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Clinical Commissioning Groups

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Conditions for which over the counter medicines should not be routinely prescribed in primary care

A public consultation

Objective

- The objective of this guidance is to support CCGs in their decision-making, to address unwarranted variation, and to provide clear national advice to make local prescribing practices more effective
- To support CCGs to fulfil their duties around appropriate use of their resources
- CCGs are expected to take the guidance into account in formulating local policies, and prescribers should reflect local policies in their prescribing practice
- The guidance would not remove the clinical discretion of the prescriber in accordance with their professional duties

What prescribing are we being asked about?

These prescriptions include items for a 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 and can manage the condition by purchasing OTC items.

Or items:

- That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
- For which there is little evidence of clinical effectiveness.

Why Self care?

The National Picture

- 57million UK consultations/year for minor illnesses
 - 90% result in a prescription
 - 80% for medications that are available over the counter
 - 70% do not require medical action or intervention
- Restricting prescribing for ‘minor’ conditions may save up to £136m
- General practice at “Full stretch” and patients say that they find it difficult to get appointments when they need one
- The GP Forward View - ‘A significant proportion of demand must be managed through helping patients to stay well, self-care and navigate to other team members, or alternate services’

The Local Picture: East Berkshire CCGs examples of OTC Spend 2016/17

	Anti Histamines	Paracetamol	Parasiticial Preps e.g. head lice	Sunscreen	Dyspepsia &Reflux	Coughs	Ear wax
BA	£29,511	£76,383	£3,038	£22,521	£36,761	£581	£225
Slough	£42,800	£74,373	£7,785	£5,831	£58,141	£4,714	£1,251
WAM	£25,168	£84,196	£3,836	£39,483	£40,769	£1,023	£287
	£29,511	£76,383	£3,038	£22,521	£36,761	£581	£1,763

The costs to the NHS for many of the items used to treat minor conditions are often higher than the prices for which they can be purchased over the counter as there are hidden costs

Example of the cost of OTC Items on prescription

- 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 for the NHS is over £35 when you include GP consultation and other administration costs
- **Viteyes 2 Formula Cap OTC £56.99/180**
 - East Berks prescription cost £72.06 including out of pocket expenses claimed, but not dispensing fees, consultation costs
- **Power Cranberry Juice D/S Tabs 4.5g OTC £6.98/30**
 - East Berks prescription cost £24.06 including out of pocket expenses claimed, but not dispensing fees, consultation costs

Benefits?

- If patients were to self-care, it would -
 - ✓ allow funds to be used to expand other treatments
 - ✓ reduce demand in General Practice
 - ✓ improve collaborative working
 - ✓ Improve patient education
 - ✓ More appropriate use of a limited medical resource
- N.B. The consultation does 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

If the NHS could reinvest savings

- £4.5 million on dandruff shampoos – enough to fund a further **4,700 cataract operations or 1,200 hip replacements every year**
- £7.5 million on indigestion and heartburn – enough to fund nearly **300 community nurses**
- £5.5 million on mouth ulcers – enough to fund around **1,500 hip replacements**

For every £1m saved on OTC prescriptions

- 39 more community nurses; or
- 270 more hip replacements; or
- 66 more drug treatment courses for breast cancer; or
- 1000 more drug treatment courses for Alzheimer's; or
- 1040 more cataract operations

Example of products for conditions or over the counter items that could be restricted

Condition/Item	Example products
Probiotics	Probiotic sachets
Vitamins and Minerals	Vitamin B compound tablets, Vitamin C effervescent 1g tablets, Multivitamin preparations.
Acute Sore Throat	Lozenges or throat sprays
Cold Sores	Antiviral cold sore cream
Conjunctivitis	Antimicrobial eye drops and eye ointment.
Coughs and Colds and Nasal Congestion	Cough mixtures or linctus, Saline nose drops, Menthol vapour rubs, Cold and flu capsules or sachets.
Cradle Cap	Emulsifying ointment, Shampoos
Haemorrhoids	Haemorrhoid creams, ointments and suppositories.
Infant Colic	Simethicone suspensions lactase drops
Mild Cystitis	Sodium bicarbonate or potassium citrate granules
Contact Dermatitis	Emollients, Steroid creams.
Dandruff	Antidandruff shampoos Antifungal shampoos
Diarrhoea (Adults)	Loperamide 2mg capsules Rehydration sachets.
Dry Eyes/Sore(tired) eyes	Eye drops for sore tired eyes Hypromellose 0.3% eye drops
Earwax	Drops containing sodium bicarbonate, hydrogen peroxide, olive oil or almond oil.
Excessive sweating (mild – moderate hyperhidrosis)	Aluminium chloride sprays, roll-ons, solutions.
Head Lice	Creams or lotions for head lice
Indigestion and Heartburn	Antacid tablets or liquids Ranitidine 150mg Tablets OTC proton pump inhibitors e.g. omeprazole 10mg capsules. Sodium alginate, calcium carbonate or sodium bicarbonate liquids.
Infrequent Constipation	Bisacodyl tablets 5mg Ispaghula Husk granules

	Lactulose solution
Infrequent Migraines	Migraine tablets Painkillers Anti-sickness tablets
Insect bites and stings	Steroid creams or creams for itching.
Mild Acne	Benzoyl peroxide products Salicylic acid products
Mild Dry Skin/Sunburn	Emollient creams, ointments and lotions After sun cream Sun creams
Mild to Moderate Hay fever/Seasonal Rhinitis	Antihistamine tablets or liquids. Steroid nasal sprays Sodium cromoglicate eye drops
Minor Burns and Scalds	Antiseptic Burns Cream, Cooling burn gel.
Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)	Paracetamol 500mg tablets, Ibuprofen 400mg tablets, NSAID topical creams or gels Paracetamol Suspension
Mouth Ulcers	Antimicrobial mouthwash
Nappy Rash	Nappy rash creams
Prevention of dental caries	Fluoride toothpastes Mouthwashes
Ringworm/Athletes foot	Athlete's Foot Cream Antifungal creams or sprays
Teething/Mild Toothache	Antiseptic pain relieving gel Clove Oil Painkillers
Threadworms	Mebendazole 100mg tablets
Travel Sickness Tablets	Travel sickness tablets
Warts and Verrucae	Creams, gels, skin paints and medicated plasters containing salicylic acid dimethyl ether propane cold spray

Additionally to consider.....

- GMC advise: “We do expect doctors to make good use of resources, and in most circumstances it will be reasonable and appropriate for patients to obtain low cost over the counter medication direct from their pharmacists.”
- Research shows that if people are provided with the right information, many can take care of their minor conditions
- The public can ask for an NHS consultation with a pharmacist if they are unsure about what treatment they need for minor illnesses and need clinical advice. A pharmacist will:
 - ✓ Support/advise in the decision to self-care
 - ✓ Sell an OTC medicine that will help relieve symptoms and make the person more comfortable
 - ✓ Signpost to the right medical care if the pharmacist considers the condition is serious enough

Local Implementation?

- CCGs will need to take decisions on local implementation
- CCGs should determine the impact on their local populations and engage with their communities and local professionals
- CCGs need to fulfil their duties around appropriate use of their resources and prioritise that which will give patients the best clinical outcomes
- Educating patients – how, where?
- Should out of hours, walk in centres and A&E be included?
- Education prescribers – how, where?
- Dealing with conflict – how and by whom?