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INTEGRATED CARE AND WELLBEING SCRUTINY PANEL

Day:	**Thursday**
Date:	**26 July 2018**
Time:	**6.00 pm**
Place:	**Lesser Hall 2 - Dukinfield Town Hall**

Item No.	AGENDA	Page No
1.	**APOLOGIES FOR ABSENCE**	
2.	**MINUTES** To approve as a correct record, the Minutes of the proceedings of the Integrated Care and Wellbeing Scrutiny Panel held on 14 June 2018.	1 - 4
3.	**OVER THE COUNTER MEDICINES** The Panel to meet Peter Howarth, Head of Medicines Management, Tameside and Glossop Clinical Commissioning Group, to receive engagement information on the implementation of NHS England guidance to reduce the prescribing of over the counter medicines for minor and short-term health conditions.	5 - 54
4.	**SCRUTINY TRAINING AND DEVELOPMENT** The Chair to provide a verbal update on training and development to be made available to all scrutiny members.	
5.	**SCRUTINY ENGAGEMENT** The Chair to lead discussion on methods to improve public awareness of scrutiny activity and wider engagement opportunities.	55 - 58
6.	**DATE OF NEXT MEETING** To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 13 September 2018.	
7.	**URGENT ITEMS** To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

From: Policy, Performance & Communications Unit – any further information may be obtained from the reporting officer or from Anna Wiley, to whom any apologies for absence should be notified.

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Integrated Care and Wellbeing Scrutiny Panel

14 June 2018

Commenced: 6.00pm

Terminated: 8.00pm

Present: Councillors Peet (Chair), T Smith (Deputy Chair), Affleck, Billington, Boyle, Buglass, Cartey, S Homer, Cooper, Gosling, Jackson, Mills, Welsh, Wild.

Apologies for absence: Councillors Bowden, Taylor.

1. WELCOME AND CHAIRS OPENING REMARKS

In opening the meeting the Chair welcomed all members to the first panel meeting of the municipal year.

The Chair received comments from members on the distribution of additional meeting papers and timescales. The Chair advised members that on occasion and given the nature and structure of scrutiny activity, supporting paperwork may need to be circulated outside of the meeting timetables. It was confirmed that adequate time will be allocated for all councillors to digest and respond to such papers.

Resolved: That efforts continue to be made to reduce the need for additional papers and to ensure circulation at the earliest opportunity and within five working days of the meeting.

2. MINUTES

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 15 March 2018 were approved as a correct record.

3. EFFECTIVENESS OF SCRUTINY

The Scrutiny and Member Services Manager presented a paper on The Effectiveness of Local Authority Overview and Scrutiny. The paper provided a summary of findings from a recent inquiry undertaken by the Communities and Local Government Select Committee.

The inquiry examined the role and impact of scrutiny within local authorities, training for scrutiny members, improving relationships and a growing need for wider engagement. The paper included a self-assessment of scrutiny in Tameside, to reflect on the shared challenges and opportunities to improve outcomes and develop the local approach.

Panel members were encouraged by plans to strengthen relationships and information sharing with the introduction of quarterly meeting between Scrutiny Chairs and Cabinet Members. It was requested that training and development plans for scrutiny members be brought to the next meeting.

Resolved:

(1) That the paper be noted and for any questions or comments to be emailed to the Scrutiny and Member Services Manager by 10 July 2018.

(2) That training and development proposals be brought to the next meeting on 31 July 2018.

4. ENGAGEMENT APPROACH

The Panel welcomed Simon Brunet, Policy Manager, to discuss ways to maximise future opportunities and influence of scrutiny by adapting the way activity is undertaken and reported. Scrutiny has the ability to draw on the experience of its members and create a refreshed approach to the critical friend role.

In order to build upon the responsiveness and flexibility of all scrutiny activity, plans will be put in place to keep scrutiny members informed on a range of engagement and consultation activity taking place both within the Council and across partners. Where deemed appropriate, the wider development of scrutiny may include project support and service development work at the request of the Executive and to report back on the effectiveness of service delivery changes. Scrutiny feedback and recommendations can then be taken into consideration to inform decisions and to gain a broader understanding of priorities and impacts.

The Chair advised members that in order to improve communication, plans are in place to introduce regular meetings between the Executive and Chairs of the two Scrutiny Panels. It was also agreed that the format in which activity is undertaken will change in part, to assist with the growing need for timely action to incorporate findings and recommendations within the decision making process.

Resolved: That content and guidance be added to the Annual Work Programme to take account of the need to improve scrutiny engagement, responsiveness and methods of reporting.

5. OFSTED IMPROVEMENT MONITORING

The Ofsted monitoring visit of Tameside Children's Services took place on 18 and 19 April 2018. This was the fifth monitoring visit to take place since services were judged inadequate in December 2016. The visit focused on the progress made with regards to arrangements for early help, work with early help partners and the quality of performance management. All panel members received the letter published by Ofsted as part of the meeting papers.

Panel members discussed positive elements, with the transfer of cases and the strengthened triage process with the addition of an early help practice manager located at the safeguarding hub. Concerns were raised by members of early help assessments seen to be not consistently good and while working practices and knowledge is positive, this is often not translated into robust written plans.

There is a clear sense that managers and early help workers demonstrate both energy and commitment, however early help is heavily led by the authority, with further assurance required for the agenda to be fully owned by partners. Findings of improvement and the pace of change was well received. The Chair discussed how frequent contact with the service does allow for broader consideration of the challenges faced. The improvement journey and plan is, and will continue to work to address some of the more fundamental changes that need to be embedded within services and to improve weak practice when identified.

Resolved: That overview of Children's Services improvement and outcomes be included within future monitor elements of the panel's annual work programme.

6. TOPICS FOR CONSIDERATION

The Chair presented a list of potential topics for consideration to be included within a planned two year programme of work. It was agreed that topics will be subject to annual review to ensure that work remains relevant and able to react to priorities and far reaching issues.

It was discussed that a number of topics may require the attention of both panels in order to ensure that all elements are picked up. These include areas such as the impacts of Welfare Reform, Air Quality and Water Quality.

Resolved: That topics and discussion be collated and added to the Annual Work Programme.

7. ANNUAL WORK PROGRAMME 2018/19

The Panel discussed a range of potential topics and subject areas to be added to the Annual Work Programme. The Chair advised members that the work programme will be drafted as a two year document to take account of the future approach needed in order to ensure scrutiny activity is responsive and remains relevant.

The programme will aim to include a number of priority issues and upcoming priorities, with the panel having a speedier approach to ensure feedback is captured and findings are reported to both inform and influence decision making.

In order for the Annual Work Programme to be presented at Overview (Audit) Panel on 30 July 2018 it was agreed that the final document will be shared outside of the meeting.

RESOLVED: That the Annual Work Programme be circulated by email to all panel members outside of the meeting.

8. DATE OF NEXT MEETING

To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on 26 July 2018.

9. URGENT ITEMS

The Chair reported that there were no urgent items for consideration at this meeting.

CHAIR

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INTEGRATED CARE AND WELLBEING SCRUTINY PANEL
TAMESIDE COUNCIL
26 JULY 2018

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

Guidance for CCGs

NHS England consulted early this year on reducing the prescribing of over-the-counter medicines for minor, short-term health concerns. They have now published new guidance on conditions for which over the counter items should not routinely be prescribed in primary care. Before considering next steps and a local response to the new NHS England guidance Tameside and Glossop Clinical Commissioning Group (CCG) wants to understand the potential impact of those changes on local people. With this in mind a 12 week period of engagement is being carried between June and September 2018. As part of that engagement process input is requested from the local Scrutiny Panels (Tameside and Derbyshire).

Summarised below are the key points of the new guidance and highlighted are questions and emerging issues that are being explored through the engagement activity.

The new NHS guidance and FAQs for the public are attached at the end this note, where there are also links to the feedback report from the NHS England consultation and the impact assessment.

Introduction

In April 2018, following a 12 week consultation, National Health Service England (NHSE) issued guidance on

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

This guidance is addressed to CCGs to support them to fulfil their duties around appropriate use of NHS resources. ***NHSE expect CCGs to take the proposed guidance into account in formulating local polices, 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.

The objective of this guidance is to support CCGs in their decision-making, to address unwarranted national variation, and to provide clear national advice to make local prescribing practices more effective. Within GM Bury CCG has enacted similar but more limited in terms of conditions guidance locally. Derbyshire CC have enacted this guidance but with additional conditions.

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.

In the year prior 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

For T&G if these guidelines are implemented as they stand locally at a 70% success, we would never achieve 100%, the saving to the local economy in terms of spend on medicines would be around £220,000 p.a.

There is a larger element to this guidance which is the promotion of the self- care agenda.

●The consultation sets out proposals for national guidance for CCGs on the prescribing of 'over the counter (OTC) products' for **35 minor and/or self-limiting conditions (see Appendix 1).** This guidance is intended to encourage people to self-care for minor self-treatable and/or self-limiting conditions only.

NHSE have identified three facets of this guidance:

● A **condition** that is self-limiting and does not require medical advice or treatment as it will clear up on its own;

● 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.

And in the case of vitamins, minerals and probiotics, these are classified as:
● **Medicines** of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.

● For vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC items for cough, sore throat and infant colic), then the general exceptions do not apply. Specific exceptions are included (if applicable) under the relevant item and/or condition. This may need to be considered further when implementing the guidance locally.

General Exceptions to the Guidance: ***Should these be adopted or changed in any way?***
This guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined.

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 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 NHSE state 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. ***This is an exemption that needs discussion locally for an agreed definition.***

EIA

●A potential equality impact of these proposals has been considered by NHSE who believe that the proposals are likely to have a neutral impact on the health of individuals with protected characteristics. T&G will carry out its own Equality Impact Assessment as part of the consultation for implementation exercise.

Minor Ailments Schemes – Should the guidance apply to all NHS supplies?
● T&G in line with many areas has a locally commissioned pharmacy based Minor Ailments Scheme. A patient can go to a pharmacy and obtain medicine to treat a listed minor condition directly without need to visit a GP or buy the medicine. The same exemptions apply as per an FP10 (prescription).e
Not an immediate part of the guidance but linked by implication there is a question of whether this guidance should apply to all NHS supplies so from pharmacies on the minor ailments scheme as well as GP prescribing

Is there agreement that all these conditions/medicines are to be included?
Should more be included?
Should the exemptions be broadened or reduced?

APPENDIX 1

CONDITIONS COVERED BY GUIDANCE AND EXEMPTIONS

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Condition/Item	
Probiotics	ACBS approved indication or as per local policy.
Vitamins and Minerals	Iron deficiency anaemia. Demonstrated vitamin D deficiency (NB not maintenance) Calcium and vitamin D for osteoporosis Malnutrition including alcoholism .

Condition	Exceptions
Acute Sore Throat	‘Red Flag’ symptoms
Cold Sores	Immunocompromised patients. ‘Red flag’ symptoms
Conjunctivitis	‘Red Flag’ symptoms
Coughs and Colds and Nasal Congestion	‘Red Flag’ symptoms
Cradle Cap	If causing distress to the infant and not improving
Haemorrhoids	‘Red Flag’ symptoms
Infant Colic	‘Red Flag’ Symptoms
Mild Cystitis	‘Red Flag’ symptoms
Contact Dermatitis	Only general exceptions apply.
Dandruff	Only general exceptions apply
Diarrhoea (Adults)	Only general exceptions apply
Dry Eyes/Sore(tired) eyes	Only general exceptions apply
Earwax	Only general exceptions apply
Excessive sweating (mild – moderate hyperhidrosis)	Only general exceptions apply
Head Lice	Only general exceptions apply
Indigestion and Heartburn	Only general exceptions apply
Infrequent Constipation	Only general exceptions apply
Infrequent Migraines	Only general exceptions apply
Insect bites and stings	Only general exceptions apply .
Mild Acne	Only general exceptions apply
Mild Dry Skin	Only general exceptions apply
Sunburn/Sun Protection	ACBS approved indication of photodermatoses (i.e. where skin protection should be prescribed) See earlier for general exceptions
Mild to Moderate Hay fever/Seasonal Rhinitis	Only general exceptions apply
Minor Burns and Scalds	See earlier for general exceptions. No routine exceptions have been identified. However more serious burns always require professional medical attention. Burns requiring hospital A&E treatment include but are not limited to: ☐all chemical and electrical burns;

	☐large or deep burns; ☐burns that cause white or charred skin; ☐burns on the face, hands, arms, feet, legs or genitals that cause blisters.
Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)	Only general exceptions apply
Mouth Ulcers	Only general exceptions apply
Nappy Rash	Only general exceptions apply
Prevention of dental caries	Only general exceptions apply
Ringworm/Athletes foot	General exceptions and lymphoedema or history of lower limb cellulitis.
Teething/Mild Toothache	Only general exceptions apply
Threadworms	Only general exceptions apply
Travel Sickness Tablets	Only general exceptions apply

APPENDIX 2

ENGAGEMENT PROGRAMME

It was agreed that within Tameside & Glossop a range of engagement activity as detailed below would be undertaken to gather views on local implementation of the NHS England guidance. The program proposed would cover a 12 week period from 22 June 2018 to 14 September 2018.

- Online survey – open from 22 June 2018 to 14 September 2018. https://www.tameside.gov.uk/tbc/NHSEGuidanceforOtC
- PEN Conference – 27 June 2018 – workshop (up to 60 stakeholders across three workshops)
- PNG – attendance at the three Patient Neighbourhood Groups
- Bespoke / targeted workshop
- Scrutiny – attend Tameside Council and Derbyshire/High Peak
- Equality Impact assessment

Supporting information

The following documents from NHS England are attached as supporting information

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

- Guidance for CCGs
- Frequently Asked Questions

Further supporting information from NHS England is available on the links below

- Equality and Health Inequalities Analysis Form
- Consultation Report of Findings

NHS Clinical Commissioners
The independent collective voice of clinical commissioning groups

NHS England

Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs

GATEWAY APPROVAL NUMBER: 07851

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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1 Background

1.1 Who is this commissioning guidance for?

This guidance is addressed to CCGs to support them to fulfil their duties around appropriate use of their resources. We expect CCGs to take the proposed guidance into account in formulating local polices, 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.

This guidance is issued as general guidance under s14Z10 and S2 of the NHS Act 2006. 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.

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.

1.2 Why have we developed this guidance?

In the year prior to June 2017, the NHS spent approximately £569 million[1] 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.

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. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly.

These prescriptions also include other common 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.

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] Refined BSA data to June 2017

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. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18[2] from a pharmacy whereas the cost to the NHS is over £3.00[3] after including dispensing fees. The actual total cost for the NHS is over £35 when you include GP consultation and other administration costs.

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 conditions 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.

Research[4] shows that in many cases, people can take care of their minor conditions if they are provided with the right information; thereby releasing health care professionals to focus on patients with more complex and/or serious health concerns. Past experience with self-care builds confidence in patients, with 84 per cent choosing to self-care for new episodes.

More cost-effective use of stretched NHS resources allows money to be spent where it is most needed, whilst improving patient outcomes. As an example, every £1m saved on prescriptions for over the counter treatments could fund (approx.)[5]:

- 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[6].

CCGs need to make increasingly difficult decisions about how to spend the NHS budget and this means prioritising those things that will give patients the best clinical outcomes. Any savings from implementing the proposals could be reinvested in improving patient care.

1.3 How has this guidance been developed?

Clinical Commissioning Groups (CCGs) asked for a nationally co-ordinated approach to producing commissioning guidance. NHS England and NHS Clinical Commissioners (NHSCC) therefore sought to provide a national framework for

[2] Online pharmacy checked December 2017
[3] Drug Tariff online
[4] Self-care of minor ailments: A survey of consumer and healthcare professional beliefs and behaviour, Ian Banks, Self-Care Journal
[5] https://improvement.nhs.uk/resources/national-tariff-1719/
[6] Drug Tariff online

guidance, with the aim of supporting consistent local implementation decisions and agreed to consult jointly on any proposals

NHS England and NHSCC established a joint clinical working group with prescriber and pharmacy representatives from relevant national stakeholders including the Royal College of General Practitioners, the Royal Pharmaceutical Society, the British Medical Association, the National Institute for Health and Care Excellence (NICE), the Medicines and Healthcare Products Regulatory Agency, the Department of Health and Social Care, PrescQIPP and CCG representatives.

As a result of our work, NHS England and NHSCC identified conditions which may fall under one or more of the categories listed in section 1.2.

NHS England then 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. We set out an initial list of 26 minor or self-limiting conditions where prescribing restrictions could be considered.

Feedback from this consultation showed that there was general support (65% agreed with our proposed criteria to assess items for potential restriction).

The clinical working group was consulted on several proposed approaches to limiting the prescription of OTC medicines and, based on their guidance, we mapped OTC products to the conditions for which they are typically prescribed. **We refined the approach to develop restrictions based on type and severity of condition rather than products.**

We estimated that restricting prescribing for 'minor' conditions may save up to £136m once all discounts and claw backs have been accounted for.

As a result of this exercise, nine additional minor conditions were identified which we deemed appropriate for inclusion in this guidance. Vitamins and minerals, and probiotics have been included as standalone categories given they have been identified as high cost in terms of OTC spend, although their use cannot be mapped to one single condition.

We focused on developing guidance for the list of 33 conditions which would fall into one of the following categories:

- 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.

And in the case of vitamins, minerals and probiotics, we classified these 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 continue to be prescribed and these are outlined within the exceptions under the relevant item.

The group then assigned one of the following three recommendations for each condition (or item):

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

- Advise CCGs that a prescription for treatment of **[condition]** should not routinely be 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 routinely be offered in primary care as the condition is **appropriate for self-care**.

In reaching its recommendations the joint clinical working group considered evidence from the following organisations or groups:

- NICE CKS
- NHS Choices
- BNF
- NICE Clinical Guidelines
- Public Health England
- PrescQIPP CIC

The group's recommendations on the items and conditions within this guidance were publicly consulted on for a period of 12 weeks, from 20th December 2017 – 14th March 2018. During the consultation we heard from members of the public, patients and their representative groups, NHS staff, CCGs, Trusts, various Royal Colleges and the pharmaceutical industry, amongst others.

Section 1.4 details the main findings from the consultation and the changes that have been made as a result of what we have heard. A more detailed report on the consultation can be found in*: Conditions for which over the counter items should not routinely be prescribed in primary care: consultation report of findings* published alongside this guidance. The final recommendations set out in this guidance document reflect the outcome of the consultation. The potential equality impact of these recommendations has also been considered and is outlined in the Equality and Health Inequalities Impact Assessment document published alongside this guidance.

1.4 How have the recommendations in this guidance been developed following the results of the consultation?

We listened to what our stakeholders told us through the consultation and refined our draft guidance in light of the response and discussions through webinars and engagement events, as well as recommendations from the joint clinical working group who considered the feedback in detail.

Whilst overall the final guidance remains largely unchanged from the draft guidance published in December 2017, there have been some important refinements and clarifications made and these are detailed below:

As a result of feedback received for further clarity on the exceptions, the following statements were approved by the clinical working group and now have been included under the '*General Exceptions'* heading:

- This guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined.
- When implementing this guidance, CCGs will need to supply patients with further information on signposting so that they are able to access the right service. This guidance is not intended to discourage patients from going to the GP when it is appropriate to do so.
- It is envisioned that in most cases (unless specified) these minor conditions will clear up with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice.
- 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.
- To note that for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC items for cough, sore throat and infant colic), then the general exceptions do not apply. Specific exceptions are included (if applicable) under the relevant item and/or condition. This may need to be considered further when implementing the guidance locally.

The clinical working group also further refined the final exception around vulnerability as follows, to clarify that it applies to individual patients and that being exempt from prescription charges does not indicate that you would automatically be exempt from this guidance.

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.

Vitamins and Minerals – during the consultation we heard that the list of exceptions should be amended to include all types of medically diagnosed vitamin or mineral deficiency, including for those patients who may have a lifelong condition or have undergone surgery that results in malabsorption. This is in line with the current ACBS guidance for prescribers and was approved by the joint clinical working group. It was also noted that vitamin D analogues such as alfacalcidol are prescription only medicines and would continue to be prescribed. During the consultation we also heard from the pharmaceutical industry that maintenance treatment for vitamin D therapy should be an exception as it is included in PHE guidance. The working group considered this and agreed that whilst maintenance therapy is recommended, there is no indication that this needs to be prescribed; vitamin D supplements can be bought cheaply and easily. The PHE guidance also does not distinguish between the general public and at risk patients. The clinical working group therefore agreed that vitamin D maintenance therapy would not be included as an exception.

Cold Sores – During the consultation we heard that further clarity was required on the description for this condition. The clinical working group agreed the description for this condition should be amended to clarify that this refers to *infrequent cold sores of the lip.*

Cradle Cap – During the consultation we received feedback that a specific exception should apply to this condition. The clinical working group agreed to refine this to include the exception "*If causing distress to the infant and not improving".*

Contact Dermatitis – Following feedback the clinical working group agreed that this condition should remain but that the description should be amended to mild irritant dermatitis.

Dandruff - Following a request for clarification the clinical working group agreed the rationale should be amended to define dandruff as a "mild scaling of the scalp without itching", and to include the statement "Patients should be encouraged to manage mild dandruff with long term over the counter treatments".

Head Lice – Following feedback from various organisations around the need to specify that wet combing should be first line treatment, the clinical working group agreed that the following sentence should be included: *'Head lice can be treated by wet combing; chemical treatment is only recommended in exceptional circumstances and in these cases over the counter medicines can be purchased from a pharmacy'*

Infrequent Constipation – During the consultation we heard that further information was needed within the rationale for this condition. The clinical working group agreed that the rationale should be amended to include the following additional information:

Pharmacists can help if diet and lifestyle changes aren't helping. They can suggest an over the counter laxative. Most laxatives work within 3 days. They should be used for a short time only. Laxatives are not recommended for children unless they are prescribed by a GP. This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.

Mild Acne –The clinical working group agreed that additional information should be added into the rationale to clarify that patients should be encouraged to manage this condition with long term use of over the counter products.

Mild dry skin/sunburn/sun protection - The British Association of Dermatologists (BAD) advised that mild dry skin and sunburn be separated out, rather than being classified as a single condition. The clinical working group agreed that it would be sensible to separate this out into three separate conditions - mild dry skin, sunburn due to excessive sun exposure, and sun protection - with the overall recommendation for each remaining the same. This increases the number of conditions to 35.

Nappy Rash - The clinical working group agreed that the rationale should be refined to clarify that this condition usually clears up after about three to seven days if recommended hygiene tips are followed.

Ring worm/Athletes Foot – following feedback the clinical working group agreed that lymphoedema or history of lower limb cellulitis should be included as an exception for this condition.

As a result of what we heard, the joint clinical working group did not feel it necessary to amend the proposed recommendations for any remaining conditions or items.

1.5 General exceptions that apply to the recommendation to self-care

This guidance is intended to encourage people to self-care for minor illnesses as the first stage of treatment. It is envisioned that in most cases (unless specified) these minor conditions will clear up with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice.

When implementing this guidance, CCGs will need to supply patients with better information on signposting so that they are able to access the right service. This guidance is not intended to discourage patients from going to the GP when it is appropriate to do so.

To note that for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC

items for cough, sore throat and infant colic), then the general exceptions do not apply. Specific exceptions are included (if applicable) under the relevant item and/or condition. This may need to be considered further when implementing the guidance locally.

This guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined.

CCGs will need to ensure that community pharmacists are reminded of 'red flag' symptoms for patients presenting with symptoms related to the conditions covered by this consultation. **GPs and/or pharmacists should refer patients to NHS Choices, the Self Care Forum or NHS 111 for further advice on when they should seek GP Care.**

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 dispensing doctors in particular.

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 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.

2 Definitions and scope

2.1 Glossary

ACBS: The Advisory Committee for Borderline Substances is responsible for advising the NHS on the prescribing of foodstuffs and toiletries which are specially formulated for use by people with medical conditions. Borderline substances are mainly foodstuffs, such as enteral feeds and foods but also include some toiletries, such as sun blocks for use by people with conditions such as photodermatosis.

Annual Spend: Unless otherwise indicated this is the total value from NHS Prescription Services at the NHS Business Services Authority. This is an approximate spend to the nearest £100,000. The figure quoted is the net ingredient cost which refers to the cost of the drug 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.

Item: An item is anything which can be prescribed on an NHS prescription. More information on what is prescribed on an NHS prescription is available in the Drug Tariff.

MHRA: Medicines and Healthcare products Regulatory Agency. MHRA regulates medicines, medical devices and blood components for transfusion in the UK.

NHS Clinical Commissioners: NHSCC are the independent membership organisation for CCGs, providing their collective voice, facilitating shared learning and delivering networking opportunities for CCG members.

NICE: The National Institute for Health and Care Excellence. NICE provides the NHS with clinical guidance on how to improve healthcare.

Over the counter (OTC) item: items which can be purchased from a pharmacy or in a supermarket or other convenience store without the need for a prescription. Such items may also be available at other outlets such as supermarkets, petrol stations or convenience stores.

PHE: Public Health England. PHE protects and improves the nation's health and wellbeing, and reduces health inequalities.

PrescQIPP CIC: PrescQIPP CIC (Community Interest Company): PrescQIPP is an NHS funded not for-profit organisation that supports quality, optimised prescribing for patients. PrescQIPP produces evidence-based resources and tools for primary care commissioners, and provide a platform to share innovation across the NHS.

2.2 Scope

The following chapter sets out the process for how NHS England and NHS Clinical Commissioners will conduct the process to review and update the guidance to CCGs as appropriate. Chapter 4 sets out the guidance to CCGs on prescribing in 35 conditions that have been identified as being suitable for self-care and the 2 items based on the latest available evidence and the clinical consensus that has been reached by our joint clinical working group.

3 How will the guidance be updated and reviewed?

The NHS England and NHS Clinical Commissioners joint clinical working group will continue to meet during and after the consultation, and update the proposals as a result of the consultation.

In future, the joint clinical working group will review the guidance to identify potential conditions to be retained, retired or added to the current guidance. There will be three stages:

Stage 1: Condition identification
The organisations represented on the joint clinical working group will, taking into account previous feedback, identify conditions and subsequent items prescribed from the wide range of items that can be prescribed on NHS prescription in primary care that they consider could fall within the categories defined earlier.

Stage 2: Condition prioritisation
The joint clinical working group will prioritise the identified items based on the following criteria:

- Safety Issue
- Evidence of efficacy
- Degree of variation in prescribing
- Cost to the NHS
- Strong clinician or patient feedback

A draft list of conditions will be made available online through the NHS England website usually for a four week period, when comments will be sought from interested parties. Feedback will be collated and then published on the NHS England website.

Stage 3: Condition selection for inclusion or removal from the guidance
The joint clinical working group will consider the feedback and produce a final list of recommendations for consideration by NHS England and NHS Clinical Commissioners to update the commissioning guidance *Conditions for which over the counter items should not routinely be prescribed in primary care*.

4 Recommendations

Our final recommendations for the 35 minor conditions and two items of limited clinical effectiveness are listed below.

4.1 Items of limited clinical effectiveness

4.1.1 Probiotics

Annual Spend	c. £1,100,000
Rationale for recommendation	There is currently insufficient clinical evidence to support prescribing of probiotics within the NHS for the treatment or prevention of diarrhoea of any cause. Both the Public Health England C.difficile guidance and NICE CG 84 recommend that probiotics cannot be recommended currently and that "Good quality randomised controlled trials should be conducted in the UK to evaluate the effectiveness and safety of a specific probiotic using clearly defined treatment regimens and outcome measures before they are routinely prescribed."
References:	1. Public Health England C.difficile guidance 2. NICE CG 84:Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management 3. PrescQIPP CIC: Probiotics
Recommendation	Advise CCGs that probiotics should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.
Exceptions	ACBS approved indication or as per local policy.

4.1.2 Vitamins and minerals

Annual Spend	c. £ 48,100,000
Rationale for recommendation	There is insufficient high quality evidence to demonstrate the clinical effectiveness of vitamins and minerals. Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary. Many vitamin and mineral supplements are classified as foods and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Health Regulatory Authority (MHRA) to confirm their quality, safety and efficacy before reaching the market.

	Any prescribing not in-line with listed exceptions should be discontinued. This guidance does not apply to prescription only vitamin D analogues such as alfacalcidol and these should continue to be prescribed.
References	1) PrescQIPP bulletin 107, August 2015; the prescribing of vitamins and minerals including vitamin B preparations (DROP-list) 2) NHS Choices: Supplements, Who Needs Them? A behind the Headlines Report, June 2011 3) NHS Choices: Do I need vitamin Supplements? Accessed October 2017 4) Healthy Start Vitamins
Recommendation	Advise CCGs that vitamins and minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.
Exceptions	Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should however be reviewed on a regular basis. *NB maintenance or preventative treatment is not an exception.* Calcium and vitamin D for osteoporosis. Malnutrition including alcoholism (see NICE guidance) *Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately)*

4.2 Self-Limiting Conditions

4.2.1 Acute Sore Throat

Annual Spend	c. < £100,000
Rationale for recommendation	A sore throat due to a viral or bacterial cause is a self-limiting condition. Symptoms resolve within 3 days in 40% of people, and within 1 week in 85% of people, irrespective of whether or not the sore throat is due to a streptococcal infection. There is little evidence to suggest that treatments such as lozenges or throat sprays help to treat the cause of sore throat and patients should be advised to take simple painkillers and implement some self-care measures such as gargling with warm salty water instead.
References:	1. NHS Choices: Sore Throat- accessed October 2017 2. NICE CKS: Sore Throat - Acute accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of acute sore throat should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	‘Red Flag’ symptoms

4.2.2 Infrequent cold sores of the lip

Annual Spend	c. < £100,000
Rationale for recommendation	Cold sores caused by the herpes simplex virus usually clear up without treatment within 7 to 10 days. Antiviral creams are available over the counter from pharmacies without a prescription and if used correctly, these can help ease symptoms and speed up the healing time. To be effective, these treatments should be applied as soon as the first signs of a cold sore appear. Using an antiviral cream after this initial period is unlikely to have much of an effect.
References	1. NHS Choices: Cold sore (herpes simplex virus) accessed October 2017 2. NICE CKS: Herpes Simplex Oral accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of cold sores should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	Immunocompromised patients. ‘Red flag’ symptoms

4.2.3 Conjunctivitis

Annual Spend	c. £500,000
Rationale for recommendation	Treatment isn't usually needed for conjunctivitis as the symptoms usually clear within a week. There are several self-care measures that may help with symptoms. If treatment is needed, then treatment is dependent on the cause: • In severe bacterial cases, antibiotic eye drops and eye ointments can be used to clear the infection. • Irritant conjunctivitis will clear up as soon as whatever is causing it is removed. • Allergic conjunctivitis can usually be treated with anti-allergy medications such as antihistamines. The substance that caused the allergy should be avoided. Treatments for conjunctivitis can be purchased over the counter however almost half of all simple cases of conjunctivitis clear up within ten days without any treatment. Public Health England (PHE) advises that children with infective conjunctivitis do not need to be excluded from school, nursery or child minders, and it does not state any requirement for treatment with topical antibiotics.
References	1. NHS Choices: Conjunctivitis accessed October 2017 2. NICE CKS: Conjunctivitis - Infective accessed October 2017 3. PHE Advice for schools: September 2017 4. NICE Medicines evidence commentary: conjunctivitis and inappropriate prescribing.
Recommendation	Advise CCGs that a prescription for treatment of conjunctivitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.4 Coughs and colds and nasal congestion

Annual Spend	c. £1,300,000
Rationale for recommendation	Most colds start to improve in 7 to 10 days. Most coughs clear up within two to three weeks. Both conditions can cause nasal congestion. Neither condition requires any treatment.
References:	1. NHS Choices: Common Cold accessed October 2017 2. NICE CKS: Common Cold accessed October 2017

	3. PrescQIPP: Coughs and Colds.
Recommendation	Advise CCGs that a prescription for treatment of coughs, colds and nasal congestion should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.5 Cradle Cap (Seborrhoeic dermatitis – infants)

Annual Spend	c. £4,500,000
Rationale for recommendation	Cradle cap is harmless and doesn't usually itch or cause discomfort. It usually appears in babies in the first two months of their lives, and clears up without treatment within weeks to a few months.
References:	1. NHS Choices: Cradle Cap accessed October 2017 2. NICE CKS: Seborrhoeic dermatitis accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of cradle cap should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	If causing distress to the infant and not improving

4.2.6 Haemorrhoids

Annual Spend	c. £500,000
Rationale for recommendation	In many cases, haemorrhoids don't cause symptoms and some people don't even realise they have them. Haemorrhoids often clear up by themselves after a few days. Making simple dietary changes and not straining on the toilet are often recommended first. However, there are many treatments (creams, ointments and suppositories) that can reduce itching and discomfort and these are available over the counter for purchase.
References:	1. NHS Choices: Haemorrhoids accessed October 2017 2. NICE CKS: Haemorrhoids accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of haemorrhoids should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.2.7 Infant Colic

Annual Spend	c.<£100,000
Rationale for recommendation	As colic eventually improves on its own, medical treatment isn't usually recommended. There are some over-the-counter treatments available that could be tried however; there is limited evidence for the effectiveness of these treatments.
References:	1. NHS Choices: Colic accessed October 2017 2. NICE CKS: Colic Infantile accessed October 2017 3. PrescQIPP: Infant Colic
Recommendation	Advise CCGs that a prescription for treatment of infant colic should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' Symptoms

4.2.8 Mild Cystitis

Annual Spend	c. £300,000
Rationale for recommendation	Mild cystitis is a common type of urinary tract inflammation, normally caused by an infection; however it is usually more of a nuisance than a cause for serious concern. Mild cases can be defined as those that are responsive to symptomatic treatment but will also clear up on their own. If symptoms don't improve in 3 days, despite self-care measures, then the patient should be advised to see their GP. Symptomatic treatment using products that reduce the acidity of the urine to reduce symptoms are available, but there's a lack of evidence to suggest they're effective.
References:	1. NHS Choices: Cystitis accessed October 2017 2. NICE CKS: Urinary tract infection (lower) - women accessed October 2017.
Recommendation	Advise CCGs that a prescription for treatment of mild cystitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	'Red Flag' symptoms

4.3 Minor Conditions Suitable for Self- Care

4.3.1 Mild Irritant Dermatitis

Annual Spend	c. £14,500,000
Rationale for recommendation	Irritant dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided It is most commonly caused by irritants such as soaps, washing powders, detergents, solvents or regular contact with water. Treatment normally involves avoiding the allergen or irritant and treating symptoms with over the counter emollients and topical corticosteroids.
References:	1. NHS Choices: Contact Dermatitis accessed October 2017 2. NICE CKS: Dermatitis - contact accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of contact dermatitis should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.2 Dandruff

Annual Spend	c. £4,500,000
Rationale for recommendation	Dandruff is a common skin condition. It can be defined as mild scaling of the scalp without itching. Dandruff isn't contagious or harmful and can be easily treated with over the counter anti-fungal shampoos. A GP appointment is unnecessary. Patients should be encouraged to manage mild dandruff with long term over the counter treatments.
References	1. NHS Choices: Dandruff accessed October 2017 2. NICE CKS: Scenario: Seborrhoeic dermatitis - scalp and beard accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for dandruff should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.3 Diarrhoea (Adults)

Annual Spend	c. £2,800,000

Rationale for recommendation	Diarrhoea normally affects most people from time to time and is usually nothing to worry about. However it can take a few days to a week to clear up. Acute diarrhoea is usually caused by a bacterial or viral infection and other causes include drugs, anxiety or a food allergy. OTC treatments can help replace lost fluids or reduce bowel motions. This recommendation does not apply to children.
References	1. NHS Choices: Diarrhoea accessed October 2017 2. NICE CKS: Diarrhoea - adult's assessment accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for acute diarrhoea will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.4 Dry Eyes/Sore tired Eyes

Annual Spend	c. £14,800,000
Rationale for recommendation	Dry eye syndrome, or dry eye disease, is a common condition that occurs when the eyes don't make enough tears, or the tears evaporate too quickly. Most cases of sore tired eyes resolve themselves. Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter.
References	1. NHS Choices: Dry eye syndrome accessed October 2017 2. NICE CKS: Dry eye syndrome accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.5 Earwax

Annual Spend	c. £300,000
Rationale for recommendation	Earwax is produced inside ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears. A build-up of earwax is a common problem that can often be treated using eardrops bought from a pharmacy. These can help soften the earwax so that it falls out naturally.
References:	1. NHS Choices: Earwax build-up accessed October 2017 2. NICE CKS: Earwax Summary accessed October 2017
Recommendation	Advise CCGs that a prescription for the removal of earwax should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.6 Excessive sweating (Hyperhidrosis)

Annual Spend	c. £200,000
Rationale for recommendation	Hyperhidrosis is a common condition in which a person sweats excessively. First line treatment involves simple lifestyle changes. It can also be treated with over the counter high strength antiperspirants. An antiperspirant containing aluminium chloride is usually the first line of treatment and is sold in most pharmacies.
References	1. NHS Choices: Hyperhidrosis accessed October 2017 2. NICE CKS: Hyperhidrosis accessed October 2017
Recommendation	Advise CCGs that a prescription for high strength antiperspirants for the treatment of mild to moderate hyperhidrosis should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.7 Head Lice

Annual Spend	c. £600,000
Rationale for recommendation	Head lice are a common problem, particularly in school children aged 4-11. They're largely harmless, but can live in the hair for a long time if not treated and can be irritating and frustrating to deal with. Live head lice can be treated by wet combing; chemical treatment

	is only recommended in exceptional circumstances and in these cases over the counter medicines can be purchased from a pharmacy. If appropriate everyone in the household needs to be treated at the same time - even if they don't have symptoms. Further information on how to treat head lice without medication can be found on NHS Choices.
References:	1. NHS Choices: Head Lice and nits accessed October 2017 2. NICE CKS: Head Lice accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of head lice will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.8 Indigestion and Heartburn

Annual Spend	£7,500,000
Rationale for recommendation	Most people have indigestion at some point. Usually, it’s not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required. Most people are able to manage their indigestion by making simple diet and lifestyle changes, or taking medication such as antacids. Most people can ease symptoms by simple changes to diet and lifestyle and avoiding foods that make indigestion worse. (e.g. rich spicy or fatty foods, caffeinated drinks).
References	1. NHS Choices: Indigestion accessed October 2017 2. NICE CKS: Dyspepsia - proven functional accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of Indigestion and heartburn will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.9 Infrequent Constipation

Annual Spend	c. £22,800,000
Rationale for recommendation	Constipation can affect people of all ages and can be just for a short period of time. It can be effectively managed with a change in diet or lifestyle. Pharmacists can help if diet and lifestyle changes aren't helping.

	They can suggest an over the counter laxative. Most laxatives work within 3 days. They should only be used for a short time only. Laxatives are not recommended for children unless they are prescribed by a GP. This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.
References	1. NHS Choices: Constipation accessed October 2017. 2. NICE CKS: Constipation accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of simple constipation will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.10 Infrequent Migraine

Annual Spend	c. £700,000
Rationale for recommendation	Migraine is a common health condition, affecting around one in every five women and around one in every 15 men. Mild infrequent migraines can be adequately treated with over the counter pain killers and a number of combination medicines for migraine are available that contain both painkillers and anti-sickness medicines. Those with severe or recurrent migraines should continue to seek advice from their GP.
References:	1. NHS Choices: Migraine accessed October 2017 2. NICE CKS: Migraine accessed October 2017
Recommendation	Advise CCGs that a prescription for the treatment of mild migraine should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.11 Insect bites and stings

Annual Spend	c. £5,300,000
Rationale for recommendation	Most insect bites and stings are not serious and will get better within a few hours or days. Over-the-counter treatments can help ease symptoms, such as painkillers, creams for itching and antihistamines.
References:	1. NHS Choices: Insect bites and stings accessed October 2017

	2. NICE CKS: Insect bites and stings accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for insect bites and stings will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.12 Mild Acne

Annual Spend	c. £800,000
Rationale for recommendation	Acne is a common skin condition that affects most people at some point. Although acne can't be cured, it can be controlled with treatment. Several creams, lotions and gels for treating acne are available at pharmacies. Treatments can take up to three months to work. Patients should be encouraged to manage mild acne with long term use of over the counter products.
References:	1. NHS Choices: Acne accessed October 2017 2. NICE CKS: Acne Vulgaris accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of mild acne will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.13 Mild Dry Skin

Annual Spend	c. £33,000
Rationale for recommendation	Emollients are often used to help manage dry, itchy or scaly skin conditions. Patients with mild dry skin can be successfully managed using over the counter products on a long term basis.
References:	1. NHS Choices: Emollients accessed October 2017 2. NICE CKS: Eczema - atopic accessed October 2017. 3. PrescQIPP: sunscreens
Recommendation	Advise CCGs that a prescription for treatment of dry skin should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	See earlier for general exceptions.

4.3.14 Sunburn due to excessive sun exposure

Annual Spend	c. £33,000
Rationale for recommendation	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products

	that can easily be bought in a pharmacy or supermarket.
References:	1. NHS Choices: Sunburn accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of sunburn should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	See earlier for general exceptions.

4.3.15 Sun Protection

Annual Spend	c. £33,000
Rationale for recommendation	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.
References:	1. PrescQIPP: sunscreens
Recommendation	Advise CCGs that a prescription for sun protection should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	ACBS approved indication of photodermatoses (i.e. where skin protection should be prescribed) See earlier for general exceptions.

4.3.16 Mild to Moderate Hay fever/Seasonal Rhinitis

Annual Spend	c. £1,100,000
Rationale for recommendation	Hay fever is a common allergic condition that affects up to one in five people. There's currently no cure for hay fever, but most people with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist.
References:	1. NHS Choices: Hay fever accessed October 2017 2. NICE CKS: Allergic rhinitis - Summary accessed October 2017 3. PrescQIPP: Hay fever
Recommendation	Advise CCGs that a prescription for treatment of mild to moderate hay fever will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.17 Minor burns and scalds

Annual Spend	c. £200,000

Rationale for recommendation	Burns and scalds are damage to the skin caused by heat. Both are treated in the same way. Depending on how serious a burn is, it is possible to treat burns at home. Antiseptic creams and treatments for burns should be included in any products kept in a medicine cabinet at home.
References:	1. NHS Choices: Burns and Scalds accessed October 2017. 2. NICE CKS: Burns and scalds accessed October 2017
Recommendation	Advise CCGs that a prescription for minor burns and scalds should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	See earlier for general exceptions. No routine exceptions have been identified. However more serious burns always require professional medical attention. Burns requiring hospital A&E treatment include but are not limited to: • all chemical and electrical burns; • large or deep burns; • burns that cause white or charred skin; • burns on the face, hands, arms, feet, legs or genitals that cause blisters.

4.3.18 Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)

Annual Spend	c. £38,200,000
Rationale for recommendation	In most cases, headaches, period pain, mild fever and back pain can be treated at home with over-the-counter painkillers and lifestyle changes, such as getting more rest and drinking enough fluids. Patients should be encouraged to keep a small supply of OTC analgesics in their medicines cabinets at home so they are able to manage minor conditions at home without the need for a GP appointment. *Examples of conditions where patients should be encouraged to self – care include: Headache, colds, fever, earache, teething, period pain, cuts, self-limiting musculoskeletal pain, sprains and strains, bruising, toothache, sinusitis/nasal congestion, recovery after a simple medical procedure, aches and pains and sore throat.*
References:	1. NHS Choices: Living with Pain accessed October 2017. 2. NHS Choices: Your medicine cabinet 3. NICE CKS: Mild to Moderate Pain accessed October

	2017 4. PrescQIPP:analgesia resources
Recommendation	Advise CCGs that a prescription for treatment of conditions associated with pain, discomfort and mild fever will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.19 Mouth ulcers

Annual Spend	c. £5,500,000
Rationale for recommendation	Mouth ulcers are usually harmless and do not need to be treated because most clear up by themselves within a week or two. Mouth ulcers are common and can usually be managed at home, without seeing your dentist or GP. However, OTC treatment can help to reduce swelling and ease any discomfort.
References:	1. NHS Choices: Mouth ulcers accessed October 2017. 2. NICE CKS: Aphthous ulcer accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of mouth ulcers will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.20 Nappy Rash

Annual Spend	c. £500,000
Rationale for recommendation	Up to a third of babies and toddlers in nappies have nappy rash at any one time. Nappy rash can usually be treated at home using barrier creams purchased at the supermarket or pharmacy. Nappy rash usually clears up after about three to seven days if recommended hygiene tips are followed.
References:	1. NHS Choices: Pregnancy and baby - Nappy Rash accessed October 2017 2. NICE CKS: Nappy rash accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for nappy rash will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.21 Oral Thrush

Annual Spend	c. £4,500,000
Rationale for recommendation	Oral Thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. It is common in babies and older people with dentures or those using steroid inhalers. It can easily be treated with over the counter gel.
References:	1. NHS Choices: Oral Thrush (adults) accessed October 2017 2. NHS Choices: Oral Thrush (babies) accessed October 2017 3. NICE CKS: Candida Oral accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for oral thrush will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.22 Prevention of dental caries

Annual Spend	c.< £100, 000
Rationale for recommendation	The dentist may advise on using higher-strength fluoride toothpaste if you are particularly at risk of tooth decay. Some higher fluoride toothpastes (~1500 ppm) and mouthwashes can be purchased over the counter.
References:	1. NHS Choices: Tooth Decay accessed October 2017. 2. PrescQIPP: Dental products
Recommendation	Advise CCGs that a prescription for high fluoride OTC toothpaste should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.23 Ringworm/Athletes foot

Annual Spend	c. £3,000,000
Rationale for recommendation	Ringworm is a common fungal infection that can cause a red or silvery ring-like rash on the skin. Despite its name, ringworm doesn't have anything to do with worms. Athlete's foot is a rash caused by a fungus that usually appears between the toes. These fungal infections, medically known as "tinea", are not serious and are usually easily treated with over the counter treatments. However, they are

	contagious and easily spread so it is important to practice good foot hygiene.
References:	1. NHS Choices: Athletes Foot accessed October 2017. 2. NHS Choices: Ring Worm accessed October 2017 3. NICE CKS: Fungal Skin Infection - Foot accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of ringworm or athletes foot will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	Lymphoedema or history of lower limb cellulitis. See earlier for general exceptions.

4.3.24 Teething/Mild toothache

Annual Spend	c. £5,500,000
Rationale for recommendation	Teething can be distressing for some babies, but there are ways to make it easier for them. Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething and these can be purchased from a pharmacy. If baby is in pain or has a mild raised temperature (less than 38C) then paracetamol or ibuprofen suspension can be given. Toothache can come and go or be constant. Eating or drinking can make the pain worse, particularly if the food or drink is hot or cold. Mild toothache in adults can also be treated with over the counter painkillers whilst awaiting a dental appointment for further investigation.
References:	1. NHS Choices: Toothache accessed October 2017. 2. NICE CKS: Teething accessed October 2017
Recommendation	Advise CCGs that a prescription for teething in babies or toothache in children and adults will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.25 Threadworms

Annual Spend	c. £200,000
Rationale for recommendation	Threadworms (pinworms) are tiny worms in your stools. They are common in children and can be spread easily. They can be effectively treated without the need to visit the GP. Treatment for threadworms can easily be bought from pharmacies. This is usually a chewable tablet or liquid you

	swallow. Strict hygiene measures can also help clear up a threadworm infection and reduce the likelihood of reinfection Everyone in the household will require treatment, even if they don't have symptoms.
References:	1. NHS Choices: Threadworms accessed October 2017 2. NICE CKS: Threadworm accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of threadworm should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.26 Travel Sickness

Annual Spend	c. £4,500,000
Rationale for recommendation	Mild motion sickness can be treated by various self-care measures (e.g. stare at a fixed object, fresh air, listen to music etc.); more severe motion sickness can be treated with over the counter medicines.
References	1. NHS Choices: Travel Sickness accessed October 2017. 2. Patient info: Travel Sickness accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment for motion sickness will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

4.3.27 Warts and Verrucae

Annual Spend	c. £900,000
Rationale for recommendation	Most people will have warts at some point in their life. They are generally harmless and tend to go away on their own eventually. Several treatments can be purchased from a pharmacy to get rid of warts and verrucae more quickly if patients require treatment.
References:	1. NHS Choices: Warts and Verruca's accessed October 2017. 2. NICE CKS: Warts and Verrucae References accessed October 2017
Recommendation	Advise CCGs that a prescription for treatment of warts and verrucae will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

Appendix 1 - Conditions for which prescribing should be restricted

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

Appendix 2– Example products for conditions or over the counter items that could be restricted.

NB the products highlighted below are included for illustration purposes only. This guidance focuses on prescribing restrictions for the conditions identified.

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	**Emollient creams, ointments and lotions**
Sunburn/Sun Protection	**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**

NHS England

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

FREQUENTLY ASKED QUESTIONS

1. Why has the guidance been developed?

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 limited 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.

2. How has the guidance been developed?

We previously consulted on *items which should not be routinely prescribed in primary care* (21 July – 21October 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 brought 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.

Following a further consultation on draft CCG guidance undertaken from 20 December 2017 – 14 March 2018, responses were carefully considered and the guidance finalised, reviewed by the NHS England Board and published taking account of all responses.

3. Has NHS England engaged with people who may actually be affected by this guidance?

As well as the online survey, we held a series of webinars for stakeholders and face-to-face public and patient stakeholder events at London, Leeds and Birmingham. We also held individual meetings with parliamentarians and members of the Proprietary Association of Great Britain and the British Association of Dermatologists. We then held targeted focus groups with key stakeholder groups including older people, individuals with learning disabilities, and Citizen's Advice clients.

4. What evidence was used in developing the proposals?

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

- NICE Clinical Knowledge Summaries
- NHS Choices

- BNF
- NICE Clinical Guidelines
- Public Health England
- PrescQIPP CIC

5. **What are the 35 conditions and two items for which routine prescribing included in the guidance?**

Items of limited clinical effectiveness

- Probiotics
- Vitamins and minerals

Self-Limiting Conditions

- Acute Sore Throat
- Infrequent cold sores of the lip
- Conjunctivitis
- Coughs and colds and nasal congestion
- Cradle Cap (Seborrhoeic dermatitis – infants)
- Haemorrhoids
- Infant Colic
- Mild Cystitis

Minor Conditions Suitable for Self- Care

- Mild Irritant Dermatitis
- Dandruff
- Diarrhoea (Adults)
- Dry Eyes/Sore tired Eyes
- Earwax
- Excessive sweating (Hyperhidrosis)
- Head Lice
- Indigestion and Heartburn
- Infrequent Constipation
- Infrequent Migraine
- Insect bites and stings
- Mild Acne
- Mild Dry Skin
- Sunburn due to excessive sun exposure
- Sun Protection
- Mild to Moderate Hay fever/Seasonal Rhinitis
- Minor burns and scalds
- Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)

- Mouth ulcers
- Nappy Rash
- Oral Thrush
- Prevention of dental caries
- Ringworm/Athletes foot
- Teething/Mild toothache
- Threadworms
- Travel Sickness
- Warts and Verrucae

6. Does this mean the prescribing of over the counter items is banned?

No.

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

Secondly, while we would expect CCGs to take any final guidance into account in formulating local polices 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.

7. What are the exceptions to the guidance?

There are 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 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.

8. Do the general exceptions apply to Items of limited clinical effectiveness

For items of limited clinical effectiveness the general exceptions do not apply. There are specific exceptions listed under the items if applicable. This covers vitamins, minerals and probiotics but also includes over the counter treatments for some self-limiting conditions (e.g. acute sore throat, coughs, colds, nasal congestion, infant colic and mild cystitis) where there is limited evidence for the treatments used. This could include for example, cough syrups, throat lozenges, gripe water and menthol rubs. This may need to be considered further when implementing the guidance at a local level.

9. How much could the NHS save?

We estimated that restricting prescribing for minor, short-term conditions may save around £100m once all exceptions, discounts and clawbacks have been accounted for.

10. 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. Several assumptions were made based on the exceptions in the guidance to further refine savings.

11. Where will the savings be reinvested?

Any savings from implementing the proposals would be reinvested in improving patient care.

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.

13. What implementation tools will be available to support CCGs in implementing this guidance?

There will be a range of national resources developed to support local implementation so patients, GPs and pharmacists can expect to see local communications about forthcoming changes in their areas in the near future. Examples of some implementation tools include: GP licensing guide to OTC medicines, patient information leaflets on minor conditions and self-care to hand out at GP practices and Community Pharmacies, Info graphics and posters for displaying at GP practices and Community Pharmacies.

14. How will implementation of the guidance be monitored?

CCGs will need to have due regard to this guidance and implement the guidance at a pace that is appropriate for their local populations. NHS England will be monitoring prescribing data for over the counter medicines for the conditions listed on a regular basis and will expect to see a trend downwards. There will also be an expectation that variation between CCGs will also be reduced. As implementation of the

guidance relies on behaviour change it is expected this will happen over a period of around 12 months+.

15. What about unintended consequences?

As part of the consultation a series of unintended consequences were discussed and highlighted in the consultation document. These areas will be monitored further during the implementation phase to ensure that the guidance is being implemented appropriately.

16. Can a community pharmacists support patients in managing minor conditions?

Local pharmacies provide NHS services in the same way as GP practices. Pharmacists train for five years in managing minor illnesses and the use of medicines before they qualify as clinical health professionals. Pharmacists are therefore ideally placed to give people advice and support them to self-care for minor conditions, ensuring they get fast access to effective treatments, without the need to wait for a GP appointment or visit A&E. Pharmacists and pharmacy staff are trained to identify red flags for OTC medicines.

17. What about Minor Ailment Schemes?

The decision around whether to commission a minor ailment scheme or not, should be taken by CCGs locally, after assessing impact & need on their local populations; however in light of this consultation they may wish to review what is contained in any commissioned scheme.

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Scrutiny Engagement

Integrated Care and Wellbeing Scrutiny Panel

26 July 2018

Tameside Metropolitan Borough

Purpose

- Raise the profile of Scrutiny and the positive benefits of its work
- Increase the level of engagement with Scrutiny from partners and the public
- Promote Scrutiny as a place for insight into service development

Tameside Metropolitan Borough

Promotion

- Encourage attendance at meetings (meetings in public)
- Promote the work and outputs of Scrutiny (formally and informally)

~ social media	~ websites
~ e-News	~ Citizen
~ written submissions	

Involvement

- Calls for evidence to inform work
- Links with other networks / forums
  - Youth Council
  - Partnership Engagement Network
  - Neighbourhood Forums
- Involve non-Panel members in sub-group work

Tameside Metropolitan Borough