

# **Policy for the Commissioning of Over-the-Counter Medicines**

## **For short-term and intermittent illnesses**

## DOCUMENT CONTROL SHEET

**Document Owner:** Harper Brown, Director of Commissioning  
**Document Author(s):** Stacey Golding, Lead Pharmaceutical Advisor  
(Governance)

**Version:** V1.1

**Directorate:** Commissioning

**Approved By:** Rachel Joyce, Medical Director

**Date of Approval:** 11<sup>th</sup> May 2018

**Date of Review:** 11<sup>th</sup> May 2020

**Effective Date:** 12<sup>th</sup> May 2018

### Change History:

Version	Date	Reviewer(s)	Revision Description
v1.0	November 2017	Stacey Golding / Pauline Walton, Medicines Management	Policy updated to reflect changes as agreed during Joint Committee in October.
	November 2017	Approved by Assistant Director Pharmacy and Medicines Optimisation Team and GP Prescribing Lead	
	28.11.17	Approved by Medical Director	
	7.12.17	Approved by Governing Body	
V1.1	27.4.18	Stacey Golding	Policy update to reflect NHS England decisions about exemptions and conditions included. Approved by PCMMG on 18/4/18 and Governing Body on 10/05/18

### Implementation Plan:

<b>Development and Consultation</b>	East and North Herts CCG and Herts Valleys CCG conducted a major public consultation programme called 'Let's talk' which included this issue, from 6 <sup>th</sup> July – 14 <sup>th</sup> September 2017. Engagement activities included: public meetings in all localities; discussions with local community groups and young people; attendance at community events including Herts Pride and places with high public footfall; promotion via local media; a major social media campaign – primarily via Twitter and Facebook; and sessions in GP practices. In total 2,500 people responded to the survey and thousands more have
-------------------------------------	---

	had access to the consultation information as a whole.
<b>Dissemination</b>	This policy is available to all CCG staff, independent contractors and members of the public via the main CCG website. Information about the policy is provided by e-mail notification to GPs and ENHCCG provider organisations.
<b>Training</b>	CCG Bulletin (internal), direct communication with service providers
<b>Monitoring</b>	Medicines Management to monitor prescribing on 6 monthly basis, identify any areas of concern and undertake deep dives as required.
<b>Review</b>	May 2020
<b>Equality, Diversity and Privacy</b>	October 2017 - Equality Impact Assessment October 2017 - Privacy Impact Assessment These documents can be found by clicking on the link to the full consultation papers
<b>Associated Documents</b>	n/a
<b>References</b>	Full consultation papers including impact assessments <a href="https://www.healthierfuture.org.uk/publications/2017/october/papers-for-joint-committee-meeting">https://www.healthierfuture.org.uk/publications/2017/october/papers-for-joint-committee-meeting</a> Details of the NHS England decision and guidance for CCGs <a href="https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/">https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/</a>

### Document Status:

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet <http://www.enhertscg.nhs.uk/policies>

### Sustainable Development - Environmental

Do you really need to print this document?

Please consider the environment before you print this document and where possible copies should be printed double-sided. Please also consider setting the Page Range in the Print properties, when relevant to do so, to avoid printing the policy in its entirety.

## Table of Contents

### Contents

1. Introduction .....	5
2. Scope.....	7
4. Policy statement.....	9
5. Roles and responsibilities.....	10
6. Process for implementation.....	10
Appendix 1 - Conditions for which prescribing should be restricted.....	11

## 1. Introduction

1.1 This document describes the CCG policy for:

- The prescribing of over-the-counter medicines for minor and/or self-limiting conditions and
- The prescribing of foods outside of agreed guidelines, e.g. some formula milks for children aged over 2 years old

by prescribers in East and North Hertfordshire Clinical Commissioning Group (ENHCCG). An assessment was undertaken using the CCG's framework for prioritisation that supports this policy.

1.2 The document has been updated in May 2018 to reflect the NHS England decision to not routinely prescribe for certain conditions for which over the counter items are available in primary care.

1.3 The policy recognises the duty of care for our patients and where necessary enables GPs to prescribe where there may be safeguarding concerns. However ENHCCG does not routinely support the prescribing of medication that is available to buy for the treatment of minor and/or self-limiting conditions.

1.4 In 2017/18, the ENHCCG's budget was around £722 million, which works out at around £1,209 a year per person. From this budget we need to pay for most of the area's health care, everything from medicines and minor treatments to complex surgical procedures and support for long-term conditions. Our population is growing and the numbers and costs of new medicines and treatments are also increasing. As much as we would like to, we cannot afford to pay for everything. Some difficult choices have to be made about what the CCG can or cannot afford to spend.

1.5 The NHS ENHCCG Governing Body in December 2017 made a decision to reduce the prescribing of over-the-counter medicines for minor and/or self-limiting conditions and some infant formula milks.

1.6 GPs already promote the self-care agenda to their patients. The CCG and NHS England policy builds on this approach to support patients to be self-care aware. It also provides consistent messages to GPs and some already have their own policies in operation around prescribing for self-limiting conditions. For example prescribing of paracetamol suspension (e.g. Calpol®) has been significantly reduced over the last ten years.

1.7 In many cases patients are able to self-care for minor and/or self-limiting conditions through the purchase of over-the-counter medicines rather than visiting their GP for treatment on prescription.

- 1.8 Many of these products are reasonably priced and are accessible from pharmacies, as well as shops and supermarkets.
- 1.9 Despite the availability of over-the-counter medicines, a significant proportion of GP appointments, GP practice and community pharmacy time is taken up in processing prescriptions for minor and/or self-limiting conditions more suitable for health advice and self-care. ENHCCG will support patients to access minor ailments care from the right place; encouraging them to consult pharmacists as the first point of access. Patients and the public have a range of resources for advice on medicines, e.g. community pharmacists, NHS 111, NHS Choices, which can be used to enable self-care as well as their GP or nurse.
- 1.10 This policy sets out how the CCG will promote self-care for minor and/or self-limiting conditions, raise awareness of the availability of cheaper over-the-counter medicines and the self-care agenda, and sets out the resources that will be available for health care professionals and patients.
- 1.11 ENHCCG spends over £4 million each year on medicines that are available to purchase over-the-counter. Whilst it is recognised that the majority of this cost is attributable to long-term or complex conditions, it is considered that this could be reduced by at least 10% for some treatments. By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.
- 1.12 It is reported that around 20% of a GP's time and 40% of their total consultations are used for minor and/or self-limiting conditions. This policy has the potential to save not only medicine costs but also increase capacity in primary care.
- 1.13 NHS England expect CCGs to take the proposed guidance into account in formulating local policies, unless they can articulate a valid reason to do otherwise, and for prescribers to reflect local policies in their prescribing practice. The guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.
- 1.14 The objective of the NHS England 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. The aim is that this will lead to a more equitable process for making decisions about CCG's policies on prescribing medicines; CCGs will need to take individual decisions on implementation locally, ensuring they take into account their legal duties to advance equality and have regard to reduce health inequalities.

## 2. Scope

- 2.1. This policy applies to all GPs and prescribers working in our member practices, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier).
- 2.2. In line with NHS England, this will include
- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; and/or
  - A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
  - 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 continue to be prescribed and these are outlined within the exceptions.
- 2.3. Patients including those who are exempt from paying a prescription levy, will now be expected to pay for over-the-counter (OTC) medicines for minor and/or self-limiting conditions that can be managed through self-care. In many cases, the cost to the patient will be less than a prescription charge and will be significantly less than the cost to the NHS if the treatment were prescribed.
- 2.4. GPs are expected to make a clinical judgement and the care of the individual patient must remain their primary concern.
- 2.5. General Exceptions to the Guidance:

There are however, 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 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.

### 3. Definitions

**East and North Hertfordshire Clinical Commissioning Group (ENHCCG)** – plans, designs and buys health services for 580,000 people, and monitors the quality and effectiveness of those services.

**Over-the-counter (OTC)** drugs are medicines sold directly to a consumer without a prescription from a healthcare professional. They can be pharmacy only (P medicine) or available in other stores or on-line (GSL or general sales list medicines).

**Self-care** is the care of the self without medical or other professional consultation. The aim is to empower people with the confidence and information to look after themselves when they can, and visit a health care professional when they need to. This enables people to have greater control of their own health and encourages healthy behaviours that help prevent ill health in the long term.

A **self-limiting condition** is an illness or condition which will either resolve on its own or which has no long-term harmful effect on a person's health.

**NHS prescription charges** are paid by patients for drugs or other treatments prescribed for them by a National Health Service medical practitioner.

**Safeguarding** means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect<sup>12</sup>. Each GP practice has a safeguarding lead.

**At risk** can be due to health, social care needs or disabilities to enable people to live free from abuse or neglect.

<sup>1</sup> <http://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people>

<sup>2</sup> <http://www.enhertscgg.nhs.uk/safeguarding-adults-and-children>



#### 4. Policy statement

- 4.1. ENHCCG advises all prescribers to use professional judgement to limit prescribing of medicines which are available over-the-counter for patients with minor and/or self-limiting conditions. All individuals will be expected to pay for over-the-counter medicines for conditions that can be managed through self-care, including groups that currently receive free prescriptions. This does not include patients with diagnosed long-term conditions and the care of the individual patient must remain the primary concern.
- 4.2. ENHCCG will support GPs and encourage patients to self-care for minor and/or self-limiting conditions through the purchase of OTC medicines including seeking appropriate signposting and advice from a community pharmacist or other healthcare professional. The CCG will provide support resources to practices, pharmacies and other healthcare professionals including patient information.
- 4.3 Where a treatment is needed on a long-term basis e.g. paracetamol for osteoarthritis, the patient's regular clinician may make a clinical decision to prescribe. GPs are recommended to carry out medication reviews to minimise poly-pharmacy and any unnecessary prescribing which is not providing benefit to a patient.
- 4.4 Community pharmacists and allied healthcare professionals should not advise patients to request their GP to prescribe medicines available for self-limiting conditions and minor health problems where these are available to purchase. Clinicians should be aware that there are licensing restrictions on the over-the-counter sale of a medicine, such as limitations on use in pregnancy or the use of steroid creams on the face.
- 4.5 GPs will also review the prescribing of foods outside of agreed guidelines, e.g. some infant formula milks for children aged over 2 years old.
- 4.6 The mitigation of possible adverse impacts of this policy is covered in the equality and privacy impact assessment. If there are safeguarding concerns, an NHS prescription should be issued. Where necessary the CCG will support practices to respond to any patient comments or complaints.
- 4.7 CCGs will also need to take account of their latest local Pharmaceutical Needs Assessment (PNA) and consider the impact of this guidance on rural areas and access to a pharmacy and pharmacy medicines.
- 4.8 A list of conditions for which prescribing should be restricted can be found in appendix 1.

## 5. Roles and responsibilities

The following individuals have specific role responsibilities in relation the CCG policy for the commissioning of OTC medicines:

- 5.1 **CCG Governing Body** is responsible for approving this policy and the prudent use of NHS resources.
- 5.2 **CCG Primary Care Medicines Management Group** have discussed and support the proposal and will work with the Pharmacy and Medicines Optimisation Team to prioritise clinical areas and support implementation.
- 5.3 **Chief Executive – Accountable Officer** has overriding accountability for the prudent use of NHS resources.
- 5.4 **Director of Commissioning** is accountable to the executive and Governing Body for medicines optimisation policies.
- 5.5 **Assistant Director of Pharmacy and Medicines Optimisation** has professional operational and strategic accountability for medicines optimisation.
- 5.6 **Lead Pharmaceutical Adviser (Governance)** is responsible for overseeing the implementation of this policy.
- 5.7 **CCG Board Prescribing Lead** is the Chair of the Primary Care Medicines Management Group and is a member of the Governing Body.
- 5.8 **Locality prescribing lead GPs** are elected as the prescribing lead to represent each of the localities

## 6. Process for implementation

- Information and posters will be available for all health care venues that patients may access.
- Messages will be displayed on GP practice websites, prescription ordering screens and waiting room displays.
- Prescribing messages will be available on clinical systems (Scriptswitch and Ardens) and for receptionists and prescription clerks.
- The CCG will work with the Local Medical and Pharmaceutical Committees.
- The CCG will monitor prescribing change at practice level to identify successes and challenges.
- Practices will be supported to undertake appropriate searches to identify specific groups of patients using over-the-counter medicines on a short-term basis. This will enable review of existing patients by prescribers.
- For new requests prescribers will provide appropriate advice and support according to this policy.

## Appendix 1 - **Conditions for which prescribing should be restricted**

ENHCCG and NHS England do not routinely support the prescribing of medicines that are available to buy from pharmacies and other outlets.

This list is not exhaustive and there may be alternative medicines and a wider range available from a pharmacy. Some of the products listed below have limited efficacy but may provide some symptomatic relief.

This policy would ONLY apply to items you can buy without a prescription. It does not include the medicines that are only available on prescription e.g. antibiotics, statins and blood pressure and diabetes treatments.

- 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

Agreed through the CCG consultation:

- **Antifungal treatments for thrush, athlete's foot and nail infections**
- **Prescribing of foods outside of agreed guidelines, e.g. some formula milks for children aged over 2 years old**