



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

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Name and Title of Individual	Groups consulted	Date Consulted
	LEAF	January 2018
	South Staffordshire Area prescribing group Members	April 2018
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Samantha Bostock RSM UK Risk Assurance Services LLP v3		14/09/2022
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APPROVALS & RATIFICATION SCHEDULE

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VERSION CONTROL

Version	Version/Description of amendments	Date	Author/amended by
1	First draft	June 2018	Dr Mani Hussain
2	Second version minor amendments and correction to a typo on page 10 in the section relating to dental caries.	September 2020	Susan Bamford
3	Re-drafted from a previous version due to transition to ICB and formatting into the new policy template Approval and ratification through the ICB	August 2022	Amin Mitha and Claire Dearden

IMPACT ASSESSMENTS – available on request

	Stage	Complete	Comments
Equality Impact Assessment	Stage 1	01/08/2018 -South Staffordshire 30/04/2018 – North Staffordshire 01/04/2019 Staffordshire wide	
Quality Impact Assessment		25/03/2019 Staffordshire Wide	
Privacy Impact Assessment			Not applicable

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This policy applies to the Staffordshire & Stoke-on-Trent Integrated Care Board.

1.0 Introduction

- 1.1 In March 2018, NHS England (NHSE) in conjunction with NHS Clinical Commissioners and part of NHSE Medicines Value Programme published the following guidance for Clinical Commissioning Groups. [CCG guidance on conditions for which over the counter items should not routinely be prescribed in primary care](#)¹.
- 1.2 NHS England identified over £569 million being spent on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy and other locations.¹
- 1.3 This guidance reviewed medicines that, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets.¹
- 1.4 They considered conditions associated to these medicines, split into two categories as followed:¹
- 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.
- 1.5 It was also established that these medicines:
- 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
- 1.6 It was acknowledged that research showed that in many cases, people can take care of their minor conditions if they are provided with the right information, thereby releasing health professionals to focus on patients who have more complex or serious health issues.¹

2.0 Aim and objectives

- 2.1 The aim of the guidance is that 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 priority areas that have greater impact for patients, support improvements in services and deliver long-term sustainability of the NHS.

3.0 Scope

- 3.1 Stafford and Stoke-on-Trent Integrated Care Board (SSOT ICB) policy aims to implement and support the recommendations made in the *CCG guidance on conditions for which over the counter items should not routinely be prescribed in primary care*¹

- 3.2 For each condition (or item), the guidance states one of the following recommendations¹:
- That the item should **not be routinely prescribed** in primary care due to limited evidence of clinical effectiveness
 - That a prescription for treatment of a 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.
 - That a prescription for treatment of a condition **should not routinely be offered** in primary care as the condition is appropriate for self-care.

3.3 It is important to note that this guidance is not intended to discourage patients from going to healthcare professionals when it is appropriate to do so. But to seek the correct service for their symptoms.

3.4 This policy applies to all registered patients within Staffordshire and Stoke-on-Trent.

3.5 This policy will support the NHS Staffordshire and Stoke-on-Trent Integrated Care System (ICS) financial strategy.

4.0 Implementation

4.1 As part of the implementation of this guidance, it is important that the SOT ICB needs to supply patients with information on signposting so that they can access their local healthcare services appropriately.

4.2 This policy will support the use of [NHS Community Pharmacist Consultation Service \(CPCS\)](#) which was launched by NHS England on the 29 October 2019, to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes.

This service is helping to alleviate pressure on GP appointments and emergency departments, in addition to harnessing the skills and medicines knowledge of pharmacists. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this.

4.3 National Implementation resources to support this guidance and policy are available including a patient leaflet and a GP handout.

[NHS England » Implementation resources](#)

4.4 Under this policy, the organisation will advise that healthcare professionals to follow the recommendations for each condition or item ([Appendix 1](#)) with due regard to general exceptions ([Appendix 2](#)).

4.5 General exceptions do not apply to vitamins, minerals, probiotics, and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used ([Appendix 2](#)).

4.6 There may be cases, where the clinician feels that the condition/item falls outside general or specific exceptions, and they still wish to prescribe.

4.7 This policy does not remove the professional discretion of the prescribing clinicians who have to tailor treatment according to individual patient needs.

4.8 The SOT ICB Medicine Optimisation Team will support healthcare professionals with patient queries and complaints in relation to this policy.

5.0 Equality Impact Assessment

5.1 NHS England published equality and health inequalities impact assessment for the conditions for which over the counter (OTC) items should not routinely be prescribed in primary care: guidance for CCGs. [Conditions for which over the counter items should not routinely be prescribed in primary care Update March 2018](#)

6.0 Monitoring & evaluation

6.1 The SOT ICB Medicine Optimisation Team will conduct clinical audits and data analysis to support the implementation of the policy and monitor ongoing compliance with the policy.

6.2 Evaluation of these results will be reviewed and shared with the relevant healthcare professional as Shared learning and case study examples.

7.0 Policy development and review

7.1 The schedule of medicines listed in [Appendix 1](#) will be reviewed if further national/regional guidance is issued.

7.2 The SOT ICB policies will be reviewed no less than every three years from the date of approval. The lead person for the policy will be responsible for ensuring that the review is undertaken and where changes are required that the process of consultation on the revised arrangements is completed.

8.0 References

1. NHS England and NHS Improvement CCG guidance on conditions for which over the counter items should not routinely be prescribed in primary care. Published March 2018. Accessed 18/08/2022 [NHS England » Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs](#)

Appendix 1: Conditions and OTC items which prescribing should be restricted

Please refer to the full guidance and FAQs: <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>

FAQs: <https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-be-routinely-prescribed-in-primary-care-frequently-asked-questions/>

*The products highlighted below are included for illustration purposes only. This policy focuses on prescribing restrictions for the conditions identified.

Condition\Item	Example products*	Recommendation	Exceptions
Probiotics	Probiotic sachets	probiotics should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.	ACBS approved indication or as per local policy.
Vitamins and Minerals	Vitamin B compound tablets, Vitamin C effervescent 1g tablets, Multivitamin preparations.	vitamins and minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness	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. <i>NB maintenance or preventative treatment is not an exception.</i> Calcium and vitamin D for osteoporosis. Malnutrition including alcoholism (see NICE guidance) <i>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)</i>
Acute Sore Throat	Lozenges or throat sprays	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.	'Red Flag' symptoms
Cold Sores	Antiviral cold sore cream	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.	Immunocompromised patients. 'Red flag' symptoms
Conjunctivitis	Antimicrobial eye drops and eye ointment.	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.	Red Flag' symptoms
Coughs and Colds and Nasal Congestion	Cough mixtures or linctus, Saline nose drops, Menthol vapour rubs, Cold and flu capsules or sachets.	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.	'Red Flag' symptoms
Cradle Cap	Emulsifying ointment, Shampoos	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.	If causing distress to the infant and not improving
Haemorrhoids	Haemorrhoid creams, ointments, and suppositories.	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.	'Red Flag' symptoms
Condition\Item	Example products*	Recommendation	Exceptions

Infant Colic	Simethicone suspensions lactase drops	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.	'Red Flag' symptoms
Mild Cystitis	Sodium bicarbonate or potassium citrate granules	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.	'Red Flag' symptoms
Contact Dermatitis	Emollients, Steroid creams.	A prescription for treatment of contact dermatitis should not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions
Dandruff	Antidandruff shampoos Antifungal shampoos	A prescription for treatment for dandruff should not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions
Diarrhoea (Adults)	Loperamide 2mg capsules Rehydration sachets,	A prescription for treatment for acute diarrhoea will not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions
Dry Eyes/Sore(tired) eyes	Eye drops for sore tired eyes Hypromellose 0.3% eye drops	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.	No routine exceptions have been identified. See Appendix 2 for general exceptions
Earwax	Drops containing sodium bicarbonate, hydrogen peroxide, olive oil or almond oil.	A prescription for the removal of earwax should not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions
Excessive sweating (mild – moderate hyperhidrosis)	Aluminium chloride sprays, roll-ons, solutions.	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.	No routine exceptions have been identified. See Appendix 2 for general exceptions.
Head Lice	Creams or lotions for head lice	A prescription for treatment of head lice will not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions.
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.	A prescription for treatment of Indigestion and heartburn will not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions
Infrequent Constipation	Bisacodyl tablets 5mg Ispaghula Husk granules Lactulose solution	A prescription for treatment of simple constipation will not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions
Infrequent Migraines	Migraine tablets Painkillers Anti-sickness tablets	A prescription for the treatment of mild migraine should not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions
Insect bites and stings	Steroid creams or creams for itching.	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.	No routine exceptions have been identified. See Appendix 2 for general exceptions
Mild Acne	Benzoyl peroxide products Salicylic acid products	A prescription for treatment of mild acne will not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions
Mild Dry Skin	Emollient creams, ointments, and lotions	A prescription for treatment of dry skin should not routinely be offered in primary care as the condition is appropriate for self-care.	See Appendix 2 for general exceptions
Condition\Item	Example products*	Recommendation	Exceptions

Mild to Moderate Hay fever/Seasonal Rhinitis	Antihistamine tablets or liquids. Steroid nasal sprays Sodium cromoglicate eye drops	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.	No routine exceptions have been identified. See Appendix 2 for general exceptions.
Minor Burns and Scalds	Antiseptic Burns Cream, Cooling burn gel.	A prescription for minor burns and scalds should not routinely be offered in primary care as the condition is appropriate for self-care.	See Appendix 2 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: <ul style="list-style-type: none"> • 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)	Paracetamol 500mg tablets, Ibuprofen 400mg tablets, NSAID topical creams or gels Paracetamol Suspension	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.	No routine exceptions have been identified. See Appendix 2 for general exceptions.
Mouth Ulcers	Antimicrobial mouthwash	A prescription for treatment of mouth ulcers will not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions.
Nappy Rash	Nappy rash creams	A prescription for treatment for nappy rash will not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions.
Oral Thrush	Anti-fungal mouth gels	A prescription for treatment for oral thrush should not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions.
Prevention of dental caries	Fluoride toothpastes Mouthwashes	A prescription for prevention of dental caries will not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions.
Ringworm/Athletes foot	Athlete's Foot Cream Antifungal creams or sprays	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.	Lymphoedema or history of lower limb cellulitis. See Appendix 2 for general exceptions.
Sunburn/Sun Protection	After sun cream Sun creams	A prescription for sun protection should not routinely be offered in primary care as the condition is appropriate for self-care.	See Appendix 2 for general exceptions
Teething/Mild Toothache	Antiseptic pain-relieving gel Clove Oil Painkillers	A prescription for high fluoride OTC toothpaste should not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions.
Threadworms	Mebendazole 100mg tablets	A prescription for treatment of threadworm should not routinely be offered in primary care as the condition is appropriate for self-care	No routine exceptions have been identified. See Appendix 2 for general exceptions.
Travel Sickness	Travel sickness tablets	A prescription for treatment for motion sickness will not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions.
Warts and Verrucae	Creams, gels, skin paints and medicated plasters containing salicylic acid dimethyl ether propane cold spray	A prescription for treatment of warts and verrucae will not routinely be offered in primary care as the condition is appropriate for self-care.	No routine exceptions have been identified. See Appendix 2 for general exceptions

Appendix 2- General 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.