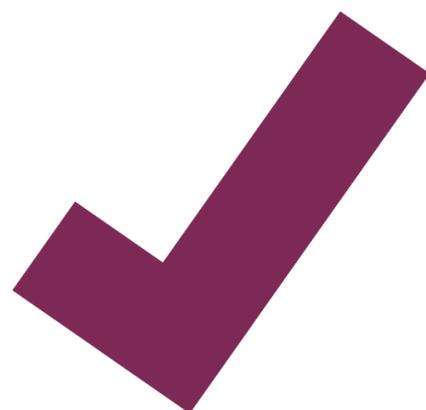


**Conditions for which over
the counter items should
not be routinely prescribed
in primary care:
Consultation Report of
Findings**

NHS England



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Over The Counter Consultation Report of Findings

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Contents

1	Background.....	6
1.1	The issue to tackle	6
2	Engagement methodology and feedback.....	7
2.1	Survey respondent types	8
3	Equality and health inequalities	9
4	Proposals for CCG commissioning guidance	12
5	General exceptions.....	15
6	Drugs with limited evidence of clinical effectiveness	17
6.1	Key category-wide themes	17
6.2	Probiotics	18
6.3	Vitamins and minerals	20
7	Conditions considered self-limiting that do not require medical advice or treatment.....	21
7.1	Key category-wide themes	21
7.2	Acute sore throat	23
7.3	Cold sores.....	23
7.4	Conjunctivitis.....	24
7.5	Coughs, colds and nasal congestion	25
7.6	Cradle cap (seborrhoeic dermatitis)	25
7.7	Haemorrhoids	26
7.8	Infant colic.....	27
7.9	Mild cystitis	28
8	Conditions considered minor illnesses and suitable for self-care	29
8.1	Key category-wide themes	29
8.2	Contact dermatitis	30
8.3	Dandruff	31
8.4	Diarrhoea (adults).....	32
8.5	Dry eyes/ sore (tired) eyes	33
8.6	Earwax	34
8.7	Excessive sweating (hyperhidrosis)	34
8.8	Head lice	35
8.9	Indigestion and heartburn	36
8.10	Infrequent constipation	37
8.11	Infrequent migraine	37
8.12	Insect bites and stings	38
8.13	Mild acne	39
8.14	Mild dry skin/ sunburn.....	39
8.15	Mild to moderate hay fever/ seasonal rhinitis	40
8.16	Minor burns and scalds	41
8.17	Minor conditions associated with pain, discomfort and/ fever	41
8.18	Mouth ulcers.....	42
8.19	Nappy rash	43
8.20	Oral thrush.....	43

8.21	Prevention of dental caries	44
8.22	Ringworm/ athlete's foot	45
8.23	Teething/ mild toothaches	46
8.24	Threadworms	46
8.25	Travel sickness	47
8.26	Warts and verrucae	47
9	Condition specific exceptions.....	48
10	Appendix	50
10.1	Proposals for CCG commissioning guidance	52
10.2	General exceptions	54
10.3	Probiotics.....	56
10.4	Vitamins & Minerals	57
10.5	Acute Sore Throat.....	57
10.6	Cold Sores.....	58
10.7	Conjunctivitis	58
10.8	Coughs, Colds and Nasal Congestion.....	59
10.9	Cradle Cap (Seborrhoeic Dermatitis – Infants)	59
10.10	Haemorrhoids.....	60
10.11	Infant Colic	60
10.12	Mild Cystitis	61
10.13	Contact Dermatitis	61
10.14	Dandruff.....	62
10.15	Diarrhoea (Adults).....	62
10.16	Dry Eyes/ Sore (tired) Eyes	63
10.17	Earwax.....	63
10.18	Excessive Sweating	64
10.19	Head Lice	64
10.20	Indigestion and Heartburn	65
10.21	Infrequent Constipation	65
10.22	Infrequent Migraine	66
10.23	Insect Bites and Stings	66
10.24	Mild Acne.....	67
10.25	Mild Dry Skin/ Sunburn	67
10.26	Mild to Moderate Hay Fever/ Seasonal Rhinitis	68
10.27	Minor Burns and Scalds	68
10.28	Minor Conditions Associated with Pain, Discomfort and/ Fever	69
10.29	Mouth Ulcers	69
10.30	Nappy Rash	70
10.31	Oral Thrush	70
10.32	Prevention of Dental Caries	71
10.33	Ringworm/ Athletes Foot	71
10.34	Teething/ Mild Toothache	72
10.35	Threadworms	72
10.36	Travel Sickness.....	73
10.37	Warts and Verrucae	73
10.38	Condition Specific Exceptions	74

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 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%
<i>Total</i>	<i>2,616</i>	

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 these 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 for 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 with 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%	2,593

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
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Percentage	82%	8%	7%	3%	2,579
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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 2,581 responses 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
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Percentage	86%	5%	7%	2%	2,581
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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 that 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.

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 that 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.

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 be separated.

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 proffer 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.

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
<i>Base</i>	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	3%	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	77%	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	5%	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