

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

NHS England is launching a public consultation on reducing prescribing of over-the-counter (OTC) medicines for minor, short-term health concerns which could save the NHS millions of pounds a year and encourage more people to self care.

FREQUENTLY ASKED QUESTIONS

1. Why have you put forward these proposals?

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 little 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.

The consultation will not affect prescribing of items for longer term or more complex conditions or where minor illnesses are symptomatic or a side effect of something more serious.

2. How have you developed the proposals?

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We previously consulted on *items which should not be routinely prescribed in primary care* (21st July – 21st October 2017). That initial consultation sought views generally on the principle of restricting the prescribing of medicines which are readily available over the counter, 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.

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 brings 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.

3. What evidence was used in developing the proposals?

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

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

4. What are the 33 conditions and two items for which routine prescribing could be restricted in primary care subject to the outcome of the consultation?

Self-limiting illnesses:

1. Acute Sore Throat
2. Cold Sores
3. Conjunctivitis
4. Coughs and colds and nasal congestion
5. Cradle Cap (Seborrhoeic dermatitis – infants)
6. Haemorrhoids
7. Infant Colic
8. Mild Cystitis

Minor illnesses suitable for self-care:

9. Contact Dermatitis
10. Dandruff
11. Diarrhoea (Adults)
12. Dry Eyes/Sore tired Eyes
13. Earwax
14. Excessive sweating (Hyperhidrosis)
15. Head lice
16. Indigestion and Heartburn
17. Infrequent constipation
18. Infrequent Migraine
19. Insect bites and stings
20. Mild Acne
21. Mild Dry Skin/Sunburn
22. Mild to Moderate Hay fever/Allergic Rhinitis
23. Minor burns and scalds
24. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
25. Mouth ulcers
26. Nappy Rash
27. Oral Thrush
28. Prevention of dental caries
29. Ringworm/Athletes foot
30. Teething/Mild toothache
31. Threadworms
32. Travel Sickness
33. Warts and Verrucae

Items of low clinical effectiveness:

34. Probiotics
35. Vitamins and minerals

5. Do the proposals mean you are banning the prescribing of over the counter items?

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No, this is a consultation.

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

Secondly, subject to the outcome of the consultation, 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.

6. What are the exceptions to the proposals?

We propose that clinicians should continue to prescribe taking account of NICE guidance as appropriate for the treatment of long term conditions (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) and for those patients that have symptoms that suggest the condition is not minor (e.g. a cough lasting longer than three weeks.)

We propose that treatment for complex patients (e.g. immunosuppressed patients) and patients on treatments that are only available on prescription should continue to have these products prescribed on the NHS.

Additionally we propose that patients prescribed over the counter 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.

We propose that prescriptions for the conditions listed in this guidance should also continue to be issued on the NHS for:

- Circumstances where the product license 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.

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- 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 ailment.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- 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.

7. If this gets agreed, how much would the NHS save?

We estimated that restricting prescribing for minor, short-term conditions may save up to **£136m** once all discounts and clawbacks have been accounted for.

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

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.

9. Where will the savings be reinvested?

Following the public consultation, NHS England's Board will consider the consultation feedback before making a final decision about the guidance. Any savings from implementing the proposals would be reinvested in improving patient care.

10. When will the consultation run?

The consultation will be open for twelve weeks from 20th December 2017 until 14th March 2018.

11. How can I get involved in the consultation?

You can respond to the consultation by using the online web-form: <https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed>.

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Alternatively, written responses can be submitted to england.medicines@nhs.net.

We will be writing to all patient groups in January 2018 with details of face to face events and online webinars so we can engage with patients directly.

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.