

Items which should not be routinely prescribed in primary care: CCG guidance update

Frequently Asked Questions

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CCG guidance development

In November 2017 CCG guidance was published on [‘Items which should not be routinely prescribed in primary care’](#).

1. How was the original guidance developed?

NHS Clinical Commissioners, working on behalf of their CCG members, developed a list of items that they consider should not be routinely prescribed in primary care; to help ensure that CCG resources are used most appropriately. This process was supported by the PrescQIPP Community Interest Company (CIC), which provides support on medicines optimisation to over 90% of CCGs in England.

NHS Clinical Commissioners asked NHS England to work with them to produce commissioning guidance to support CCGs in reducing inappropriate prescribing on a consistent national basis in order to reduce duplication and reduce unwarranted variation. NHS England established a joint clinical working group in partnership with NHS Clinical Commissioners, to develop these recommendations. Medicines were considered for inclusion in the consultation if they were considered to be;

- Items of relatively low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns;
- Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation; and/or
- Items which are clinically effective but, due to the nature of the product, are deemed a low priority for NHS funding.

2. Who developed the original guidance?

NHS England and NHS Clinical Commissioners established a joint clinical working group to develop the guidance. Membership includes GPs and pharmacists, CCGs, the Royal College of General Practitioners, the National Institute for Health and Care Excellence (NICE), the Department of Health and Social Care, the Royal Pharmaceutical Society and others. A full statutory public consultation took place from 21 July to 21 October 2017.

3. Where did the working group obtain its evidence?

The joint clinical working group considered information from various sources and organisations. The group considered recommendations from NICE in order to support CCGs in implementing NICE guidance across the country and in particular it identified items which NICE considered to be ‘Do not do’, i.e. should not be prescribed.

Where NICE guidance was not available the group considered evidence from a range of sources, for example; the Medicines and Healthcare products Regulatory Agency, the British National Formulary and PrescQIPP CIC evidence reviews. The group also considered alternative treatments, listed prices and costs, patent expiry and unintended consequences.

CCG guidance update

4. Why is the guidance being reviewed?

The clinical working group committed to a process for review and update of the published guidance. The process is designed to consider new evidence and how it might impact on the recommendations in the current guidance. The process also allows for new items to be considered.

5. How is the guidance being reviewed?

The CCG guidance is being reviewed in line with the process consulted upon in July – Oct 2017. This process is outlined in the [current published CCG guidance](#) and involves the clinical working group considering new evidence that may impact on current recommendations. It also involves the clinical working group listening to and taking account of feedback from CCGs on the proposed new items for inclusion.

6. Which items are included in the review?

There are 9 items included in the review. One of these items is a proposed update to rubefacients from the original guidance, due to an update of NICE guidance. The remaining 8 items are new and include:

Items of relatively low clinical effectiveness or which are unsafe:

Amiodarone
Dronedarone
Bath and shower preparations for dry and pruritic skin conditions
Minocycline for acne
Silk Garments

Items which are clinically effective but where more cost-effective items are available in most cases (this includes items that have been subject to excessive price inflation):

Aliskiren
Blood glucose testing strips for type 2 diabetes
Needles for Pre-Filled and Reusable Insulin Pens

The clinical working group has developed draft recommendations for each of these items using the same process as for the previous CCG guidance. These proposals are currently being consulted upon.

7. How can I get involved in the consultation for the CCG guidance update & review?

A 3 month public consultation is now underway for the proposed recommendations for the 9 items in the CCG guidance update and review. CCGs, the public and patients, and any relevant interest group or body are encouraged to respond to this consultation.

It will be open for 3 months from 28 November 2018 until 28 February 2019.

There are many ways to get involved in the consultation:

- An online consultation survey is available [here](#)
- Face to face events and webinars (online events) are being undertaken and you can book a place at one of these [here](#)
- If you are unable to reply online, or prefer to write, you may also reply by post to:
NHS England, PO Box 16738, Redditch, B97 9PT

Patient experience

8. Surely this is about rationing and not about improving patient care?

It is about making the best use of precious NHS resources. We cannot afford to:

- Take medicines when we don't need to take them, when there is no benefit, or when they can cause harm; or
- Use medicines which are not cost-effective.

The NHS is here to help people to get the best results from their medicines – and to ensure we get the best possible value for the taxpayer at the same time. We are asking everyone who works in or uses the NHS to support the decision on items included in the guidance – so that we improve people's health and increase safety. Every unnecessary item that is prescribed means fewer funds are available to help someone else when they need it.

Savings and costs

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

The amounts quoted in the guidance for each individual medicine are the 'net ingredient cost' from the Prescription Costs Analysis published by NHS Digital. The figure quoted does not include any dispensing costs and fees, or the costs to the NHS of providing an appointment with your doctor.

10. Where will the savings be reinvested?

The savings mean the NHS will be able to invest more in new drugs and treatments that have been shown to be safe and effective, and provide better patient care.

11. What do you mean by excessive price inflation?

Where there is a rise in the price of a medicine which is greater than the usual levels of price inflation observed in similar types of medicine and/or where a price increase is not easily justified by unavoidable increases in costs for the supplier.

12. What causes excessive price inflation?

There may be a number of reasons why the price of a medicine appears to rise excessively. Ultimately this is a matter for the suppliers. The relevance here is that we are including drugs in the guidance where more cost effective products are available.