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# Why cost saving proposals may be short-sighted

Proposals to stop the prescription of drugs of 'low clinical value' have provoked confusion among practice nurses and outrage in the national Press.

The list given in the NHS England document, Next Steps in the Five Year Forward View, is very brief, and sounds entirely sensible: indigestion, upset stomach and cough remedies, and travel sickness pills. As NHSE chief executive Simon Stevens points out, these are drugs that are readily available over-the-counter and usually at considerably lower prices than they cost the NHS.

Plainly, it is daft to expect the NHS to fund a handful of Rennies when these cost only pence to buy. The controversy comes not from the policy document, but from the thinking behind it, explained by Stevens in an interview with The Daily Mail.

In this, he expands the list of drugs being considered for the chop – to include travel vaccines, painkillers, dietary supplements and gluten-free food. To paraphrase, why should the NHS fund gluten-free digestive biscuits?

But why ban tadalafil? It is

**MANDY GALLOWAY**

**Editor**

a properly licensed treatment erectile dysfunction, and the ban on treatments for ED except in 'exceptional circumstances' was lifted in 2014. Why end the prescription of fentanyl patches for terminally ill patients? (The fact that they are terminally ill means, de facto, that the prescription will not be needed for long).

When it comes to travel vaccines, as Jane Chiodini points out on page 31, these have been provided on the NHS for the very good reason that it would be undesirable to 'import' vaccine preventable diseases into the UK where they would pose a significant public health risk.

The intention seems to be to ban travel vaccines that are deemed to be of limited efficacy. Back in the day, cholera vaccination was considered to be pretty ineffective, but, in 2010 a WHO position paper confirmed that the currently available vaccines offer significant protection, and are likely to induce herd protection. The combined diphtheria, polio

and tetanus vaccine is not specific to travellers, but the travel health consultation presents an opportunity to check the immunisation status of adults: do we want to risk seeing a resurgence of diphtheria in the UK? And while significant progress has been made towards the global eradication of polio, the risk of new outbreaks following importation into polio-free countries persists as long as transmission continues in the remaining endemic countries. Isn't it short sighted to put that to the test?

Hepatitis A, another vaccine that may be axed, is endemic almost everywhere in the World apart from North America, Western Europe and Australia. The vaccine is highly immunogenic and provides long-term protection against a disease that is costly to treat in the returning traveller.

As for the merits or otherwise of providing gluten-free foods on the NHS – suffice it to say, that if they were only available to genuine patients with coeliac disease, and not to the food faddists who claim gluten intolerance, this particular problem would be solved. ♦

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