

Report To: NORTH STRATEGIC NEIGHBOURHOOD FORUM

Date: 16 October 2018

Reporting Officer: Peter Howarth, Head of Medicines Management, Tameside & Glossop CCG

Subject: **CCG CONSULTATION ON IMPLEMENTATION OF NHSE GUIDANCE ON CONDITIONS FOR WHICH OVER THE COUNTER ITEMS SHOULD NOT ROUTINELY BE PRESCRIBED IN PRIMARY CARE**

Report Summary: The report:

- Highlights the background and range of therapeutic area covered in the consultation;
- The key questions that need to be addressed; and
- Potential local savings.

Recommendations: That Strategic Neighbourhood Forums provide feedback on models of implementation and in particular answers to key questions:

- Should the CCG take the NHSE guidance into account and formulate local policies to implement this guidance locally?
- Should the general exemptions be adopted as they are or changed in any way?
- The exemption around social vulnerability needs local agreed definition.
- Should the guidance apply to all NHS supplies, including Minor Ailments Scheme?
- Is there agreement that all the conditions/medicines listed are to be included? Should more be included? Should the exemptions be broadened or reduced?

Financial Implications:
(Authorised by the Section 151 Officer)

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| Budget Allocation (if Investment Decision) | Not applicable |
| CCG or TMBC Budget Allocation | CCG. |
| Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration | Section 75 and In Collaboration (NHSE delegated co-commissioning) funding sources of the ICF. |
| Decision Body – SCB, Executive Cabinet, CCG Governing Body | SCB for the S75 elements. CCG Governing Body for the delegated co-commissioning elements (via Primary Care Committee). |

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| Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons | Until consultation is completed and a decision on the chosen option is known, it is not possible to finalise costs. However, it is anticipated a saving of £20,000 per annum would be realised. |
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**Legal Implications:
(Authorised by the
Borough Solicitor)**

An open and transparent consultation process is being undertaken to attract maximum public engagement in order to ensure the public sector equality duty has been complied with. This should be reflected in the Equality Impact Assessment, which decision makers must have due regard to before making any decision. The level of engagement means that it is appropriate that sufficient time is taken to consider all responses appropriately and any necessary changes / mitigations as a response.

Risk Management:

Ensuring we take a broad range of public and professional views. For which a Impact and Equality Assessment needs to be completed.

Access to Information:

The background papers relating to this report can be inspected by contacting:

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1. BACKGROUND

- 1.1 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.
- 1.2 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 policies, unless they can articulate a valid reason to do otherwise, and for prescribers to reflect local policies in their prescribing practice. The guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.
- 1.3 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.
- 1.4 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.
- 1.5 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 from a pharmacy and / or other outlets such as petrol stations or supermarkets.

2. PROMOTION OF THE SELF-CARE AGENDA

- 2.1 For Tameside and Glossop 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 per annum.
- 2.2 The overriding issue behind the guidance is the need for the promotion of the self-care agenda.

3. LIMITING THE PRESCRIPTION OF OVER THE COUNTER PRODUCTS

- 3.1 The consultation sets out proposals for national guidance for CCGs on the prescribing of 'over the counter products' for 35 minor and / or self-limiting conditions. This guidance is intended to encourage people to self-care for minor self-treatable and / or self-limiting conditions only.
- 3.2 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.

3.3 For vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. over the counter 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

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

Minor Ailments Schemes

3.5 Tameside & Glossop 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).

3.6 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.

4. EQUALITY IMPACT ASSESSMENT

4.1 The EIA is a work in progress and will be developed further to ensure it responds to issues raised within the consultation and explores whether additional mitigations will be required.

- The consultation sets out proposals for national guidance for CCGs on the prescribing of 'over the counter 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.

4.2 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.
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- For vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. over the counter 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:

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

4.4 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. Tameside and Glossop will carry out its own Equality Impact Assessment as part of the consultation for implementation exercise.

4.5 Tameside and Glossop 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). 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.

APPENDIX 1

CONDITIONS COVERED BY GUIDANCE AND EXEMPTIONS

| Condition/Item | |
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| 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 . |
| Acute Sore Throat | 'Red Flag' symptoms See a GP if: your sore throat doesn't improve after a week you often get sore throats you're worried about your sore throat you have a sore throat and a very high temperature, or you feel hot and shivery you have a weakened immune system – for example, because of diabetes or chemotherapy A severe or long-lasting sore throat could be something like strep throat (a bacterial throat infection). |
| Cold Sores | Immunocompromised patients. 'Red flag' symptoms See a GP if: the cold sore hasn't started to heal within 10 days you're worried about a cold sore or think it's something else the cold sore is very large or painful you or your child also have swollen, painful gums and sores in the mouth (gingivostomatitis) you're pregnant – there's an increased risk of neonatal herpes you have a weakened immune system – for example, because of chemotherapy or diabetes |
| Conjunctivitis | 'Red Flag' symptoms See a GP if: your baby has red eyes – get an urgent appointment if your baby is less than 28 days old you wear contact lenses and have conjunctivitis symptoms as well as spots on your eyelids – you might be allergic to the lenses your symptoms haven't cleared up after 2 weeks |

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| Coughs and Colds and Nasal Congestion | <p>'Red Flag' symptoms</p> <p>See a GP if:</p> <ul style="list-style-type: none"> your symptoms don't improve after three weeks your symptoms get suddenly worse your temperature is very high or you feel hot and shivery you're concerned about your child's symptoms you're finding it hard to breathe or develop chest pain you have a long-term medical condition – for example, diabetes, or a heart, lung, kidney or neurological disease you have a weakened immune system – for example, because you're having chemotherapy |
| Cradle Cap | If causing distress to the infant and not improving |
| Haemorrhoids | <p>'Red Flag' symptoms</p> <p>Speak to your GP if your symptoms don't get better or you experience pain or bleeding.</p> |
| Infant Colic | <p>'Red Flag' Symptoms</p> <ul style="list-style-type: none"> has a weak, high-pitched, or continuous cry seems floppy when you pick them up isn't feeding vomits green fluid has blood in their poo has a fever of 38C or above (if they're less than three months old) or 39C or above (if they're three to six months old) has a bulging fontanelle (the soft spot at the top of a baby's head) has a fit (seizure) turns blue, blotchy, or very pale has breathing problems, such as breathing quickly or grunting while breathing |
| Mild Cystitis | <p>'Red Flag' symptoms</p> <ul style="list-style-type: none"> you're not sure whether you have cystitis your symptoms don't start to improve within a few days you get cystitis frequently you have severe symptoms, such as blood in your urine, a fever or pain in your side you're pregnant and have symptoms of cystitis you're a man and have symptoms of cystitis your child has symptoms of cystitis |
| 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 |

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| 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: <input type="checkbox"/> all chemical and electrical burns; <input type="checkbox"/> large or deep burns; <input type="checkbox"/> burns that cause white or charred skin; <input type="checkbox"/> 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](#)