

Briefing Paper for Community Partnership Forum

Conditions for which “Over the Counter” (OTC) items should not be routinely prescribed in primary care

NHS England and NHS Clinical Commissioners launched a consultation on the above on 20 December 2017. The consultation will close on 14 March 2018.

The full consultation document can be found here:

<https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/>

We will discuss the issues raised by the consultation at the Community Partnership Forum and feedback the discussions to NHS England. However everyone is encouraged to respond individually or as a representative of a local group or organisation too.

This can be done by following this link:

<https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/consultation/intro/>

The consultation will inform commissioning guidance for CCGs so that they can formulate local policies and prescribers (GPs and prescribing nurses) can reflect these policies in their prescribing practice. The idea is that the guidance should ensure consistency and reduce unwarranted variation in practice. CCGs will need to take individual decisions on implementation locally.

NHS England proposes to make one of the following three recommendations for each condition or item:

- Advise CCGs to support prescribers in advising patients that (item) should not be routinely prescribed in primary care due to **limited evidence of clinical effectiveness** where there is a lack of robust evidence, e.g. vitamins and minerals.
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of certain conditions e.g. 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 medical advice or treatment.
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of certain conditions e.g. dandruff should not routinely be offered in primary care as the condition is **appropriate for self-care** and treatment with items that can easily be purchased over the counter from a pharmacy

There are general exceptions that could apply to the recommendation for self-care according to NICE guidelines and for prescribing for the treatment of:

- long term conditions
- more complex forms of minor illnesses
- those patients with symptoms that suggest the condition is not minor
- complex patients and treatments that are only available on prescription
- patients prescribed OTC products to treat an adverse effect or symptom as part of a more complex symptom

There are some prescriptions which should continue to be issued, such as:

- where the product license excludes OTC sales for some groups of patients
- where a patient's minor condition has not responded to treatment with an OTC product
- where the prescriber believes there are exceptional circumstances
- where the clinician believes that a patient's ability to self-manage is limited due to their social, medical or mental health vulnerability

We will use the discussion time at the CPF to discuss:

Question 1 Discuss what you think are the pros and cons of not routinely prescribing for:

- self-limiting conditions
- conditions that are appropriate for self-care

Question 2 Should primary care prescribers be allowed to use discretion to prescribe, where a patient's 'ability to self-manage is compromised as a consequence of social, medical or mental health vulnerability'? What are the pros and cons?

Question 3 If the guidance is issued as written in the consultation document, how should CCGs communicate this to the public?

Question 4 Do you think there are other NHS treatments that CCGs should consider for a similar discussion?