surrey and sussex lmcs

To: All Practices in Surrey and Sussex LMCs

4th April 2018

Dear Colleagues

NHS England guidance: conditions for which over the counter items should not be routinely prescribed in primary care: Guidance for CCGs.

I am writing to highlight this guidance from NHS England to all colleagues, noting it will be relevant to all colleagues who prescribe within your practice. This guidance follows on from a period of consultation undertaken by NHS England last year, at the request of CCGs, amid some publicity. GP colleagues should note that CCG prescribing advisers or medicines management teams will receive this guidance and may contact practices or individual GPs regarding issued prescriptions; all colleagues have a general responsibility to use NHS resources wisely, but equally this is guidance only and GP colleagues should not hesitate to use their clinical discretion and judgement and issue an NHS prescription for a patient who has consulted them if they believe it is in the best interests of that patient to do so. This remains the Regulatory and Contractual position and if colleagues feel pressured to take another approach, please contact the LMC.

CCGs will have less discretion from NHS England and will be expected to take this guidance into account when formulating local policies.

NHS England has developed guidance on 35 conditions (listed in Appendix 1) which were considered to be:

- Self-limiting in nature and not to require medical advice or treatment as they will clear up on their own, and/or
- A minor illness suitable for self-care and treatment with items that can easily be purchased over the counter from pharmacy.

In the case of vitamins, minerals and probiotics, these were considered as:

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

NHS England then assigned one of the following three recommendations for each of the conditions, or items:

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

Local Medical Committees for
Croydon, Kingston & Richmond, Surrey,
East Sussex and West Sussex

The White House
18 Church Road
Leatherhead
Surrey KT22 8BB

T: 01372 389270
F: 01372 389271

www.sslmcs.co.uk

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

- Advise CCGs that a prescription for treatment of (condition) should not be routinely offered in primary care as the condition is appropriate for self-care

NHS England has indicated however there will be both general exceptions to the guidance, and specific exceptions relevant to the individual conditions or items. The general exceptions are:

- Patients prescribed an OTC treatment for a long-term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).

- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).

- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)

- Treatment for complex patients (e.g. immunosuppressed patients).

- Patients on prescription only treatments.

- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.

- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.

- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.

- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.

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

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

The specific exceptions relating to the condition(s) or item(s) are listed in section 4 of the guidance, which is available at:
https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf

NHS England have also advised CCGs that:

- The purpose behind the guidance is to encourage self-care for minor illnesses as the first stage of treatment. If the symptoms do not resolve or respond to treatment, further advice should be sought, and patients should be advised accordingly.

- CCGs will need to consider how best patients can be signposted to the most appropriate service.

- CCGs will need to ensure that Community Pharmacists are reminded of 'red flag' symptoms for conditions listed in the guidance.

- CCGs should consider their PNAs (Pharmaceutical Needs Assessments) in the light of this guidance and also the impact of rurality.

Dispensing colleagues should note the current restriction of OTC purchasing of items listed in the guidance, or which may be used for the conditions listed, remains in place.

NHS England have already indicated they will continue, via the same consultation process, to consider further conditions for which similar guidance may be issued, or current guidance amended.

I hope this background is helpful and I would encourage all practices to discuss this with clinical colleagues, as it is very helpful for both patients and all prescribers within a practice to adopt a consistent approach when providing advice and management. Equally, however, General Practice is not an environment in which rigid inflexibility is likely to prove professionally rewarding.

With best wishes

Yours sincerely

Dr Julius Parker
Chief Executive

Enc. (Appendix 1)

APPENDIX 1

1. Probiotics
2. Vitamins and minerals
3. Acute Sore Throat
4. Infrequent Cold Sores of the lip.
5. Conjunctivitis
6. Coughs and colds and nasal congestion
7. Cradle Cap (Seborrhoeic dermatitis – infants)
8. Haemorrhoids
9. Infant Colic
10. Mild Cystitis
11. Mild Irritant Dermatitis
12. Dandruff
13. Diarrhoea (Adults)
14. Dry Eyes/Sore (tired) Eyes
15. Earwax
16. Excessive sweating (Hyperhidrosis)
17. Head Lice
18. Indigestion and Heartburn
19. Infrequent Constipation
20. Infrequent Migraine
21. Insect bites and stings
22. Mild Acne
23. Mild Dry Skin
24. Sunburn
25. Sun Protection
26. Mild to Moderate Hay fever/Seasonal Rhinitis
27. Minor burns and scalds
28. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
29. Mouth ulcers
30. Nappy Rash
31. Oral Thrush
32. Prevention of dental caries
33. Ringworm/Athletes foot
34. Teething/Mild toothache
35. Threadworms
36. Travel Sickness
37. Warts and Verrucae