

Berkshire West Area Prescribing Committee

Drug Name	Conditions for which over the counter items should not routinely be prescribed in primary care	
Indication under review	All indications for which over the counter items listed below are indicated	
Policy No:	APC 171 (Version 2)	
Date of Issue:	September 2018	
Review Date:	September 2021	
Policy Statement: NHS Berkshire West through the Area Prescribing Committee confirms its support for the recommendations of NHS England in its guidance 'Conditions for which over the counter items should not routinely be prescribed in primary care'. Treatments for self-limited conditions, minor conditions suitable for self-care and items of limited clinical effectiveness as listed below will no longer be prescribed in NHS Berkshire West.		
Traffic Light Status	Brown	
Exceptions/ further recommendations	Exceptions as detailed below	

Summary of Prescribing Principles:

In 2017, NHS England and NHS Clinical Commissioners carried out a public consultation on 37 minor, short term health concerns which have easily accessible over the counter products or self-care measures for their management. NHS England published final guidance for CCGs in March 2018 which listed 35 minor health conditions for which OTC medicines should no longer be routinely prescribed. After considering the results of the consultation and guidance from NHS England, NHS Berkshire West CCG has agreed to adopt all of the national recommendations. Items that are available over the counter will no longer be prescribed for the following conditions.

Items of limited clinical effectiveness

Probiotics	Vitamins and minerals*
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Self-Limiting Conditions

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

Minor Conditions Suitable for Self-Care

Mild Irritant Dermatitis	Sun Protection
Dandruff	Mild to moderate hay fever/ Seasonal Rhinitis
Diarrhoea (Adults)	Minor burns and scalds
Dry Eyes/Sore Tired Eyes	Minor conditions associated with pain, discomfort and fever. (e.g aches and sprains, headache, period pain, back pain)
Earwax	Mouth ulcers
Excessive sweating (hyperhidrosis)	Nappy rash
Head Lice	Prevention of dental carries
Indigestion and Heartburn	Ringworm and Threadworms
Infrequent Constipation	Teething / Mild toothache
Infrequent Migraine	Sunburn due to excessive sun exposure
Insect bites and stings	Travel Sickness
Mild Acne	Warts and Verrucae

*Vitamins & minerals

- Multi-vitamin products should not be prescribed.
 - Thiamine for individuals with alcohol-use disorders may be prescribed but vitamin B Compound Strong is no longer recommended to be prescribed.
 - Short-course, high dose vitamin D for proven deficiency is allowed on prescription. Maintenance doses should not be prescribed except for primary or secondary prevention of fragility fractures in osteoporosis.
 - Folic acid 400microgram tablets, iron supplements and pregnancy specific multi-vitamins are included as items which should no longer be prescribed if there is no proven deficiency. People with a medical condition causing malabsorption will be able to access vitamins on prescription.
 - In the absence of proven deficiency, osteoporosis or a cause of malabsorption, vitamins and minerals should not be prescribed.
 - Maintenance or preventative treatments are not an exception to prescribing.
- This policy does not apply to prescription only vitamin D analogues such as alfacalcidol.

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.
- Prescribing for ACBS approved indications may continue e.g. photodermatoses
- 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.**

Further detailed guidance on each of the conditions listed above can be found in the 'Quick Reference Guide for Healthcare Professionals: Conditions for which over the counter items should not routinely be prescribed in primary care. NHS Clinical Commissioners. <https://www.england.nhs.uk/wp-content/uploads/2018/05/over-the-counter-quick-reference-guide.pdf>

References

1. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs. NHS England, March 2018. <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>

Date taken to APC:

July 2018

Date Ratified by MOC on Behalf of the Board:

26th September 2018

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

Brown	Green	Amber	Red
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only