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NHS ENGLAND BOARD PAPER

Title: Conditions for which over the counter items should not routinely be prescribed in primary care: findings of consultation and next steps

Lead Director: Professor Steve Powis, National Medical Director

Purpose of Paper:

- Next Steps on the NHS Five Year Forward View, which was published on 31 March 2017, included as part of the NHS 10 Point Efficiency Plan a commitment to review the appropriateness of aspects of NHS prescribing, including products deemed to be of 'low clinical value' and/or available to the public 'over the counter' (OTC).
- In November 2017, the NHS England Board agreed to consult on national guidance for CCGs to restrict the routine prescribing of OTC products for 33 minor and/or self-limiting conditions, plus vitamins/minerals and probiotics.
- It was estimated that restricting the routine prescription of these products could save the NHS up to £136m per year.
- NHS England and NHS Clinical Commissioners consulted publicly on these proposals between 20th December 2017 and 14th March 2018.
- This paper sets out the findings of the consultation and seeks the Board's agreement on proposed next steps.

Recommendation:

- The Board is asked to:
  - Consider and note the findings of the public consultation;
  - Approve the final recommendations; and
  - Approve the publication and dissemination of final guidance to CCGs**.**

Conditions for which over the counter items should not routinely be prescribed in primary care: findings of consultation and next steps

Background

1. In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for over the counter (OTC) items which could otherwise be purchased from a pharmacy and/or other outlets such as petrol stations or supermarkets. Some of these prescriptions include items for a condition:

    - That is considered 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, i.e. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly.

    These prescriptions also include other common items:

    - That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
    - For which there is little evidence of clinical effectiveness.

2. By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, NHS resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.

Consultation

3. CCGs asked for a nationally co-ordinated approach to producing commissioning guidance. NHS England and NHS Clinical Commissioners (NHSCC) therefore sought to provide a national framework for guidance, with the aim of supporting consistent local implementation decisions and agreed to consult jointly on any proposals.

4. NHS England and NHSCC established a clinical working group, chaired by representatives of these two organisations and with membership including GPs and pharmacists, CCGs, the Royal College of General Practitioners, the National Institute for Health and Care Excellence (NICE), the

Department of Health and Social Care, the Royal Pharmaceutical Society and others.

5. The clinical working group were consulted on several proposed approaches to limiting the prescription of OTC medicines. The number of OTC products (c. 3,200) and the frequency of product name changes over time makes it difficult to develop guidance based on product name or type. We therefore mapped OTC products to the conditions for which they are typically prescribed and refined the approach to develop restrictions based on type and severity of condition rather the products.

6. OTC products were classified into three condition categories:

   - ***Products that are used to treat minor conditions***: (including self-limiting conditions). For self-limiting conditions medical advice is not usually necessary, so they can be promoted for self-care without need for NHS prescribing. Some drugs used for such conditions in this category may also have a limited evidence base for their use. Other conditions in this category are suitable for self-care, and treatments for them can be purchased over the counter.

   - ***Products that can be used to treat both minor and non-minor conditions***: Some drugs that are mainly for minor ailments may also be used for a chronic illness or in response to a side effect of another drug required for treatment of more complex disease. An example could be drugs used to treat constipation. Infrequent constipation due to lack of fibre in the diet can be considered minor and treated with an OTC product, but laxatives could also be prescribed to prevent constipation in patients with chronic pain who are taking opiate analgesics (morphine). Some patients may also be prescribed these drugs for inflammatory bowel disease. We expect around 20% of OTC prescribing for drugs in this category to be for minor conditions. We do not propose restrictions on OTC prescribing for non-minor conditions.

   - ***Products that are used to treat non-minor conditions***: OTC drugs in this category are being prescribed for non-minor conditions. An example would be nitrates (GTN Spray) which are prescribed for the symptomatic relief of angina. We do not propose restrictions on OTC prescribing for conditions in this category.

7. As a result of this exercise, 33 minor conditions were identified by the clinical working group for inclusion in the consultation. Vitamins/minerals and probiotics were also considered given the level of spend, although the

working group felt the conditions-based approach was less relevant for these products as their use cannot be mapped to one single condition.

8. Having identified OTC products for minor conditions, the conditions they are prescribed for were then classified as either:

    - A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; or
    - A condition that is a minor ailment and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.

9. Vitamins/minerals and probiotics were considered to be items with limited clinical evidence of effectiveness. However, there are circumstances in which vitamins/minerals are appropriately prescribed and these circumstances are as specified in the guidance.

10. We then proposed that for each condition, we make one of the following recommendations to CCGs:

    - Advise CCGs to that **[item]** should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness
    - Advise CCGs that a prescription for treatment of **[condition]** should not routinely be offered in primary care, as the condition is self-limiting and will clear up on its own without the need for treatment
    - Advise CCGs that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is appropriate for self-care

11. The Board agreed that NHS England should consult on these specific proposals, and approval was given to run a twelve week consultation, which ran from 20th December 2017 to 14th March 2018.

12. The consultation also sought views on general exceptions to the recommendations, as well as condition-specific exceptions. .

13. Expected savings have been estimated at around £97m per year. The initial estimate had been a saving of up to £136m, based on the total estimated £136m spend on these items. This revised figure accounts for some of the exceptions that could be applied to the guidance. However, this figure is based on several assumptions and as such will be subject to factors such as clinical judgement and the extent to which the exceptions apply in practice.

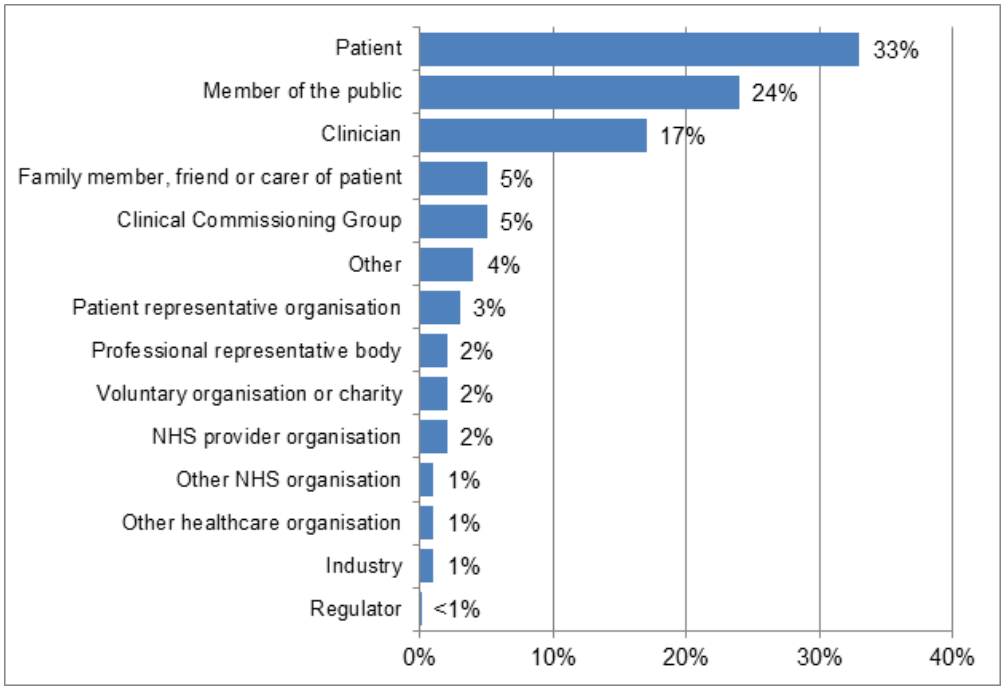
Consultation Responses

14. We received a total of 2,638 responses through the online consultation survey, 65 written submissions by post or email, and a further 122 responses to the easy read version of the consultation. In addition, we held a series of webinars for stakeholders, and face-to-face public and patient stakeholder events including in London, Leeds and Birmingham. We also held individual meetings with parliamentarians and members of the Proprietary Association of Great Britain, and held targeted focus groups with key stakeholder groups including older people, individuals with learning disabilities, and Citizen's Advice clients.

15. A full analysis and report on the consultation responses is attached at **Annex A**.

16. The chart below indicates the number of responses broken down by respondent type.

Chart 1: Number of responses by respondent type



17. Of the total number of respondents, 57% were either patients (33% of the respondents) or members of the public (24% of the respondents). A further 17% of respondents were clinicians.

18. Overall there was broad support for the proposals, with over 60% of respondents agreeing that we should no longer routinely prescribe OTC

products for the minor conditions identified in the consultation. In terms of the individual conditions, for every condition consulted upon, in each case at least 58% of respondents were in support of no longer routinely prescribing the OTC products used to treat them.

19. We refined the draft guidance in light of the consultation, as well as recommendations from the joint clinical working group which considered the feedback in detail.

20. Key stakeholders who provided feedback on the specific conditions identified in the consultation included (but were not limited to):

- British Medical Association (BMA)
- College of Paramedics
- British Society for Cutaneous Allergy (BSCA)
- British Obesity and Metabolic Surgery Society (BOMSS)
- The Royal College of Ophthalmologists (RCOphth)
- British Association of Dermatologists (BAD)
- Dermatology Council for England (DCE)

21. Whilst overall the final guidance remains largely unchanged from the draft guidance consulted on, in the light of consultation feedback there have been some important refinements and clarifications made, which are summarised below.

General issues

General Exceptions

22. Feedback from the consultation events and webinars indicated it would be helpful to include a duration of treatment period when considering the appropriateness of self-care for minor conditions i.e. if the condition didn't clear up in the time indicated, a prescription could then be considered. The clinical working group carefully considered this point, but on reflection felt that it would not be helpful to specify a time period, as this would vary by condition. They did, however, agree that the following general statement should be included: "*It is envisioned that in most cases (unless specified) these minor conditions will clear up with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice*".

23. Feedback from the British Obesity and Metabolic Surgery Society indicated that patients who have bariatric surgery should be included within the general exceptions. Having considered this, it was felt that these patients would already be included by the general exception for individual patients whose ability to self-manage is compromised. The

clinical working group therefore did not propose to amend the general exceptions to specify patients who have bariatric surgery.

24. The clinical working group agreed that the general exceptions would not apply to items where there was no evidence of effectiveness, and to the self-limiting conditions. This issue has been updated in the guidance as below:

    To note that for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC items for cough, sore throat and infant colic), then the general exceptions do not apply. Specific exceptions are included (if applicable) under the relevant item and/or condition. This may need to be considered further when implementing the guidance locally.

Vulnerability

25. One of the recurring themes from the consultation has been the potential impact of the proposals on patients that are financially vulnerable i.e. patients on low incomes, unemployed and/or in receipt of benefits.

26. The clinical working group also heard concerns from CCG and GP stakeholders about financial vulnerability; their concerns were around the fact that as the guidance reads GPs may be responsible for making prescribing decisions on OTC items based on a patient's ability to pay for them. This issue was also raised by Healthwatch, who were additionally concerned that placing GPs in this situation could lead to inconsistencies for patients.

27. A specific exception relating to financial vulnerability has not been included in the guidance as the clinical working group thought it better to include an exception around 'social vulnerability' to cover any patients who could be adversely affected if reliant on self-care:

    Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance.

28. Following feedback, for further clarity over the relationship with existing exemptions for prescription charges, the clinical working group also agreed that the following sentence should be included in the guidance:

The guidance applies to all patients unless they fall under the exceptions outlined; this includes those who would be exempt from paying prescription charges.

Signposting

29. Another recurring theme that has emerged from the engagement events is the need for better signposting for patients; often patients are not aware that they can visit a pharmacy and receive advice and information on how to manage minor conditions. The current Stay Well Pharmacy campaign will help, but the clinical working group acknowledged that further support will be required at a local level, and this has been clarified within the guidance document as follows:

When implementing this guidance, CCGs will need to supply patients with better information on signposting so that they are able to access the right service. This guidance is not intended to discourage patients from going to the GP, when it is appropriate to do so.

Access to Pharmacies

30. One concern that has been raised is the impact in rural areas where access to a pharmacy may be more limited. The clinical working group considered this issue and noted that, CCGs will need to consider this issue further at a local level. The following has therefore been included in the guidance document:

CCGs will also need to take account of their latest local Pharmaceutical Needs Assessment (PNA) and consider the impact of this guidance on rural areas and access to a pharmacy and pharmacy medicines.

Blacklisting

31. The consultation feedback included a request that products used for the treatment of infant colic should be formally placed on the 'blacklist'.

32. There was also feedback requesting that probiotics should be considered for blacklisting. However, as they are approved for certain indications under the Advisory Committee for Borderline Substances (ACBS) this would not be possible.

33. Blacklisting of products is not a matter for NHS England, but for the Secretary of State. If the Secretary of State decided to proceed with any such recommendations, there would be a further formal consultation on the proposals.

Condition-specific issues

Vitamins/Minerals

34. Of those who responded to this question, 72% agreed and 16% disagreed that vitamins/minerals should no longer be routinely prescribed in primary care.

35. Following feedback from the consultation, including from the British Association of Dermatologists (BAD), the clinical working group agreed that the exceptions should be amended to include all types of medically diagnosed deficiency including for those patients who may have a lifelong condition or have undergone surgery that results in malabsorption. This change was made to cover all types of deficiency rather than just specifying iron, calcium and vitamin D deficiencies.

36. To note several vitamin D manufacturers do not support the non-inclusion of vitamin D maintenance therapy as an exception. The guidance recommends that patients are given further information on how to maintain their vitamin D levels, including purchasing a product over the counter in a pharmacy if appropriate rather than on prescription.

37. The clinical working group considered this carefully and agreed that only deficiency as opposed to maintenance should be included as an exception – this recommendation therefore remains unchanged.

Cold Sores

38. Of those who responded to this question, 78% agreed and 12% disagreed that OTC products for treatment of cold sores should no longer be routinely prescribed in primary care.

39. Following feedback and advice from BAD that further clarification was needed, the clinical working group agreed that the description of this condition should be amended to clarify that this refers to infrequent cold sores of the lip.

Cradle Cap

40. Of those who responded to this question, 72% agreed and 12% disagreed that OTC products for treatment of cradle cap should no longer be routinely prescribed in primary care.

41. Following feedback and advice from BAD, the clinical working group agreed this condition should be refined to include the exception “If not improving and causing distress to the infant”.

Contact Dermatitis

42. Of those who responded to this question, 64% agreed and 22% disagreed that OTC products for treatment of contact dermatitis should no longer be routinely prescribed in primary care.

43. Feedback from the professional bodies indicated that they were reluctant for this condition to be included; however, if it was included they felt that the description should be more precise.

44. The clinical working group carefully considered this, but on balance agreed that the condition should remain on the list of items ineligible for routine prescription. They did, however, agree that the description of this condition should be amended to clarify that this refers to mild irritant dermatitis.

Dandruff

45. Of those who responded to this question, 86% agreed and 7% disagreed that OTC products for treatment of dandruff should no longer be routinely prescribed in primary care.

46. Following feedback and advice from BAD, the clinical working group agreed that the rationale should be amended to define dandruff as a "mild scaling of the scalp without itching", and to include the statement; "Patients should be encouraged to manage mild dandruff with long term over the counter treatments."

Diarrhoea (Adults)

47. Of those who responded to this question, 72% agreed and 14% disagreed that OTC products for treatment of diarrhoea in adults should no longer be routinely prescribed in primary care.

48. Feedback from the BMA highlighted that acute diarrhoea can be a serious illness in frail patients and, particularly if accompanied by faecal incontinence, can lead to an unplanned hospital admission. However, the scenario applied to more complex frail patients, who would be excluded under the general exceptions. Therefore, the clinical working group agreed that no changes should be made to the original recommendation.

Dry Eyes/Sore Tired Eyes

49. Of those who responded to this question, 75% agreed and 14% disagreed that OTC products for treatment of dry eyes/sore tired eyes should no longer be routinely prescribed in primary care.

50. Feedback from the BMA argued that dry eyes are not a minor condition and require long-term treatment. The clinical working group considered

this carefully, along with feedback received including other stakeholders such as the RCOphth, but concluded that no changes to the original recommendation were required.

Head Lice

51. Of those who responded to this question, 78% agreed and 13% disagreed that OTC products for treatment of head lice should no longer be routinely prescribed in primary care.

52. Feedback from stakeholders including BAD indicated that chemical treatments should not be recommended as a first line treatment for head lice. Based on feedback received, the clinical working group agreed that the rationale should be amended to clarify that head lice can be treated by wet combing in the first instance, and that chemical treatment is only recommended in exceptional circumstances. In such cases over the counter medicines can be purchased from a pharmacy following a consultation with a pharmacist.

Indigestion and Heartburn

53. Of those who responded to this question, 64% agreed and 20% disagreed that OTC products for treatment of indigestion and heartburn should no longer be routinely prescribed in primary care.

54. The BMA raised a view that non-ulcer dyspepsia is not a minor condition and often requires long term medication. They argued that restrictions on antacid prescribing might result in increased PPI (Proton Pump Inhibitor) or H2RA (H2 receptor antagonist) prescribing.

55. The clinical working group considered this but felt that the exceptions already proposed would apply for more severe patients. The group also discussed whether the description should be amended to clarify that it refers to mild and infrequent heartburn, but on balance the group agreed that the recommendation should remain unchanged.

Infrequent Constipation

56. Of those who responded to this question, 80% agreed and 10% disagreed that OTC products for treatment of infrequent constipation should no longer be routinely prescribed in primary care.

57. Following feedback received during the consultation, the clinical working group agreed that further rationale was required and should now include the following additional information:

Pharmacists can help if diet and lifestyle changes aren't helping. They can suggest an over the counter laxative. Most laxatives work within 3 days. They should be used for a short time only.

Laxatives are not recommended for children unless they are prescribed by a GP. This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.

Mild Acne

58. Of those who responded to this question, 77% agreed and 11% disagreed that OTC products for treatment of mild acne should no longer be routinely prescribed in primary care.

59. We received feedback that the heading for 'mild acne' should be changed to 'teenage spots'. However others felt that calling it teenage spots trivialises the condition. The clinical working group agreed with the latter assessment. They did, however, agree that additional information should be included to clarify that patients should be encouraged to manage this condition with long term use of OTC products.

Mild Dry Skin/Sunburn

60. Of those who responded to this question, 85% agreed and 8% disagreed that OTC products for treatment of mild dry skin/sunburn should no longer be routinely prescribed in primary care.

61. BAD advised that mild dry skin and sunburn should be considered as separate conditions, rather than being classified as a single condition. The clinical working group considered this and agreed that it would be helpful to separate this into 3 separate conditions mild dry skin, sunburn due to excessive sun exposure, and sun protection with the overall recommendation for each remaining the same.

Minor conditions associated with pain, discomfort and fever

62. Of those who responded to this question, 74% agreed and 14% disagreed that OTC products for treatment of minor conditions associated with pain, discomfort and fever should no longer be routinely prescribed in primary care.

63. The BMA raised a concern that if restrictions are placed on the prescribing of analgesics which are available over the counter, there may be a rise in prescribing of more powerful agents, including opiates, which have more adverse effects, and there is the potential for dependence.

64. This concern was considered by the clinical working group, but as the restriction relates to condition rather than on individual medicines, the clinical working group did not feel that any changes were required to the recommendation. GPs remain responsible for their individual clinical prescribing decisions.

Nappy Rash

65. Of those who responded to this question, 77% agreed and 12% disagreed that OTC products for treatment of nappy rash should no longer be routinely prescribed in primary care.

66. Following feedback, the clinical working group agreed that it would be helpful to indicate in the rationale that nappy rash is a short term condition that will normally clear up after about three to seven days, if recommended hygiene tips are followed.

Ringworm/Athlete's Foot

67. Of those who responded to this question, 72% agreed and 15% disagreed that OTC products for treatment of ringworm/athlete's foot should no longer be routinely prescribed in primary care.

68. BAD identified that further exceptions should apply to this condition, as there are some patients who may need further medical advice in order to treat the above conditions.

69. The clinical working group considered this and on reflection agreed that Lymphoedema or history of lower limb cellulitis should be included as exceptions for this condition.

Recommendations

70. Based on the consultation response, we would recommend taking forward the proposals, with the changes set out in this paper.

71. The final proposed guidance for CCGs is attached at **annex B** for the Board's consideration and approval to publish. This is accompanied by an Equalities Impact Assessment, attached at **annex C**.

72. CCGs will be expected to take this guidance into account in formulating local polices, and prescribers should reflect these local policies in their prescribing practice. This guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

73. The Board is asked to:
    - consider and note the findings of the public consultation;
    - approve the final recommendations; and
    - approve the publication and dissemination of final guidance to CCGs.

Conditions for which over the counter items should not be routinely prescribed in primary care: Consultation Report of Findings

NHS England

Over The Counter Consultation Report of Findings

Version number: 1

First published: 22 March 2018

Prepared by: Midlands and Lancashire Commissioning Support Unit

Classification: OFFICIAL

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages upon request. Please contact england.medicines@nhs.net

Contents

1 Background

1.1 The issue to tackle

NHS England (NHSE) has partnered with NHS Clinical Commissioners (NHSCC) to support Clinical Commissioning Groups (CCGs) in ensuring that they can use their prescribing resources effectively and deliver best patient outcomes from the medicines used by their local populations. CCGs asked for a nationally coordinated, consistent approach to the development of commissioning guidance in this area to avoid unnecessary variation. The aim is to achieve a fairer decision-making process and to provide clear guidance on medicines. CCGs, however, will need to take individual decisions on implementation locally.

In the year to June 2017, the NHS spent approximately £569 million on prescriptions for medicines for minor conditions, which could have been purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets. It is vital that the NHS achieves the greatest value from its finite resources. By reducing what we spend on treating conditions that are self-limiting or lend themselves to self-care, we will have more money to spend on high priority areas that have a greater impact for patients, to support improvements in services and to deliver transformation that will ensure the long-term sustainability of the NHS.

The cost to the NHS for many of the items used to treat minor conditions is often higher than the OTC price as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18 from a pharmacy whereas the cost to the NHS is over £3.00 after including dispensing fees. The actual total cost is more than £35 when you include GP consultation and administration costs.

The OTC public consultation, exploring 'conditions for which over the counter items should not routinely be prescribed in primary care', ran between 20 December 2017 and 14 March 2018. Responses were received through the online survey, webinars, public events, letters and emails.

NHSE and NHSCC's joint working group will review the consultation findings and develop final commissioning guidance. This will be published with the expectation that CCGs should 'have regard to' it in accordance with the Health and Social Care Act 2006.

Background – How the proposals were developed

The clinical working group developed proposed guidelines for 33 minor and/or self-limiting conditions. Vitamins/minerals and probiotics have also been included as items with low clinical effectiveness but a high cost to the NHS.

These were categorised under three headings:

- *an item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness:* probiotics, vitamins and minerals
- *a condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own:* acute sore throat, cold sores, conjunctivitis, coughs and colds and nasal congestion, cradle cap (seborrhoeic dermatitis – infants), haemorrhoids, infant colic, mild cystitis
- *a condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy:* contact dermatitis, dandruff, diarrhoea (adults), dry eyes/sore tired eyes, earwax, excessive sweating (hyperhidrosis), head lice, indigestion and heartburn, infrequent constipation, infrequent migraine, insect bites and stings, mild acne, mild dry skin/sunburn, mild to moderate hay fever/allergic rhinitis, minor burns and scalds, minor conditions

associated with pain, discomfort and fever (such as aches and sprains, headache, period pain, back pain), mouth ulcers, nappy rash, oral thrush, prevention of dental caries, ringworm/athletes foot, teething/mild toothache, threadworms, travel sickness, warts and verrucae.

Report authors

NHS England commissioned NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) to collate and analyse all of the feedback from this consultation and produce this report. The report has been produced by the Communications and Engagement and the Medicines Management Optimisation teams at MLCSU.

2 Engagement methodology and feedback

Engagement was structured around the following channels and feedback mechanisms:

Breakdown of responses according to feedback method		
Feedback methods	**No. responses from feedback method**	**Analysis and reporting information**
Online survey (comprising 50 closed questions and 11 open questions)	2,638	Closed questions are tabulated by respondent type. Open questions are coded, key quotes are identified and tabulated by respondent type. In total 7,056 open responses were received and analysed.
Patient and public correspondence (email and letters)	14	Each item was read and coded against the online survey coding frame. The data was then coded and a summary report was written
Organisational correspondence (email, letters and formal correspondence)	51	Each item was read and coded against the online survey coding frame. The data was then coded and a summary report was written by a pharmacist
Webinars (professional and industry) This includes 4 CCG webinars	7	Summaries have been written for each of the products mentioned in the discussion
Webinars (patient and public)	3	Summaries have been written for each of the products mentioned in the discussion
Engagement events and meetings (patient and public) This includes 3 focus groups with Citizens Advice clients and 2 with people with learning disabilities	9	Summaries have been written for each of the products mentioned in the discussion
Events and meetings (professional and industry)	5	Summaries have been written for each of the products mentioned in the discussion
Easy read survey	122	Key themes and messages from the easy read survey report incorporated into the report of findings

Analysing feedback received

The consultation survey included a combination of ‘open text’ questions where respondents could write their views and opinions as well as closed questions where respondents ‘ticked’ a

response to a set of preset responses (for example, ‘to what extent to do you agree with X’ and the options are: agree, disagree, neither agree or disagree or unsure). The closed questions were tabulated and responses shown by respondent type.

The open questions were handled differently. A random sample of responses from each open question was read and the key themes (codes) that were discussed by respondents were listed. This was undertaken for every question. Some codes were replicable across more than one response (such as ‘NHS funds should not be used to pay for this’) while others were specific to a single question. This means that every comment was coded because the list of themes/codes was not predetermined but instead emerged from the responses received.

The coding frame was also used to read, code and analyse correspondence from patients and public so that all responses can be compared and analysed together. Supporting evidence, reports, academic papers and other documents which were submitted by organisations are being reviewed by NHS England separately.

Responses from specific organisations were read and summarised. These summaries are referred to in this report.

2.1 Survey respondent types

In total 2,638 individuals completed the survey, of those 2,616 indicated their respondent type. The largest proportion (33%) of responses were patients, followed by; members of the public (24%), clinicians (17%), family and friends of patients (5%) and CCGs (5%).

Respondent type (total)	Number	Percentage
Patient	864	33%
Member of the public	616	24%
Clinician	454	17%
Clinical Commissioning Group	144	5%
Family member, friend or carer of patient	121	5%
Patient representative organisation	82	3%
NHS provider organisation	63	2%
Voluntary organisation or charity	49	2%
Professional representative body	43	2%
Industry	34	1%
Other healthcare organisation	20	1%
Other NHS organisation	17	1%
Regulator	3	0.1%
Other	106	4%
Total	*2,616*	

3 Equality and health inequalities

Findings from the consultation survey

Figure 1 Do you feel there are any groups protected by the Equality Act 2010 that are likely to be disproportionately affected by this work?

	Percentage
Yes	37%
No	50%
Unsure	13%
Base:	*2,594*

For a breakdown of the results by respondent type, please refer to the appendix

Figure 2 what groups do you think are likely to be disproportionately affected by this work? Base: Those answering 'yes' for the question above

	Percentage
Age	79%
Disability	75%
Pregnancy and maternity	27%
Race	16%
Sex	10%
Religion or belief	8%
Gender reassignment	5%
Sexual orientation	4%
Marriage and civil partnership	2%
Base:	*993*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients and members of the public / family members / friends / carers of patients: Respondents listed a number of people who they feel this proposal adversely affects including: those who require considerable care and will make it harder for them to access treatments (e.g. disabled, elderly), people from low income and lower socioeconomic backgrounds; those with existing long term and/or chronic conditions requiring large quantities of OTC medicines and patients from BME groups (especially those susceptible to vitamin D deficiency.

Specific emphasis on the ability of groups to pay and the affordability of OTC treatments, medications and dietary supplements for patients.

The capability for personal self-care was also raised, and associated with this the concern that the proposal is removing effective treatments and dietary supplements that are working for individuals therefore adversely affecting them. Others raised that conditions may be missed or they may worsen. There is a reduced understanding of the consequences of poor health and lifestyle choices. Need to consider the impact on carers who may not be able to buy items for those they care for or may not be allowed to administer OTC medication.

Findings from the easy read survey show that 92 of 107 respondents felt the restriction on prescriptions might affect some cohorts more than others. The groups participants felt would most likely to be affected include; people on low income, disabled people (including those

with learning disabilities) and ill people, isolated people, those who are unable to access the right information and other groups such as; pregnant women, children, single parents and the elderly.

A significant proportion of participants feel the changes will affect people with learning disabilities negatively. However many people with learning disabilities also felt that with the right support from GPs, Pharmacists, other health professionals and carers alongside appropriate easy read information, they would be happy to self- care.

CCGs: CCGs felt that this proposal adversely affects specific groups such as those who require considerable care (e.g. disabled, elderly) making it harder for this groups to access medication, people from low income and lower socioeconomic backgrounds as well as patients with long term and chronic conditions requiring a large supply of prescribed OTC medication. Awareness that some from these groups have difficulty undertaking self-care and need to consider the impact on carers who may not be able to buy items for those they care for or may not be allowed to administer OTC medication.

Clinicians: Again there is concern about the impact of these proposals on specific groups including: those requiring considerable care (e.g. disabled, elderly), with from a low income and lower socioeconomic background, people who cannot afford OTC medication or who don't pay of them currently (e.g. elderly, chronic illness), patients from the BME community (who are more susceptible to vitamin D deficiency and have lower incomes) and those with long term conditions requiring a large supply of prescribed OTC medication. Concerns that this may impact individuals' ability to work and provide for their family.

Patient representative organisations / voluntary organisations or charities: Similar to other respondents key groups were identified who the proposal adversely affects including: those who require considerable care (e.g. disabled, elderly), low income/ lower socioeconomic groups, those who may not want to pay/be able to afford them (e.g. elderly, chronic illness), people with long term/ chronic conditions who require a large supply of prescribed over the counter medication and also travellers, homeless and asylum seekers.

Concern that the proposal is removing effective treatments and dietary supplements that are working for individuals, that there will be affordability issues for those requiring treatments and dietary supplements and there will be a reduced understanding of the consequences of poor health and lifestyle choices and there is recognition again of the lack of personal capability to self-care for some people.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: These cohorts also mentioned the groups outlined by the other respondent types. Concerns focused on groups who would be disadvantaged and personally affected. The difficulty of individuals to pay for treatments and the possible inability to properly care for themselves if these medications are no longer available on prescription.

It was felt that the proposals will introduce additional charges for those with long-term conditions who have already purchased a prescription prepayment certificate to help manage the costs of their prescriptions.

This cohort also mentioned that the proposal is removing effective treatments & dietary supplements that are working for individuals therefore adversely affecting them. Concern about the impact on key groups including: disabled and elderly, those who limited incomes and lower socioeconomic backgrounds, BME communities will be disproportionately affected by the proposals, patients with long term and chronic conditions and travellers, homeless and asylum seekers should be added to groups disproportionately affected by these proposals. If the proposals were to go ahead, healthcare professionals are likely to be less aware of patients complying with treatments.

Additionally, the key themes to emerge following review of correspondence from industry, regulatory bodies and professional organisations are that they feel there is a potential impact

on groups with low levels of health literacy. The Royal College of General Practitioners (RCGPs) Health Literacy Report (2014) was referenced and this found that health information is currently too complex for more than 60% of working age adults in England to understand.

It was also raised that consideration must be given to the impact on rural populations.

It was felt that people who currently qualify for free NHS prescriptions on the basis of a protected characteristic – through age (under 18 or over 60), disability or pregnancy, or medically exempted (for example, people with cancer or diabetes) could be disproportionately affected by this policy. People with a learning disability qualify for free prescriptions but also their family carers and social care workers. It was also stated that these patient groups are more likely than others to suffer from some of the conditions listed, and to suffer a number of them simultaneously, increasing the health inequalities.

It was felt that the proposals do not make it clear how prescribers will make a clinical and financial assessment of patients on low income households. The breadth of scope of the proposals could lead to variation in approach and practice. A smaller range of conditions would limit the impact on low income households.

This cohort also believed that there is a national issue when it comes to care homes that refuse to administer unlabelled medicine – that is, OTC products. School medicines policies and care home policies would need to be reviewed to implement this guidance.

These organisations raised concerns about unintended consequences need to be considered and mitigated, particularly around access to GPs.

Figure 3 Do you feel there is any further evidence we should consider in our proposals on the potential impact on health inequalities experienced by certain groups?

	Percentage
Yes	30%
No	50%
Unsure	20%
Base:	*2,555*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

There was broad agreement in the points raised by all of the respondent groups including: patients, members of the public / family members / friends / carers of patients, CCGs, Clinicians, Patient representative organisations / voluntary organisations or charities and other NHS organisations / NHS provider organisations / professional representative bodies / regulator:

A set of themes focused on financial issues including: the impact on those on low income/ lower socioeconomic background and their ability to purchase the medication they or their families need; concerns some cohorts may not want to pay/be able to afford them (e.g. elderly, chronic illness) if they don't pay for them currently; impact on those with low income- may lead to increase in shop lifting/ stealing OTC medications;

Other themes were raised again about the impact on specific groups: those who require considerable care (e.g. disabled, elderly); patients with long term/ chronic conditions who require a large supply of prescribed over the counter medication; impact on health inequalities experienced by certain groups;

Access to medication was also raised: volumes limited by retailers; harder for some to access treatment (e.g. elderly, disabled, rural residents, and those with limited transport options); removal of effective treatments and dietary supplements that are working for individuals and adversely affecting them; implications for patients following the removal of treatments which have limited alternatives; patients with learning difficulties who won't understand the restrictions being placed on their medication;

Comments in support of the proposal mentioned: proposal ensures better use of limited NHS resource (e.g. budget); individuals need to take responsibility for their own health by leading more healthy lifestyles, appreciation that the proposal is a requirement to make cost savings to support the NHS.

Concern over patients' health: lack of personal capability to self-care; patients are not clinicians and cannot be expected to know if condition is self-limiting; suggestion to consider funding a nationally agreed minor ailments service led by pharmacies and include treating conditions which would otherwise require a prescription; consider the long-term implications on the NHS if patients stop taking their medication because they can't afford them.

4 Proposals for CCG commissioning guidance

Findings from the consultation survey

Figure 4 Do you agree with the three proposed categories for [items] or [conditions] as follows:

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
An item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness	81%	7%	8%	4%	*2606*
A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own	81%	6%	11%	3%	*2600*
A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy	72%	6%	17%	5%	*2603*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients and members of the public / family members / friends / carers of patients: Need to consider the impact on those on low income and lower socio economic groups and ability to pay for medication, unintended consequences of not treating/ treating conditions inappropriately, agreement is dependent on the cost of treatment; blanket approach may not be suitable for all; healthcare professionals should provide advice and recommend appropriate over the counter medicines for the patients; need to consider effectiveness of treatment by consulting all of the evidence not just clinical research (speaking with patients and measuring patient outcomes).

Proposal ensures better use of limited NHS resource (e.g. budget); only treatments with evidence of effectiveness should be prescribed and Agreement that minor illnesses/ self-limiting conditions do not require appointments/ prescriptions and can be purchased over the counter

Disconnect between minor illnesses and self-care treatments (not all self-care conditions are minor illnesses - e.g. coeliac disease, Rheumatic Polymyalgia which are just 2 examples of complex conditions that are mainly treated/ managed by the patient through self-care).

Findings from the easy read survey show the idea of prescriptions being stopped for 33 common illnesses was received with mixed views. Whilst some responded positively, many expressed their rejection clarifying that if implemented this should take into account the situation or individuals' needs.

CCGs: Concern that not treating or treating conditions inappropriately could result in unintended consequences and complications (e.g. spread of infection); consider impact on low income and lower socioeconomic backgrounds and the wider economic impacts on patients (e.g. time off sick from work).

Proposal ensures better use of limited NHS resource (e.g. budget) but these changes are against NHS Constitution and the aim to reduce health inequalities and care provided free at the point of care to all. Consider effectiveness of treatment by consulting all of the evidence not just clinical research (speaking with patients, measuring patient outcomes).

Greater impetus on pharmacies to provide clear guidance and instructions; need for better referral paths to alternative treatments could be effective and decrease doctor consultations (e.g. homeopathy, acupuncture); should be healthcare professionals to provide advice and recommend appropriate OTC medications for the patients and need for public education around purchasing treatments.

Clinicians: Need to consider the impact on those on low income groups and ability to pay for medication, dependent on the cost of treatment, proposal ensures better use of limited NHS resource (e.g. budget); only treatments with evidence of effectiveness should be prescribed; not treating or treating conditions inappropriately could result in unintended consequences and complications; consider impact on other vulnerable groups and their ability to access treatments.

Public education around purchasing treatments; healthcare professionals should provide advice and recommend appropriate OTC medicines for the patients; queries and disagreement with language/ terminology used in the guidance and consider effectiveness of treatment by consulting all of the evidence not just clinical research.

Patient representative organisations / voluntary organisations or charities: Consider the impact on low income groups, a blanket approach is not suitable for all, not treating or treating conditions inappropriately could result in unintended consequences and complications, concern for those with long standing issues who may require a constant supply of OTC medication, agreement dependent on the cost of treatment, only treatments with evidence of effectiveness should be prescribed, consider impact on other vulnerable groups (e.g. asylum seekers, children, homeless), proposal ensures better use of limited NHS resource, public education around purchasing treatments.

Consider effectiveness of treatment by consulting all of the evidence not just clinical research (speaking with patients, measuring patient outcomes), self-medication without appropriate medical advice from a healthcare professional could be dangerous, early intervention key in treating conditions, healthcare professionals should provide advice/ recommend appropriate over the counter medicines for the patients.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Proposal ensures better use of limited NHS resource, need for public education around purchasing treatments, greater impetus on pharmacies to provide clear guidance and instructions, queries/ and disagreement with language/ terminology used in the guidance, consider wider economic impacts on patients, proposal will make it more difficult to obtain appropriate treatments to treat conditions, changes are against NHS Constitution.

The Royal College of Physicians (RCP), Dermatology Council for England and the British Dermatological Nursing Group all endorse the response submitted by the British Association of Dermatologists (BAD) which provided recommendations for the dermatology related conditions in the proposals.

A number of organisations raised concerns about the implications for the NHS Constitution and raised issues with NHS Act's aim to reduce health inequalities. Some industry bodies felt that in some instances, the proposed restrictions appear to go against NICE Public Health Guidelines.

Some concerns were raised that the consultation is inconsistent in advocating restrictions specifically on OTC treatments, while intending to focus on conditions not products. Where conditions are genuinely suitable for self-care and can be managed without a prescribed product, this should be true for any classification of medicine

Additionally, concerns were raised about the implications for the GMS legislation. This issue was raised by the British Medical Association (BMA). They felt that individual GPs could be put under undue pressure, including the prospect of a complaint and possible financial redress as a result of these proposals. The RCGP agreed with the BMA that this can be mitigated by changes in the wording of the GMS contract.

Suggested recommendations for implementation

The scope of guidance could be narrowed to prioritise conditions in order of largest spend, while excluding those with clinical concerns. Some practical issues that will arise when implementing this guidance may have already been addressed in some CCG areas, where similar prescribing policies have been implemented. NHS England and NHSCC should identify local learning which could inform the development of support for all CCGs implementing this national commissioning guidance.

There should be a comprehensive implementation plan, adequately resourced and developed with the full involvement of community pharmacy. Community pharmacies must have adequate notice of changes to prescribing so that changes to stock medicines can be made. The guidance needs to recognise that GPs are not the only prescribers in primary care and that prescribing policies are applied universally.

NHS England needs to revisit the proposals where there are evidence-based, national guidelines in support of certain treatments. Consideration must be given to the level of knowledge that GPs have in relation to product licensing and the conditions of sale for certain items, and how this can be improved.

A definitive list of medications that are not authorised would be imperative to support GPs in implementing what is being proposed. A ‘blacklist’ of medications would support GPs in respect of their contractual obligations and avoid challenges to their decisions from patients. NHS England and NHSCC should consult with the Advisory Committee for Borderline Substances in determining exactly how the prescribing restrictions might apply in practice.

GPs should be trusted and supported to work within the spirit of the guidance, rather than given detailed didactic prescriptive mandates from commissioners. It would be reasonable for a prompt to be displayed if a certain drug was entered into the prescribing system, however it would not be acceptable if this made it difficult or impossible to prescribe.

The NHS needs to ensure that effective signposting is in place to support patients to find the cheapest price for over the counter medication. There needs to be a national self-care campaign that involves all health and social care providers and commissioners across the STP geography. Public education and communication are imperative to informing people which conditions are considered as minor ailments suitable for self-care. Self-care will be a cultural change for the majority of patients

The National Pharmacy Association suggests that a Nationally Advanced Minor Ailment Service (MAS), delivered through community pharmacy, could be set up to support.

It was stated that evaluation of the effectiveness, particularly on how to monitor the impact on patients and workload for all healthcare professionals.

It was suggested that the guidance should also give clarity on how often guidance will be reviewed and by whom. It should also describe how patients and patient organisations will participate in this process. Given that new research is being published, regular reviews of the exemption and ACBS list are recommended, involving a wide range of stakeholders.

5 General exceptions

Figure 5 Do you agree with the general exceptions proposed?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
The product licence doesn't allow the product to be sold over the counter to certain groups of patients	87%	5%	5%	3%	*2,592*
A minor condition usually suitable for self-care that has not responded sufficiently to treatment with an OTC product	82%	7%	8%	3%	*2,586*
The clinician considers that the presenting symptom is due to a condition that would not be considered a minor ailment	88%	5%	5%	2%	*2,586*
The prescriber believes there are exceptional circumstances that justify deviation from the recommendation to self-care	85%	6%	6%	3%	*2,589*
The clinician considers that the patient's ability to self-manage is compromised by social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care	86%	5%	7%	3%	*,2593*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients and members of the public / family members / friends / carers of patients: Clinicians should decide as they know the patient and their circumstance. Need to consider: the inclusion of other vulnerable groups and their ability to self-care; the impact on low income and lower socioeconomic; greater robustness in the guidance/ proposal to cover all aspects. Clearer definitions and guidance on assessment criteria as judgement can be subjective and can lead to inequity/ different interpretations.

People with long term conditions should not be disadvantaged; concern some cohorts may not want to pay or be able to afford them if they don't pay for them currently; clearer definitions and guidance required on what constitutes exceptional circumstances; proposal places greater impetus on healthcare professionals to evaluate which patients fit into exception criteria and which do not.

CCGs: Need for clearer definitions and guidance on assessment criteria as judgement can be subjective and can lead to inequity and different interpretations. Consider inclusion of other vulnerable groups. Consideration of those who cannot self-care and treatments should be based on the clinical need of the patient.

Findings from the easy read survey show participants feel those who are most likely to be affected by this guidance should be exempt (groups have been outlined in the health inequalities section above

Clinicians: Greater robustness in the guidance and proposal to cover all aspects. Agree with the general exceptions proposed. Clinicians should decide as they know the patient and their

circumstances and treatments should be based on the clinical need of the patient. Indeed, some treatments are only available on prescription. There should be robust policies to ensure vulnerable patients have adequate access. Need for clearer definitions and guidance on what constitutes exceptional circumstances.

Patient representative organisations / voluntary organisations or charities: Clinician should decide as they know the patient and their circumstances. Need for clearer definitions and guidance on assessment criteria as judgement can be subjective and can lead to inequity and different interpretations. Treatments should be based on the clinical need of the patient. Need to ensure that if no medication is prescribed that patients are offered advice/ alternative options to help treat the issue.

People with long term conditions should not be disadvantaged as well as groups who cannot afford or want to pay or those with low incomes or from lower socioeconomic backgrounds. There should be robust policies to ensure vulnerable patients have adequate access to treatments. Need to consider inclusion of other vulnerable groups especially those unable to self-care. Potential for inconsistencies if healthcare professionals take additional factors into consideration.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: People with long term conditions should not be disadvantaged (e.g. patients with eczema, back pain) as well as groups who cannot afford OTC medication (e.g. elderly, chronic illness) and those on low incomes and therefore need to consider impact on other vulnerable groups (e.g. elderly, care/residential home patients, low income families, children, mental capacity, homeless). Clearer definitions and clearer guidance required on what constitutes exceptional circumstances.

Figure 6 should we include any other patient groups in the general exceptions? - Do you feel we should include any other patient groups in the general exceptions?

	Percentage
Yes	24%
No	45%
Unsure	30%
Base:	2574

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Patients state a number of cohorts who should be exempt, including; those on low income/ lower socioeconomic background who may not be able to purchase the medication they, or their families need, those with long term or multiple conditions, elderly patients or those who qualify for a pension, patients with a disability, those with other illnesses (e.g. cancer, life limiting illnesses, degenerative conditions, Parkinson's disease, etc.), children under 18 years of age, those with mental health illnesses and those where access to treatment will prevent further complications. This cohort also feels the decision around general exceptions should be left to the clinician.

Members of the public / family members / friends / carers of patients: In response, this group feels a one size fits all approach won't necessarily work and suggest a more individualised approach and the decisions around exceptions should be left to the clinician. This cohort feel those on low income/ lower socioeconomic background who may not be able to purchase the medication they, or their families need, children under 18 years of age, those

with long term conditions, elderly patients or those who qualify for a pension and patients with other illnesses. should also be included in the general exceptions.

CCGs: Other groups to include in the general exceptions include; those on low income/ lower socioeconomic background who may not be able to purchase the medication they, or their families need, care/ nursing home patients, children under 18 years of age, those exempt from paying for prescriptions or eligible for free prescriptions, those with long term conditions and those considered vulnerable patients/ groups.

Clinicians: Other patient groups to include in the general exceptions mentioned by clinicians include; those on low income/ lower socioeconomic background who may not be able to purchase the medication they, or their families need, children under 18 years of age, patients who have had bariatric surgery/ gastric bypass, elderly patients or those who qualify for a pension, those considered vulnerable patients/ groups and patients with other illnesses such as cancer, life limiting conditions, degenerative conditions, Dementia, etc.

Patient representative organisations / voluntary organisations or charities: This cohort suggest those on low income/ lower socioeconomic background who may not be able to purchase the medication they, or their families need, elderly patients/ those who qualify for a pension, patients with other illnesses / conditions), those where access to treatment will prevent further complications, patients with a disability and all patients with learning disabilities should also be included in the general exceptions.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: This cohort suggests a number of patient groups that should be included in the general exceptions, such as; those on low income/ lower socioeconomic background who may not be able to purchase the medication they, or their families need, those with long term conditions, patients with other some other illnesses, those considered vulnerable patients/ groups, those exempt from paying for prescriptions/eligible for free prescriptions, elderly patients/ those who qualify for a pension, those where access to treatment will prevent further complications, those with multiple conditions or require monitoring for specific reasons and carers.

If not clearly defined, general exceptions could lead to patient complaints or deterioration in the doctor/patient relationship. Concerns that there is a risk that the public may start buying all their OTC medicines from a supermarket shelf unless specifically directed to a pharmacy, which could mean red flag symptoms are ignored until it is too late. This could lead to unsupported self-care and late diagnosis with catastrophic consequences for the individual and increased NHS costs.

Other: This cohort also suggests those on low income/ lower socioeconomic background who may not be able to purchase the medication they, or their families need, elderly patients/ those who qualify for a pension and children less than 18 years of age should be included in the general exceptions.

6 Drugs with limited evidence of clinical effectiveness

6.1 Key category-wide themes

Overall, 826 written comments were received from the online survey on drugs with limited evidence of clinical effectiveness. The section below presents the themes raised in the online survey, correspondence, webinars and meetings around this category.

Patients: Assessments should be made on individual patient's needs. Concern that some cohorts such as; elderly and those with a chronic illness may not want (or be able) to pay if they don't currently. How is the effectiveness of treatments determined? Items are readily available and cheap as OTC medicines. Public must take responsibility for their health and not solely rely on NHS. Some agreed that benefits are negligible and they should not be prescribed on NHS.

Members of the public / family members / friends / carers of patients: Benefits negligible and items should not be prescribed on NHS. Advice sheets on healthy diet and healthcare professionals' advice on which OTC treatments to use would be most beneficial. Assessments of individual patients' needs are required. Items are cheaply obtained OTC and the impact on vulnerable groups (such as those on low income, high risk groups, BME, elderly) must be considered.

CCGs: Need to consider the impact on vulnerable groups (e.g. low income, lower socio-economic background, high risk groups, BME, elderly). Patients could be offered advice sheets about getting what they need from a healthy diet and a HCP could provide advice/ suggestions on which OTC treatments would be most beneficial.

Clinicians: Remove treatments from the list of medications that can be prescribed. Benefits are negligible and they should not be prescribed on NHS. Make assessments of the individual patient's needs. Items are available and fairly cheap OTC. Must consider impact on vulnerable groups - especially those who may not want to pay or be able to pay. HCPs could provide advice/ suggestions.

Patient representative organisations / voluntary organisations or charities: Items are readily available and cheap OTC. Blacklist/remove treatments from list of medications prescribed by the NHS. Consider impact on vulnerable groups and concern about their willingness and ability to pay. How is the effectiveness of treatments determined? The benefits are negligible. The public need to take responsibility for their own health and not expect the NHS to provide. HCPs should signpost patients and every patient should have the choice.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Public need to take responsibility for their own health and not expect the NHS to provide everything. Consider impact on vulnerable groups and cohorts who may not want to pay/be able to afford it.

Analysis of the correspondence shows several organisations have commented that, with respect to any licensed medicine, of any legal category, the clinical effectiveness (relative to safety) will already have been determined by the expert body responsible for such assessments, the Medicines and Healthcare Products Regulatory Agency (MHRA).

The guidance should provide clarity on what constitutes 'low value' in relation to vitamins, minerals or probiotics. The consultation document does not specify how much and what kind of evidence is necessary for a vitamin, mineral or probiotic to be deemed of value.

Other: These treatments should never be prescribed. Remove these treatments from the list of medications that can be prescribed by the NHS as the benefits are negligible. Items are readily and fairly cheaply obtained OTC. Consider impact on vulnerable groups. Every patient should be given the choice. Some cohorts may not want to pay/be able to pay. How is the effectiveness of these treatments determined? Patients could be offered advice sheets about getting what they need from a healthy diet. Restricting OTC medicines because of cost to NHS could be unfair on vulnerable groups.

6.2 Probiotics

There were 2,579 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 7 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that probiotics should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*

Percentage	82%	8%	7%	3%	*2,579*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Probiotics should be available as a trial if all other measures have failed or if it is suggested by a specialist. Exceptions need to be observed for some vulnerable/at risk patient groups. Probiotics are very beneficial for patients with irritable bowel syndrome (IBS), particularly after a flare up.

Members of the public / family members / friends / carers of patients: Probiotics should be available as a trial if all other measures have failed or if it is suggested by a specialist and the evidence of probiotic use in the Advisory Committee on Borderline Substances (ACBS) should be considered. Support for the proposal that treatment should not be prescribed.

CCGs: Just because a treatment can be prescribed, it doesn't mean it should be prescribed on the NHS. However, probiotics are very beneficial for patients with IBS, particularly after a flare up.

Clinicians: Just because a treatment can be prescribed, it does not mean it should be available on the NHS. Probiotics are beneficial for patients with IBS, particularly after a flare up.

Patient representative organisations / voluntary organisations or charities: Autism often results in gut issues and probiotics can be valuable. Probiotics are beneficial for patients with IBS particularly after a flare up. Consider the evidence for probiotic use in ACBS.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Consider the evidence for probiotic use in ACBS. Analysis of correspondences from this cohort shows this should be dealt with by inclusion in the blacklist of drugs unavailable for NHS provision. Probiotics included in the Advisory Committee on Borderline Substances (ACBS) should not be restricted.

Other: Consider the evidence in probiotic use in ACBS. Just because a treatment can be prescribed, it does not mean that it should be available on the NHS. Exceptions need to be observed for some vulnerable/at risk patient groups (for example, following a course of antibiotics).

6.3 Vitamins and minerals

There were 2,590 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 8 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that vitamins and minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness?

	Agree	Neither agree or disagree	Disagree	Unsure	Base
Percentage	72%	7%	16%	4%	*2,590*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Recommendations should not apply to vitamin C, vitamin D and iron due to effectiveness for some conditions (such as wound healing, osteoporosis) and some patients should be exempt (including alcoholics, bariatric patients and some pregnant women).Treatment should be prescribed where deficiency is clinically proven. HCP input is required to ensure patients are not harmed and potentially cost the NHS more through later interventions. HCPs are required to ensure patient safety.

Members of the public / family members / friends / carers of patients: Vitamins and minerals should be prescribed where deficiency has been clinically proven. Recommendations should not apply to vitamins C, D, B12, iron or calcium replacement due to their effectiveness for some conditions (such as wound healing, osteoporosis, and post parathyroidectomy) and some groups should be exempt (bariatric patients, pregnant women, babies and young children, BME groups and alcoholics). A healthy diet alone does not provide all the vitamins and minerals needed by some patients. HCP input is required to ensure patients are not harmed and potentially cost the NHS more through later interventions.

CCGs: This should not apply to effective vitamins such as C and D. Some groups should be excluded such as bariatric patients, pregnant women and alcoholics and treatments should be prescribed where deficiency has been clinically proven.

Clinicians: Don't agree that this applies to Vitamins C, D and B12 due to their effectiveness for some conditions. Some patient groups should be exempt from recommendations.

Patient representative organisations / voluntary organisations or charities: This should not apply to vitamins C and D due effectiveness and some groups should be excluded where deficiency has been clinically proven. HCPs should advise patients to ensure there are no contraindications between medicines. A healthy diet does not provide all the vitamins and minerals required by some patients and additional support to obtain nutrients is required.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Exempt some groups (due to need) and some vitamins due to their effectiveness (vitamins C, D, B12, iron and calcium). Supplements should be prescribed where deficiency has been clinically proven. No mention in "exceptions" for folic acid users. HCP input is needed to ensure patient safety.

This group also state this should be dealt with by inclusion in the blacklist of drugs unavailable for NHS provision. It should be amended to include only oral medications.

Suggested additional exceptions where prescribing should be allowed to include (based on scientific evidence, National Institute for Health and Care Excellence (NICE) guidelines and British Society of Gastroenterology [BSG] Guidelines).

Other: Exempt some groups. Prescribe supplements where deficiency is clinically proven. Some vitamins should be excluded because of effectiveness. Consider impact on BME people, where there may be a strong case for prescribing certain vitamins and minerals to maintain good health. OTC vitamins and minerals are less effective and/or strong. Input from HCPs is required to ensure patients patient safety and avoid costs later on.

7 Conditions considered self-limiting that do not require medical advice or treatment

7.1 Key category-wide themes

Overall, 822 written comments were received from the online survey on conditions considered self-limiting that do not require medical advice or treatment. The section below presents the themes raised in the online survey, correspondence, webinars and meetings around this category.

Patients: The proposal may lead to serious conditions being overlooked and treatment delayed. Should restrict the prescription of treatments for minor ailments, such; as cold sores. A blanket approach is inappropriate for self-limiting conditions. Patients need advice from HCPs. A public education campaign would be needed to explain the self-limiting conditions and how to treat them. Referral must be made to appropriate healthcare professionals if improvements don't happen in the expected timeframe.

Members of the public / family members / friends / carers of patients: The proposal should restrict prescriptions for minor ailments. Appropriate advice from HCPs is needed. HCPs should establish the severity of condition and length of treatment. The proposal may lead to serious conditions being overlooked or delay in treatment. A public education campaign must explain the self-limiting conditions and how to treat them. Children should receive treatment on prescription. Some groups may not want (or be able) to pay (for example the elderly, people with chronic illness).

CCGs: Restrict prescriptions for treatments for minor ailments except for children. A blanket approach is inappropriate for self-limiting conditions. The proposal will make cost savings to support the NHS. OTC medications have some restrictions, for example, the patient's age/ the product license/ area to be treated.

Clinicians: Restrict prescriptions for treatments for minor ailments. HCPs should advise patients and establish severity of condition and length of treatment. Some groups may not want to pay or be able to. HCPs must provide appropriate advice. A public education campaign should explain the self-limiting conditions and how to treat them. CCGs should support prescribers, not just advise them. Patients should be referred to appropriate HCPs for advice if conditions do not improve in expected timeframe.

Patient representative organisations / voluntary organisations or charities: Ensure patients have appropriate advice from HCPs. Some cohorts may not want to pay/be able to pay. Prescriptions for some treatments should be restricted. Serious conditions could be overlooked and treatment delayed. HCPs should establish severity of condition and treatment timeframe, and provide advice if conditions don't improve as expected. There could be adverse effects on patients costing the NHS more in the long run. A blanket approach is inappropriate for self-limiting conditions. Ensure access to additional support services/ healthcare professionals (including baby clinics, community nurses, and health visitors). The proposed changes are contrary to the NHS Constitution/ GPs' duty of care/ NHS Act's aim to reduce health inequalities. Need further evidence to ensure not treating these self-limiting conditions will not lead to more serious health conditions. A public education campaign is needed to explain the self-limiting conditions and how to treat them.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: HCPs should advise on severity of condition and length of

treatment. A blanket approach is not appropriate for self-limiting conditions. Children should receive treatment on prescription. Self-limiting conditions can be side effects of serious illnesses and their treatment.

Also, patients should not be discouraged from seeking treatment and this criterion should be rephrased. Measures are needed to improve health literacy to boost patients' ability to self-care and reduce the numbers engaging with GPs and other NHS services for support. If the guidance only restricts prescribing of OTC treatments then there is concern that acute sore throat, cough, cold and nasal congestion can lead to more prescribing of antibiotics; it is therefore recommended that the specific classification of medicines be removed from the guidance.

Other: Agree with restrictions of prescriptions for treatment of minor ailments. Consider impact on lower income / socioeconomic background and their ability to pay for medication. Ensure patients are provided with appropriate advice by HCPs. The proposal may lead to serious conditions being overlooked or treatment delayed. Treatments for self-limiting conditions should only be prescribed if condition does not resolve within expected timeframe. Some conditions require treatment with medication unavailable OTC. A public education campaign should explain the self-limiting conditions and how to treat them. Remove some treatments from the list of medications that can be prescribed by the NHS

7.2 Acute sore throat

There were 2,594 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 9 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of acute sore throat should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

	Agree	Neither agree or disagree	Disagree	Unsure	Base
Percentage	76%	8%	13%	4%	*2,594*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Some forms of acute sore throat require further investigation and/or prescribed medication (such as those due to bacterial infection requiring antibiotics). Serious conditions may be overlooked or treatment delayed (for example strep throat, quinsy, throat cancer). Access is needed to advice from HCPs.

Members of the public / family members / friends / carers of patients: Some forms of acute sore throat require further investigation and / or prescribed medication. Serious conditions may be overlooked or treatment delayed. Patients should have access to appropriate advice from HCPs.

Clinicians: Serious conditions may be overlooked or treatment delayed. Some forms of acute sore throat require further investigation and / or prescribed medication.

Patient representative organisations / voluntary organisations or charities: No response provided regarding sore throat.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: This should be dealt with by inclusion in the blacklist of drugs. The Pharmaceutical Services Negotiating Committee (PSNC) feels that this condition would be better placed in the suitable for self-care category.

Other: Serious conditions may be overlooked or treatment delayed. Some forms of acute sore throat require further investigation and / or prescribed medication. Appropriate advice is needed from HCPs when diagnosing and if the condition does not resolve within an expected timeframe. Remove these treatments from the list of medications that can be prescribed by the NHS (for example, throat pastilles).

7.3 Cold sores

There were 2,584 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 10 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of cold sores should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

	Agree	Neither agree or disagree	Disagree	Unsure	Base
Percentage	78%	7%	12%	3%	*2,584*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients and members of the public / family members / friends / carers of patients: Cold sores require proper assessment and treatment. Most effective treatments may only be available on prescription (such as Acyclovir).

Clinicians: Cold sores require proper assessment and treatment. The most effective treatments may only be available on prescription. At risk patients may need to be prescribed treatment (including those with reduced immune system/ pregnant).

Patient representative organisations / voluntary organisations or charities: Access to advice from HCPs is needed.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: This is a loose term and does not equate to herpes simplex infection. Suggest it should be reworded

Concerns that herpes simplex can cause significant morbidity and psychological distress. A special case should be made for people with atopic eczema and other skin diseases with a skin barrier dysfunction, which may require oral therapy for treatment and prevention. Discouraging patients from consulting for advice may mean that eczema herpeticum, a medical emergency that can be fatal in infants, is missed or diagnosed late.

Other: At risk patients may need prescribed treatment. Cold sores can be quite serious and require proper assessment and treatment.

7.4 Conjunctivitis

There were 2,577 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 11 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of conjunctivitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

	Agree	Neither agree or disagree	Disagree	Unsure	Base
Percentage	61%	10%	24%	5%	*2,577*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: This is a serious and contagious condition requiring proper assessment and treatment. Serious conditions may be overlooked or treatment delayed. Children may be excluded from schools or nurseries because conjunctivitis is contagious and conjunctivitis has age restrictions for chloramphenicol use.

Members of the public / family members / friends / carers of patients: This is a serious and contagious condition requiring proper assessment and treatment. Serious conditions may be overlooked or treatment delayed. Children require extra care and should be prescribed treatment.

CCGs: Children may be excluded from schools or nurseries because conjunctivitis is contagious and conjunctivitis has age restrictions for chloramphenicol use. One CCG noted that over half of all cases of conjunctivitis do not clear up on their own and require treatment and children under two cannot be given OTC antibiotic drops.

Clinicians: A serious and contagious condition requiring proper assessment and treatment. Serious conditions may be overlooked or treatment delayed. Children attending schools or nurseries may be excluded as conjunctivitis is contagious.

Patient representative organisations / voluntary organisations or charities: Serious conditions may be overlooked or treatment delayed. Referral must be made to appropriate HCPs if conditions do not improve in expected timeframe.

Other NHS organisations / NHS provider organisations / professional representative bodies/ regulator/ industry: A serious and contagious condition requiring proper assessment and treatment. Serious conditions may be overlooked or treatment delayed. Children attending schools or nurseries may be excluded as conjunctivitis is contagious. Children require extra care and should be prescribed treatment. HCPs should signpost patients to useful information. Conjunctivitis has age restrictions for chloramphenicol use.

There are concerns that schools/nurseries will not allow children to attend if treatment is not prescribed or administered, due to high risk of contagion.

Other: A serious and contagious condition requiring proper assessment and treatment. Serious conditions may be overlooked or treatment delayed. Children attending schools or nurseries may be excluded as conjunctivitis is contagious. Adverse effects on patients could cost the NHS more in the long run if not treated quickly.

7.5 Coughs, colds and nasal congestion

There were 2,592 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 12 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of coughs, colds and nasal congestion should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

	Agree	Neither agree or disagree	Disagree	Unsure	Base
Percentage	83%	6%	8%	2%	*2,592*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients and members of the public / family members / friends / carers of patients: The proposal may lead to serious conditions being overlooked or treatment delayed. A blanket approach is inappropriate for self-limiting conditions and depends on the cause of the condition. Access to a HCP is necessary to understand severity of condition and treatment timeframe.

Clinicians: Ensure patients can access advice from healthcare professionals.

Patient representative organisations / voluntary organisations or charities: The proposal may lead to serious conditions being overlooked or treatment delayed.

Other NHS organisations / NHS provider organisations / professional representative bodies/ regulator/ industry: Coughs and nasal congestion should be clarified to include only acute symptoms due to uncomplicated infection. The PSNC feels that nasal congestion should be a separate category as some treatments can relieve symptoms of sinus pain.

Other: Serious conditions may be overlooked or treatment delayed.

7.6 Cradle cap (seborrhoeic dermatitis)

There were 2,583 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 13 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of cradle cap should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

	Agree	Neither agree or disagree	Disagree	Unsure	Base
Percentage	72%	10%	12%	6%	*2,583*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Ensure access to additional HCPs (including baby clinics, community nurses, and health visitors).

Clinicians: This can be a serious condition and requires proper assessment and treatment; cradle cap is often accompanied by infection flexural seborrheic eczema where whole body emollients are beneficial and can last several months. If neglected it tends to deteriorate.

Patient representative organisations / voluntary organisations or charities: Ensure access to HCPs (such as baby clinics, community nurses, health visitors).

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Cradle cap can be quite serious and requires proper assessment and treatment.

Suggested that it should be reworded as ‘mild cradle cap resolving within four weeks’. Both eczema and psoriasis in infants can present with scaling and erythema of the scalp and early treatment of this can prevent deterioration including secondary infection.

With both an initial diagnosis and advice from their health visitor or pharmacist, patients who can afford to pay for such treatment could reasonably care for their baby themselves. However, if the condition persists for more than a month they ought to seek medical advice, and possible alternative treatment, from their GP

Seborrhoeic dermatitis in infants can also affect other parts of the body, which require expert differential diagnosis

Other: Ensure access to HCPs

7.7 Haemorrhoids

There were 2,586 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 14 Do you agree with the recommendation to: advise CCGs to support prescribers in advising patients that a prescription for treatment of haemorrhoids should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	63%	11%	20%	6%	*2,586*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Serious conditions may be overlooked or treatment delayed (for example, rectal bleeding, cancer, and chlamydia). Most effective treatments may only be available on prescription.

Members of the public / family members / friends / carers of patients: Serious conditions may be overlooked or treatment delayed. Patients must be provided with appropriate advice from HCPs and be able to obtain further advice if conditions do not improve within expected timeframe. Haemorrhoids can be serious and require proper assessment and treatment.

Clinicians: Serious conditions may be overlooked or treatment delayed. Haemorrhoids can be quite serious and require proper assessment and treatment.

Patient representative organisations / voluntary organisations or charities: Serious conditions may be overlooked or treatment delayed. Patients should be referred to healthcare professionals if conditions do not improve in expected timeframe.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry:

While it is acceptable for patients with an established diagnosis of uncomplicated haemorrhoids to purchase OTC products for symptomatic relief, undiagnosed patients benefit from a clinician review. Haemorrhoids can worsen with time, neglect and/or inappropriate treatment. Some patients may need to have surgery (such as injections, banding, excision) so it is essential that they are allowed access to their prescriber for review and ongoing prescription.

Other: Serious conditions may be overlooked or treatment delayed.

7.8 Infant colic

There were 2,587 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 15 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of infant colic should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	64%	11%	18%	7%	*2,587*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Ensure access to and advice from HCPs (for example, baby clinics, community nurses, health visitors).

Members of the public / family members / friends / carers of patients: Ensure patients are provided with appropriate advice from HCPs. Serious conditions may be overlooked or treatment delayed. Children require extra care and should be prescribed treatment.

Clinicians: Ensure patients are provided with appropriate advice from HCPs. Serious conditions could be overlooked or treatment delayed. Children require extra care and should be prescribed treatment.

Patient representative organisations / voluntary organisations or charities: Ensure patients are provided with appropriate advice from HCPs. Serious conditions could be overlooked or treatment delayed. Children require extra care and should be prescribed treatment.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Children require extra care and should be prescribed treatment.

It was suggested that this should be dealt with by inclusion in the blacklist of drugs unavailable for NHS provision and that where nutritional products are required for infant feeding problems, alternative routes of supply should be provided that don't require a prescription and can be authorised by the recommending health care professional.

7.9 Mild cystitis

There were 2,591 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 16 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of mild cystitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	65%	13%	17%	6%	*2,591*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Serious conditions may be overlooked or treatment delayed (for example, cystitis can damage kidneys if not treated). Clearer definitions are required - what is mild cystitis and when does it change to moderate? Conditions may only be treated effectively with prescribed and not OTC medication.

Members of the public / family members / friends / carers of patients: Serious conditions may be overlooked or treatment delayed. Ensure patient access to advice from HCPs. Cystitis is more common in women than men.

CCGs: Ensure patient access to advice by HCPs.

Clinicians: Remove treatments from lists of medications that can be prescribed by the NHS (such as cystitis sachets). Clearer definitions are required - what is mild cystitis and when does it become moderate? Referral to healthcare professionals for medical advice if condition does not improve in expected timeframe. HCPs should signpost patients to useful information. Cystitis is more common in women than men. Conditions may only be treated effectively with prescribed medication.

Patient representative organisations / voluntary organisations or charities: Serious conditions may be overlooked or treatment delayed. Conditions may only be treated effectively with prescribed (not OTC) medication.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Remove treatments from the list of medications that can be prescribed by the NHS. Define mild cystitis clearly. Referral to HCPs for medical advice is needed if condition does not improve in the expected timeframe. Serious conditions may be overlooked or treatment delayed.

BMA disagrees with the statement that the condition is always self-limiting and will clear up on its own. . The guidance should be clear that this refers to women only and should explicitly exclude the treatment of cystitis in men.

This cohort also feel clearer definitions are required: what is mild cystitis? Serious conditions may be overlooked or treatment delayed.

8 Conditions considered minor illnesses and suitable for self-care

8.1 Key category-wide themes

Overall, 948 written comments were received from the online survey on conditions considered minor illnesses and suitable for self-care. The section below presents the themes raised in the online survey, correspondence, webinars and meetings around this category.

Patients: Treatments for minor ailments shouldn't be prescribed or only available when a condition hasn't resolved within expected timeframe. If no prescription, patients are offered advice/ alternative options to help treat condition. Some groups (such as those on low income/ lower socioeconomic background) may not be able to afford OTC medicines if they don't pay currently. Clear definitions and guidance are required on what constitutes severity of illness (such as minor, moderate, severe). The proposal would ensure better use of limited NHS resource. HCPs should see the patient and establish seriousness of the condition and length of treatment because self-diagnosed conditions can be a symptom of more serious illness. A public education campaign is necessary to explain the self-limiting conditions and how to treat them. Not treating or treating conditions inappropriately could result in unintended complications such as the spread of infection. A blanket approach is inappropriate for self-limiting conditions that can be quite serious and require proper assessment and treatment.

Members of the public / family members / friends / carers of patients: Some groups might not afford OTC medication. Not treating or treating conditions inappropriately could result in unintended complications. The proposal adversely affects those who require considerable care (such as the disabled and the elderly). Self-diagnosed conditions can be symptoms of more serious illness. Public education is needed to inform the public which conditions are considered as minor ailments and how they should be treated Children should receive treatment on prescription. There must be access to advice and/or alternative options to help treat the issue if no prescription. The proposal ensures better use of limited NHS resources. Treatments for minor ailments shouldn't be prescribed.

CCGs: Prescriptions should only be provided for a minor ailment when the condition hasn't resolved within expected timeframe. Conditions can be serious and require proper assessment and treatment. Consider impact on demand for HCPs including pharmacists, pharmacy staff). The proposal adversely affects children and we must be clear about what treatment is, and what symptom relief is.

Clinicians: Some cohorts may not want (or be able) to afford them if they don't pay for them currently. A public education campaign should explain the self-limiting conditions and how to treat them. Children should receive treatment on prescription. Clearer definitions and guidance are required on what constitutes severity of illness. The public need signposting so they access the right service. If there's no prescription patients must be offered advice and / or alternative options to help treat the condition. The proposal ensures better use of limited NHS resource. Healthcare professionals should see the patient and establish seriousness of condition and length of treatment.

Patient representative organisations / voluntary organisations or charities: Ensure that, if no medication is prescribed, patients are offered advice and/or alternative options to help treat the issue. Clear definitions and guidance are required on what constitutes severity of

illness. Some groups cannot afford OTC medication. Patients need access to HCPs to establish seriousness of condition and length of treatment. A self-diagnosed condition can be a symptom of more serious illness; not treating or treating conditions inappropriately could result in unintended consequences. A public education campaign is necessary to explain the self-limiting conditions and how to treat them. Children should receive treatment on prescription. There must be adequate signposting for patients to access the right service (for example, a pharmacist). The proposal ensures better use of limited NHS resources. Prescriptions should only be offered for minor ailments if the condition hasn't resolved within expected timeframe. Remove treatments from the list of medications that can be prescribed by the NHS.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Some groups may not be able to pay for OTC medication. Adequate signposting is needed to help the public access the right service. HCPs' advice is needed to establish seriousness of condition and length of treatment. A blanket approach is inappropriate for minor illnesses suitable for self-care. Ensure that, if no medication is prescribed, patients are offered advice and/or alternative options for treatment. A public education campaign should explain the self-limiting conditions and how to treat them. Children should receive treatment on prescription. Consider the impact on the demand for HCPs and queries and disagreement over terminology used in the guidance.

From the correspondence, numerous responses support the self-care principles. However, conditions in which there is large interpatient variability, ones that can worsen or become chronic if left untreated, and ones that impact more vulnerable groups, should be removed.

Other: Consider the impact on those on low income/ from lower socioeconomic backgrounds and their ability to purchase the medication they, or their families, need. Ensure there is signposting to direct the public to the right service. Self-diagnosed conditions can be symptomatic of more serious illness. If no prescription is given patients should be offered advice and/or alternative options. The proposal ensures better use of limited NHS resources. Treatments for minor ailments shouldn't be prescribed unless the condition hasn't resolved within its indicated time frame. Remove these treatments from the list of medications that can be prescribed. The proposal adversely affects those who require considerable care (including the disabled and the elderly). Consider funding a national minor ailments service to help treat conditions which would otherwise require a prescription.

8.2 Contact dermatitis

There were 2,581responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 17 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of contact dermatitis should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	64%	9%	22%	5%	*2,581*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Consider impact on patients who require several medications to control their condition (for example, the increased cost of medication) and those travelling patients needing to take medicine with them. OTC medication is too weak to relieve symptoms and deal with conditions. Review restrictions on OTC medications (for example, age/ license/ area to be treated). There is a need for clearer definitions and guidance on severity of illness

(whether it is minor, moderate or severe). Contact dermatitis can be serious and require medical assessment and treatment.

Members of the public / family members / friends / carers of patients: OTC medication is too weak to relieve symptoms and deal with conditions. Consider restrictions on OTC medications (such as age/ license/area to be treated). Provide clearer definitions and guidance required on what constitutes severity of illness. All treatment options should be subject to the length of time patients have been experiencing symptoms.

Clinicians: Only mild steroids are available OTC and stronger doses may be required. OTC medication is too weak to relieve symptoms and deal with conditions. Contact dermatitis can be serious and require proper assessment and treatment. The definition is too broad and needs to be more specific (for example irritant, contact allergy, eczema, psoriasis). The proposal ensures better use of limited NHS resource but it needs to consider restrictions on OTC medications (such as age/ license/ area to be treated). Need for clearer definitions and guidance on what constitutes severity of illness. Treatment options should be subject to the length of time patients have been experiencing symptoms and need to consider impact (cost) on patients who require several medications to control condition.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: OTC medication is too weak to relieve symptoms and deal with conditions. Again, contact dermatitis is too broad and the definition needs to be more specific. Clearer definitions and guidance are required on what constitutes severity of illness.

BAD advises this section be removed or changed to ‘chapped hands’ as the term is confusing. It could refer to allergic contact dermatitis or/and irritant contact dermatitis, which are common causes of work absenteeism with economic implications. Potential allergic contact dermatitis requires hospital referral for patch test investigation and if overlooked it has legal implications for patients, doctors and employers.

Good management of dry skin-related conditions demands frequent use of large quantities of emollient, as stated in ‘cost effective prescribing of emollients’ summary in the PrescQIPP bulletin. It also states that ‘regular review of how the patient is getting along with their emollient would also help improve patient compliance and ensure early detection of any issues or infections’

These large quantities of emollients could be prohibitively expensive for those on low income. There is also confusion over the distinction between skin conditions. The British Skin Foundation states that contact dermatitis and eczema are interchangeable terms.

The ability of others (especially those unfamiliar or uncertain about their condition) to consult their GP and to receive appropriate treatment, irrespective of their ability to pay, should not be arbitrarily inhibited.

Other: Mild steroids are available OTC and stronger doses need to be available. Need to consider restrictions on OTC medications and contact dermatitis is too broad a definition - it needs to be more specific. Must consider impact on patients who require several medications to control their conditions.

8.3 Dandruff

There were 2,581 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 18 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of dandruff should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*

Percentage	86%	5%	7%	2%	*2,581*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients and members of the public/ family members/ friends/ carers of patients: There is a need to differentiate between the different forms of the condition (e.g. minor, regular and chronic).

CCGs, clinicians, patient representative organisations / voluntary organisations or charities, Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: This cohort also mentions the need to differentiate between the different forms of the condition (e.g. minor, regular and chronic).

British Association of Dermatologists suggested the condition should be changed to 'mild scaling of the scalp without itching'. The term covers a broader range of treatable conditions.

Most treatments for dandruff would not require a prescription. However, these prescriptions are also used for more serious skin conditions that cause scalp scaling, such as seborrheic dermatitis and scalp psoriasis.

The ability of others (especially those unfamiliar or uncertain about their condition) to consult their GP and to receive appropriate treatment, irrespective of their ability to pay, should not be arbitrarily inhibited.

8.4 Diarrhoea (adults)

There were 2,577 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 19 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of diarrhoea should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	72%	9%	14%	5%	*2,577*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Diarrhoea can be a symptom of a more serious illness (such as bowel cancer, Crohn's disease, colitis) and not treating or treating the condition inappropriately could result in unintended consequences (such as the spread of infection). Must consider impact of not treating on vulnerable groups (for example, the elderly) and on patients requiring a constant supply of OTC medication for longstanding conditions and issues.

Members of the public / family members / friends / carers of patients: Diarrhoea can be a symptom of more serious illness and not treating could lead to unintended consequences. People with longstanding issues may require OTC medication on a long-term basis.

CCGs: Not treating or treating conditions inappropriately could result in unintended consequences and complications.

Clinicians: Diarrhoea can be a symptom of more serious illness and not treating it, or treating it inappropriately, could result in unintended complications such as spreading infection.

Patient representative organisations / voluntary organisations or charities: More consideration is needed of the impact of not treating for vulnerable groups.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Diarrhoea can be a symptom of more serious illness such as bowel cancer, Crohn's disease or colitis.

BMA stated that acute diarrhoea can be a serious illness in frail patients and, particularly if accompanied by faecal incontinence, can lead to an unplanned hospital admission.. Also, the PSNC states that there should be reference to red flag symptoms which require onward referral to general practice.

Other: Diarrhoea can be a symptom of more serious illness and not treating it, or treating it inappropriately, could result in unintended complications. They also raised concerns about the impact of not treating on vulnerable groups.

8.5 Dry eyes/ sore (tired) eyes

There were 2,589 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 20 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	75%	8%	14%	3%	*2,589*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Not treating or treating conditions inappropriately could result in unintended consequences/ complications (including ulcers and blindness). Dry eyes can be a sign of more serious conditions (especially for glaucoma patients) and all treatment options should be subject to the length of time patients have been experiencing symptoms. There needs to be clearer definitions and guidance around what constitutes severity of illness (whether minor, moderate or severe). Conditions can be quite serious and require proper assessment and treatment. There is concern that the proposals will remove effective treatments for patients, and that OTC treatments are expensive.

Members of the public / family members / friends / carers of patients: This group are concerned that not treating conditions, or treating them inappropriately could result in unintended complications such as ulcers or blindness. They also feel there should be an exception for all glaucoma patients.

Clinicians: Conditions can be quite serious and require proper assessment and treatment. Not treating or treating conditions inappropriately could result in unintended consequences or complications. There should be clearer definitions and guidance on the types of illnesses. They are also concerned that treatments are expensive.

Patient representative organisations / voluntary organisations or charities: Dry eyes could be a sign of more serious conditions.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: BMA did not consider dry eyes are not considered a minor

condition. They require long-term treatment and can produce considerable distress and even ocular complications.

Novartis UK stated thar dry eyes could be a common symptom of other conditions. Also, for long-term and moderate to severe dry eye conditions, clearly defined exceptions are necessary to ensure patients have access to the right treatment.

Other: Not treating or treating conditions inappropriately could result in unintended consequences or complications and treatment options should be subject to the length of time patients have been experiencing symptoms.

8.6 Earwax

There were 2,571 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 21 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of earwax should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	78%	8%	11%	3%	*2,571*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Excessive earwax requires syringing.

Members of the public / family members / friends / carers of patients: Excessive earwax needs syringing and not treating, or treating conditions inappropriately, could result in unintended consequences or complications.

Clinicians: Excessive earwax requires syringing and not treating, or treating conditions inappropriately, could result in unintended consequences or complications.

Patient representative organisations / voluntary organisations or charities: Excessive earwax needs syringing.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry:

Where there is poor evidence of efficacy this should be dealt with by inclusion in the black list, and patients whose impacted earwax can be associated with infections require prompt, appropriate treatment.

8.7 Excessive sweating (hyperhidrosis)

There were 2,583 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 22 Do you agree with the recommendation to: advise CCGs to support prescribers in advising patients that a prescription for treatment of excessive sweating should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	58%	13%	21%	8%	*2,583*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Need to consider additional impact of this condition on patients (including embarrassment, anxiety). OTC treatment may not always be effective at treating the condition.

Members of the public / family members / friends / carers of patients: Symptoms can be a sign of a more severe condition (such as liver malfunction). Also consider the additional impact of this condition on patients (for example, embarrassment) and the fact that OTC treatment may not always be effective.

CCGs: OTC treatment may not always be effective at treating this condition which is not minor and can be a life-restricting condition.

Clinicians: OTC treatment may not always be effective at treating the condition which can have a considerable impact on patients.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Following review of correspondence received organisations state this condition can be severely disabling. It can have a huge impact on the wellbeing of the patient, affecting their confidence, self-esteem and ability to maintain relationships. The guidance should define this as 'mild axillary hyperhidrosis responsive to topical OTC treatments'.

It is reported patients have often already tried self-management but continue to experience debilitating symptoms. It is also noted that aluminium chloride (available OTC) is rarely used properly by patients.

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Other: Excessive sweating is not considered a minor ailment. It can be a life restricting condition.

8.8 Head lice

There were 2,576 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 23 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of head lice should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	78%	6%	13%	4%	*2,576*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Head lice products are expensive and you have to treat the whole family which is potentially a public health risk if not addressed.

Members of the public / family members / friends / carers of patients: Head lice products are expensive and you have to treat the whole family which is potentially a public health risk if not addressed. Need to consider the additional impact of this condition on patients (such as bullying).

CCGs: Potentially a public health risk if not addressed.

Clinicians: NHS advice has been to treat only if live lice are seen yet the consultation document says all family members should be treated even if no lice are present. This is potentially a public health risk if not addressed and need to consider the ability of some groups to pay for the treatment they, or their families, need.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Head lice are potentially a public health risk if not addressed.

These organisations also state this should be 'mild head lice infestations without secondary inflammation or infection'. And, 'head lice can be easily treated and should therefore be removed.

.**Other:** Head lice products are expensive as you have to treat the whole family. Historic NHS advice is to treat only if live lice are seen yet the consultation document says all should be treated even if no lice are present. Potentially a public health risk if not addressed and need to consider the ability of some groups to pay for the treatment as well as the additional impact of this condition on patients (such as bullying).

8.9 Indigestion and heartburn

There were 2,581 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 24 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of indigestion and heartburn should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	64%	10%	20%	6%	*2,581*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Symptoms can be a sign of more serious conditions. OTC treatment may not always be effective at treating the condition. Treatment should be subject to the length of time patients have been experiencing symptoms and need to differentiate between the different forms of the condition (for example, minor, regular, chronic).There is concern around patients being advised to purchase contraindicated or the wrong medication to treat the condition.

Members of the public / family members / friends / carers of patients: Symptoms can be a sign of more serious conditions and OTC treatment may not always be effective at treating the condition. Therefore there's a need to differentiate between the different forms of the condition.

CCGs: Treatment should be subject to the length of time patients have been experiencing symptoms.

Clinicians: Symptoms can be a sign of more serious conditions and OTC treatment may not always be an effective treatment. The treatment should be subject to the length of time patients have been experiencing symptoms and therefore there is a need to differentiate between the different forms of the condition.

Patient representative organisations / voluntary organisations or charities: Symptoms can be a sign of more serious conditions.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Concern around patients being advised to purchase

contraindicated or the wrong medication to treat the condition.BMA raised concerns that non-ulcer dyspepsia is not a minor condition; it often requires long-term medication and can produce considerable distress.

This condition is very common in pregnant women. Reflux in this patient group and infant reflux should be explicitly excluded.

Indigestion symptoms could be signs of something more serious, such as a heart attack. There should be reference to red flag symptoms which require onward referral to general practice.

Other: Symptoms can be a sign of more serious conditions.

8.10 Infrequent constipation

There were 2,580 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 25 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of infrequent constipation should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	80%	7%	10%	3%	*2,580*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Symptoms can be a sign of a more serious condition. Some also queried or disagreed with the language/terminology used in the guidance.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: BMA raised concerns with these proposals tjat if not treated this may progress to long-term complications. There is lack of clarity about what counts as infrequent and an exception is suggested for routine treatment to regulate bowel movements.
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Other: Symptoms can be a sign of more serious conditions. They also queried or disagreed with the language/terminology used in the guidance.

8.11 Infrequent migraine

There were 2,574 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 26 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of infrequent migraine should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	72%	9%	15%	5%	*2,574*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Symptoms can be a sign of more serious conditions (such as tumours) and there needs to be clearer definitions and guidance on the types of migraine (as examples, infrequent, chronic, and severe). Need to consider socioeconomic impact on migraine sufferers. Concern that OTC treatment may not always be effective at treating the condition and so there needs to be a greater impetus on healthcare staff to provide clear guidance and instructions. A blanket approach may not be suitable for all - need to consider each person on an individual basis. How will patients on a low income who have a chronic condition be able to afford a constant supply of OTC medication?

Members of the public / family members / friends / carers of patients: OTC treatment may not always be effective at treating the condition and a one size fits all approach may not be suitable for all. Symptoms can be a sign of more serious conditions and must consider socioeconomic impact on migraine sufferers.

CCGs: OTC treatment may not always be effective at treating the condition and there needs to be clearer definitions and guidance on the types of migraine.

Clinicians: OTC treatment may not always be effective at treating the condition and clearer definitions and guidance are required on the types of migraine. There will be a greater need for healthcare staff to provide clear guidance and instructions.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: OTC treatment may not always be effective at treating the condition. Also BMA disagrees as infrequent migraine can be distressing and disabling when it occurs, and the most effective treatment should be provided. Not all of these are available without prescription.

Other: A blanket approach may not be suitable for all; symptoms can be a sign of more serious conditions and there's a need to consider socioeconomic impact on migraine sufferers.

8.12 Insect bites and stings

There were 2,571 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 27 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of insect bites and stings should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	82%	6%	8%	3%	*2,571*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients and members of the public / family members / friends / carers of patients: Not treating or treating conditions inappropriately could result in unintended consequences and complications (including infection, spread of infection, cellulitis, and sepsis). There should be exceptions for severe bites and stings and there is concern that OTC treatment may not always be effective at treating the condition.

Patient representative organisations / voluntary organisations or charities: Exceptions for severe bites and stings.

Other: Not treating and/or treating conditions inappropriately could result in unintended consequences/ complications (as listed above).

8.13 Mild acne

There were 2,575 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 28 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of mild acne should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	77%	9%	11%	3%	*2,575*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Need to consider additional impact of this condition on patients' confidence/ esteem/ mental health. OTC treatment may not always be effective at treating the condition/ possible need for stronger medicine and there should be clearer definitions/ clearer guidance required on what constitutes severity of illness (for example, minor, moderate, severe).

Members of the public / family members / friends / carers of patients: Need to consider additional impact of this condition on patients' confidence/ esteem/ mental health.

Clinicians: Consider additional impact of this condition on patients' confidence/ esteem/ mental health. OTC treatment may not always be effective at treating the condition and there's a possible need for stronger medicine. Requirement for clearer definitions and guidance required on what constitutes severity of illness.

Patient representative organisations / voluntary organisations or charities: Consider additional impact of this condition on patients' confidence/ esteem/ mental health.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: The British Association of Dermatologists feel this section should be removed. Acne is a common cause of significant psychological and psychiatric morbidity in children and teenagers irrespective of severity, with proven long-term consequences. Many first-line treatments such as topical retinoid are not available OTC. Sudden onset acne in older adults requires prompt investigation.

It was also suggested that this could also be changed to 'very mild self-limiting acne' and make this clear in the explanatory text. Remove 'several creams, lotions and gels for treating acne are available at pharmacies' and replace with 'only topical benzoyl peroxide has been shown to be effective and is available at pharmacies'.

There is a lack of evidence of benefit for other OTC drugs, and patients often only consult after repeated visits to pharmacies and failed trials of costly OTC treatments.

Acne can be confused with other conditions, which require different treatment. Therefore, guidance should not discourage patients with acne from seeking advice and potentially avoiding lifelong scarring from worsening/poorly treated acne.

Other: Consider additional impact of this condition on patients' confidence/ esteem/ mental health and OTC treatment may not always be effective at treating the condition/ possible need for stronger medicine. Need for clearer definitions and guidance is required on what constitutes severity of illness.

8.14 Mild dry skin/ sunburn

There were 2,566 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 29 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of mild dry skin or sunburn should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	85%	5%	8%	2%	*2,566*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

CCGs, professional representative bodies: Query/ disagree with the language and terminology used in the guidance.

Patients, members of the public / family members / friends / carers of patients, clinicians, industry, other NHS organisations / NHS provider organisations / regulator/ industry: Feel treatments for mild dry skin and sunburn can be costly and also queried some of the language. .

Additionally, British Association of Dermatologists, University of Nottingham, and Centre of Evidence based Dermatology, British Medical Association, Dermal, Society for Academic Primary Care Dermatology research group and British Generic Manufacturers Association feel these conditions should beseparated.

Some responses suggested that restricting prescriptions for sunscreens would unduly risk the health and wellbeing of those with an increased risk from sunburn, including current skin cancer patients, people who have had non-melanoma skin cancer previously, people with compromised immune systems and people with pre-existing chronic skin conditions such as eczema, dermatitis and psoriasis. Sun exposure, and common treatments, may increase the risk of developing skin cancer. Additionally, skin sensitivity precludes many of these sufferers from purchasing sunscreens without input from a doctor.

8.15 Mild to moderate hay fever/ seasonal rhinitis

There were 2,575 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 30 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of mild to moderate hay fever/seasonal rhinitis should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	75%	8%	14%	3%	*2,575*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Consider impact on patient quality of life. Treating chronic hay fever/ rhinitis can be costly and some groups may not be able to afford OTC medication. Effective treatment may not be available OTC and healthcare professionals should see the patient and establish seriousness of the condition and length of treatment.

Members of the public / family members / friends / carers of patients: Effective treatment may not be available OTC and healthcare professional should see the patient and establish seriousness of the condition and length of treatment.

Clinicians: Treating chronic hay fever/ rhinitis can be costly and need to consider the impact on patient quality of life. Healthcare professionals should see the patient and establish seriousness of the condition and length of treatment.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: May be difficult to define 'mild/moderate' and symptoms can vary over time. Mild to moderate hay fever/seasonal rhinitis is included in the consultation under minor ailments suitable for self-care. Long-term hay fever would be excluded.

Other: Treating chronic hay fever/ rhinitis can be costly and there are concerns some groups (e.g. low income/ lower socioeconomic background) cannot afford OTC medication.

8.16 Minor burns and scalds

There were 2,561 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 31 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of minor burns and scalds should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	76%	8%	13%	3%	*2,561*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Not treating, or treating conditions inappropriately, could result in unintended complications like infection.

Members of the public / family members / friends / carers of patients: Not treating, or treating conditions inappropriately, could result in unintended complications like infection. Consider patient ability to identify when more treatment is required/ what constitutes a minor burn and scald.

Clinicians: Consider patient ability to identify when more treatment is required and what constitutes a minor burn and scald.

Other NHS organisations / NHS prover organisations / professional representative bodies / regulator/ industry/ others: Consider patient ability to identify when more treatment is required/ what constitutes a minor burn and scald.

They state that it is difficult to define 'minor' and the examples given of burns requiring A&E assessment exclude many burns which do require medical attention and require NHS treatment.

8.17 Minor conditions associated with pain, discomfort and/ fever

There were 2,578 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 32 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of mild conditions associated with pain, discomfort and fever should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	74%	9%	14%	4%	*2,578*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Minor conditions associated with pain can be quite serious and require proper assessment and treatment. Effective treatment may not be available OTC and stronger treatments may be required to deal with issue.

Members of the public / family members / friends / carers of patients: Effective treatment may not be available OTC and stronger treatments may be required to deal with issue. Clear guidance on when healthcare professionals should refer patients to obtain medical advice if condition does not improve in allotted time period is required.

Clinicians: Effective treatment may not be available OTC and stronger treatments may be required to deal with issue. Minor conditions associated with pain can be quite serious and require proper assessment and treatment.

Patient representative organisations / voluntary organisations or charities: Minor conditions associated with pain can be quite serious and require proper assessment and treatment.

Other NHS organisations / NHS prover organisations / professional representative bodies / regulator/ industry/ others: BMA raised issue of restrictions on analgesics available without prescription there may be an increase in the prescription of more powerful agents.

There was also some responses that raised concerns on back pain specifying that in a situation where pain is unfamiliar, persistent and acute an initial diagnosis may be wise, to exclude serious pathology or to avoid exacerbating a problem.

Other: Effective treatment may not be available OTC and there is a limit on the number of paracetamol/pain killers that can be bought OTC. They also feel that stronger treatment may be needed to deal with the pain.

8.18 Mouth ulcers

There were 2,586 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 33 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of mouth ulcers should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	79%	8%	11%	2%	*2,586*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Members of the public / family members / friends / carers of patients: Mouth ulcers can be a sign of more serious conditions such as cancer.

Other NHS organisations / NHS prover organisations / professional representative bodies / regulator/ industry/ others: BMA feels the proposals are too vague, and advises it be changed to 'simple single aphthous mouth ulcers lasting less than two weeks'. Mouth ulcers may be the first presentation of diseases such as mouth cancer or inflammatory mouth disorders.

Other: Mouth ulcers can be a sign of a more serious condition such as cancer, and HCPs should intervene if a patient has frequent occurrences.

8.19 Nappy rash

There were 2,575 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 34 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of nappy rash should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	77%	7%	12%	4%	*2,575*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Consider the impact on carers who may not be able to buy items for those they care for or may not be allowed to administer OTC medication. Nappy rash can be a sign of neglect and this may not be picked up by pharmacists. Others think that licensing may need to be looked at to make products available OTC.

Members of the public / family members / friends / carers of patients: Consider the impact on carers who may not be able to buy items for those they care for or may not be allowed to administer OTC medication. Clear guidance is needed on when HCPs should refer patients to obtain medical advice.

Clinicians: Clear guidance is required on when HCPs should refer patients to obtain medical advice.

Other NHS organisations / NHS prover organisations / professional representative bodies / regulator/ others: Suggested that this should be changed to 'mild nappy rash lasting less than seven days'. Failure to improve may indicate that the parents are non-compliant with hygiene practices and use of barrier creams. This may raise child protection concerns or indicate a skin disease such as eczema, psoriasis or a fungal infection needing further treatment or referral.

With an initial diagnosis from a health visitor or pharmacist patients who can afford to pay for such treatment could reasonably care for their baby themselves. But if the condition persists for more than a week they need their GP's advice.

Other: Licensing may need to enable products to be available OTC.

8.20 Oral thrush

There were 2,568 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 35 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of oral thrush should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	63%	10%	21%	6%	*2,568*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Symptoms can be a sign of more serious conditions (such as cancer) and there is concern about restrictions on the number of OTC treatments when the majority of treatments require a prescription. Appropriate POM to P medicine reclassification to support this would be valuable (for example, Nystatin oral suspension).

Members of the public / family members / friends / carers of patients: Symptoms can be a sign of more serious conditions. Concerns about the restriction on the number of OTC treatments when the majority of treatments require a prescription.

Clinicians: Symptoms can be a sign of more serious conditions (including cancer). Appropriate POM to P medicine reclassification to support this would be valuable (for example, Nystatin oral suspension). Concerns about the restriction on the number of OTC treatments when the majority of treatments require a prescription.

Other NHS organisations / NHS prover organisations / professional representative bodies / regulator/ others: This is suitable for OTC treatments, but disease lasting six weeks or more should be investigated. Correct diagnosis is essential as oral cancer can present with white patches in the mouth.

inhalers.

Suggestions were also made to change heading to ‘mild oral thrush from dentures’.

BMA states oral thrush can be a disabling condition especially in frail patients and can lead to malnutrition and dehydration.

Other: Appropriate POM to P medicine reclassification to support this would be valuable. Concern over the restriction on the number of OTC treatments when the majority of treatments require a prescription. Clear guidance is required on when HCPs should refer patients to obtain medical advice.

8.21 Prevention of dental caries

There were 2,567 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 36 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment to prevent dental caries should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	76%	8%	11%	5%	*2,567*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: This is not commissioned by CCGs and should be dealt with by dentists. This proposal adversely affects vulnerable groups (including children). There could be an increase in tooth extractions which moves the problem from primary to secondary care/ dental care. The restricted availability of effective treatment OTC – for example high fluoride toothpaste is only available on prescription.

Members of the public / family members / friends / carers of patients: This is not commissioned by CCGs and should be dealt with by dentists. Possible increase in tooth extractions which moves the problem from primary to secondary care/ dental care. The restricted availability of effective treatment OTC – for example high fluoride toothpaste is only available on prescription.

Clinicians: The restricted availability of effective treatment OTC – much of it is only available on prescription. This proposal adversely affects vulnerable groups (including children) and symptoms can be a sign of more serious conditions.

Patient representative organisations / voluntary organisations or charities: Increase in tooth extraction which moves the problem from primary to secondary care/ dental care. Restricted availability of effective OTC treatment.

Other NHS organisations / NHS prover organisations / professional representative bodies / regulator/ others: Treatment for dental conditions should be provided through dental contracts. The BMA is concerned that the inadequate provision of NHS dentistry is driving consultation with GPs for dental problems. As this document refers to primary care and not only general practice this question should be addressed by dental colleagues.

Industry and other: The restricted availability of effective treatment OTC – much of it is only available on prescription. This proposal adversely affects vulnerable groups (including children).

8.22 Ringworm/ athlete's foot

There were 2,576 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 37 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of ringworm or athlete's foot should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	72%	9%	15%	4%	*2,576*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: OTC treatments are not effective at treating ringworm. Ringworm could be a public health risk if it's not treated.

Members of the public / family members / friends / carers of patients: OTC treatments are not effective at treating ringworm. Ringworm could be a public health risk if it's not treated.

Clinicians: Some feel self-care is suitable for small areas, but patients should seek help from clinicians for large areas. Others feel that OTC treatments are not effective.

Other NHS organisations / NHS prover organisations / professional representative bodies / regulator/ others: Analysis of the correspondence received during the consultation show organisations and definitions. suggested a number of individual exceptions.

The Centre of Evidence Based Dermatology raised concerns about 'ringworm' being used next to 'athlete's foot'.

BMA raised issues that the conditions could cause distress and occasionally complications, particularly in patients with diabetes or difficulties with personal care.

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If a misdiagnosis occurs with inappropriate treatment for ringworm, there could be a significant detrimental impact on the patient. Their family may be at risk from contracting contagious variations

Athlete's foot can be a common cause of entry for infection leading to cellulitis.

Other: Ringworm is a potential public health risk if it's not treated.

8.23 Teething/ mild toothaches

There were 2,572 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 38 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of teething or mild toothache should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	82%	7%	9%	2%	*2,572*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Patients think toothache should be treated by primary dental care to prevent further issues and complications.

Other NHS organisations / NHS prover organisations / professional representative bodies / regulator/ others: BMA indicated that parents rarely consult with teething as a presenting complaint and spending may be overstated.

8.24 Threadworms

There were 2,570 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 39 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of threadworms should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	66%	9%	18%	6%	*2,570*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Treatment should be available for vulnerable groups. If not treated, threadworms are a potential public health risk.

Members of the public / family members / friends / carers of patients: Treatment should be available for vulnerable groups and, if not treated, threadworms are a potential public health risk. They are also concerned about the impact on those on low income and their ability to purchase the medication.

CCGs: Threadworms are a public health risk if they are not treated.

Clinicians: Treatment should be available for vulnerable groups and, if not treated, threadworms are a potential public health risk. Think about the impact on those on low income and their ability to purchase the medication.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Threadworms are a public health risk if they are not treated.

Other: This group is concerned about the public health risk and the impact on people on low incomes.

8.25 Travel sickness

There were 2,567 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 40 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of travel sickness should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	85%	6%	6%	2%	*2,567*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Clinicians: Clinicians commented on the restricted availability of treatments OTC (including anti-emetics).

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: BMA indicated that travel sickness is rarely a presenting complaint and that the spend may be overstated.

8.26 Warts and verrucae

There were 2,578 responses to the closed question. The majority of respondents were patients, members of the public, clinicians, CCGs and patient representative/ voluntary organisations.

Figure 41 Do you agree with the recommendation to advise CCGs to support prescribers in advising patients that a prescription for treatment of warts and verrucae should not routinely be offered in primary care as the condition is appropriate for self-care?

	Agree	Neither agree or disagree	Disagree	Unsure	*Base*
Percentage	74%	8%	14%	4%	*2,578*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Cryotherapy is an effective treatment for warts. The condition can be difficult to self-treat.

Members of the public / family members / friends / carers of patients: Warts can be difficult to self-treat and, if not treated, could be a potential public health risk.

Clinicians: Cryotherapy is an effective treatment for this condition.

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: This is suitable for OTC treatments, but a sentence should be added to the guidance saying 'referral for diagnostic advice may rarely be required in cases with unusual presentations causing diagnostic uncertainty and cancer concerns'. Exceptional cases leading to disability should be treated.

Where there is poor evidence of efficacy this should be dealt with by inclusion on the blacklist of substances unavailable on the NHS.

Other: Warts are a potential health risk if they are not treated.

9 Condition specific exceptions

Figure 42 Are there any items or condition specific exceptions you feel should be included, in addition to those already proposed and the general exceptions covered earlier?

	Percentage
Yes	17%
No	53%
Unsure	30%
Base:	*2,532*

For a breakdown of the results by respondent type, please refer to the appendix

Top themes by respondent type – below are the key themes raised in the online survey, correspondence, webinars and meetings.

Patients: Exceptions raised included: those with long term conditions; special dietary requirement foods and supplements. Need to consider specialist treatments/conditions; clinician should decide as they know the patient and their circumstances, those on low incomes and from lower socioeconomic backgrounds and patients with other illnesses and conditions.

Members of the public / family members / friends / carers of patients: Exceptions raised included: those with long term conditions, concern about not treating and treating conditions inappropriately resulting in unintended consequences and complications. Consider excluding those requiring special dietary requirement foods and supplements, also children under 18 years old and those from low income and lower socioeconomic backgrounds. Finally, there is a need for public education around self-care/ purchasing treatments.

CCGs: Need to consider excluding those requiring specialist treatments and conditions, with long term conditions, and treatment for fungal toenails and athlete's foot also steroid creams for dermatitis/ eczema and emollients for simple dry skin. There is a concern that not treating and/or treating conditions inappropriately could result in unintended consequences and need to consider impact on people with low incomes and lower socioeconomic background. Could be supported by campaign around self-care.

Clinicians: Need to consider excluding those specialist treatments/conditions, those with special dietary requirement foods and supplements (e.g. gluten-free foods, dietary supplements, Fortisip, Souvanaid), vitamins and minerals (e.g. D, B12, Zinc, B, C, E, Thiamine), treatment for fungal toenails and athlete's foot, emollients for simple dry skin not treating and treating conditions inappropriately could result in unintended consequences and complications. Surgery Patients/Adverse side effects of surgery.

Patient representative organisations / voluntary organisations or charities: Exclude those with long term conditions, need to consider excluding those with specialist treatments and conditions, children under 18 years old, vitamins and minerals, the ability of low income people to pay. Need to consider adding a review date for this guidance

Other NHS organisations / NHS provider organisations / professional representative bodies / regulator/ industry: Exclude those with long term conditions. There was a general disagreement with proposal due to costing. Clinicians need to be able exercise clinical judgement, as they know the patient and their circumstances. Need to consider a number of specialist treatments and conditions.).

Should exclude children under 18 years of age, specific vitamins & minerals (e.g. D, B12, Zinc, B, C, E, Thiamine), elderly patients/ those who qualify for a pension, consider the impact on those on low income and lower socioeconomic backgrounds

Other: Need to consider specialist treatments/conditions, clinicians should decide as they know the patient and their circumstances. Not treating or treating conditions inappropriately could result in unintended consequences and complications. Need to consider the impact on those on low income and lower socioeconomic backgrounds and those requiring special dietary foods and supplements (e.g. gluten-free foods, dietary supplements, Fortisip, Souvanaid).

10 Appendix

In total 2,638 individuals completed the survey, of those 2,616 indicated their respondent type.

Reading the tables

The location of the base in the tables indicates whether it is column or row percentages. For example, if the base is in the final column, each row adds to 100% and the base. The exception table, titled *'What groups do you think are likely to be disproportionately affected by this work?'* This table shows, by respondent type the characteristics that respondents feel will be disproportionately affected by this work. Each respondent type selected the characteristics which they felt would be disproportionately affected, consequently none of the

Equality and health inequalities

Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?

Respondent type	Yes		No		Unsure		Base
	%	No.	%	No.	%	No.	
All respondent responses	**37%**	**963**	**50%**	**1286**	**13%**	**345**	*2594*
Patient	39%	335	46%	389	15%	130	*854*
Member of the public/ family, friend or carer of patient	33%	241	54%	394	13%	96	*731*
Clinician	36%	163	54%	244	10%	43	*450*
Other	35%	60	53%	90	12%	21	*171*
Patient representative organisation/ Voluntary organisation or charity	47%	59	31%	39	22%	28	*126*
Clinical Commissioning Group	35%	49	56%	79	9%	14	*142*
Professional representative body	58%	24	32%	13	10%	4	*41*
Other NHS/ healthcare organisation	38%	14	62%	23	0%	0	*37*
Industry	56%	18	28%	9	16%	5	*32*

What groups do you think are likely to be disproportionately affected by this work?

Respondent type	Total		Patient		Member of the public		CCG		Clinician		Patient representative organisation		Industry		Professional representative body		Other NHS/ healthcare organisation		Other	
	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Age	79%	786	78%	262	79%	197	91%	51	76%	131	78%	51	78%	14	82%	18	77%	10	83%	50
Disability	75%	740	82%	274	78%	194	68%	38	62%	107	77%	50	44%	8	91%	20	54%	7	67%	40
Gender reassignment	5%	51	7%	24	4%	11	4%	2	2%	4	8%	5	0%	0	9%	2	8%	1	3%	2
Race	16%	163	10%	35	20%	49	16%	9	15%	25	22%	14	33%	6	59%	13	8%	1	18%	11
Religion or belief	8%	75	6%	21	9%	23	5%	3	6%	10	9%	6	28%	5	9%	2	8%	1	7%	4
Sex	10%	95	11%	36	9%	23	9%	5	7%	12	9%	6	17%	3	41%	9	0%	0	2%	1
Sexual orientation	4%	38	5%	18	3%	8	2%	1	0%	0	11%	7	0%	0	9%	2	8%	1	2%	1
Marriage and civil partnership	2%	23	3%	11	2%	5	2%	1	1%	1	5%	3	0%	0	5%	1	0%	0	2%	1
Pregnancy and maternity	27%	271	22%	75	22%	55	52%	29	24%	42	32%	21	39%	7	77%	17	46%	6	30%	18
Base	*993*		*336*		*248*		*56*		*172*		*65*		*18*		*22*		*13*		*60*	

Do you feel there is any further evidence we should consider in our proposals on the potential impact on health inequalities experience by certain groups?

Respondent type	Yes		No		Unsure		Base
	%	No.	%	No.	%	No.	
All respondent responses	**30%**	**769**	**50%**	**1273**	**20%**	**513**	***2555***
Patient	29%	243	48%	399	23%	194	*836*
Member of the public/ family, friend or carer of patient	26%	185	52%	375	22%	160	*720*
Clinical Commissioning Group	41%	58	48%	68	11%	16	*142*
Clinician	26%	118	59%	261	15%	67	*446*
Patient representative organisation/ Voluntary organisation or charity	40%	50	40%	50	20%	26	*126*
Industry	55%	18	21%	7	24%	8	*33*
Professional representative body	67%	27	15%	6	18%	7	*40*
Other NHS/ healthcare organisation	36%	13	47%	17	17%	6	*36*
Other	33%	54	51%	83	16%	27	*164*

10.1 Proposals for CCG commissioning guidance

Do you agree with the three proposed categories for [items] or [conditions] as follows:
An item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**81%**	**2112**	**7%**	**186**	**8%**	**216**	**4%**	**92**	***2606***
Patient	76%	659	8%	69	11%	95	4%	39	*864*
Member of the public/ family, friend or carer of patient	80%	586	8%	56	8%	58	4%	31	*731*
Clinical Commissioning Group	93%	134	3%	4	3%	4	1%	2	*144*
Clinician	88%	399	5%	22	5%	23	2%	7	*451*
Patient representative organisation/ Voluntary organisation or charity	75%	94	13%	16	6%	8	6%	8	*126*
Industry	58%	19	18%	6	24%	8	0%	0	*33*
Professional representative body	73%	29	8%	3	17%	7	2%	1	*40*
Other NHS/ healthcare organisation	90%	33	5%	2	0%	0	5%	2	*37*
Other	88%	149	4%	7	7%	12	1%	2	*170*

Do you agree with the three proposed categories for [items] or [conditions] as follows:
A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**81%**	**2093**	**6%**	**153**	**11%**	**281**	**3%**	**73**	***2600***
Patient	78%	674	7%	57	11%	98	4%	32	*861*
Member of the public/ family, friend or carer of patient	82%	593	5%	34	11%	84	2%	16	*727*
Clinical Commissioning Group	90%	129	3%	4	6%	9	1%	2	*144*
Clinician	86%	386	5%	24	7%	31	2%	8	*449*
Patient representative organisation/ Voluntary organisation or charity	74%	95	6%	8	13%	16	7%	9	*128*
Industry	58%	19	27%	9	15%	5	0%	0	*33*
Professional representative body	49%	19	18%	7	31%	12	2%	1	*39*
Other NHS/ healthcare organisation	76%	28	3%	1	16%	6	5%	2	*37*
Other	82%	139	5%	9	11%	19	2%	3	*170*

Do you agree with the three proposed categories for [items] or [conditions] as follows:
A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**72%**	**1886**	**6%**	**151**	**17%**	**448**	**5%**	**118**	***2603***
Patient	69%	594	6%	51	19%	167	6%	49	*861*
Member of the public/ family, friend or carer of patient	75%	548	4%	30	16%	120	4%	32	*730*
Clinical Commissioning Group	85%	122	2%	3	10%	14	3%	5	*144*
Clinician	76%	343	7%	32	13%	58	3%	16	*449*
Patient representative organisation/ Voluntary organisation or charity	66%	84	8%	10	19%	24	7%	9	*127*
Industry	44%	15	15%	5	41%	14	0%	0	*34*
Professional representative body	41%	16	13%	5	41%	16	5%	2	*39*
Other NHS/ healthcare organisation	76%	28	3%	1	16%	6	5%	2	*37*
Other	74%	125	8%	14	16%	28	2%	3	*170*

10.2 General exceptions

Do you agree with the general exceptions proposed? Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**87%**	**2253**	**5%**	**142**	**5%**	**121**	**3%**	**76**	***2592***
Patient	86%	737	5%	44	5%	41	4%	31	*853*
Member of the public/ family, friend or carer of patient	87%	634	6%	45	4%	27	3%	25	*731*
Clinical Commissioning Group	92%	131	4%	6	3%	5	1%	1	*143*
Clinician	87%	389	6%	27	6%	28	1%	7	*451*
Patient representative organisation/ Voluntary organisation or charity	87%	109	3%	4	5%	6	5%	6	*125*
Industry	79%	26	12%	4	9%	3	0%	0	*33*
Professional representative body	87%	34	5%	2	3%	1	5%	2	*39*
Other NHS/ healthcare organisation	86%	32	8%	3	3%	1	3%	1	*37*
Other	90%	152	4%	6	5%	8	1%	2	*168*

Do you agree with the general exceptions proposed? Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**82%**	**2122**	**7%**	**180**	**8%**	**203**	**3%**	**81**	***2586***
Patient	83%	708	7%	57	7%	58	3%	28	*851*
Member of the public/ family, friend or carer of patient	82%	598	7%	51	7%	54	3%	25	*728*
Clinical Commissioning Group	90%	128	3%	5	4%	6	2%	3	*142*
Clinician	79%	356	7%	34	11%	49	2%	11	*450*
Patient representative organisation/ Voluntary organisation or charity	77%	97	11%	14	7%	9	5%	6	*126*
Industry	76%	25	6%	2	15%	5	3%	1	*33*
Professional representative body	90%	35	5%	2	2%	1	2%	1	*39*
Other NHS/ healthcare organisation	89%	33	0%	0	8%	3	3%	1	*37*
Other	78%	131	9%	15	10%	17	3%	5	*168*

***Do you agree with the general exceptions proposed?* Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor ailment**

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**88%**	**2268**	**5%**	**136**	**5%**	**124**	**2%**	**58**	***2586***
Patient	89%	751	5%	42	4%	38	2%	16	*847*
Member of the public/ family, friend or carer of patient	86%	634	6%	44	5%	36	3%	19	*733*
Clinical Commissioning Group	91%	131	5%	7	1%	1	3%	4	*143*
Clinician	88%	396	5%	23	5%	22	2%	9	*450*
Patient representative organisation/ Voluntary organisation or charity	81%	101	7%	9	6%	8	5%	6	*124*
Industry	82%	27	3%	1	15%	5	0%	0	*33*
Professional representative body	87%	34	8%	3	2%	1	2%	1	*39*
Other NHS/ healthcare organisation	89%	33	3%	1	5%	2	3%	1	*37*
Other	90%	152	4%	6	5%	9	1%	1	*168*

***Do you agree with the general exceptions proposed?* Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care**

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**85%**	**2209**	**6%**	**156**	**6%**	**157**	**3%**	**67**	***2589***
Patient	86%	728	5%	46	6%	49	3%	24	*847*
Member of the public/ family, friend or carer of patient	84%	615	8%	59	5%	38	3%	21	*733*
Clinical Commissioning Group	87%	125	5%	7	6%	8	2%	3	*143*
Clinician	84%	381	5%	23	9%	40	2%	7	*451*
Patient representative organisation/ Voluntary organisation or charity	90%	112	5%	6	3%	4	2%	3	*125*
Industry	76%	25	9%	3	15%	5	0%	0	*33*
Professional representative body	87%	34	8%	3	2%	1	2%	1	*39*
Other NHS/ healthcare organisation	86%	32	3%	1	5%	2	5%	2	*37*
Other	88%	149	4%	7	5%	9	2%	4	*169*

Do you agree with the general exceptions proposed? Patients where the clinician considers that their ability to self-manage is compromised as a consequence of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**86%**	**2224**	**4%**	**119**	**7%**	**172**	**3%**	**78**	***2593***
Patient	88%	748	4%	33	6%	48	2%	22	*851*
Member of the public/ family, friend or carer of patient	83%	608	6%	45	7%	50	4%	31	*734*
Clinical Commissioning Group	86%	123	3%	4	8%	12	3%	4	*143*
Clinician	85%	386	4%	20	8%	38	2%	8	*452*
Patient representative organisation/ Voluntary organisation or charity	89%	111	5%	6	3%	4	3%	4	*125*
Industry	82%	27	6%	2	9%	3	3%	1	*33*
Professional representative body	84%	32	8%	3	8%	3	0%	0	*38*
Other NHS/ healthcare organisation	86%	32	3%	1	8%	3	3%	1	*37*
Other	89%	149	2%	3	6%	10	3%	6	*168*

10.3 Probiotics

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that Probiotics should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**82%**	**2106**	**8%**	**201**	**7%**	**192**	**3%**	**80**	***2579***
Patient	77%	661	8%	71	10%	89	4%	34	*855*
Member of the public/ family, friend or carer of patient	81%	593	9%	63	7%	50	3%	22	*728*
Clinical Commissioning Group	94%	132	3%	4	2%	3	1%	2	*141*
Clinician	89%	398	5%	25	5%	24	1%	2	*449*
Patient representative organisation/ Voluntary organisation or charity	77%	95	8%	10	8%	10	7%	9	*124*
Industry	57%	17	17%	5	13%	4	13%	4	*30*
Professional representative body	66%	25	24%	9	5%	2	5%	2	*38*
Other NHS/ healthcare organisation	85%	29	15%	5	0%	0	0%	0	*34*
Other	87%	146	5%	9	5%	8	3%	5	*168*

10.4 Vitamins & Minerals

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that Vitamins & Minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**72%**	**1860**	**7%**	**193**	**16%**	**421**	**4%**	**116**	***2590***
Patient	69%	595	7%	59	19%	162	5%	40	*856*
Member of the public/ family, friend or carer of patient	72%	528	7%	55	14%	101	6%	44	*728*
Clinical Commissioning Group	87%	123	4%	6	8%	11	1%	2	*142*
Clinician	73%	330	8%	36	16%	71	3%	14	*451*
Patient representative organisation/ Voluntary organisation or charity	73%	91	7%	9	14%	17	6%	7	*124*
Industry	40%	13	12%	4	42%	14	6%	2	*33*
Professional representative body	54%	21	13%	5	28%	11	5%	2	*39*
Other NHS/ healthcare organisation	64%	23	11%	4	17%	6	8%	3	*36*
Other	76%	128	8%	14	15%	25	1%	2	*169*

10.5 Acute Sore Throat

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Acute Sore Throat should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**76%**	**1966**	**8%**	**204**	**13%**	**327**	**4%**	**97**	***2594***
Patient	73%	627	7%	63	15%	131	4%	36	*857*
Member of the public/ family, friend or carer of patient	75%	550	7%	52	14%	100	4%	29	*731*
Clinical Commissioning Group	89%	127	5%	7	3%	4	3%	5	*143*
Clinician	85%	381	7%	30	6%	29	2%	9	*449*
Patient representative organisation/ Voluntary organisation or charity	72%	90	8%	10	17%	21	3%	4	*125*
Industry	55%	18	27%	9	15%	5	3%	1	*33*
Professional representative body	47%	18	16%	6	32%	12	5%	2	*38*
Other NHS/ healthcare organisation	72%	26	14%	5	8%	3	6%	2	*36*
Other	72%	123	11%	19	11%	19	5%	9	*170*

10.6 Cold Sores

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Cold Sores should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**78%**	**2009**	**7%**	**183**	**12%**	**304**	**3%**	**88**	***2584***
Patient	76%	647	8%	65	12%	105	4%	36	*853*
Member of the public/ family, friend or carer of patient	80%	584	5%	36	12%	87	3%	22	*729*
Clinical Commissioning Group	89%	127	5%	8	3%	4	3%	4	*143*
Clinician	81%	365	7%	32	10%	44	2%	9	*450*
Patient representative organisation/ Voluntary organisation or charity	74%	92	7%	8	14%	17	5%	6	*123*
Industry	58%	19	30%	10	9%	3	3%	1	*33*
Professional representative body	47%	18	18%	7	32%	12	3%	1	*38*
Other NHS/ healthcare organisation	72%	26	5%	2	17%	6	5%	2	*36*
Other	72%	121	9%	15	15%	25	4%	7	*168*

10.7 Conjunctivitis

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Conjunctivitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**61%**	**1571**	**10%**	**251**	**24%**	**616**	**5%**	**139**	***2577***
Patient	55%	471	10%	89	28%	237	6%	52	*849*
Member of the public/ family, friend or carer of patient	58%	420	8%	64	27%	194	6%	45	*723*
Clinical Commissioning Group	81%	116	8%	11	5%	7	6%	9	*143*
Clinician	73%	327	7%	34	17%	75	3%	14	*450*
Patient representative organisation/ Voluntary organisation or charity	56%	69	10%	13	28%	34	6%	7	*123*
Industry	48%	16	30%	10	15%	5	6%	2	*33*
Professional representative body	33%	13	21%	8	41%	16	5%	2	*39*
Other NHS/ healthcare organisation	58%	21	14%	5	22%	8	6%	2	*36*
Other	64%	109	10%	17	22%	38	4%	6	*170*

10.8 Coughs, Colds and Nasal Congestion

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Coughs, Colds and Nasal Congestion should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**83%**	**2164**	**6%**	**159**	**8%**	**210**	**2%**	**59**	***2592***
Patient	83%	707	6%	49	9%	78	2%	20	*854*
Member of the public/ family, friend or carer of patient	83%	606	5%	36	9%	68	3%	19	*729*
Clinical Commissioning Group	90%	129	4%	6	3%	5	3%	4	*144*
Clinician	89%	402	6%	25	4%	19	1%	5	*451*
Patient representative organisation/ Voluntary organisation or charity	82%	102	6%	8	9%	11	3%	4	*125*
Industry	64%	21	21%	7	12%	4	3%	1	*33*
Professional representative body	45%	17	24%	9	24%	9	8%	3	*38*
Other NHS/ healthcare organisation	83%	30	6%	2	8%	3	3%	1	*36*
Other	82%	140	9%	16	7%	12	1%	2	*170*

10.9 Cradle Cap (Seborrhoeic Dermatitis – Infants)

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Cradle Cap should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**72%**	**1864**	**10%**	**251**	**12%**	**315**	**6%**	**153**	***2583***
Patient	68%	580	11%	93	14%	116	8%	66	*855*
Member of the public/ family, friend or carer of patient	72%	524	9%	62	13%	98	6%	44	*728*
Clinical Commissioning Group	90%	129	6%	9	1%	2	2%	3	*143*
Clinician	81%	361	8%	36	8%	36	3%	12	*445*
Patient representative organisation/ Voluntary organisation or charity	60%	75	13%	16	16%	20	10%	13	*124*
Industry	50%	16	28%	9	16%	5	6%	2	*32*
Professional representative body	53%	20	16%	6	21%	8	11%	4	*38*
Other NHS/ healthcare organisation	69%	25	6%	2	17%	6	8%	3	*36*
Other	72%	123	11%	18	14%	23	4%	6	*170*

10.10 Haemorrhoids

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Haemorrhoids should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**63%**	**1622**	**11%**	**296**	**20%**	**517**	**6%**	**151**	***2586***
Patient	61%	524	10%	86	23%	192	6%	51	*853*
Member of the public/ family, friend or carer of patient	62%	455	12%	87	19%	139	7%	48	*729*
Clinical Commissioning Group	83%	119	6%	9	6%	8	5%	7	*143*
Clinician	65%	294	12%	53	19%	87	4%	16	*450*
Patient representative organisation/ Voluntary organisation or charity	53%	65	14%	17	26%	32	7%	8	*122*
Industry	42%	14	27%	9	24%	8	6%	2	*33*
Professional representative body	32%	12	26%	10	34%	13	8%	3	*38*
Other NHS/ healthcare organisation	67%	24	8%	3	19%	7	6%	2	*36*
Other	63%	107	12%	20	17%	29	8%	14	*170*

10.11 Infant Colic

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Infant Colic should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**64%**	**1652**	**11%**	**290**	**18%**	**463**	**7%**	**182**	***2587***
Patient	58%	497	11%	94	22%	183	9%	77	*851*
Member of the public/ family, friend or carer of patient	61%	444	12%	88	20%	144	7%	54	*730*
Clinical Commissioning Group	87%	124	7%	10	3%	4	3%	5	*143*
Clinician	76%	341	8%	37	12%	53	4%	19	*450*
Patient representative organisation/ Voluntary organisation or charity	57%	71	13%	16	22%	28	8%	10	*125*
Industry	52%	17	24%	8	18%	6	6%	2	*33*
Professional representative body	50%	19	18%	7	21%	8	11%	4	*38*
Other NHS/ healthcare organisation	67%	24	8%	3	19%	7	6%	2	*36*
Other	63%	107	15%	26	16%	28	5%	9	*170*

10.12 Mild Cystitis

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Mild Cystitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**65%**	**1678**	**13%**	**329**	**17%**	**436**	**6%**	**148**	***2591***
Patient	63%	536	11%	98	20%	168	6%	52	*854*
Member of the public/ family, friend or carer of patient	66%	480	12%	86	17%	121	6%	43	*730*
Clinical Commissioning Group	85%	121	6%	9	5%	7	4%	6	*143*
Clinician	69%	309	13%	57	15%	67	4%	17	*450*
Patient representative organisation/ Voluntary organisation or charity	54%	67	15%	19	23%	29	8%	10	*125*
Industry	45%	15	33%	11	18%	6	3%	1	*33*
Professional representative body	34%	13	26%	10	29%	11	11%	4	*38*
Other NHS/ healthcare organisation	61%	22	22%	8	6%	2	11%	4	*36*
Other	63%	107	17%	29	14%	23	6%	11	170

10.13 Contact Dermatitis

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Contact Dermatitis should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**64%**	**1643**	**9%**	**242**	**22%**	**556**	**5%**	**140**	***2581***
Patient	62%	529	10%	84	23%	198	5%	44	*855*
Member of the public/ family, friend or carer of patient	65%	469	8%	59	21%	149	6%	45	*722*
Clinical Commissioning Group	85%	120	2%	3	9%	13	4%	6	*142*
Clinician	63%	286	9%	42	24%	106	4%	17	*451*
Patient representative organisation/ Voluntary organisation or charity	60%	74	12%	15	21%	26	7%	9	*124*
Industry	45%	15	24%	8	24%	8	6%	0	*33*
Professional representative body	26%	10	18%	7	50%	19	5%	2	*38*
Other NHS/ healthcare organisation	67%	24	11%	4	14%	5	8%	3	*36*
Other	64%	107	12%	20	18%	30	7%	11	*168*

10.14 Dandruff

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Dandruff should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**86%**	**2226**	**5%**	**138**	**7%**	**169**	**2%**	**48**	***2581***
Patient	86%	729	5%	46	7%	58	2%	18	*851*
Member of the public/ family, friend or carer of patient	87%	635	5%	33	7%	50	1%	10	*728*
Clinical Commissioning Group	92%	130	4%	6	1%	2	2%	3	*141*
Clinician	90%	403	4%	20	5%	21	1%	6	*450*
Patient representative organisation/ Voluntary organisation or charity	85%	106	2%	3	9%	11	3%	4	*124*
Industry	70%	23	21%	7	6%	2	3%	1	*33*
Professional representative body	50%	18	17%	6	25%	9	8%	3	*36*
Other NHS/ healthcare organisation	89%	32	6%	2	3%	1	3%	1	*36*
Other	82%	140	8%	14	8%	14	1%	2	*170*

10.15 Diarrhoea (Adults)

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Diarrhoea should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**72%**	**1852**	**9%**	**229**	**14%**	**371**	**5%**	**125**	***2577***
Patient	70%	600	9%	73	16%	140	5%	43	*856*
Member of the public/ family, friend or carer of patient	73%	524	9%	63	14%	98	5%	36	*721*
Clinical Commissioning Group	82%	116	6%	8	6%	9	6%	8	*141*
Clinician	77%	347	9%	42	10%	43	4%	17	*449*
Patient representative organisation/ Voluntary organisation or charity	62%	77	10%	12	22%	27	7%	9	*125*
Industry	53%	17	25%	8	19%	6	3%	1	*32*
Professional representative body	32%	12	21%	8	39%	15	8%	3	*38*
Other NHS/ healthcare organisation	74%	26	3%	1	17%	6	6%	2	*35*
Other	73%	123	8%	13	15%	26	4%	6	*168*

10.16 Dry Eyes/ Sore (tired) Eyes

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Dry Eyes/ Sore Eyes should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**75%**	**1949**	**8%**	**198**	**14%**	**356**	**3%**	**86**	***2589***
Patient	71%	610	7%	63	18%	152	4%	30	*855*
Member of the public/ family, friend or carer of patient	77%	559	7%	52	12%	89	4%	28	*728*
Clinical Commissioning Group	88%	125	4%	5	4%	5	5%	7	*142*
Clinician	81%	363	6%	29	11%	49	2%	9	*450*
Patient representative organisation/ Voluntary organisation or charity	74%	92	12%	15	13%	16	2%	2	*125*
Industry	61%	20	21%	7	15%	5	3%	1	*33*
Professional representative body	39%	15	16%	6	37%	14	8%	3	*38*
Other NHS/ healthcare organisation	83%	30	8%	3	6%	2	3%	1	*36*
Other	74%	126	11%	18	12%	21	3%	5	*170*

10.17 Earwax

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Earwax should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**78%**	**2011**	**8%**	**204**	**11%**	**282**	**3%**	**74**	***2571***
Patient	75%	639	8%	64	13%	111	4%	34	*848*
Member of the public/ family, friend or carer of patient	78%	563	7%	54	13%	91	2%	17	*725*
Clinical Commissioning Group	90%	126	6%	9	1%	2	2%	3	*140*
Clinician	87%	391	5%	24	6%	28	1%	6	*449*
Patient representative organisation/ Voluntary organisation or charity	70%	88	14%	18	12%	15	3%	4	*125*
Industry	61%	20	24%	8	12%	4	3%	1	*33*
Professional representative body	45%	17	16%	6	29%	11	11%	4	*38*
Other NHS/ healthcare organisation	77%	27	14%	5	3%	1	6%	2	*35*
Other	78%	130	10%	16	11%	18	2%	3	*167*

10.18 Excessive Sweating

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Excessive Sweating should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**58%**	**1501**	**13%**	**338**	**21%**	**532**	**8%**	**212**	***2583***
Patient	54%	458	12%	100	25%	212	10%	83	*853*
Member of the public/ family, friend or carer of patient	56%	407	12%	88	21%	156	10%	75	*726*
Clinical Commissioning Group	86%	122	6%	9	5%	7	3%	4	*142*
Clinician	66%	299	14%	65	16%	71	4%	16	*451*
Patient representative organisation/ Voluntary organisation or charity	54%	67	18%	22	19%	24	9%	11	*124*
Industry	36%	12	24%	8	33%	11	6%	2	*33*
Professional representative body	35%	13	24%	9	32%	12	8%	3	*37*
Other NHS/ healthcare organisation	58%	21	22%	8	11%	4	8%	3	*36*
Other	56%	95	16%	27	20%	33	8%	14	*169*

10.19 Head Lice

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Head Lice should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**78%**	**2008**	**6%**	**152**	**13%**	**325**	**4%**	**91**	***2576***
Patient	79%	672	5%	39	12%	103	4%	38	*852*
Member of the public/ family, friend or carer of patient	77%	557	5%	37	14%	104	3%	23	*721*
Clinical Commissioning Group	87%	123	4%	6	5%	7	4%	6	*142*
Clinician	81%	366	7%	30	10%	43	2%	11	*450*
Patient representative organisation/ Voluntary organisation or charity	75%	93	6%	7	15%	19	4%	5	*124*
Industry	67%	22	21%	7	9%	3	3%	1	*33*
Professional representative body	38%	14	22%	8	35%	13	5%	2	*37*
Other NHS/ healthcare organisation	75%	27	3%	1	17%	6	6%	2	*36*
Other	74%	125	10%	17	15%	25	2%	3	*170*

10.20 Indigestion and Heartburn

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Indigestion and Heartburn should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**64%**	**1648**	**10%**	**269**	**20%**	**514**	**6%**	**150**	***2581***
Patient	63%	535	9%	81	22%	187	6%	52	*855*
Member of the public/ family, friend or carer of patient	69%	504	8%	57	17%	125	6%	41	*727*
Clinical Commissioning Group	84%	118	4%	6	9%	12	3%	4	*140*
Clinician	56%	253	15%	66	23%	104	6%	27	*450*
Patient representative organisation/ Voluntary organisation or charity	59%	72	12%	15	25%	31	4%	5	*123*
Industry	63%	20	22%	7	13%	4	3%	1	*32*
Professional representative body	35%	13	16%	6	41%	15	8%	3	*37*
Other NHS/ healthcare organisation	67%	24	19%	7	8%	3	6%	2	*36*
Other	59%	100	13%	22	19%	32	9%	15	*169*

10.21 Infrequent Constipation

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Infrequent Constipation should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**80%**	**2065**	**7%**	**185**	**10%**	**246**	**3%**	**84**	***2580***
Patient	79%	672	8%	66	10%	82	4%	33	*853*
Member of the public/ family, friend or carer of patient	81%	590	6%	41	10%	73	3%	22	*726*
Clinical Commissioning Group	88%	123	3%	4	6%	8	4%	5	*140*
Clinician	84%	379	6%	26	8%	36	2%	8	*449*
Patient representative organisation/ Voluntary organisation or charity	81%	100	5%	6	12%	15	2%	3	*124*
Industry	55%	18	30%	10	12%	4	3%	1	*33*
Professional representative body	41%	15	16%	6	27%	10	16%	6	*37*
Other NHS/ healthcare organisation	81%	29	8%	3	6%	2	6%	2	*36*
Other	76%	129	13%	22	9%	15	2%	4	*170*

10.22 Infrequent Migraine

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Infrequent Migraine should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**72%**	**1853**	**9%**	**224**	**15%**	**379**	**5%**	**118**	***2574***
Patient	71%	603	9%	74	15%	127	6%	48	*852*
Member of the public/ family, friend or carer of patient	71%	518	7%	51	16%	118	5%	38	*725*
Clinical Commissioning Group	86%	121	5%	7	5%	7	4%	6	*141*
Clinician	77%	343	9%	39	19%	56	4%	9	*447*
Patient representative organisation/ Voluntary organisation or charity	68%	84	9%	11	19%	24	4%	5	*124*
Industry	48%	16	27%	9	18%	6	6%	2	*33*
Professional representative body	38%	14	14%	5	38%	14	11%	4	*37*
Other NHS/ healthcare organisation	75%	27	14%	5	8%	3	3%	1	*36*
Other	70%	117	13%	22	14%	23	3%	5	*167*

10.23 Insect Bites and Stings

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Insect Bites and Stings should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**82%**	**2121**	**6%**	**161**	**8%**	**213**	**35**	**76**	***2571***
Patient	82%	698	6%	48	9%	78	3%	29	*853*
Member of the public/ family, friend or carer of patient	82%	593	6%	40	9%	67	3%	21	*721*
Clinical Commissioning Group	91%	127	4%	6	3%	4	2%	3	*140*
Clinician	89%	396	4%	19	6%	25	2%	7	*447*
Patient representative organisation/ Voluntary organisation or charity	79%	98	6%	8	10%	13	4%	5	*124*
Industry	58%	19	30%	10	9%	3	3%	1	*33*
Professional representative body	41%	15	22%	8	30%	11	8%	3	*37*
Other NHS/ healthcare organisation	89%	32	6%	2	3%	1	3%	1	*36*
Other	79%	133	11%	19	6%	10	4%	6	*168*

10.24 Mild Acne

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Mild Acne should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**775**	**1985**	**9%**	**219**	**11%**	**290**	**3%**	**81**	***2575***
Patient	77%	656	8%	68	11%	96	4%	30	*850*
Member of the public/ family, friend or carer of patient	76%	554	9%	62	12%	87	3%	22	*725*
Clinical Commissioning Group	89%	125	5%	7	4%	6	2%	3	*141*
Clinician	79%	357	7%	32	11%	51	2%	10	*450*
Patient representative organisation/ Voluntary organisation or charity	77%	94	7%	8	12%	15	4%	5	*122*
Industry	55%	18	27%	9	15%	5	3%	1	*33*
Professional representative body	41%	15	16%	6	35%	13	8%	3	*37*
Other NHS/ healthcare organisation	78%	28	17%	6	3%	1	3%	1	*36*
Other	76%	128	12%	20	9%	15	4%	6	*169*

10.25 Mild Dry Skin/ Sunburn

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Mild Dry Skin/ Sunburn should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**85%**	**2181**	**5%**	**140**	**8%**	**195**	**2%**	**50**	***2566***
Patient	84%	717	5%	46	8%	67	2%	19	*849*
Member of the public/ family, friend or carer of patient	85%	614	5%	36	8%	61	1%	10	*721*
Clinical Commissioning Group	90%	126	4%	5	4%	6	2%	3	*140*
Clinician	91%	411	4%	17	4%	20	1%	3	*451*
Patient representative organisation/ Voluntary organisation or charity	83%	102	6%	7	8%	10	3%	4	*123*
Industry	61%	20	24%	8	12%	4	3%	1	*33*
Professional representative body	43%	16	14%	5	32%	12	11%	4	*37*
Other NHS/ healthcare organisation	88%	30	6%	2	3%	1	3%	1	*34*
Other	81%	135	8%	13	8%	13	3%	5	*166*

10.26 Mild to Moderate Hay Fever/ Seasonal Rhinitis

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Mild to Moderate Hay Fever/ Seasonal Rhinitis should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**75%**	**1933**	**8%**	**199**	**14%**	**365**	**3%**	**78**	***2575***
Patient	71%	608	8%	64	18%	153	3%	29	*852*
Member of the public/ family, friend or carer of patient	77%	555	6%	43	14%	103	3%	24	*725*
Clinical Commissioning Group	89%	127	5%	7	4%	6	2%	3	*143*
Clinician	82%	367	7%	30	10%	44	1%	6	*447*
Patient representative organisation/ Voluntary organisation or charity	71%	87	13%	16	13%	16	3%	4	*123*
Industry	50%	16	28%	9	13%	4	9%	3	*32*
Professional representative body	27%	10	24%	9	38%	14	11%	4	*37*
Other NHS/ healthcare organisation	83%	30	8%	3	6%	2	3%	1	*36*
Other	75%	126	10%	17	13%	21	2%	4	*168*

10.27 Minor Burns and Scalds

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Minor Burns and Scalds should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**76%**	**1947**	**8%**	**204**	**13%**	**321**	**3%**	**89**	***2561***
Patient	74%	624	9%	72	14%	121	3%	27	*844*
Member of the public/ family, friend or carer of patient	76%	550	6%	47	13%	95	4%	32	*724*
Clinical Commissioning Group	88%	122	5%	7	5%	7	2%	3	*139*
Clinician	82%	368	6%	29	9%	40	3%	12	*449*
Patient representative organisation/ Voluntary organisation or charity	75%	92	8%	10	12%	15	4%	5	*122*
Industry	61%	20	27%	9	9%	3	3%	1	*33*
Professional representative body	38%	14	14%	5	41%	15	8%	3	*37*
Other NHS/ healthcare organisation	83%	30	8%	3	6%	2	3%	1	*36*
Other	71%	118	13%	22	13%	21	3%	5	*166*

10.28 Minor Conditions Associated with Pain, Discomfort and/ Fever

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Minor Conditions Associated with Pain, Discomfort and/ Fever should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**74%**	**1906**	**9%**	**225**	**14%**	**353**	**4%**	**94**	***2578***
Patient	71%	602	9%	73	17%	144	4%	34	*853*
Member of the public/ family, friend or carer of patient	75%	542	8%	59	13%	96	4%	29	*726*
Clinical Commissioning Group	91%	129	4%	5	3%	4	3%	4	*142*
Clinician	81%	363	8%	37	9%	40	2%	9	*449*
Patient representative organisation/ Voluntary organisation or charity	67%	82	9%	11	18%	22	6%	7	*122*
Industry	45%	15	30%	10	21%	7	3%	1	*33*
Professional representative body	31%	11	22%	8	39%	14	8%	3	*36*
Other NHS/ healthcare organisation	81%	29	6%	2	8%	3	6%	2	*36*
Other	74%	125	11%	19	12%	20	3%	5	*169*

10.29 Mouth Ulcers

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Mouth Ulcers should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**79%**	**2038**	**8%**	**212**	**11%**	**273**	**2%**	**63**	***2586***
Patient	78%	664	8%	72	12%	100	25	19	*855*
Member of the public/ family, friend or carer of patient	79%	575	6%	46	12%	87	3%	19	*727*
Clinical Commissioning Group	89%	126	5%	7	4%	6	2%	3	*142*
Clinician	83%	374	8%	38	7%	30	2%	8	*450*
Patient representative organisation/ Voluntary organisation or charity	73%	91	10%	12	13%	16	4%	5	*124*
Industry	55%	18	30%	10	9%	3	6%	2	*33*
Professional representative body	42%	16	21%	8	32%	12	5%	2	*38*
Other NHS/ healthcare organisation	83%	30	6%	2	8%	3	3%	1	*36*
Other	79%	134	10%	17	8%	14	2%	4	*169*

10.30 Nappy Rash

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Nappy Rash should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**77%**	**1985**	**7%**	**182**	**12%**	**314**	**4%**	**94**	***2575***
Patient	76%	651	7%	58	13%	107	4%	36	*852*
Member of the public/ family, friend or carer of patient	76%	547	6%	46	14%	101	4%	29	*723*
Clinical Commissioning Group	90%	126	5%	7	3%	4	2%	3	*140*
Clinician	82%	370	6%	28	10%	43	2%	10	*451*
Patient representative organisation/ Voluntary organisation or charity	72%	89	8%	10	13%	16	7%	9	*124*
Industry	64%	21	21%	7	9%	3	6%	2	*33*
Professional representative body	38%	14	16%	6	41%	15	5%	2	*37*
Other NHS/ healthcare organisation	83%	29	6%	2	9%	3	3%	1	*35*
Other	76%	128	10%	17	13%	21	1%	2	*168*

10.31 Oral Thrush

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Oral Thrush should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**63%**	**1626**	**10%**	**263**	**21%**	**529**	**6%**	**150**	***2568***
Patient	64%	541	9%	73	23%	194	55	40	*848*
Member of the public/ family, friend or carer of patient	63%	458	8%	60	21%	153	7%	53	*724*
Clinical Commissioning Group	80%	111	5%	7	9%	13	6%	8	*139*
Clinician	67%	298	11%	48	19%	85	4%	17	*448*
Patient representative organisation/ Voluntary organisation or charity	51%	63	18%	22	21%	26	10%	13	*124*
Industry	48%	16	36%	12	9%	13	6%	2	*33*
Professional representative body	27%	10	22%	8	41%	15	11%	4	*37*
Other NHS/ healthcare organisation	53%	19	25%	9	11%	4	11%	4	*36*
Other	60%	101	14%	24	20%	34	5%	9	*168*

10.32 Prevention of Dental Caries

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Prevention of Dental Caries should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**76%**	**1945**	**8%**	**210**	**11%**	**283**	**5%**	**129**	***2567***
Patient	75%	633	8%	71	11%	94	6%	51	*849*
Member of the public/ family, friend or carer of patient	74%	532	9%	62	12%	89	6%	40	*723*
Clinical Commissioning Group	91%	128	4%	5	2%	3	3%	4	*140*
Clinician	83%	369	6%	27	8%	36	3%	14	*446*
Patient representative organisation/ Voluntary organisation or charity	72%	89	11%	14	11%	13	6%	7	*123*
Industry	63%	20	19%	6	16%	5	3%	1	*32*
Professional representative body	39%	15	16%	6	37%	14	8%	3	*38*
Other NHS/ healthcare organisation	78%	28	11%	4	6%	2	6%	2	*36*
Other	72%	121	9%	15	15%	26	4%	6	*168*

10.33 Ringworm/ Athletes Foot

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Ringworm/ Athletes Foot should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**72%**	**1855**	**9%**	**222**	**15%**	**392**	**4%**	**107**	***2576***
Patient	70%	596	9%	74	17%	144	4%	37	*851*
Member of the public/ family, friend or carer of patient	72%	522	8%	60	16%	119	3%	25	*726*
Clinical Commissioning Group	88%	123	6%	8	4%	5	3%	4	*140*
Clinician	78%	354	8%	34	11%	50	3%	13	*451*
Patient representative organisation/ Voluntary organisation or charity	62%	77	10%	12	19%	23	10%	12	*124*
Industry	50%	16	25%	8	22%	7	3%	1	*32*
Professional representative body	41%	15	16%	6	38%	14	5%	2	*37*
Other NHS/ healthcare organisation	64%	23	17%	6	8%	3	11%	4	*36*
Other	72%	121	8%	13	16%	26	4%	7	*167*

10.34 Teething/ Mild Toothache

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Teething/ Mild Toothache should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**82%**	**2113**	**7%**	**181**	**9%**	**223**	**2%**	**55**	***2572***
Patient	82%	692	7%	60	9%	78	2%	19	*849*
Member of the public/ family, friend or carer of patient	82%	592	6%	43	10%	75	2%	13	*723*
Clinical Commissioning Group	90%	128	6%	8	2%	3	2%	3	*142*
Clinician	88%	396	6%	26	4%	20	1%	6	*448*
Patient representative organisation/ Voluntary organisation or charity	81%	100	6%	7	9%	11	4%	5	*123*
Industry	63%	20	25%	8	9%	3	3%	1	*32*
Professional representative body	39%	15	16%	6	37%	14	8%	3	*38*
Other NHS/ healthcare organisation	81%	29	8%	3	8%	3	3%	1	*36*
Other	78%	131	12%	20	9%	15	2%	3	*169*

10.35 Threadworms

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Threadworms should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		Base
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**66%**	**1709**	**9%**	**242**	**18%**	**455**	**6%**	**164**	***2570***
Patient	64%	542	9%	80	20%	167	7%	60	*849*
Member of the public/ family, friend or carer of patient	64%	460	9%	67	20%	146	7%	51	*724*
Clinical Commissioning Group	85%	120	6%	8	5%	7	5%	7	*142*
Clinician	76%	343	8%	38	12%	52	4%	17	*450*
Patient representative organisation/ Voluntary organisation or charity	54%	66	13%	16	22%	27	11%	14	*123*
Industry	53%	17	31%	10	13%	4	3%	1	*32*
Professional representative body	39%	14	14%	5	39%	14	8%	3	*36*
Other NHS/ healthcare organisation	61%	22	11%	4	17%	6	11%	4	*36*
Other	69%	115	8%	14	19%	31	4%	6	*166*

10.36 Travel Sickness

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Travel Sickness should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**85%**	**2187**	**6%**	**159**	**6%**	**164**	**2%**	**57**	***2567***
Patient	84%	718	6%	48	7%	59	3%	25	*850*
Member of the public/ family, friend or carer of patient	86%	622	5%	38	7%	51	1%	9	*720*
Clinical Commissioning Group	93%	131	4%	6	1%	1	2%	3	*141*
Clinician	89%	401	5%	21	4%	20	2%	7	*449*
Patient representative organisation/ Voluntary organisation or charity	84%	103	7%	9	6%	7	3%	4	*123*
Industry	63%	20	25%	8	6%	2	6%	2	*32*
Professional representative body	46%	17	19%	7	27%	10	8%	3	*37*
Other NHS/ healthcare organisation	83%	30	11%	4	3%	1	3%	1	*36*
Other	81%	135	11%	18	7%	12	1%	2	*167*

10.37 Warts and Verrucae

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of Warts and Verrucae should not routinely be offered in primary care as the condition is appropriate for self-care?

Respondent type	Agree		Neither agree or disagree		Disagree		Unsure		*Base*
	%	No.	%	No.	%	No.	%	No.	
All respondent responses	**74%**	**1905**	**8%**	**211**	**14%**	**367**	**4%**	**95**	***2578***
Patient	70%	594	8%	69	18%	150	5%	40	*853*
Member of the public/ family, friend or carer of patient	73%	529	8%	60	15%	110	3%	24	*723*
Clinical Commissioning Group	90%	128	6%	8	2%	3	2%	3	*142*
Clinician	82%	371	6%	27	9%	41	2%	11	*450*
Patient representative organisation/ Voluntary organisation or charity	73%	90	7%	9	15%	19	5%	6	*124*
Industry	47%	15	28%	9	22%	7	3%	1	*32*
Professional representative body	38%	14	22%	8	35%	13	5%	2	*37*
Other NHS/ healthcare organisation	69%	25	11%	4	11%	4	85	3	*36*
Other	76%	129	9%	16	11%	19	3%	5	*169*

10.38 Condition Specific Exceptions

Are there any item or condition specific exceptions you feel should be included, in addition to those already proposed and the general exceptions covered earlier?

Respondent type	Yes		No		Unsure		*Base*
	%	No.	%	No.	%	No.	
All respondent responses	**17%**	**438**	**51%**	**1343**	**28%**	**751**	***2532***
Patient	17%	144	50%	417	33%	275	*836*
Member of the public/ family, friend or carer of patient	15%	103	52%	364	34%	238	*705*
Clinical Commissioning Group	23%	32	62%	87	15%	21	*140*
Clinician	17%	77	59%	261	23%	103	*441*
Patient representative organisation/ Voluntary organisation or charity	17%	21	52%	64	31%	39	*124*
Industry	31%	10	38%	12	31%	10	*32*
Professional representative body	29%	11	55%	21	16%	6	*38*
Other NHS/ healthcare organisation	22%	8	53%	19	16%	9	*36*
Other	17%	29	54%	91	29%	48	*168*

NHS Clinical Commissioners
The independent collective voice of clinical commissioning groups

NHS England

Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs

[GATEWAY APPROVAL NUMBER TO BE ADDED]

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

CONTENTS

1 Background

1.1 Who is this commissioning guidance for?

This guidance is addressed to CCGs to support them to fulfil their duties around appropriate use of their resources. We expect CCGs to take the proposed guidance into account in formulating local polices, unless they can articulate a valid reason to do otherwise, and for prescribers to reflect local policies in their prescribing practice. The guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

This guidance is issued as general guidance under s14Z10 and S2 of the NHS Act 2006. The objective of this guidance is to support CCGs in their decision-making, to address unwarranted variation, and to provide clear national advice to make local prescribing practices more effective.

The aim is that this will lead to a more equitable process for making decisions about CCG's policies on prescribing medicines; CCGs will need to take individual decisions on implementation locally, ensuring they take into account their legal duties to advance equality and have regard to reduce health inequalities.

1.2 Why have we developed this guidance?

In the year prior to June 2017, the NHS spent approximately £569 million[1] on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets.

These prescriptions include items for a condition:

- That is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord;
- Which lends itself to self-care i.e. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly.

These prescriptions also include other common items:

- That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
- For which there is little evidence of clinical effectiveness.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.

[1] Refined BSA data to June 2017

The costs to the NHS for many of the items used to treat minor conditions are often higher than the prices for which they can be purchased over the counter as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18[2] from a pharmacy whereas the cost to the NHS is over £3.00[3] after including dispensing fees. The actual total cost for the NHS is over £35 when you include GP consultation and other administration costs.

A wide range of information is available to the public on the subjects of health promotion and the management of minor self- treatable illnesses. Advice from organisations such as the Self Care Forum and NHS Choices is readily available on the internet. Many community pharmacies are also open extended hours including weekends and are ideally placed to offer advice on the management of minor conditions and lifestyle interventions. The Royal Pharmaceutical Society offers advice on over the counter products that should be kept in a medicine cabinet at home to help patients treat a range of self-treatable illnesses.

Research [4]shows that in many cases, people can take care of their minor conditions if they are provided with the right information; thereby releasing health care professionals to focus on patients with more complex and/or serious health concerns. Past experience with self-care builds confidence in patients, with 84 per cent choosing to self-care for new episodes.

More cost-effective use of stretched NHS resources allows money to be spent where it is most needed, whilst improving patient outcomes. As an example, every £1m saved on prescriptions for over the counter treatments could fund (approx.) [5]:

- 39 more community nurses; or
- 270 more hip replacements; or
- 66 more drug treatment courses for breast cancer; or
- 1000 more drug treatment courses for Alzheimer's; or
- 1040 more cataract operations[6].

CCGs need to make increasingly difficult decisions about how to spend the NHS budget and this means prioritising those things that will give patients the best clinical outcomes. Any savings from implementing the proposals could be reinvested in improving patient care.

1.3 How has this guidance been developed?

Clinical Commissioning Groups (CCGs) asked for a nationally co-ordinated approach to producing commissioning guidance. NHS England and NHS Clinical Commissioners (NHSCC) therefore sought to provide a national framework for

[2] Online pharmacy checked December 2017
[3] Drug Tariff online
[4] Self-care of minor ailments: A survey of consumer and healthcare professional beliefs and behaviour, Ian Banks, Self-Care Journal
[5] https://improvement.nhs.uk/resources/national-tariff-1719/
[6] Drug Tariff online

guidance, with the aim of supporting consistent local implementation decisions and agreed to consult jointly on any proposals

NHS England and NHSCC established a joint clinical working group with prescriber and pharmacy representatives from relevant national stakeholders including the Royal College of General Practitioners, the Royal Pharmaceutical Society, the British Medical Association, the National Institute for Health and Care Excellence (NICE), the Medicines and Healthcare Products Regulatory Agency, the Department of Health and Social Care, PrescQIPP and CCG representatives.

As a result of our work, NHS England and NHSCC identified conditions which may fall under one or more of the categories listed in section 1.2.

NHS England then consulted on *items which should not be routinely prescribed in primary care* (21st July – 21st October 2017). That initial consultation sought views generally on the principle of restricting the prescribing of medicines which are readily available over the counter. We set out an initial list of 26 minor or self-limiting conditions where prescribing restrictions could be considered.

Feedback from this consultation showed that there was general support (65% agreed with our proposed criteria to assess items for potential restriction).

The clinical working group were consulted on several proposed approaches to limiting the prescription of OTC medicines and, based on their guidance, we mapped OTC products to the conditions for which they are typically prescribed. **We refined the approach to develop restrictions based on type and severity of condition rather the products.**

We estimated that restricting prescribing for 'minor' conditions may save up to £136m once all discounts and claw backs have been accounted for.

As a result of this exercise, nine additional minor conditions were identified which we deemed appropriate for inclusion in this guidance. Vitamins and minerals, and probiotics have been included as standalone categories given they have been identified as high cost in terms of OTC spend, although their use cannot be mapped to one single condition.

We focused on developing guidance for the list of 33 conditions which would fall into one of the following categories:

- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; and/or

- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.

And in the case of vitamins, minerals and probiotics, we classified these as:

- Items of limited clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness; however there may be certain indications where they may continue to be prescribed and these are outlined within the exceptions under the relevant item.

The group then assigned one of the following three recommendations for each condition (or item):

- Advise CCGs that **[item]** should not be routinely prescribed in primary care due to **limited evidence of clinical effectiveness**.

- Advise CCGs that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **self-limiting and will clear up on its own** without the need for treatment.

- Advise CCGs that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **appropriate for self-care**.

In reaching its recommendations the joint clinical working group considered evidence from the following organisations or groups:

- NICE CKS
- NHS Choices
- BNF
- NICE Clinical Guidelines
- Public Health England
- PrescQIPP CIC

The group's recommendations on the items and conditions within this guidance were publicly consulted on for a period of 12 weeks, from 20th December 2017 – 14th March 2018. During the consultation we heard from members of the public, patients and their representative groups, NHS staff, CCGs, Trusts, various Royal Colleges and the pharmaceutical industry, amongst others.

Section 1.4 details the main findings from the consultation and the changes that have been made as a result of what we have heard. A more detailed report on the consultation can be found in*: Conditions for which over the counter items should not routinely be prescribed in primary care: consultation report of findings* published alongside this guidance. The final recommendations set out in this guidance document reflect the outcome of the consultation. The potential equality impact of these recommendations has also been considered and is outlined in the Equality and Health Inequalities Impact Assessment document published alongside this guidance.

1.4 How have the recommendations in this guidance been developed following the results of the consultation?

We listened to what our stakeholders told us through the consultation and refined our draft guidance in light of the response and discussions through webinars and engagement events, as well as recommendations from the joint clinical working group who considered the feedback in detail.

Whilst overall the final guidance remains largely unchanged from the draft guidance published in December 2017, there have been some important refinements and clarifications made and these are detailed below:

As a result of feedback received for further clarity on the exceptions, the following statements were approved by the clinical working group and now have been included under the '*General Exceptions'* heading:

- This guidance applies to all patients (unless they fall under the exceptions outlined); this includes those who would be exempt from paying prescription charges.

- When implementing this guidance, CCGs will need to supply patients with further information on signposting so that they are able to access the right service. This guidance is not intended to discourage patients from going to the GP when it is appropriate to do so.

- It is envisioned that in most cases (unless specified) these minor conditions will clear up with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice.

- CCGs will also need to take account of their latest local Pharmaceutical Needs Assessment (PNA) and consider the impact of this guidance on rural areas and access to a pharmacy and pharmacy medicines.

- To note that for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC items for cough, sore throat and infant colic), then the general exceptions do not apply. Specific exceptions are included (if applicable) under the relevant item and/or condition. This may need to be considered further when implementing the guidance locally.

The clinical working group also further refined the final exception around vulnerability as follows, to clarify that it applies to individual patients and that being exempt from prescription charges does not indicate that you would automatically be exempt from this guidance.

Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social

vulnerability to the extent that their health and/or wellbeing could be adversely affected if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance.

Vitamins and Minerals – during the consultation we heard that the list of exceptions should be amended to include all types of medically diagnosed vitamin or mineral deficiency, including for those patients who may have a lifelong condition or have undergone surgery that results in malabsorption. This is in line with the current ACBS guidance for prescribers and was approved by the joint clinical working group. It was also noted that vitamin D analogues such as alfacalcidol are prescription only medicines and would continue to be prescribed. During the consultation we also heard from the pharmaceutical industry that maintenance treatment for vitamin D therapy should be an exception as it is included in PHE guidance. The working group considered this and agreed that whilst maintenance therapy is recommended, there is no indication that this needs to be prescribed; vitamin D supplements can be bought cheaply and easily. The PHE guidance also does not distinguish between the general public and at risk patients. The clinical working group therefore agreed that vitamin D maintenance therapy would not be included as an exception.

Cold Sores – During the consultation we heard that further clarity was required on the description for this condition. The clinical working group agreed the description for this condition should be amended to clarify that this refers to *infrequent cold sores of the lip.*

Cradle Cap – During the consultation we received feedback that a specific exception should apply to this condition. The clinical working group agreed to refine this to include the exception "*If not improving and causing distress to the infant"*

Contact Dermatitis – Following feedback the clinical working group agreed that this condition should remain but that the description should be amended to mild irritant dermatitis.

Dandruff - Following a request for clarification the clinical working group agreed the rationale should be amended to define dandruff as a "mild scaling of the scalp without itching", and to include the statement "Patients should be encouraged to manage mild dandruff with long term over the counter treatments".

Head Lice – Following feedback from various organisations around the need to specify that wet combing should be first line treatment, the clinical working group agreed that the following sentence should be included: *'Head lice can be treated by wet combing; chemical treatment is only recommended in exceptional circumstances and in these cases over the counter medicines can be purchased from a pharmacy'*

Infrequent Constipation – During the consultation we heard that further information was needed within the rationale for this condition. The clinical working group agreed that the rationale should be amended to include the following additional information:

Pharmacists can help if diet and lifestyle changes aren't helping. They can suggest an over the counter laxative. Most laxatives work within 3 days. They should be used for a short time only. Laxatives are not recommended for children unless they are prescribed by a GP. This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.

Mild Acne –The clinical working group agreed that additional information should be added into the rationale to clarify that patients should be encouraged to manage this condition with long term use of over the counter products.

Mild dry skin/sunburn/sun protection - The British Association of Dermatologists (BAD) advised that mild dry skin and sunburn be separated out, rather than being classified as a single condition. The clinical working group agreed that it would be sensible to separate this out into three separate conditions: mild dry skin, sunburn due to excessive sun exposure, and sun protection, with the overall recommendation for each remaining the same. This increases the number of conditions to 35.

Nappy Rash - The clinical working group agreed that the rationale should be refined to clarify that this condition usually clears up after about three to seven days if recommended hygiene tips are followed.

Ring worm/Athletes Foot – following feedback the clinical working group agreed that lymphoedema or history of lower limb cellulitis should be included as an exception for this condition.

As a result of what we heard, the joint clinical working group did not feel it necessary to amend the proposed recommendations for any remaining conditions or items.

1.5 General exceptions that apply to the recommendation to self-care

This guidance is intended to encourage people to self-care for minor illnesses as the first stage of treatment. It is envisioned that in most cases (unless specified) these minor conditions will clear up with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice.

When implementing this guidance, CCGs will need to supply patients with better information on signposting so that they are able to access the right service. This guidance is not intended to discourage patients from going to the GP when it is appropriate to do so.

To note that for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC items for cough, sore throat and infant colic), then the general exceptions do not

apply. Specific exceptions are included (if applicable) under the relevant item and/or condition. This may need to be considered further when implementing the guidance locally.

The guidance applies to all patients unless they fall under the exceptions outlined; this includes those who would be exempt from paying prescription charges.

CCGs will need to ensure that community pharmacists are reminded of 'red flag' symptoms for patients presenting with symptoms related to the conditions covered by this consultation. **GPs and/or pharmacists should refer patients to NHS Choices, the Self Care Forum or NHS 111 for further advice on when they should seek GP Care.**

CCGs will also need to take account of their latest local Pharmaceutical Needs Assessment (PNA) and consider the impact of this guidance on rural areas and dispensing doctors in particular.

General Exceptions to the Guidance:

There are however, certain scenarios where patients should continue to have their treatments prescribed and these are outlined below:

- Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).

- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines)

- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)

- Treatment for complex patients (e.g. immunosuppressed patients).

- Patients on prescription only treatments.

- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.

- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.

- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.

- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.

- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.

- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

2 Definitions and scope

2.1 Glossary

ACBS: The Advisory Committee for Borderline Substances is responsible for advising the NHS on the prescribing of foodstuffs and toiletries which are specially formulated for use by people with medical conditions. Borderline substances are mainly foodstuffs, such as enteral feeds and foods but also include some toiletries, such as sun blocks for use by people with conditions such as photodermatosis.

Annual Spend: Unless otherwise indicated this is the total value from NHS Prescription Services at the NHS Business Services Authority. This is an approximate spend to the nearest £100,000. The figure quoted is the net ingredient cost which refers to the cost of the drug before discounts and does not include any dispensing costs or fees. It does not include any adjustment for income obtained where a prescription charge is paid at the time the prescription is dispensed or where the patient has purchased a prepayment certificate.

Item: An item is anything which can be prescribed on an NHS prescription. More information on what is prescribed on an NHS prescription is available in the Drug Tariff.

MHRA: Medicines and Healthcare products Regulatory Agency. MHRA regulates medicines, medical devices and blood components for transfusion in the UK.

NHS Clinical Commissioners: NHSCC are the independent membership organisation for CCGs, providing their collective voice, facilitating shared learning and delivering networking opportunities for CCG members.

NICE: The National Institute for Health and Care Excellence. NICE provides the NHS with clinical guidance on how to improve healthcare.

Over the counter (OTC) item: items which can be purchased from a pharmacy or in a supermarket or other convenience store without the need for a prescription. Such items may also be available at other outlets such as supermarkets, petrol stations or convenience stores.

PHE: Public Health England. PHE protects and improves the nation's health and wellbeing, and reduces health inequalities.

PrescQIPP CIC: PrescQIPP CIC (Community Interest Company): PrescQIPP is an NHS funded not for-profit organisation that supports quality, optimised prescribing for patients. PrescQIPP produces evidence-based resources and tools for primary care commissioners, and provide a platform to share innovation across the NHS.

2.2 Scope

The following chapter sets out the process for how NHS England and NHS Clinical Commissioners will conduct the process to review and update the guidance to CCGs as appropriate. Chapter 4 sets out the guidance to CCGs on prescribing in 35 conditions that have been identified as being suitable for self-care and the 2 items based on the latest available evidence and the clinical consensus that has been reached by our joint clinical working group.

3 How will the guidance be updated and reviewed?

The NHS England and NHS Clinical Commissioners joint clinical working group will continue to meet during and after the consultation, and update the proposals as a result of the consultation.

In future, the joint clinical working group will review the guidance to identify potential conditions to be retained, retired or added to the current guidance. There will be three stages:

Stage 1: Condition identification
The organisations represented on the joint clinical working group will, taking into account previous feedback, identify conditions and subsequent items prescribed from the wide range of items that can be prescribed on NHS prescription in primary care that they consider could fall within the categories defined earlier.

Stage 2: Condition prioritisation
The joint clinical working group will prioritise the identified items based on the following criteria:

- Safety Issue
- Evidence of efficacy
- Degree of variation in prescribing
- Cost to the NHS
- Strong clinician or patient feedback

A draft list of conditions will be made available online through the NHS England website usually for a four week period, when comments will be sought from interested parties. Feedback will be collated and then published on the NHS England website.

Stage 3: Condition selection for inclusion or removal from the guidance
The joint clinical working group will consider the feedback and produce a final list of recommendations for consideration by NHS England and NHS Clinical Commissioners to update the commissioning guidance *Conditions for which over the counter items should not routinely be prescribed in primary care*.

4 Recommendations

Our final recommendations for the 35 minor conditions and two items of limited clinical effectiveness are listed below.

4.1 Items of limited clinical effectiveness

4.1.1 Probiotics

Annual Spend	c. £1,100,000
Rationale for recommendation	There is currently insufficient clinical evidence to support prescribing of probiotics within the NHS for the treatment or prevention of diarrhoea of any cause. Both the Public Health England C.difficile guidance and NICE CG 84 recommend that probiotics cannot be recommended currently and that "Good quality randomised controlled trials should be conducted in the UK to evaluate the effectiveness and safety of a specific probiotic using clearly defined treatment regimens and outcome measures before they are routinely prescribed."
References:	1. Public Health England C.difficile guidance 2. NICE CG 84:Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management 3. PrescQIPP CIC: Probiotics
Recommendation	Advise CCGs that probiotics should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.
Exceptions	ACBS approved indication or as per local policy.

4.1.2 Vitamins and minerals

Annual Spend	c. £ 48,100,000
Rationale for recommendation	There is insufficient high quality evidence to demonstrate the clinical effectiveness of vitamins and minerals. Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary. Many vitamin and mineral supplements are classified as foods and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Health Regulatory Authority (MHRA) to confirm their quality, safety and efficacy before reaching the market.

	Any prescribing not in-line with listed exceptions should be discontinued. This guidance does not apply to prescription only vitamin D analogues such as alfacalcidol and these should continue to be prescribed.
References	1) PrescQIPP bulletin 107, August 2015; the prescribing of vitamins and minerals including vitamin B preparations (DROP-list) 2) NHS Choices: Supplements, Who Needs Them? A behind the Headlines Report, June 2011 3) NHS Choices: Do I need vitamin Supplements? Accessed October 2017 4) Healthy Start Vitamins
Recommendation	Advise CCGs that vitamins and minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.
Exceptions	Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should however be reviewed on a regular basis. *NB maintenance or preventative treatment is not an exception.* Calcium and vitamin D for osteoporosis. Malnutrition including alcoholism (see NICE guidance) *Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately)*

4.2 Self-Limiting Conditions

4.2.1 Acute Sore Throat

Annual Spend	c. < £100,000
Rationale for recommendation	A sore throat due to a viral or bacterial cause is a self-limiting condition. Symptoms resolve within 3 days in 40% of people, and within 1 week in 85% of people, irrespective of whether or not the sore throat is due to a streptococcal infection. There is little evidence to suggest that treatments such as lozenges or throat sprays help to treat the cause of sore throat and patients should be advised to take simple painkillers and implement some self-care measures such as gargling with warm salty water instead.
References:	1. NHS Choices: Sore Throat- accessed October 2017 2. NICE CKS: Sore Throat - Acute accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of acute sore throat should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.2 Infrequent cold sores of the lip

Annual Spend	c. < £100,000
Rationale for recommendation	Cold sores caused by the herpes simplex virus usually clear up without treatment within 7 to 10 days. Antiviral creams are available over the counter from pharmacies without a prescription and if used correctly, these can help ease symptoms and speed up the healing time. To be effective, these treatments should be applied as soon as the first signs of a cold sore appear. Using an antiviral cream after this initial period is unlikely to have much of an effect.
References	1. NHS Choices: Cold sore (herpes simplex virus) accessed October 2017 2. NICE CKS: Herpes Simplex Oral accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of cold sores should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	Immunocompromised patients. 'Red flag' symptoms

4.2.3 Conjunctivitis

Annual Spend	c. £500,000
Rationale for recommendation	Treatment isn't usually needed for conjunctivitis as the symptoms usually clear within a week. There are several self-care measures that may help with symptoms. If treatment is needed, then treatment is dependent on the cause: • In severe bacterial cases, antibiotic eye drops and eye ointments can be used to clear the infection. • Irritant conjunctivitis will clear up as soon as whatever is causing it is removed. • Allergic conjunctivitis can usually be treated with anti-allergy medications such as antihistamines. The substance that caused the allergy should be avoided. Treatments for conjunctivitis can be purchased over the counter however almost half of all simple cases of conjunctivitis clear up within ten days without any treatment. Public Health England (PHE) advises that children with infective conjunctivitis do not need to be excluded from school, nursery or child minders, and it does not state any requirement for treatment with topical antibiotics.
References	1. NHS Choices: Conjunctivitis accessed October 2017 2. NICE CKS: Conjunctivitis - Infective accessed October 2017 3. PHE Advice for schools: September 2017 4. NICE Medicines evidence commentary: conjunctivitis and inappropriate prescribing.
Recommendation	Advise CCGs that a prescription for treatment of conjunctivitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.4 Coughs and colds and nasal congestion

Annual Spend	c. £1,300,000
Rationale for recommendation	Most colds start to improve in 7 to 10 days. Most coughs clear up within two to three weeks. Both conditions can cause nasal congestion. Neither condition requires any treatment.
References:	1. NHS Choices: Common Cold accessed October 2017 2. NICE CKS: Common Cold accessed October 2017

	3. PrescQIPP: Coughs and Colds.
Recommendation	Advise CCGs that a prescription for treatment of coughs, colds and nasal congestion should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.5 Cradle Cap (Seborrhoeic dermatitis – infants)

Annual Spend	c. £4,500,000
Rationale for recommendation	Cradle cap is harmless and doesn't usually itch or cause discomfort. It usually appears in babies in the first two months of their lives, and clears up without treatment within weeks to a few months.
References:	1. NHS Choices: Cradle Cap accessed October 2017 2. NICE CKS: Seborrhoeic dermatitis accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of cradle cap should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	If not improving and causing distress to the infant

4.2.6 Haemorrhoids

Annual Spend	c. £500,000
Rationale for recommendation	In many cases, haemorrhoids don't cause symptoms and some people don't even realise they have them. Haemorrhoids often clear up by themselves after a few days. Making simple dietary changes and not straining on the toilet are often recommended first. However, there are many treatments (creams, ointments and suppositories) that can reduce itching and discomfort and these are available over the counter for purchase.
References:	1. NHS Choices: Haemorrhoids accessed October 2017 2. NICE CKS: Haemorrhoids accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of haemorrhoids should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.7 Infant Colic

Annual Spend	c.<£100,000
Rationale for recommendation	As colic eventually improves on its own, medical treatment isn't usually recommended. There are some over-the-counter treatments available that could be tried however; there is limited evidence for the effectiveness of these treatments.
References:	1. NHS Choices: Colic accessed October 2017 2. NICE CKS: Colic Infantile accessed October 2017 3. PrescQIPP: Infant Colic
Recommendation	Advise CCGs that a prescription for treatment of infant colic should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' Symptoms

4.2.8 Mild Cystitis

Annual Spend	c. £300,000
Rationale for recommendation	Mild cystitis is a common type of urinary tract inflammation, normally caused by an infection; however it is usually more of a nuisance than a cause for serious concern. Mild cases can be defined as those that are responsive to symptomatic treatment but will also clear up on their own. If symptoms don't improve in 3 days, despite self-care measures, then the patient should be advised to see their GP. Symptomatic treatment using products that reduce the acidity of the urine to reduce symptoms are available, but there's a lack of evidence to suggest they're effective.
References:	1. NHS Choices: Cystitis accessed October 2017 2. NICE CKS: Urinary tract infection (lower) - women accessed October 2017.
Recommendation	Advise CCGs that a prescription for treatment of mild cystitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.3 Minor Conditions Suitable for Self- Care

4.3.1 Mild Irritant Dermatitis

Annual Spend	c. £14,500,000
Rationale for recommendation	Irritant dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided It is most commonly caused by irritants such as soaps, washing powders, detergents, solvents or regular contact with water. Treatment normally involves avoiding the allergen or irritant and treating symptoms with over the counter emollients and topical corticosteroids.
References:	1. NHS Choices: Contact Dermatitis accessed October 2017 2. NICE CKS: Dermatitis - contact accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of contact dermatitis should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.2 Dandruff

Annual Spend	c. £4,500,000
Rationale for recommendation	Dandruff is a common skin condition. It can be defined as mild scaling of the scalp without itching. Dandruff isn't contagious or harmful and can be easily treated with over the counter anti-fungal shampoos. A GP appointment is unnecessary. Patients should be encouraged to manage mild dandruff with long term over the counter treatments.
References	1. NHS Choices: Dandruff accessed October 2017 2. NICE CKS: Scenario: Seborrhoeic dermatitis - scalp and beard accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for dandruff should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.3 Diarrhoea (Adults)

Annual Spend	c. £2,800,000

Rationale for recommendation	Diarrhoea normally affects most people from time to time and is usually nothing to worry about. However it can take a few days to a week to clear up. Acute diarrhoea is usually caused by a bacterial or viral infection and other causes include drugs, anxiety or a food allergy. OTC treatments can help replace lost fluids or reduce bowel motions. This recommendation does not apply to children.
References	1. NHS Choices: Diarrhoea accessed October 2017 2. NICE CKS: Diarrhoea - adult's assessment accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for acute diarrhoea will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.4 Dry Eyes/Sore tired Eyes

Annual Spend	c. £14,800,000
Rationale for recommendation	Dry eye syndrome, or dry eye disease, is a common condition that occurs when the eyes don't make enough tears, or the tears evaporate too quickly. Most cases of sore tired eyes resolve themselves. Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter.
References	1. NHS Choices: Dry eye syndrome accessed October 2017 2. NICE CKS: Dry eye syndrome accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.5 Earwax

Annual Spend	c. £300,000
Rationale for recommendation	Earwax is produced inside ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears. A build-up of earwax is a common problem that can often be treated using eardrops bought from a pharmacy. These can help soften the earwax so that it falls out naturally.
References:	1. NHS Choices: Earwax build-up accessed October 2017 2. NICE CKS: Earwax Summary accessed October 2017
Recommendation	Advise CCGs that a prescription for the removal of earwax should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.6 Excessive sweating (Hyperhidrosis)

Annual Spend	c. £200,000
Rationale for recommendation	Hyperhidrosis is a common condition in which a person sweats excessively. First line treatment involves simple lifestyle changes. It can also be treated with over the counter high strength antiperspirants. An antiperspirant containing aluminium chloride is usually the first line of treatment and is sold in most pharmacies.
References	1. NHS Choices: Hyperhidrosis accessed October 2017 2. NICE CKS: Hyperhidrosis accessed October 2017
Recommendation	Advise CCGs that a prescription for high strength antiperspirants for the treatment of mild to moderate hyperhidrosis should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.7 Head Lice

Annual Spend	c. £600,000
Rationale for recommendation	Head lice are a common problem, particularly in school children aged 4-11. They're largely harmless, but can live in the hair for a long time if not treated and can be irritating and frustrating to deal with.

	Live head lice can be treated by wet combing; chemical treatment is only recommended in exceptional circumstances and in these cases over the counter medicines can be purchased from a pharmacy. If appropriate everyone in the household needs to be treated at the same time - even if they don't have symptoms. Further information on how to treat head lice without medication can be found on NHS Choices.
References:	1. NHS Choices: Head Lice and nits accessed October 2017 2. NICE CKS: Head Lice accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of head lice will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.8 Indigestion and Heartburn

Annual Spend	£7,500,000
Rationale for recommendation	Most people have indigestion at some point. Usually, it's not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required. Most people are able to manage their indigestion by making simple diet and lifestyle changes, or taking medication such as antacids. Most people can ease symptoms by simple changes to diet and lifestyle and avoiding foods that make indigestion worse. (e.g. rich spicy or fatty foods, caffeinated drinks).
References	1. NHS Choices: Indigestion accessed October 2017 2. NICE CKS: Dyspepsia - proven functional accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of Indigestion and heartburn will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.9 Infrequent Constipation

Annual Spend	c. £22,800,000
Rationale for recommendation	Constipation can affect people of all ages and can be just for a short period of time. It can be effectively managed with a change in diet or lifestyle.

	Pharmacists can help if diet and lifestyle changes aren't helping. They can suggest an over the counter laxative. Most laxatives work within 3 days. They should only be used for a short time only. Laxatives are not recommended for children unless they are prescribed by a GP. This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.
References	1. NHS Choices: Constipation accessed October 2017. 2. NICE CKS: Constipation accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of simple constipation will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.10 Infrequent Migraine

Annual Spend	c. £700,000
Rationale for recommendation	Migraine is a common health condition, affecting around one in every five women and around one in every 15 men. Mild infrequent migraines can be adequately treated with over the counter pain killers and a number of combination medicines for migraine are available that contain both painkillers and anti-sickness medicines. Those with severe or recurrent migraines should continue to seek advice from their GP.
References:	1. NHS Choices: Migraine accessed October 2017 2. NICE CKS: Migraine accessed October 2017
Recommendation	Advise CCGs that a prescription for the treatment of mild migraine should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.11 Insect bites and stings

Annual Spend	c. £5,300,000
Rationale for recommendation	Most insect bites and stings are not serious and will get better within a few hours or days. Over-the-counter treatments can help ease symptoms, such as painkillers, creams for itching and antihistamines.
References:	1. NHS Choices: Insect bites and stings accessed

	October 2017 2. NICE CKS: Insect bites and stings accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for insect bites and stings will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.12 Mild Acne

Annual Spend	c. £800,000
Rationale for recommendation	Acne is a common skin condition that affects most people at some point. Although acne can't be cured, it can be controlled with treatment. Several creams, lotions and gels for treating acne are available at pharmacies. Treatments can take up to three months to work. Patients should be encouraged to manage mild acne with long term use of over the counter products.
References:	1. NHS Choices: Acne accessed October 2017 2. NICE CKS: Acne Vulgaris accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of mild acne will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.13 Mild Dry Skin

Annual Spend	c. £33,000
Rationale for recommendation	Emollients are often used to help manage dry, itchy or scaly skin conditions. Patients with mild dry skin can be successfully managed using over the counter products on a long term basis.
References:	1. NHS Choices: Emollients accessed October 2017 2. NICE CKS: Eczema - atopic accessed October 2017. 3. PrescQIPP: sunscreens
Recommendation	Advise CCGs that a prescription for treatment of dry skin should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	See earlier for general exceptions.

4.3.14 Sunburn due to excessive sun exposure

Annual Spend	c. £33,000
Rationale for	Most people manage sun burn symptoms themselves or prevent

recommendation	symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.
References:	1. NHS Choices: Sunburn accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of sunburn should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	See earlier for general exceptions.

4.3.15 Sun Protection

Annual Spend	c. £33,000
Rationale for recommendation	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.
References:	1. PrescQIPP: sunscreens
Recommendation	Advise CCGs that a prescription for sun protection should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	ACBS approved indication of photodermatoses (i.e. where skin protection should be prescribed) See earlier for general exceptions.

4.3.16 Mild to Moderate Hay fever/Seasonal Rhinitis

Annual Spend	c. £1,100,000
Rationale for recommendation	Hay fever is a common allergic condition that affects up to one in five people. There's currently no cure for hay fever, but most people with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist.
References:	1. NHS Choices: Hay fever accessed October 2017 2. NICE CKS: Allergic rhinitis - Summary accessed October 2017 3. PrescQIPP: Hay fever
Recommendation	Advise CCGs that a prescription for treatment of mild to moderate hay fever will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.17 Minor burns and scalds

Annual Spend	c. £200,000

Rationale for recommendation	Burns and scalds are damage to the skin caused by heat. Both are treated in the same way. Depending on how serious a burn is, it is possible to treat burns at home. Antiseptic creams and treatments for burns should be included in any products kept in a medicine cabinet at home.
References:	1. NHS Choices: Burns and Scalds accessed October 2017. 2. NICE CKS: Burns and scalds accessed October 2017
Recommendation	Advise CCGs that a prescription for minor burns and scalds should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	See earlier for general exceptions. No routine exceptions have been identified. However more serious burns always require professional medical attention. Burns requiring hospital A&E treatment include but are not limited to: • all chemical and electrical burns; • large or deep burns; • burns that cause white or charred skin; • burns on the face, hands, arms, feet, legs or genitals that cause blisters.

4.3.18 Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)

Annual Spend	c. £38,200,000
Rationale for recommendation	In most cases, headaches, period pain, mild fever and back pain can be treated at home with over-the-counter painkillers and lifestyle changes, such as getting more rest and drinking enough fluids. Patients should be encouraged to keep a small supply of OTC analgesics in their medicines cabinets at home so they are able to manage minor conditions at home without the need for a GP appointment. *Examples of conditions where patients should be encouraged to self – care include: Headache, colds, fever, earache, teething, period pain, cuts, self-limiting musculoskeletal pain, sprains and strains, bruising, toothache, sinusitis/nasal congestion, recovery after a simple medical procedure, aches and pains and sore throat.*
References:	1. NHS Choices: Living with Pain accessed October 2017. 2. NHS Choices: Your medicine cabinet

	3. NICE CKS: Mild to Moderate Pain accessed October 2017 4. PrescQIPP:analgesia resources
Recommendation	Advise CCGs that a prescription for treatment of conditions associated with pain, discomfort and mild fever will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.19 Mouth ulcers

Annual Spend	c. £5,500,000
Rationale for recommendation	Mouth ulcers are usually harmless and do not need to be treated because most clear up by themselves within a week or two. Mouth ulcers are common and can usually be managed at home, without seeing your dentist or GP. However, OTC treatment can help to reduce swelling and ease any discomfort.
References:	1. NHS Choices: Mouth ulcers accessed October 2017. 2. NICE CKS: Aphthous ulcer accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of mouth ulcers will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.20 Nappy Rash

Annual Spend	c. £500,000
Rationale for recommendation	Up to a third of babies and toddlers in nappies have nappy rash at any one time. Nappy rash can usually be treated at home using barrier creams purchased at the supermarket or pharmacy. Nappy rash usually clears up after about three to seven days if recommended hygiene tips are followed.
References:	1. NHS Choices: Pregnancy and baby - Nappy Rash accessed October 2017 2. NICE CKS: Nappy rash accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for nappy rash will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.21 Oral Thrush

Annual Spend	c. £4,500,000
Rationale for recommendation	Oral Thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. It is common in babies and older people with dentures or those using steroid inhalers. It can easily be treated with over the counter gel.
References:	1. NHS Choices: Oral Thrush (adults) accessed October 2017 2. NHS Choices: Oral Thrush (babies) accessed October 2017 3. NICE CKS: Candida Oral accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for oral thrush will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.22 Prevention of dental caries

Annual Spend	c.< £100, 000
Rationale for recommendation	The dentist may advise on using higher-strength fluoride toothpaste if you are particularly at risk of tooth decay. Some higher fluoride toothpastes (~1500 ppm) and mouthwashes can be purchased over the counter.
References:	1. NHS Choices: Tooth Decay accessed October 2017. 2. PrescQIPP: Dental products
Recommendation	Advise CCGs that a prescription for high fluoride OTC toothpaste should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.23 Ringworm/Athletes foot

Annual Spend	c. £3,000,000
Rationale for recommendation	Ringworm is a common fungal infection that can cause a red or silvery ring-like rash on the skin. Despite its name, ringworm doesn't have anything to do with worms. Athlete's foot is a rash caused by a fungus that usually appears between the toes. These fungal infections, medically known as "tinea", are not serious and are usually easily treated with over the counter treatments. However, they are contagious and easily spread so it is important to practice good foot hygiene.

References:	1. NHS Choices: Athletes Foot accessed October 2017. 2. NHS Choices: Ring Worm accessed October 2017 3. NICE CKS: Fungal Skin Infection - Foot accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of ringworm or athletes foot will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	Lymphoedema or history of lower limb cellulitis. See earlier for general exceptions.

4.3.24 Teething/Mild toothache

Annual Spend	c. £5,500,000
Rationale for recommendation	Teething can be distressing for some babies, but there are ways to make it easier for them. Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething and these can be purchased from a pharmacy. If baby is in pain or has a mild raised temperature (less than 38C) then paracetamol or ibuprofen suspension can be given. Toothache can come and go or be constant. Eating or drinking can make the pain worse, particularly if the food or drink is hot or cold. Mild toothache in adults can also be treated with over the counter painkillers whilst awaiting a dental appointment for further investigation.
References:	1. NHS Choices: Toothache accessed October 2017. 2. NICE CKS: Teething accessed October 2017
Recommendation	Advise CCGs that a prescription for teething in babies or toothache in children and adults will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.25 Threadworms

Annual Spend	c. £200,000
Rationale for recommendation	Threadworms (pinworms) are tiny worms in your stools. They are common in children and can be spread easily. They can be effectively treated without the need to visit the GP. Treatment for threadworms can easily be bought from pharmacies. This is usually a chewable tablet or liquid you swallow. Strict hygiene measures can also help clear up a threadworm infection and reduce the likelihood of reinfection

	Everyone in the household will require treatment, even if they don't have symptoms.
References:	1. NHS Choices: Threadworms accessed October 2017 2. NICE CKS: Threadworm accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of threadworm should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.26 Travel Sickness

Annual Spend	c. £4,500,000
Rationale for recommendation	Mild motion sickness can be treated by various self-care measures (e.g. stare at a fixed object, fresh air, listen to music etc.); more severe motion sickness can be treated with over the counter medicines.
References	1. NHS Choices: Travel Sickness accessed October 2017. 2. Patient info: Travel Sickness accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for motion sickness will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.27 Warts and Verrucae

Annual Spend	c. £900,000
Rationale for recommendation	Most people will have warts at some point in their life. They are generally harmless and tend to go away on their own eventually. Several treatments can be purchased from a pharmacy to get rid of warts and verrucae more quickly if patients require treatment.
References:	1. NHS Choices: Warts and Verruca's accessed October 2017. 2. NICE CKS: Warts and Verrucae References accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of warts and verrucae will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

Appendix 1 - Conditions for which prescribing should be restricted

1. Probiotics
2. Vitamins and minerals
3. Acute Sore Throat
4. Infrequent Cold Sores of the lip.
5. Conjunctivitis
6. Coughs and colds and nasal congestion
7. Cradle Cap (Seborrhoeic dermatitis – infants)
8. Haemorrhoids
9. Infant Colic
10. Mild Cystitis
11. Mild Irritant Dermatitis
12. Dandruff
13. Diarrhoea (Adults)
14. Dry Eyes/Sore (tired) Eyes
15. Earwax
16. Excessive sweating (Hyperhidrosis)
17. Head Lice
18. Indigestion and Heartburn
19. Infrequent Constipation
20. Infrequent Migraine
21. Insect bites and stings
22. Mild Acne
23. Mild Dry Skin
24. Sunburn
25. Sun Protection
26. Mild to Moderate Hay fever/Seasonal Rhinitis
27. Minor burns and scalds
28. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
29. Mouth ulcers
30. Nappy Rash
31. Oral Thrush
32. Prevention of dental caries
33. Ringworm/Athletes foot
34. Teething/Mild toothache
35. Threadworms
36. Travel Sickness
37. Warts and Verrucae

Appendix 2– Example products for conditions or over the counter items that could be restricted.

NB the products highlighted below are included for illustration purposes only. This guidance focuses on prescribing restrictions for the conditions identified.

Condition/Item	Example products
Probiotics	**Probiotic sachets**
Vitamins and Minerals	**Vitamin B compound tablets, Vitamin C effervescent 1g tablets, Multivitamin preparations.**
Acute Sore Throat	**Lozenges or throat sprays**
Cold Sores	**Antiviral cold sore cream**
Conjunctivitis	**Antimicrobial eye drops and eye ointment.**
Coughs and Colds and Nasal Congestion	**Cough mixtures or linctus, Saline nose drops, Menthol vapour rubs, Cold and flu capsules or sachets.**
Cradle Cap	**Emulsifying ointment, Shampoos**
Haemorrhoids	**Haemorrhoid creams, ointments and suppositories.**
Infant Colic	**Simethicone suspensions lactase drops**
Mild Cystitis	**Sodium bicarbonate or potassium citrate granules**
Contact Dermatitis	**Emollients, Steroid creams.**
Dandruff	**Antidandruff shampoos Antifungal shampoos**
Diarrhoea (Adults)	**Loperamide 2mg capsules Rehydration sachets,**
Dry Eyes/Sore(tired) eyes	**Eye drops for sore tired eyes Hypromellose 0.3% eye drops**
Earwax	**Drops containing sodium bicarbonate, hydrogen peroxide, olive oil or almond oil.**
Excessive sweating (mild – moderate hyperhidrosis)	**Aluminium chloride sprays, roll-ons, solutions.**
Head Lice	**Creams or lotions for head lice**
Indigestion and Heartburn	**Antacid tablets or liquids Ranitidine 150mg Tablets OTC proton pump inhibitors e.g. omeprazole 10mg capsules. Sodium alginate, calcium carbonate or sodium bicarbonate liquids.**
Infrequent Constipation	**Bisacodyl tablets 5mg**

	Ispaghula Husk granules **Lactulose solution**
Infrequent Migraines	**Migraine tablets** **Painkillers** **Anti-sickness tablets**
Insect bites and stings	**Steroid creams or creams for itching.**
Mild Acne	**Benzoyl peroxide products** **Salicylic acid products**
Mild Dry Skin	**Emollient creams, ointments and lotions**
Sunburn/Sun Protection	**After sun cream** **Sun creams**
Mild to Moderate Hay fever/Seasonal Rhinitis	**Antihistamine tablets or liquids.** **Steroid nasal sprays** **Sodium cromoglicate eye drops**
Minor Burns and Scalds	**Antiseptic Burns Cream,** **Cooling burn gel.**
Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)	**Paracetamol 500mg tablets,** **Ibuprofen 400mg tablets,** **NSAID topical creams or gels** **Paracetamol Suspension**
Mouth Ulcers	**Antimicrobial mouthwash**
Nappy Rash	**Nappy rash creams**
Prevention of dental caries	**Fluoride toothpastes** **Mouthwashes**
Ringworm/Athletes foot	**Athlete's Foot Cream** **Antifungal creams or sprays**
Teething/Mild Toothache	**Antiseptic pain relieving gel** **Clove Oil** **Painkillers**
Threadworms	**Mebendazole 100mg tablets**
Travel Sickness Tablets	**Travel sickness tablets**
Warts and Verrucae	**Creams, gels, skin paints and medicated plasters containing salicylic acid** **dimethyl ether propane cold spray**

NHS England

Equality and Health Inequalities – Full Analysis Form – Conditions for which over the counter items should not routinely be prescribed in primary care

Update March 2018

Document Title: Equalities and Health Inequalities Full Analysis Form

Version number: V1

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To be read in conjunction with the Equalities and Health Inequalities Analysis Guidance, Equality and Health Inequalities Unit, NHS England, July 2016

Prepared by: Equality and Health Inequalities Unit

Classification: OFFICIAL

PART A: General Information
1. Title of project, programme or work: Conditions for which over the counter (OTC) items should not routinely be prescribed in primary care: Guidance for CCGs
2. What are the intended outcomes? • To address unwarranted variation and to provide clear national advice to make local prescribing practices more effective. • To support CCGs to use their prescribing resources effectively and deliver best patient outcomes from the medicines that their local population uses. • To support the NHS to achieve the greatest value from the money that it spends.
3. Who will be affected by this project, programme or work? Please summarise in a few sentences which of the groups below are very likely to be affected by this work. • Staff – primarily primary care prescribers who prescribe items. Other staff groups (e.g. community pharmacy staff) will also be impacted and will have a role to support patients in changes to their therapies. • Patients • Partner organisations (e.g. NICE, NHSCC). We are using recommendations from partner organisations and they will have a role to play in implementation.
4. Which groups protected by the Equality Act 2010 and/ or groups that face health inequalities are very likely to be affected by this work? The aim is to develop guidance for CCGs which supports a reduction in unwarranted variation and provides a national framework to make local prescribing practices more effective. This national guidance for CCGs focuses on the prescribing of items which can also be purchased 'over the counter' (OTC) for 35 conditions. Anyone in the population who uses such medicines for minor or self-limiting conditions could be affected by the guidance (unless covered by exceptions in the proposals). Therefore all groups protected by the Equality Act 2010 and/ or groups that face health inequalities are likely to be affected by this work. It should be noted that some patients obtaining free prescriptions may do so for more than one reason e.g. they are over 60 and in receipt of one or more state benefits. It is not possible to disaggregate the different reasons as, when claiming a free prescription, only one exemption category is normally selected. We have kept this in mind when carrying out this assessment. A 12 week consultation was undertaken from 20 Dec 2017 to 14 March 2018. This consultation provided an opportunity for views to be sought on the proposals. Appendix B includes an overview of key equality related themes from the consultation. Relevant themes and results have also been reflected throughout the remainder of this document. The analysis undertaken as part of this equality and health inequalities impact assessment was taken account of when considering the content of the final

CCG guidance. It should be noted that the themes highlighted in appendix B should be considered within the wider context of the consultation results and report (see Conditions for which over the counter items should not routinely be prescribed in primary care consultation report, March 2018).

To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that vulnerable groups were not at risk.

PART B: Equalities Groups and Health Inequalities Groups

5. Impact of this work for the equality groups listed below.

Focusing on each equality group listed below (sections 5.1. to 5.9), please answer the following questions:

a) Does the equality group face discrimination in this work area?
b) Could the work tackle this discrimination and/or advance equality or good relations?
c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
e) If you cannot answer these questions what action will be taken and when?

5.1. Age

There is evidence that children under 16 (and those under 18 and in full time education) and adults aged over 60 will be particularly affected by the recommendations to restrict prescribing of OTC items for minor conditions. Table 2 (appendix A) shows prescriptions issued for children and those over 60 make up the largest groups of patients exempt from prescription charges (18% and 50% respectively). Although patients in all age groups are issued prescriptions.

During the consultation, responses were monitored to ascertain if there are any unintended consequences on this protected characteristic, see appendix B for results. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk. Although a proportion of older people and children may still fall outside of these exceptions, we do not have indication data to know what this proportion would be. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.2. Disability

There is no routinely collected data on prescribing and disability so we cannot definitively assess the impact of our proposals fully at a national level. Although we do know that some people with a disability (as legally defined) will be entitled to a Medical Exemption Certificate and so be in receipt of free prescriptions.

We note the Family Resources Survey 2011 to 2012 finding that a substantially higher proportion of individuals who live in families with disabled members live in ‘poverty’,

compared to individuals who live in families where no-one is disabled. Therefore these patients may be impacted to a greater extent by the proposed guidance if they are not covered by other exceptions in the guidance. https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures. The Joseph Rowntree Foundation also found that in 2013/14, 27 per cent of people in families where someone is disabled were in poverty, compared with 19 per cent of those in families where no one is disabled, using the standard after housing costs measure. https://www.jrf.org.uk/mpse-2015/disability-and-poverty

The prevalence of disability rises with age. Around 6% of children are disabled, compared to 16% of working age adults and 45% of adults over State Pension age.

During the consultation, responses were monitored to ascertain if there are any unintended consequences on this protected characteristic, see appendix B for results. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.3. Gender reassignment

The proposals will apply to all patients regardless of whether they have changed gender or are transgender. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic, see appendix B for results. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.4. Marriage and civil partnership

The proposals will apply to all patients regardless of their marital or partnership status, and there is no evidence to suggest that the relevant items are prescribed disproportionately to this group. Therefore no patient will be disadvantaged on account of their marital or partnership status.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic, see appendix B for results. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.5. Pregnancy and maternity

Such patients can apply for an exemption from prescription charges. However there is no routinely collected data on prescribing and pregnancy/maternity status in cases where an exemption is not applied for so we cannot definitively assess the impact fully at a national level. However where an exemption is applied for, Table 4 (appendix A) shows that 2% of patients prescribed an OTC item have been exempt from prescription charges due to pregnancy/maternity.

For some products, the product licence does not allow sale of OTC medicines to certain groups of patients which can include women who are pregnant or breast-feeding. This has been considered in the development of the proposals and factored into the proposed exceptions. An individual may be exempt from the recommendation to self-care if he or she is not covered by the product license for an OTC product.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic, see appendix B for results. To mitigate risk of inequality there is an exception included in the guidance which covers patients unable to purchase OTC items due to product license restrictions which would often include pregnancy. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.6. Race

The proposals will not discriminate against patients from different racial backgrounds, as any changes will apply to all patients regardless of their race. However evidence has shown that people from minority ethnic groups are statistically more likely to be in lower income brackets (http://www.poverty.org.uk/summary/uk.htm) therefore these patients may be impacted to a greater extent by the proposed guidance if they are not covered by other exceptions in the draft guidance.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic, see appendix B for results. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.7. Religion or belief

Proposals will not discriminate against patients with religions or beliefs, or with no religion. Any changes would apply to all patients regardless of their religion, or religious beliefs and there is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic, see appendix B for results. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.8. Sex or gender

Proposals would apply to all patients regardless of their sex.

Figure 2 demonstrates that more women (64%) than men (36%) get prescriptions for OTC items. Further sex specific trends by condition show that over 70% of prescriptions were for women for some conditions such as: mild migraine (80%), head lice (73%) and cold sores (72%). Vitamins and minerals were prescribed to women in 74% of cases. The only conditions where males showed a higher proportion of prescriptions than females was for items prescribed for the prevention of dental caries (58%) and for infant colic (51%).

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic, see appendix B for results. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

5.9. Sexual orientation

Patients of differing sexual orientation will not be affected any differently to other patient groups as any changes would apply to all patients regardless of their sexual orientation. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic, see appendix B for results. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6. Implications of our work for the health inclusion groups listed below.

Focusing on the work described in sections 1 and 2, in relation to each health inclusion group listed below (Sections 6.1. To 6.12), and any others relevant to your work[1], please answer the following questions:

f) Does the health inclusion group experience inequalities in access to healthcare?
g) Does the health inclusion group experience inequalities in health outcomes?
h) Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes?
i) Could the work assist or undermine compliance with the duties to reduce health inequalities?
j) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
k) As some of the health inclusion groups overlap with equalities groups you may prefer to also respond to these questions about a health inclusion group when responding to 5.1 to 5.9. That is fine; please just say below if that is what you have done.
l) If you cannot answer these questions what action will be taken and when?

6.1. Alcohol and / or drug misusers

There is no data available on the prevalence of alcohol and/or drug misusers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely

[1] Our guidance document explains the meaning of these terms if you are not familiar with the language.

unintended consequences on this health inclusion group. There were no results from the consultation that indicated this. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.2. Asylum seekers and /or refugees

There is no data available on the prevalence of asylum seekers and/or refugees who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group, see appendix B for results. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk, although carers are not specifically referred to. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.3. Carers

People who care for adults or children could be impacted by any changes as they are often responsible for self-care for the patient. During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group, see appendix B for results. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk, although carers are not specifically referred to. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.4. Ex-service personnel / veterans

There is no routinely collected data on prescribing for ex-service personnel / veterans in cases where an exemption is not applied for so we cannot definitively assess the impact fully at a national level. However there is an exemption for those with a valid war pension exemption certificate (less than 1% of prescriptions for OTC items).

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.5. Those who have experienced Female Genital Mutilation (FGM)

There is no data available on those who have experienced FGM who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely

unintended consequences on this health inclusion group. There were no results from the consultation that indicated this. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.6. Gypsies, Roma and travellers

There is no data available on the prevalence of gypsies, Roma and travellers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group, see appendix B for results.
In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.7. Homeless people and rough sleepers

There is no data available on the prevalence of homeless people and rough sleepers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group, see appendix B for results. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.8. Those who have experienced human trafficking or modern slavery

There is no data available on the prevalence of those who have experienced human trafficking or modern slavery who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.9. Those living with mental health issues

There is no data available on the prevalence of those living with mental health issues who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this

group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this.

To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk. The guidance includes exceptions advising that patients with mental health vulnerability, who could be adversely affected, if reliant on self-care, should still continue to be issued prescriptions for the included conditions on the NHS.

In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.10.Sex workers

There is no data available on the prevalence of sex workers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this.

In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.11.Trans people or other members of the non-binary community

There is no data available on the prevalence of trans people or other members of the non-binary community who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group, see appendix B for results.

In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

6.12.The overlapping impact on different groups who face health inequalities

There is no data available on overlapping impact on different groups who face health inequalities who are currently prescribed items that are also available over the counter.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this.

In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

7. Other groups that face health inequalities that we have identified.

Have you have identified other groups that face inequalities in access to healthcare?

Does the group experience inequalities in access to healthcare and/or inequalities in health outcomes?

Short explanatory notes - other groups that face health exclusion.
As we research and gather more data, we learn more about which groups are facing health inequalities. If your work has identified more groups that face important health inequalities please answer questions 7 and 8. Please circle as appropriate.

If you have not identified additional groups, that face health inequalities, just say not applicable or N/A in the box below.

Yes Complete section 8	No Go to section 9	N/A

8. Other groups that face health inequalities that we have identified.

Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes in relation to these other groups that face health inequalities?
Could the work undermine compliance with the duties to reduce health inequalities and, if so, what action should be taken to reduce any adverse impact?
Is the work going to help NHS England to comply with the duties to reduce health inequalities?
If you have identified other groups that face health inequalities please answer the questions below. You will only answer this question if you have identified additional groups facing important health inequalities.

Response

A consultation on items which should not be routinely prescribed in primary care (2 July – 21October 2017) sought views on the principles of restricting the prescribing of medicines which are readily available OTC. This identified concerns as to the impact of our proposals on vulnerable groups if changes to the prescriptions of OTC items were implemented. In particular, the impact of the proposals on people with low incomes was flagged as a concern and specifically it was felt that our proposals had the potential to widen health inequalities for this group. Additional groups identified as being at risk of increased health inequalities as a result of our proposals included:

- older age groups;

- patients with disabilities;
- patients in rural areas;
- patients with capacity problems;
- patients living in poverty or on a low income;
- those patients needing help from carers; and/or
- patients with long term or chronic illness.

There are some proposed general and condition specific exemptions in the CCG guidance and we have been clear that we are not looking to propose restriction of OTC items used to treat patients suffering from long term or chronic illnesses.

However, there could be still an impact on some of the groups identified above in that they would be encouraged to purchase an item for self-care rather than be given a prescription for it. As many patients in the above groups would receive an exemption from paying for prescriptions, our proposals may require them to pay for an item they would have not previously paid for.

People living in poverty or on low incomes can only be partially identified within the data available. There are several prescription exemption categories relating to low income that can be used to identify these patients (see table 5, appendix A). However, as a patient can only select one exemption category it is not known whether patients exempt for other reasons e.g. those aged over 60, are also on low income. It is also not known whether those under 16 years of age or in full time education are members of a household on low income.

From table 4, it can be seen that those exempt from the prescription charge due to low income make up the third largest group, on average 15% of all patients. For some conditions (excessive sweating/hyperhidrosis and mild migraine) they represent the largest group receiving prescriptions.

The Self Care Nation report commissioned for Self Care Week 2016, explores the current attitudes of 5,011 UK adults towards self care and managing self-treatable conditions, without the need for a visit to the GP or A&E. The survey reported that 29% of people who qualified for free prescriptions would be willing to purchase an OTC medicine for a self-treatable condition, instead of visiting the GP for a prescription, if they knew if it would save the NHS money. Further analysis of this data by Proprietary Association for Great Britain (PAGB) calculated the average cost of an OTC medicine to be £2.94. Although there is known to be a wide variation in prices with some costing more than £25.00 and others costing 19p.

PAGB, Self Care Nation report. Survey of 5,011 UK adults. Published November 2016 https://www.pagb.co.uk/latest-news/report-self-care-nation-self-care-attitudes-behaviours-uk/

It should also be noted that in absence of this guidance to CCGs, two circumstances may arise. Firstly that CCGs develop their own local policies on OTC items, resulting in unwarranted variation and inequality between regions and the people they serve. Secondly, that CCGs may choose to decommission other treatments that are shown to be evidence based and effective in order to achieve financial efficiencies.

During the consultation on the proposals for the CCG guidance many of the themes raised in the previous consultation were echoed. A number of these concerns are specifically accounted for under the exceptions in the guidance, so these groups of patients should continue to be issued an NHS prescription for included conditions. The guidance also includes wider exceptions that cover: exceptional circumstances that warrant deviation from the recommendation to self-care or individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care.

PART C: Promoting integrated services and working with partners

Short explanatory notes: Integrated services and reducing health inequalities.

Our detailed guidance explains the duties in relation to integrated services and reducing health inequalities. Please answer the questions listed below.

9. Opportunities to reduce health inequalities through integrated services.

Does the work offer opportunities to encourage integrated services that could reduce health inequalities? If yes please also answer 10.

Yes Go to section 10	**No** Go to section 11	Do not know

10. How can this work increase integrated services and reduce health inequalities?

N/A

PART D: Engagement and involvement

11. Engagement and involvement activities already undertaken.

A consultation on items which should not be routinely prescribed in primary care (21 July – 21October 2017) sought views on the principles of restricting the prescribing of medicines which are readily available OTC. This consultation included 5554 online responses, 195 written responses and 25 engagement events and meetings. A communication and engagement plan was developed to ensure that individuals, key groups, charities and local and national organisations were able to contribute towards the consultation.

A further consultation on the proposals for Conditions for which over the counter items should not routinely be prescribed in primary care: guidance for CCGs was undertaken from 20 December 2017 – 14 March 2018. This consultation included 2,638 online responses, 65 written responses and 21 engagement events and meetings. A communication and engagement plan was developed to ensure that individuals, key groups, charities and local and national organisations were able to contribute towards the consultation.

A series of meetings with national patient groups including: Patient Association, National Voices and Healthwatch England further shaped the OTC proposals and communication and engagement plan prior to the start of a further 12 week public consultation on draft CCG guidance for 'Conditions for which over the counter (OTC) items should not routinely be prescribed in primary care'. A webinar with the Health and Wellbeing Alliance (consisting of a number of national charities) was also used to plan relevant consultation engagement.

In developing the proposals and final guidance, we have taken account of all consultation results alongside advice from a clinical working group. Membership of the

clinical working group include: NHS England, NHS Clinical Commissioners, NICE, Department of Health, PrescQIPP CIC, NHS Business Services Authority, CCG representatives, Royal College of GPs, Royal Pharmaceutical Society, Academy of Medical Royal Colleges, GPC.

12. Which stakeholders and equalities and health inclusion groups were involved?

See communications and engagement plan and final report of the consultation for full list of stakeholders involved in addition to those mentioned in section 11.

13. Key information from the engagement and involvement activities undertaken.
Were key issues, concerns or questions expressed by stakeholders and if so what were these and how were they addressed? Were stakeholders broadly supportive of this work?

There were mixed views from stakeholders. Broadly there is an acceptance of the objectives of this work and a number of CCGs have made changes reflecting the direction of this work. Stakeholders seem to broadly accept that the NHS needs to get the most value from its prescribing and wider budgets and that this requires change.

There are some stakeholders that have specific concerns about how changes could impact on specific groups as outlined in section 8. A number of professional bodies contributed towards the consultation and provided views and insight on potential impact of restrictions of prescriptions for minor conditions. A number of these organisations (Royal College of GPs, Royal Pharmaceutical Society, and General Medical Council) expressed concerns about the impact of any restrictions widening health inequalities. Concerns on the impact on vulnerable groups, such as older age groups, patients with disabilities, patients in rural areas, patients with capacity problems, people living in poverty or those needing help from carers were also raised. RPS felt that principle 2 of the NHS Constitution clearly states that “Access to NHS services is based on clinical need, not an individual’s ability to pay” and that restrictions could fundamentally alter the principle that care is free at the point of delivery.

A number of national patient organisations also contributed towards the consultation and they reinforced the need to engage with patient groups who would be potentially impacted, during further development of the proposals. Healthwatch England also ran a survey to gather people’s views on NHS prescriptions which highlighted some concerns about how respondents felt they would be affected financially, if OTC items were no longer made available on NHS prescription. The Self-care Forum also contributed that they support the view that encouraging people to understand how to confidently treat their minor conditions is beneficial. Although they also raised concerns that withdrawing prescriptions for products might adversely affect vulnerable groups, such as those on a low income including people out of work and the elderly.

These concerns were considered during further development of the proposals for the 12 week consultation undertaken December 2017 – March 2018. Again there were

mixed views from stakeholders from this consultation including:

The BMA shared concerns that the proposals will particularly disadvantage vulnerable patients, such as older age groups, patients with disabilities, rural patients, patients with capacity problems including dementia and learning difficulties, people living in poverty or those needing help from carers. They went on to say that although the consultation recognises that arrangements would be made for continued provision of medications to some vulnerable patients, GPs would be placed in the unacceptable position of having to make value-judgements about the likelihood of patients being able to access the required medication if an FP10 is not provided, and errors of judgement, complaints, and missed-treatments would be inevitable.

Healthwatch England raised concerns from their members that those from low income backgrounds are more likely to lose out.

The Patients Association stated that they were concerned that these proposals have the potential to widen health inequalities for people who cannot afford to buy even cheap over the counter medicines, and who would be in receipt of free medicines under current arrangements.

These comments should be considered in the context of the wider themes for the item (see consultation report, March 2018). Concerns are mitigated through the development of exceptions in the guidance, particularly for vulnerable groups.

14. Stakeholders were not broadly supportive but we need to go ahead.

Stakeholders are broadly supportive. Whilst there is general support for consulting on this topic (65% agreed with our proposed criteria to assess items for potential restriction), feedback from patients and patient organisations has highlighted that considerations must be made for those with long-term conditions who require a large supply of over the counter medicine and that the de-prescription of these items could result in patient compliance and clinician monitoring issues.

The more recent consultation also demonstrated that large proportions of online respondents were in agreeance with the proposals. Concerns raised by stakeholders are covered in section 13 and appendix B. All feedback has been considered during further development of the CCG guidance including the exceptions where many of the groups concerned are accounted for.

15. Further engagement and involvement activities planned.

Are further engagement and involvement activities planned? If so what is planned, when and why?

NHS England undertook a 12 week public consultation to allow other groups and individuals to comment on the proposals. This involved a web survey plus further consultation activity designed to ensure that people had the opportunity to provide their views. This also involved working with our currently identified stakeholders, other charities and patient groups.

PART E: Monitoring and Evaluation

16. In relation to equalities and reducing health inequalities, please summarise the most important monitoring and evaluation activities undertaken in relation to this work

As part of the consultation we asked specific questions on if respondents felt there were any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?. The results were considered during further development of the guidance. Results of these consultation questions can be seen in appendix B.

17. Please identify the main data sets and sources that you have drawn on in relation to this work. Which key reports or data sets have you drawn on?

- BSA data sets on OTC prescriptions (June 2016 – May 2017)
- Items that should not be routinely prescribed in primary care consultation final report (November 2017)
- Items that should not be routinely prescribed in primary care communication plan
- Items that should not be routinely prescribed in primary care consultation engagement plan
- Conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs
- Conditions for which over the counter items should not routinely be prescribed in primary care consultation final report (March 2018)
- Conditions for which over the counter items should not routinely be prescribed in primary care consultation engagement plan

18. Important equalities or health inequalities data gaps or gaps in relation to evaluation.

In relation to this work have you identified any:

- important equalities or health inequalities data gaps or
- gaps in relation to monitoring and evaluation?

Yes	No

There is currently no nationally collected data for all of the protected characteristics and additional health improvement groups for the individual medications in this review.

The OTC prescribing data includes some spend on OTC items for which no one specific condition can be assigned. However as all these items are available OTC and are likely prescribed for minor conditions that are suitable for self-care; these items and their associated spend has been included within our guidance and this report.
19. Planned action to address important equalities or health inequalities data gaps or gaps in relation to evaluation. If you have identified important gaps and you have identified action to be taken, what action are you planning to take, when and why?
In having regard to our guidance and considering local implementation plans, CCGs will need to identify the appropriate local actions to address inequalities or data gaps.

20. Contributing to the first PSED equality aim. Can this work contribute to eliminating discrimination, harassment or victimisation?		
Yes	**No**	Do not know
If yes please explain how, in a few short sentences		
21. Contributing to the second PSED equality aim. Can this policy or piece of work contribute to advancing equality of opportunity? Please circle as appropriate.		
Yes	No	Do not know
Without this review and future implementation by CCGs, inequalities to the wider population are likely due to unnecessary variation in prescribing and use of NHS funding on medications which are shown to treat self-limiting conditions (those that heal on their own accord) and items with for which there is little evidence of clinical effectiveness. Funding used on these products may result in CCGs decommissioning other evidence based and cost effective treatments. Not undertaking this work could result in inequality for the wider population by not making most effective use of the NHS prescribing budget and NHS budgets more generally.		
22. Contributing to the third PSED equality aim. Can this policy or piece of work contribute to fostering good relations between groups? Please circle as appropriate.		
Yes	No	Do not know
The working group includes representatives from NHSCC, CCG medicines optimisation teams, NICE and others. We are also working with other stakeholders as described in section 12. The common aim is to ensure that the CCG guidance we have developed supports CCGs in effective medicines optimisation for the population they serve. Fostering of good relationships will also be enhanced through engagement with a number of other stakeholders including charities and patient groups. The consultation also provides an opportunity for organisations, health professionals, patients and the public to be considered in the development of the CCG guidance.		

23. Contributing to reducing inequalities in access to health services.

Can this policy or piece of work contribute to reducing inequalities in access to health services?

Yes	No	Do not know

Currently patients may see a GP to obtain an item for a minor condition. Restricting OTC items for minor conditions, and encouraging self-care should reduce GP time on administering prescriptions and should indirectly mean that more GP appointments are likely to become available to other patients for more serious conditions. By encouraging people to self-care, more people may also access community pharmacy which was highlighted by respondents as an under-utilised health service.

24. Contributing to reducing inequalities in health outcomes.

Can this work contribute to reducing inequalities in health outcomes?

Yes	No	Do not know

It could reduce inequalities in health outcomes for the overall population (see section 21). Although it has also been suggested that the impact of the proposals on certain groups could lead to a widening in inequalities in health outcomes if patients in particular groups cannot access or afford items they are encouraged to purchase. It should however be noted that there are a number of exceptions that should cover this group of patients when required.

25. Contributing to the PSED and reducing health inequalities.

It could reduce health inequalities for the overall population (see section 21). Although it has also been suggested that the impact of the proposals on certain groups could lead to a widening of health inequalities if patients in particular groups cannot access or afford items they are encouraged to purchase. However, it should be noted that there are a number of exceptions in the guidance that should cover this group of patients when required.

26. Agreed or recommended actions.

What actions are proposed to address any key concerns identified in this Equality and Health Inequalities Analysis (EHIA) and / or to ensure that the work contributes to the reducing unlawful discrimination / acts, advancing equality of opportunity, fostering good relations and / or reducing health inequalities? Is there a need to review the EHI analysis at a later stage?

Action	Public Sector Equality Duty	Health Inequality	By when	By whom
Ensure that CCGs are encouraged to consider their local demographic and prescribing data available to ensure that local implementation decisions are effective and in line with legislation.	Yes	Yes	Post national consultation	CCGs
Support implementation with resources referenced in the guidance to support prescribers with deprescribing and offer of alternative medication where appropriate.	Yes	Yes	Post consultation	Project team LVM working group

PART G: Record keeping	
27.1. Date draft circulated to E&HIU:	
27.1. Date draft EHIA completed:	
27.2: Date final EHIA produced:	
27.3. Date signed off by Director:	
27.4: Date EHIA published:	
27.5. Review date:	

28. Details of the person completing this EHIA		
Name	Post held	E-mail address

29: Name of the responsible Director	
Name	Directorate

Appendix A. OTC prescribing data

Table 1. Number of unique (per condition) patients prescribed OTC products, June 2016 – May 2017, NHSBSA

Conditions	Number of patients
Drugs with limited evidence of effectiveness	
Vitamins and minerals	1,907,397
Probiotics	5,513
Minor ailments suitable for self-care	
Contact dermatitis	690,253
Diarrhoea	106,278
Dry eyes/sore (tired) eyes	634,845
Dry skin/sunburn	9,750
Earwax	80,822
Excessive sweating/hyperhidrosis	39,613
Head lice	58,818
Indigestion and heartburn	311,731
Insect bites and stings	525,203
Malaria prevention	311
Mild acne	57,785
Mild cystitis	10,618
Mild migraine	43,166
Mild to moderate hay fever/allergic rhinitis	717,822
Minor burns and scalds	24,145
Minor conditions associated with pain, discomfort/fever	2,704,196
Mouth ulcers/Teething/Mild toothache	576,483
Nappy rash	53,354
No condition identified	104,330
Oral thrush	78,896
Prevention of dental caries	2,781
Ring worm/athletes foot	241,528
Simple constipation	1,073,052
Threadworms	74,397
Travel sickness	135,828
Warts and verrucae	220,126
Self-limiting conditions	
Acute sore throat	9,622
Cold sores	1,600
Conjunctivitis	231,050
Coughs and colds and nasal congestion	486,179
Dandruff/cradle cap	294,188
Haemorrhoids	86,053
Infant colic	9,927

Notes: Patient counts are not unique across conditions. A patient is counted once per product per condition but if they are prescribed multiple products across conditions then they will be counted multiple times. The number of patients within nappy rash condition are only unique at product level.

Table 2. Patients prescribed OTC products, by age group

Prescriptions dispensed June 2016 to May 2017 *Source: NHS Business Services Authority*

	Number of patients					Percentage of patients				
Condition	**Under 18**	**18 to 30**	**31 to 44**	**45 to 59**	**Over 60**	**Under 18**	**18 to 30**	**31 to 44**	**45 to 59**	**Over 60**
Drugs with limited evidence of effectiveness										
Vitamins and minerals	93,536	202,170	307,745	383,866	1,178,251	4%	9%	14%	18%	54%
Probiotics	575	611	1,174	1,622	1,531	10%	11%	21%	29%	28%
Minor ailments suitable for self-care										
Contact dermatitis	317,042	75,014	79,966	120,583	393,783	32%	8%	8%	12%	40%
Diarrhoea	48,248	5,877	7,280	11,951	41,502	42%	5%	6%	10%	36%
Dry eyes/sore (tired) eyes	11,990	12,375	36,007	113,245	599,177	2%	2%	5%	15%	78%
Dry skin/sunburn	3,486	622	902	1,619	5,883	28%	5%	7%	13%	47%
Earwax	18,316	5,289	5,824	9,832	49,166	21%	6%	7%	11%	56%
Excessive sweating/hyperhidrosis	11,157	15,410	9,458	5,863	3,388	25%	34%	21%	13%	7%
Head lice	38,776	7,399	8,137	6,584	7,568	57%	11%	12%	10%	11%
Indigestion and heartburn	37,058	28,207	46,664	65,042	198,989	10%	8%	12%	17%	53%
Insect bites and stings	207,338	41,845	55,196	77,940	180,033	37%	7%	10%	14%	32%
Malaria prevention	85	66	58	60	66	25%	20%	17%	18%	20%
Mild acne	32,975	24,352	7,979	2,638	872	48%	35%	12%	4%	1%
Mild cystitis	1,099	1,042	1,517	2,320	6,146	9%	9%	13%	19%	51%
Mild migraine	7,667	8,882	11,403	12,897	11,700	15%	17%	22%	25%	22%
Mild to moderate hay fever/allergic rhinitis	133,113	49,193	70,218	95,034	176,982	25%	9%	13%	18%	34%
Minor burns and scalds	7,353	2,196	2,802	3,758	10,494	28%	8%	11%	14%	39%
Minor conditions associated with pain,	314,830	105,840	230,342	495,337	1,841,585	11%	4%	8%	17%	62%

discomfort/fever										
Mouth ulcers/Sore throat/Teething/Mild toothache	222,216	85,243	89,878	93,725	173,452	33%	13%	14%	14%	26%
Nappy rash	53,354	0	0	0	0	100%	0%	0%	0%	0%
Oral thrush	28,868	5,542	8,848	10,987	31,368	34%	6%	10%	13%	37%
Prevention of dental caries	126	183	324	1,262	2,108	3%	5%	8%	32%	53%
Ring worm/athletes foot	72,968	24,633	31,753	36,697	90,807	28%	10%	12%	14%	35%
Simple constipation	102,331	73,623	117,116	204,108	920,971	7%	5%	8%	14%	65%
Threadworms	73,099	2,047	2,967	1,116	798	91%	3%	4%	1%	1%
Travel sickness	9,217	23,320	22,269	26,662	64,813	6%	16%	15%	18%	44%
Warts and verrucae	141,861	19,996	23,929	25,341	37,791	57%	8%	10%	10%	15%
Self-limiting conditions										
Acute sore throat	2,045	1,419	1,942	1,796	3,459	19%	13%	18%	17%	32%
Cold sores	243	128	219	397	770	14%	7%	12%	23%	44%
Conjunctivitis	97,076	13,280	18,781	26,235	88,997	40%	5%	8%	11%	36%
Coughs and colds and nasal congestion	136,255	33,275	58,132	85,625	251,088	24%	6%	10%	15%	44%
Dandruff/cradle cap	72,267	43,714	52,156	63,340	119,406	21%	12%	15%	18%	34%
Haemorrhoids	2,417	13,587	20,061	17,265	45,146	2%	14%	20%	18%	46%
Infant colic	10,191	261	258	118	154	93%	2%	2%	1%	1%
No condition identified	9,120	8,241	12,131	21,562	53,582	9%	8%	12%	21%	51%
All conditions	**2,318,298**	**934,881**	**1,343,433**	**2,026,427**	**6,591,824**	**18%**	**7%**	**10%**	**15%**	**50%**

Notes: Patient counts are not unique. A patient is counted once per product but if they are prescribed multiple products within a condition or across conditions then they will be counted multiple times. Some of the products used for nappy rash may also be used for pressure sores in older people so as an estimate of use in babies and toddlers only data for people aged under 16 is included.

Figure 1.

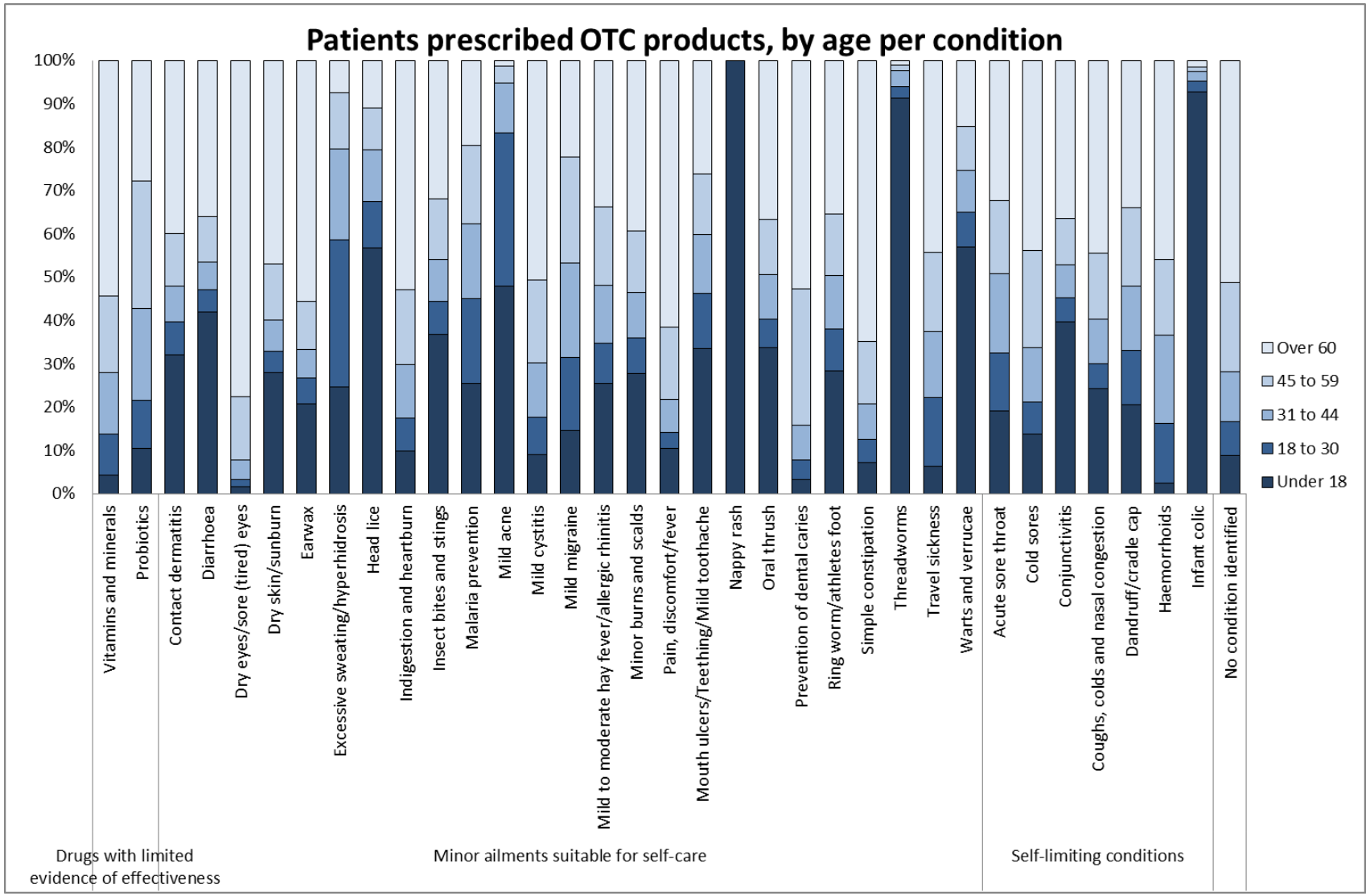

Patients prescribed OTC products, by age per condition
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Over 60
45 to 59
31 to 44
18 to 30
Under 18
Vitamins and minerals
Probiotics
Contact dermatitis
Diarrhoea
Dry eyes/sore (tired) eyes
Dry skin/sunburn
Earwax
Excessive sweating/hyperhidrosis
Head lice
Indigestion and heartburn
Insect bites and stings
Malaria prevention
Mild acne
Mild cystitis
Mild migraine
Mild to moderate hay fever/allergic rhinitis
Minor burns and scalds
Pain, discomfort/fever
Mouth ulcers/Teething/Mild toothache
Nappy rash
Oral thrush
Prevention of dental caries
Ring worm/athletes foot
Simple constipation
Threadworms
Travel sickness
Warts and verrucae
Acute sore throat
Cold sores
Conjunctivitis
Coughs, colds and nasal congestion
Dandruff/cradle cap
Haemorrhoids
Infant colic
No condition identified
Drugs with limited evidence of effectiveness
Minor ailments suitable for self-care
Self-limiting conditions

Table 3. Patients prescribed OTC products, by sex

Prescriptions dispensed June 2016 to May 2017 *Source: NHS Business Services Authority*

	Number of patients		Percentage of patients	
Condition	**Male**	**Female**	**Male**	**Female**
Drugs with limited evidence of effectiveness				
Vitamins and minerals	564,175	1,601,369	26%	74%
Probiotics	2,303	3,210	42%	58%
Minor ailments suitable for self-care				
Contact dermatitis	429,900	556,477	44%	56%
Diarrhoea	52,364	62,492	46%	54%
Dry eyes/sore (tired) eyes	234,084	538,702	30%	70%
Dry skin/sunburn	5,340	7,172	43%	57%
Earwax	42,420	46,006	48%	52%
Excessive sweating/hyperhidrosis	16,970	28,305	37%	63%
Head lice	18,183	50,281	27%	73%
Indigestion and heartburn	133,858	242,100	36%	64%
Insect bites and stings	238,578	323,769	42%	58%
Malaria prevention	151	184	45%	55%
Mild acne	24,049	44,765	35%	65%
Mild cystitis	3,856	8,269	32%	68%
Mild migraine	10,713	41,837	20%	80%
Mild to moderate hay fever/allergic rhinitis	218,918	305,612	42%	58%
Minor burns and scalds	12,230	14,372	46%	54%
Minor conditions associated with pain, discomfort/fever	1,103,534	1,884,371	37%	63%
Mouth ulcers/Sore throat/Teething/Mild toothache	242,091	422,416	36%	64%
Nappy rash	24,493	28,860	46%	54%

Oral thrush	29,661	55,951	35%	65%
Prevention of dental caries	2,335	1,667	58%	42%
Ring worm/athletes foot	105,763	151,093	41%	59%
Simple constipation	538,656	879,482	38%	62%
Threadworms	34,110	45,916	43%	57%
Travel sickness	43,693	102,588	30%	70%
Warts and verrucae	113,480	135,435	46%	54%
Self-limiting conditions				
Acute sore throat	3,698	6,963	35%	65%
Cold sores	497	1,260	28%	72%
Conjunctivitis	106,720	137,646	44%	56%
Coughs and colds and nasal congestion	233,679	330,692	41%	59%
Dandruff/cradle cap	146,467	204,414	42%	58%
Haemorrhoids	33,412	65,064	34%	66%
Infant colic	5,614	5,369	51%	49%
No condition identified	41,054	63,583	39%	61%
All conditions	**4,817,048**	**8,397,693**	**36%**	**64%**

Notes: Patient counts are not unique. A patient is counted once per product but if they are prescribed multiple products within a condition or across conditions then they will be counted multiple times. With respect to the vaginal thrush condition, note that external thrush cream or antifungal capsules may be prescribed to men for treatment of non-oral thrush.

Figure 2.

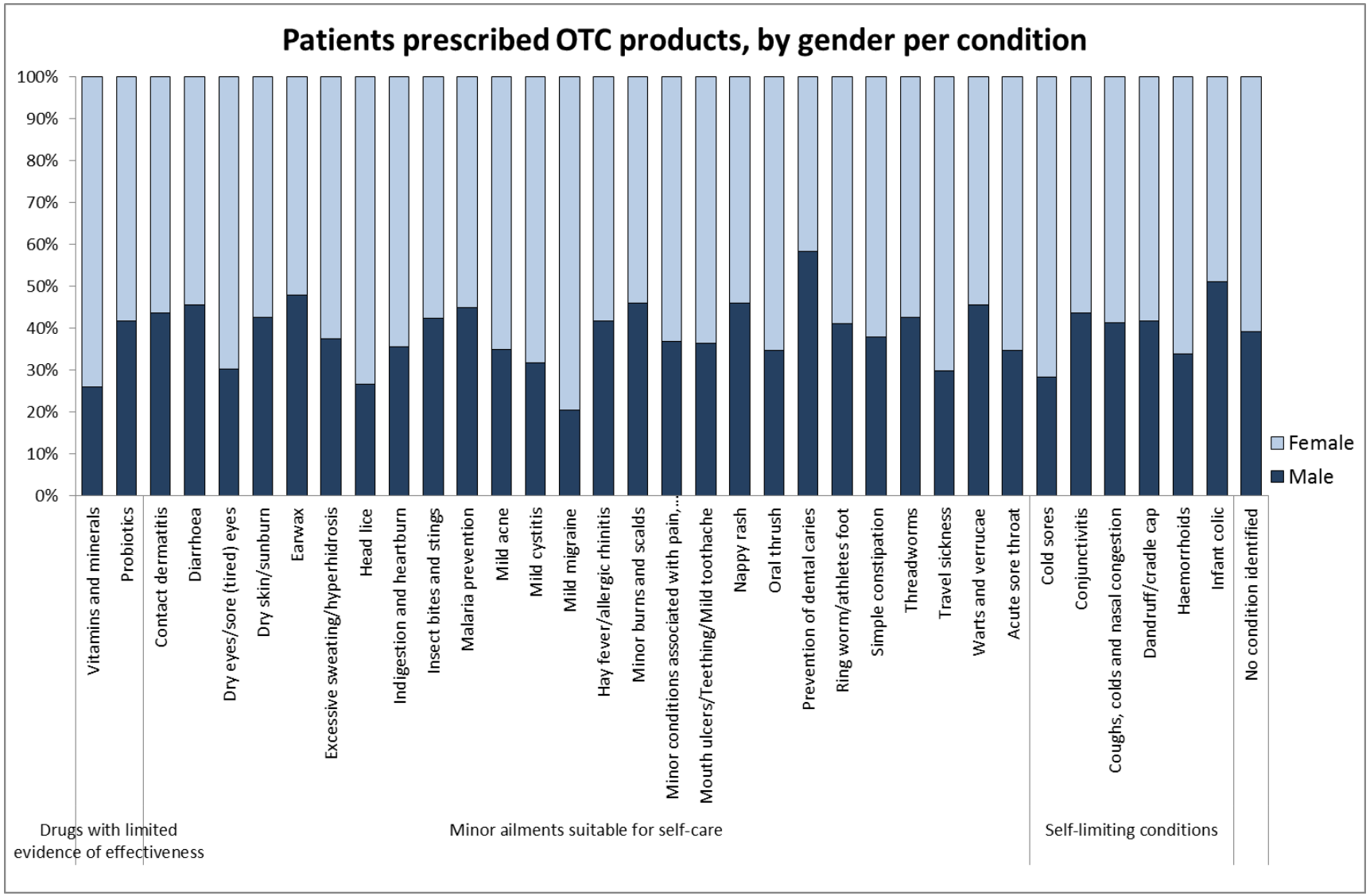

Patients prescribed OTC products, by gender per condition
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Female
Male
Vitamins and minerals
Probiotics
Contact dermatitis
Diarrhoea
Dry eyes/sore (tired) eyes
Dry skin/sunburn
Earwax
Excessive sweating/hyperhidrosis
Head lice
Indigestion and heartburn
Insect bites and stings
Malaria prevention
Mild acne
Mild cystitis
Mild migraine
Hay fever/allergic rhinitis
Minor burns and scalds
Minor conditions associated with pain,...
Mouth ulcers/Teething/Mild toothache
Nappy rash
Oral thrush
Prevention of dental caries
Ring worm/athletes foot
Simple constipation
Threadworms
Travel sickness
Warts and verrucae
Acute sore throat
Cold sores
Conjunctivitis
Coughs, colds and nasal congestion
Dandruff/cradle cap
Haemorrhoids
Infant colic
No condition identified
Drugs with limited evidence of effectiveness
Minor ailments suitable for self-care
Self-limiting conditions

Table 4. Patients prescribed OTC products, by prescription charge exemption

Patients prescribed OTC products, by prescription charge exemption

Prescriptions dispensed June 2016 to May 2017

Source: NHS Business Services Authority

	Paying	U16s or 16 - 18 and full time education	Over 60s	Pre-Payment Certificate	Medical	Income related	Maternity	Totals
Drugs with limited evidence of effectiveness								
Vitamins and minerals	5%	5%	58%	5%	8%	16%	4%	100%
Probiotics	14%	11%	27%	18%	15%	13%	1%	100%
Minor ailments suitable for self-care								
Contact dermatitis	6%	33%	39%	5%	5%	11%	1%	100%
Diarrhoea	3%	42%	36%	3%	6%	10%	1%	100%
Dry eyes/sore (tired) eyes	2%	2%	76%	4%	6%	9%	0%	100%
Dry skin/sunburn	3%	28%	47%	3%	6%	12%	1%	100%
Earwax	2%	22%	55%	2%	4%	14%	1%	100%
Excessive sweating/hyperhidrosis	17%	28%	7%	7%	7%	32%	2%	100%
Indigestion and heartburn	3%	10%	52%	5%	6%	18%	6%	100%
Head lice	7%	57%	11%	1%	3%	19%	1%	100%
Insect bites and stings	2%	59%	24%	2%	3%	9%	2%	100%
Malaria prevention	25%	25%	20%	3%	9%	15%	2%	100%
Mild acne	23%	53%	1%	3%	3%	14%	2%	100%
Mild cystitis	5%	10%	50%	6%	8%	19%	1%	100%
Mild migraine	7%	16%	22%	8%	10%	35%	2%	100%
Mild to moderate hay fever/allergic rhinitis	6%	24%	35%	7%	8%	19%	2%	100%
Minor burns and scalds	4%	28%	39%	3%	7%	16%	2%	100%

Minor conditions associated with pain, discomfort/fever	3%	11%	61%	4%	6%	16%	1%	100%
Mouth ulcers/Sore throat/Teething/Mild toothache	7%	35%	26%	4%	7%	20%	2%	100%
Nappy rash	0%	100%	0%	0%	0%	0%	0%	100%
Oral thrush	3%	33%	37%	4%	5%	13%	5%	100%
Prevention of dental caries	2%	4%	50%	4%	23%	16%	1%	100%
Ring worm/athletes foot	6%	29%	35%	3%	7%	15%	4%	100%
Simple constipation	4%	8%	64%	4%	6%	12%	2%	100%
Threadworms	2%	91%	1%	0%	1%	5%	1%	100%
Travel sickness	12%	7%	43%	5%	9%	20%	5%	100%
Warts and verrucae	5%	58%	15%	3%	4%	14%	1%	100%
Self-limiting conditions								
Acute sore throat	2%	21%	32%	4%	7%	31%	2%	100%
Cold sores	6%	14%	43%	8%	9%	17%	2%	100%
Conjunctivitis	5%	40%	36%	3%	4%	10%	1%	100%
Coughs and colds and nasal congestion	4%	25%	44%	3%	6%	17%	1%	100%
Dandruff/cradle cap	8%	21%	33%	8%	7%	21%	2%	100%
Haemorrhoids	4%	3%	46%	4%	7%	25%	11%	100%
Infant colic	0%	88%	2%	0%	1%	4%	4%	100%
No condition identified	6%	9%	50%	7%	8%	18%	2%	100%
All	**4%**	**19%**	**49%**	**4%**	**6%**	**15%**	**2%**	**100%**

Notes: Patient counts are not unique. A patient is counted once per product but if they are prescribed multiple products within a condition or across conditions then they will be counted multiple times. Some of the products used for nappy rash may also be used for pressure sores in older people so as an estimate of use in babies and toddlers only data for people aged under 16 is included.

Figure 3.

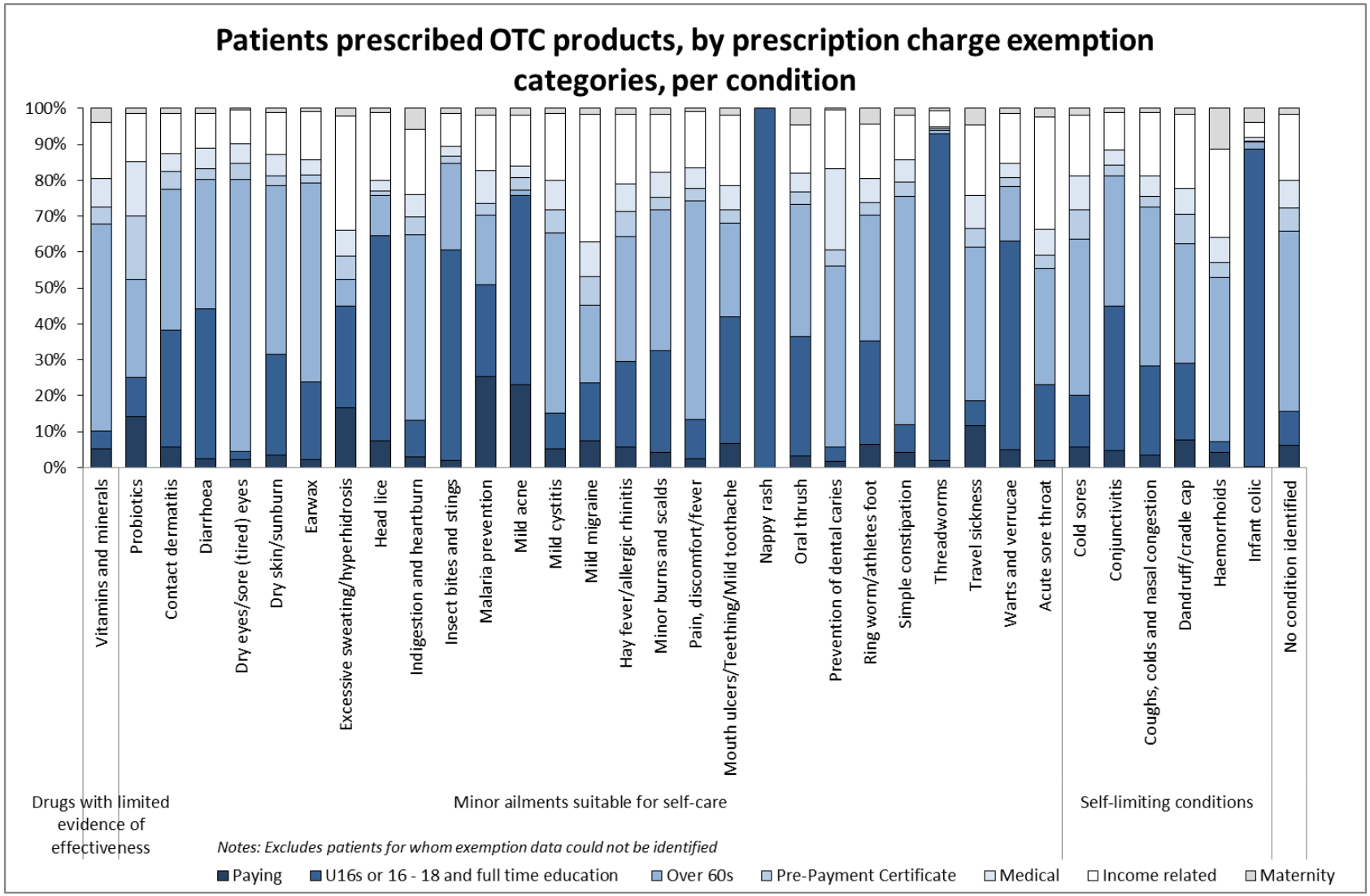

Patients prescribed OTC products, by prescription charge exemption categories, per condition
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Vitamins and minerals
Probiotics
Contact dermatitis
Diarrhoea
Dry eyes/sore (tired) eyes
Dry skin/sunburn
Earwax
Excessive sweating/hyperhidrosis
Head lice
Indigestion and heartburn
Insect bites and stings
Malaria prevention
Mild acne
Mild cystitis
Mild migraine
Hay fever/allergic rhinitis
Minor burns and scalds
Pain, discomfort/fever
Mouth ulcers/Teething/Mild toothache
Nappy rash
Oral thrush
Prevention of dental caries
Ring worm/athletes foot
Simple constipation
Threadworms
Travel sickness
Warts and verrucae
Acute sore throat
Cold sores
Conjunctivitis
Coughs, colds and nasal congestion
Dandruff/cradle cap
Haemorrhoids
Infant colic
No condition identified
Drugs with limited evidence of effectiveness
Minor ailments suitable for self-care
Self-limiting conditions
Notes: Excludes patients for whom exemption data could not be identified
Paying
U16s or 16 - 18 and full time education
Over 60s
Pre-Payment Certificate
Medical
Income related
Maternity

Table 5. Mappings to exemption category

U16s or 16 - 18 and full time education	0 - 15 years old
	16, 17 or 18 years old and in full-time education
Over 60s	60 years or over
Maternity	Valid maternity certificate
Medical	Valid medical certificate
	prescribed free-of-charge contraceptives
	valid War Pension exemption certificate
Pre-Payment Certificate	Valid pre-payment certificate
Income related	named on a current HC2 charges certificate
	gets Income Support or income-related Employment and Support Allowance
	gets income-based Jobseekers's Allowance
	is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
	has a partner who gets Pension Credit guarantee credit (PCGC)

Appendix B

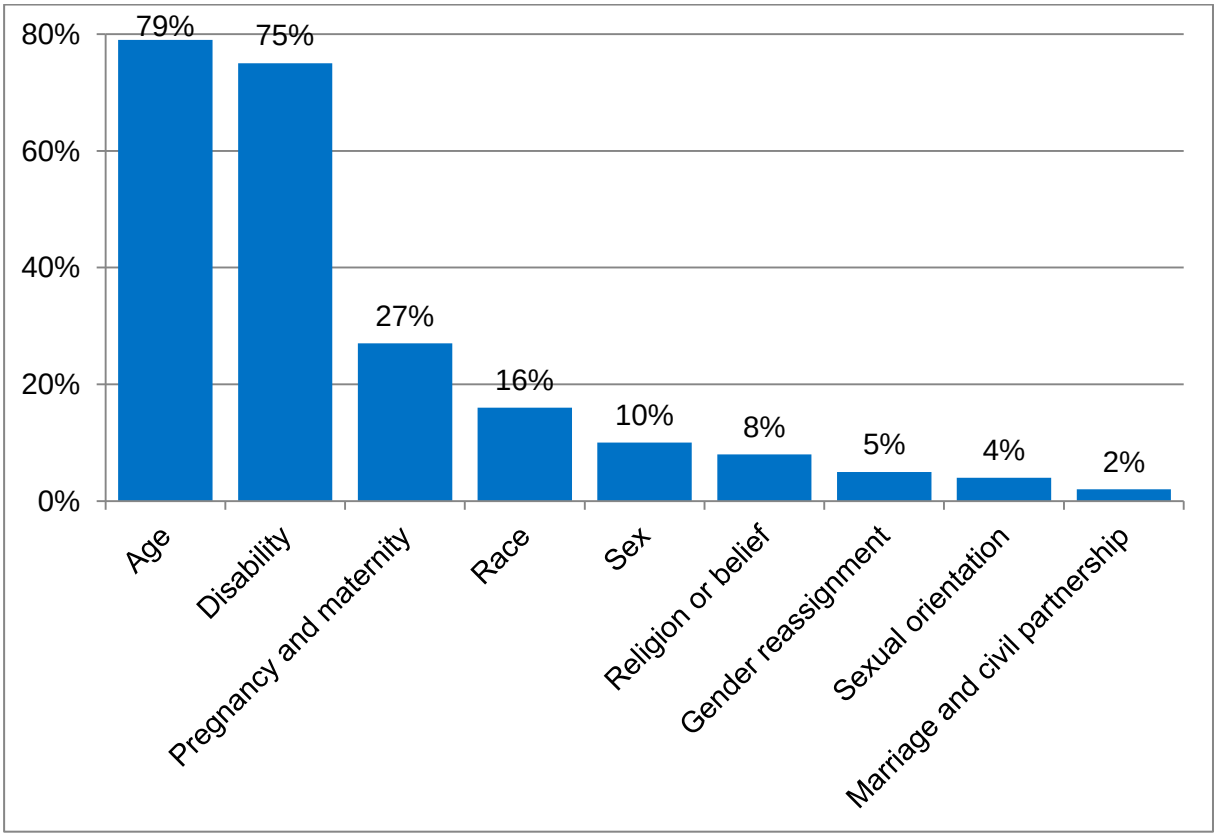
As part of the online consultation survey there were two questions that focused on the impact of the work on equalities and health inequalities as follows. Key results for these questions are also reported.

1. **Do you feel there any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?**

Table 6 – Responses to consultation question 'Do you feel there any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?' (n = 2594)

Response	Percentage
Yes	37 %
No	50 %
Unsure	13 %

Figure 4 – Responses to consultation question 'Which groups do you think will be affected' (n = 993)



The relevant key themes reported from the further information for this question include:

- Long term/chronic conditions
- Elderly
- Concerns on affordability/those on a low income
- House bound
- Those with problems accessing a pharmacist e.g. rural areas, those with limited transport options
- Travellers, homeless people and asylum seekers
- BME communities and those with poor English
- Carers and those they care for
- People with a lack of personal capability to self-care

2. Do you feel there is any further evidence we should consider in our proposals on the potential impact on health inequalities experience by certain groups e.g. people on low incomes; people from BME communities?

Table 7 – Responses to consultation question 'Do you feel there is any further evidence we should consider in our proposals on the potential impact on health inequalities experience by certain groups' (n = 2555)

Response	Percentage
Yes	30 %
No	50 %
Unsure	20 %

The relevant key themes reported from the further information for this question include:

- Concerns some cohorts may not want to pay/be able to afford them (e.g. elderly, chronic illness) if they don't pay for them currently
- Those who require considerable care (e.g. disabled, elderly)
- Patients with learning difficulties who won't understand the restrictions being placed on their medication

3. Other groups suggested to be included in the general exceptions (only those not already specified are listed here)

- Patients with other illnesses / conditions some of who currently do not get free prescriptions (e.g. diabetes, life limited conditions, cancer, MS, Parkinsons disease, degenerative conditions, etc.)
- Elderly patients/ those who qualify for a pension
- Children under 18 years old
- Those exempt from paying for prescriptions/ eligible for free prescriptions

4. The consultation also provided an opportunity for responders to say if they agreed or disagreed with the proposals for each of the conditions.

The following conditions specific themes relating to specific groups were raised:

Limited evidence of clinical effectiveness

Probiotics
- Beneficial in patients with Irritable Bowel Syndrome (IBS)
- Autism often results in gut issues where probiotics may be valuable

Vitamins & minerals
- Consider those who are unable to access a healthy diet (e.g. low income, disabled, vegans)
- Consider excluding some cohorts from these recommendations (e.g. alcoholics)
- Rare diseases
- Patients with other long term conditions
- Vitamins are vital for pregnant women
- Babies and young Children should continue to receive their treatments (Vitamin D drops)
- BME groups, where there may be a strong case for prescribing certain vitamins & minerals to maintain good health (e.g. Vitamin D)

Self-limiting conditions

Conjunctivitis
- Children require extra care and should be prescribed treatment

Cradle cap
- Children's health issues can have an impact on the mental health of parents

Infant colic
- Children require extra care and should be prescribed treatment
- Children's health issues can have an impact on the mental health of parents

Mild cystitis
- Cystitis is more common in women, therefore it will affect them more acutely than males

Minor Ailments

Diarrhoea (adults)
- Consider impact of not treating on vulnerable groups (e.g. elderly)

Head lice
- Consider the impact on those on low income/ lower socioeconomic background and their ability to purchase the medication they, or their families need

Hayfever
- Consider the impact on those on low income/ lower socioeconomic background and their ability to purchase the medication they, or their families need

Nappy rash
- Consider the impact on carers who may not be able to buy items for those they care for or may not be allowed to administer OTC medication.

Oral thrush
- This proposal adversely affects babies/children
- Exception should be given for those with long-term conditions (e.g. diabetes)
- Exception should be given for those taking medications that cause or limit the treatment of oral thrush (e.g. antibiotics, warfarin)

Prevention of dental caries
- This proposal adversely affects vulnerable groups (e.g. children)

Threadworms
- Treatment should be available for vulnerable groups (e.g. children)
- Consider the impact on those on low income/ lower socioeconomic background and their ability to purchase the medication they, or their families need

Although these themes relate to equalities and health inequalities, they should be considered in the context of the wider themes for the item (see consultation report, Mar 2018).

Some organisations, associations and societies responded to the initial consultation raising concerns about some form of discrimination for some or all of the groups mentioned in the Equality Act 2010. They were the Patients Association, National Association of Patient Participation (NAPP), Friends, Families and Travellers (FFT), Age UK, UK Health Prevention Forum, Leukaemia Care, Humanists UK, Thyroid UK, Royal Pharmaceutical Society, Royal Pharmaceutical Society, Pharmaceutical Services Negotiating Committee, Middlesex Pharmaceutical Group of Local Pharmaceutical Committees, Dorset LPC, British Medical Association, National Pharmacy Association, Bayer, Pfizer UK, Dermal Laboratories Ltd, Company Chemists Association (CCA) and Association of the British Pharmaceutical Industry.

NICE did not feel that any groups, protected by the Equality Act 2010, were likely to be disproportionately affected by this work; nor does it feel that there is any further evidence NHS England should consider in their proposals on the potential impact on health inequalities experienced by certain groups.