

WOLVERHAMPTON CCG

GOVERNING BODY
8 MAY 2018

Agenda item 8

TITLE OF REPORT:	NHS England Consultation on conditions for which over the counter (OTC) items should not routinely be prescribed in primary care:
AUTHOR(s) OF REPORT:	Hemant Patel, Head of Medicines Optimisation
MANAGEMENT LEAD:	Sally Roberts, Chief Nurse and Director of Quality
PURPOSE OF REPORT:	To discuss the principle outcome of the NHS England consultation on conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs, with regards its application in Wolverhampton.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public.
KEY POINTS:	<ul style="list-style-type: none"> • NHS England have completed a consultation exercise on developing guidance for CCGs on conditions for which over the counter items should not routinely be prescribed in primary care: • The guidance aims to reduce unwarranted variation by providing clear guidance to CCGs on items that should not be prescribed, to ensure that best value is obtained from prescribing budgets. • Meds management have sought GP member's views, who have agreed in principle to support the outcome of the consultation. • Local GPs raised concern with regards the impact of this guidance for those patients and particularly children, where socio economic factors may adversely affect individuals, this requires further understanding and a full equality impact of the recommendations is proposed prior to implementation. • Mills & Reeve advice is to undertake engagement and



	involvement events with patients and clinicians.
RECOMMENDATION:	<p>That the Governing Body</p> <ol style="list-style-type: none"> 1) Support the outcome of the NHS England consultation on conditions for which over the counter items should not routinely be prescribed in primary care. 2) Undertake a full impact analysis prior to implementation, taking into account GP members views as per Appendix 1. 3) Support a process of engagement and involvement events, followed by a series of communications aimed at supporting patients and practices to implement the outcome.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The report seeks to gain Governing Body views on potential patient engagement on the consultation response to ensure they are effectively taken into account.
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	The consultation will result in guidance to the CCG on prescribing which will aim to support the management of the prescribing budget and support the self-care agenda.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. NHS England have undertaken their second national consultation on conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs.
- 1.2. The consultation ran for twelve weeks from 20th December 2017 until 14th March 2018 and WCCG supported Primary care events to ensure local feedback was provided, the outcome was published on 30th November is available on the NHS



England website <https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/>

- 1.3. Legal advice has been sought, which recommends the CCG undertakes a process of engagement to support the implementation of the NHSE outcome
- 1.4. Meds management team will be working with communication colleagues to undertake a series of engagement & involvement events for public and GP members/non-medical prescribers. This will enable CCG to fully understand the impact of identified medicines withdrawal locally. We will also create and disseminate an online survey which will be distributed widely through our PPG Chairs, Citizen Forum Groups and Patient Partners.
- 1.5. The outcome of engagement will result in a marketing campaign to both the public and stakeholders to communicate the changes. This will be delivered during October 2108.

2. NHS England Consultation outcome

“NHS England has published guidance to free up current NHS spend for frontline care each year by curbing prescriptions for ‘over the counter’ medicines such as those for constipation and athletes foot.

Curbing routine prescribing for minor, short-term conditions, many of which will cure themselves or cause no long term effect on health, will free up NHS funds for frontline care.

The [guidance](#) will not affect prescribing of over the counter items for longer term or more complex conditions or where minor illnesses are symptomatic or a side effect of something more serious.

The new over the counter medicines guidance will curb the routine prescribing of products that are for:” It is important to note implementation of the guidance may help curb routine prescribing but isn’t guaranteed.

- **A self-limiting condition**, which does not require any medical advice or treatment as it will clear up on its own, such as sore throats, coughs and colds



- **A condition that is suitable for self-care**, which can be treated with items that can easily be purchased over the counter from a pharmacy, such as indigestion, mouth ulcers and warts and verrucae.

The guidance does not apply to people with long-term or more complex conditions who will continue to get their usual prescriptions.

People who receive free prescriptions will not automatically be exempt from the guidance.

For patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability; these patients will continue to receive prescriptions for over the counter items subject to the item being clinically effective.

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

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 practice 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.

General exceptions that apply to the recommendation to selfcare

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 practice 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.

Prescribers and/or community pharmacists should refer patients to NHS Choices, the Self Care Forum or NHS 111 for further advice on when they should seek GP Care.

General Exceptions to the Guidance:



There are a number of exceptions within the recommendations. These will be referenced and included within the engagement and communication plan for the public and clinicians. These have already been included within the Equality impact assessment undertaken.

These exceptions are outlined below:

1. Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
2. For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
3. 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.)
4. Treatment for complex patients (e.g. immunosuppressed patients).
5. Patients on prescription only treatments.
6. 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.
7. 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 breastfeeding. Community Pharmacists will be aware of what these are and can advise accordingly.
8. Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
9. Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
10. Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
11. **Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care.**

To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

3 CLINICAL VIEW



- 3.1 The views of the Clinical Members of the Governing Body have been sought through discussion of this paper (see attachment)

PATIENT AND PUBLIC VIEW

- 3.2 The consultation received over 7K responses seeking public and patient views on this matter and the CCG had made the link to the consultation available on its website.

4 KEY RISKS AND MITIGATIONS

- 4.1. There may be potential patient safety risks if management of this guidance is not well managed, however this will be mitigated through local stakeholder and engagement events and effective communication strategy for implementation.
- 4.2. Based on prescribing data we have identified a potential saving of 250K which has been included within QIPP plans for 18/19. . Any potential savings need to be weighed against the cost of alternative treatments being prescribed.
- 4.3. There may be a risk that alternative, more potent or more expensive items are prescribed as a result, this will be mitigated through the engagement and communication events and monitored via ePACT searches (Prescribing Data).

5 IMPACT ASSESSMENT

Financial and Resource Implications

- a. Based on prescribing data there may be a potential saving of 250K if this is implemented mid-year. Any potential savings need to be weighed against the cost of alternative treatments being prescribed.

Quality and Safety Implications

- b. See Key risks and mitigations above.

Equality Implications

- c. NHS England included equality implications during the development of the recommendations. A full equality impact analysis has been carried out (see attachment)

Legal and Policy Implications



- d. The consultation will support the drafting of NHS England Commissioning guidance for the CCG, which the CCG will need to have regard to in developing its own policies and commissioning decisions.

Other Implications

- e. None

Name Hemant Patel
Job Title Head of Medicines Optimisation
Date: 25.04.2018

ATTACHED:

NHS England Consultation Document Items which should not routinely be prescribed in primary care:

GP member's views obtained at members meeting on 31st January 2018.

Mills & Reeve - Advice in relation to the implementation of results of national consultations relating to prescribing

Equality Impact assessment Form

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	GP members & sought via paper Dr Anna Stone	31.01.18 & 13/02/18 17/04/18
Public/ Patient View	Sought via Paper	13/02/18
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	Sally Roberts	25/04/18
Equality Implications discussed with CSU Equality and Inclusion Service	David King	24/04/18
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	As per report	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	Hemant Patel	25/04/2018



