmas break when people would be too busy to respond to the proposals.

More information and online survey are available on our website [here](#). The CCG street team will be at The Hollies in Midsomer Norton on 30 January from 1.30 – 4.30pm to hear local residents' views about the proposals.

3. National plans to further restrict access to over-the-counter medicines

We are raising awareness of a national survey from NHS England and NHS Clinical Commissioners.

Locally the NHS spends approximately £935,000 on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets such as supermarkets. These prescriptions include items for self-limiting, minor health conditions which will often clear up of their own accord or that the patient can treat themselves by buying over-the-counter medicines, sometimes at a lower cost than that which would be incurred by the NHS.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services. Some of the items included as part of the consultation are also of low clinical effectiveness but represent a high cost to the NHS.

The survey asks for feedback about medications used to treat 33 minor, self-limiting health conditions. These medications have been selected as they may be considered low priority for NHS funding and it is proposed that they should not be routinely prescribed in GP practices. Products included as part of the consultation include treatments for head lice, infant colic, mouth ulcers, cold sores, mild cystitis and nappy rash.

In Bath and North East Somerset we have already reviewed our prescribing policy for two types over-the-counter medicines (painkillers and hay fever medicines) when they are used to treat short-term minor ailments. Following consultation, we are advising GPs not to prescribe these medicines – when used for short-term, minor ailments such as mild hay fever, headaches, coughs and colds.

We are encouraging everyone to feed back on the national survey by following this link [here](#) (Please note the national consultation closes on 14 March 2018).