

**CONDITIONS FOR WHICH OVER THE COUNTER ITEMS SHOULD NOT
ROUTINELY BE PRESCRIBED IN PRIMARY CARE**

FREQUENTLY ASKED QUESTIONS

1. Why has the guidance been developed?

In the year up to June 2017, the NHS spent approximately £569 million on prescriptions for medicines which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets, sometimes at a lower cost than that which would be incurred by the NHS.

These prescriptions include items for a minor condition:

- That is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord;
- Which lends itself to self-care, i.e. that the person suffering does not normally need to seek medical advice but may decide to seek help from a local pharmacy for symptom relief and use an over the counter (OTC) medicine.

Or items:

- For which there is limited evidence of clinical effectiveness.

By reducing spend on treating minor conditions that are self-limiting or which lend themselves to self-care, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and help deliver the long-term sustainability of the NHS.

2. How has the guidance been developed?

We previously consulted on *items which should not be routinely prescribed in primary care* (21 July – 21 October 2017). That initial consultation sought views generally on the principle of restricting the prescribing of medicines which are readily available over the counter, and set out an initial list of 26 minor or self-limiting conditions where prescribing restrictions could be considered. There was general support for consulting on this proposal.

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We consulted our joint clinical working group (membership includes GPs and pharmacists, CCGs, Royal College of General Practitioners, National Institute for Health and Care Excellence (NICE), Department of Health, the Royal Pharmaceutical Society and others) on our proposed approach and, based on their guidance, mapped over the counter items to the minor conditions for which they are typically prescribed.

Following our mapping exercise, additional minor conditions were identified which we also deemed appropriate for consideration, as they were minor conditions which were self-limiting and/or suitable for self-care. Vitamins and minerals, and probiotics were also included given they have been identified as high cost and of limited clinical effectiveness - although their use cannot be mapped to one single condition. This brought the total number of conditions/items under consideration to 35.

NHS England and NHS Clinical Commissioners further engaged our joint clinical working group and patient groups in developing and refining the draft recommendations, and in particular, the exceptions which may apply. We held a stakeholder event which was attended by groups including the Patient Association, National Voices and Health Watch England, to test out and further shape and refine the draft proposals.

Following a further consultation on draft CCG guidance undertaken from 20 December 2017 – 14 March 2018, responses were carefully considered and the guidance finalised, reviewed by the NHS England Board and published taking account of all responses.

3. Has NHS England engaged with people who may actually be affected by this guidance?

As well as the online survey, we held a series of webinars for stakeholders and face-to-face public and patient stakeholder events at London, Leeds and Birmingham. We also held individual meetings with parliamentarians and members of the Proprietary Association of Great Britain and the British Association of Dermatologists. We then held targeted focus groups with key stakeholder groups including older people, individuals with learning disabilities, and Citizen's Advice clients.

4. What evidence was used in developing the proposals?

The joint clinical working group considered information and evidence from the following sources and organisations:

- [NICE Clinical Knowledge Summaries](#)
- [NHS Choices](#)

- [BNF](#)
- [NICE Clinical Guidelines](#)
- [Public Health England](#)
- [PrescQIPP CIC](#)

5. What are the 35 conditions and two items for which routine prescribing included in the guidance?

Items of limited clinical effectiveness

- Probiotics
- Vitamins and minerals

Self-Limiting Conditions

- Acute Sore Throat
- Infrequent cold sores of the lip
- Conjunctivitis
- Coughs and colds and nasal congestion
- Cradle Cap (Seborrhoeic dermatitis – infants)
- Haemorrhoids
- Infant Colic
- Mild Cystitis

Minor Conditions Suitable for Self- Care

- Mild Irritant 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 due to excessive sun exposure
- Sun Protection
- Mild to Moderate Hay fever/Seasonal Rhinitis
- Minor burns and scalds
- Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)

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- Mouth ulcers
- Nappy Rash
- Oral Thrush
- Prevention of dental caries
- Ringworm/Athletes foot
- Teething/Mild toothache
- Threadworms
- Travel Sickness
- Warts and Verrucae

6. Does this mean the prescribing of over the counter items is banned?

No.

It is important to note that the guidance focuses on restricting prescribing for the minor, short-term conditions outlined, not on the restriction of prescribing for individual items.

Secondly, while we would expect CCGs to take any final guidance into account in formulating local policies and for prescribers to reflect local policies in their prescribing practice, any guidance would not remove the clinical discretion of the prescriber in accordance with their professional duties.

The intention is to produce a consistent, national framework for CCGs to use, while taking account of local circumstances and their own impact assessment and legal duties to advance equality and have regard to reduce health inequalities.

7. What are the exceptions to the guidance?

There are certain scenarios where patients should continue to have their treatments prescribed and these are outlined below:

- Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments.

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- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

8. Do the general exceptions apply to Items of limited clinical effectiveness

For items of limited clinical effectiveness the general exceptions do not apply. There are specific exceptions listed under the items if applicable. This covers vitamins, minerals and probiotics but also includes over the counter treatments for some self-limiting conditions (e.g. acute sore throat, coughs, colds, nasal congestion, infant colic and mild cystitis) where there is limited evidence for the treatments used. This could include for example, cough syrups, throat lozenges, gripe water and menthol rubs. This may need to be considered further when implementing the guidance at a local level.

9. How much could the NHS save?

We estimated that restricting prescribing for minor, short-term conditions may save around £100m once all exceptions, discounts and clawbacks have been accounted for.

10. Are these savings real – how did we arrive at them?

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The 'annual spend' amounts quoted in the guidance for each individual medicine are the 'net ingredient cost' for 2016 from the Prescription Costs Analysis published by NHS Digital. This is an approximate spend to the nearest £100,000. The figure quoted refers to the cost before discounts and does not include any dispensing costs or fees. It does not include any adjustment for income obtained where a prescription charge is paid at the time the prescription is dispensed or where the patient has purchased a prepayment certificate. Several assumptions were made based on the exceptions in the guidance to further refine savings.

11. Where will the savings be reinvested?

Any savings from implementing the proposals would be reinvested in improving patient care.

12. Where can I find out more about management of self-limiting conditions and self-care?

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

13. What implementation tools will be available to support CCGs in implementing this guidance?

There will be a range of national resources developed to support local implementation so patients, GPs and pharmacists can expect to see local communications about forthcoming changes in their areas in the near future. Examples of some implementation tools include: GP licensing guide to OTC medicines, patient information leaflets on minor conditions and self-care to hand out at GP practices and Community Pharmacies, Info graphics and posters for displaying at GP practices and Community Pharmacies.

14. How will implementation of the guidance be monitored?

CCGs will need to have due regard to this guidance and implement the guidance at a pace that is appropriate for their local populations. NHS England will be monitoring prescribing data for over the counter medicines for the conditions listed on a regular basis and will expect to see a trend downwards. There will also be an expectation that variation between CCGs will also be reduced. As implementation of the

guidance relies on behaviour change it is expected this will happen over a period of around 12 months+.

15. What about unintended consequences?

As part of the consultation a series of unintended consequences were discussed and highlighted in the consultation document. These areas will be monitored further during the implementation phase to ensure that the guidance is being implemented appropriately.

16. Can a community pharmacists support patients in managing minor conditions?

Local pharmacies provide NHS services in the same way as GP practices. Pharmacists train for five years in managing minor illnesses and the use of medicines before they qualify as clinical health professionals. Pharmacists are therefore ideally placed to give people advice and support them to self-care for minor conditions, ensuring they get fast access to effective treatments, without the need to wait for a GP appointment or visit A&E. Pharmacists and pharmacy staff are trained to identify red flags for OTC medicines.

17. What about Minor Ailment Schemes?

The decision around whether to commission a minor ailment scheme or not, should be taken by CCGs locally, after assessing impact & need on their local populations; however in light of this consultation they may wish to review what is contained in any commissioned scheme.