

# **Policy for the Commissioning of Over-the-Counter Medicines**

## **For short-term and intermittent illnesses**

**DOCUMENT CONTROL SHEET**

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**Change History:**

Version	Date	Reviewer(s)	Revision Description
v0.1	November 2017	Stacey Golding / Pauline Walton, Medicines Management	Policy updated to reflect changes as agreed during Joint Committee in October.
v0.2	November 2017	Pauline Walton and Dr Raj Nagaraj	Approved by Assistant Director Pharmacy and Medicines Optimisation Team and GP Prescribing Lead
v0.3	28.11.17	Rachel Joyce	Approved by Medical Director
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**Implementation Plan:**

<b>Development and Consultation</b>	East and North Herts CCG and Herts Valleys CCG conducted a major public consultation programme called 'Let's talk' which included this issue, from 6 <sup>th</sup> July – 14 <sup>th</sup> September 2017. Engagement activities included: public meetings in all localities; discussions with local community groups and young people; attendance at community events including Herts Pride and places with high public footfall; promotion via local media; a major social media campaign – primarily via Twitter and Facebook; and sessions in GP practices. In total 2,500 people responded to the survey and thousands more have had access to the consultation information as a whole.
<b>Dissemination</b>	This policy is available to all CCG staff, independent contractors and members of the public via the main CCG website. Information about the policy is provided by e-mail notification to GPs and the CCG provider organisations.

<b>Training</b>	CCG Bulletin (internal), direct communication with service providers
<b>Monitoring</b>	Medicines Management to monitor prescribing on 6 monthly basis, identify any areas of concern and undertake deep dives as required.
<b>Review</b>	December 2019
<b>Equality, Diversity and Privacy</b>	October 2017 - Equality Impact Assessment October 2017 - Privacy Impact Assessment These documents can be found by clicking on the link to the full consultation papers
<b>Associated Documents</b>	n/a
<b>References</b>	Full consultation papers including impact assessments <a href="https://www.healthierfuture.org.uk/publications/2017/october/papers-for-joint-committee-meeting">https://www.healthierfuture.org.uk/publications/2017/october/papers-for-joint-committee-meeting</a>

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## 1. Introduction

1.1 This document describes the NHS East and North Hertfordshire Clinical Commissioning Group (referred to as “the CCG” hereafter) policy for:

- The prescribing of over-the-counter medicines for minor and/or self-limiting conditions and
- The prescribing of foods outside of agreed guidelines, e.g. some formula milks for children aged over 2 years old

by prescribers in the CCG. An assessment was undertaken using the CCG’s framework for prioritisation (see appendix 3) that supports this policy.

1.2 The policy recognises the duty of care for our patients and where necessary enables GPs to prescribe where there may be safeguarding concerns. However the CCG does not routinely support the prescribing of medication that is available to buy for the treatment of minor and/or self-limiting conditions.

1.3 In 2017/18, the CCG’s budget was around £722 million, which works out at around £1,209 a year per person. From this budget we need to pay for most of the area’s health care, everything from medicines and minor treatments to complex surgical procedures and support for long-term conditions. Our population is growing and the numbers and costs of new medicines and treatments are also increasing. As much as we would like to, we cannot afford to pay for everything. Some difficult choices have to be made about what the CCG can or cannot afford to spend.

1.4 The CCG Governing Body in October 2017 made a decision to reduce the prescribing of over-the-counter medicines for minor and/or self-limiting conditions and some infant formula milks.

1.5 GPs already promote the self-care agenda to their patients. The CCG policy builds on this approach to support patients to be self-care aware. It also provides consistent messages to GPs and some already have their own policies in operation around prescribing for self-limiting conditions. For example prescribing of paracetamol suspension (e.g. Calpol®) has been significantly reduced over the last ten years.

1.6 In many cases patients in East and North Hertfordshire are able to self-care for minor and/or self-limiting conditions through the purchase of over-the-counter medicines rather than visiting their GP for treatment on prescription.

1.7 Many of these products are reasonably priced and are accessible from pharmacies, as well as shops and supermarkets.

1.8 Despite the availability of over-the-counter medicines, a significant proportion of GP appointments, GP practice and community pharmacy time is taken up in processing prescriptions for minor and/or self-limiting conditions more suitable for health advice

and self-care. The CCG will support patients to access minor ailments care from the right place; encouraging them to consult pharmacists as the first point of access. Patients and the public have a range of resources for advice on medicines, e.g. community pharmacists, NHS 111, NHS Choices, which can be used to enable self-care as well as their GP or nurse.

- 1.9 This policy sets out how the CCG will promote self-care for minor and/or self-limiting conditions, raise awareness of the availability of cheaper over-the-counter medicines and the self-care agenda, and sets out the resources that will be available for health care professionals and patients.
- 1.10 The CCG spends over £2.3 million each year on medicines that are available to purchase over-the-counter. Whilst it is recognised that the majority of this cost is attributable to long-term or complex conditions, it is considered that this could be reduced by at least 10% for some treatments. Not providing medications on routine prescription for self-limiting short-term conditions such as a common cold or other minor conditions, which would naturally resolve in the majority of patients if untreated, would increase available money to treat more serious conditions such as heart disease and diabetes.
- 1.11 It is reported that around 20% of a GP's time and 40% of their total consultations are used for minor and/or self-limiting conditions. This policy has the potential to save not only medicine costs but also increase capacity in primary care.
- 1.12 This policy will be refined in line with any future national commissioning guidance.

## 2. Scope

- 2.1. This policy applies to all GPs and prescribers working in our member practices, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier).
- 2.2. Patients including those who are exempt from paying a prescription levy, will now be expected to pay for over-the-counter (OTC) medicines for minor and/or self-limiting conditions that can be managed through self-care. In many cases, the cost to the patient will be less than a prescription charge and will be significantly less than the cost to the NHS if the treatment were prescribed.
- 2.3. Exclusions would include safeguarding concerns and treatments for diagnosed long-term conditions. This includes when there are legal restrictions on the amount of medication available over-the-counter and if the licensing of the OTC product is restricted. GPs are expected to make a clinical judgement and the care of the individual patient must remain their primary concern.

### 3. Definitions

**East and North Hertfordshire Clinical Commissioning Group** (the CCG) – plans, designs and buys health services for 580,000 people, and monitors the quality and effectiveness of those services.

**Over-the-counter** (OTC) drugs are medicines sold directly to a consumer without a prescription from a healthcare professional. They can be pharmacy only (P medicine) or available in other stores or on-line (GSL or general sales list medicines).

**Self-care** is the care of the self without medical or other professional consultation. The aim is to empower people with the confidence and information to look after themselves when they can, and visit a health care professional when they need to. This enables people to have greater control of their own health and encourages healthy behaviours that help prevent ill health in the long term.

A **self-limiting condition** is an illness or condition which will either resolve on its own or which has no long-term harmful effect on a person’s health.

**NHS prescription charges** are paid by patients for drugs or other treatments prescribed for them by a National Health Service medical practitioner.

**Safeguarding** means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect<sup>12</sup>. Each GP practice has a safeguarding lead.

**At risk** can be due to health, social care needs or disabilities to enable people to live free from abuse or neglect.

### 4. Policy statement

4.1. The CCG advises all prescribers to use professional judgement to limit prescribing of medicines which are available over-the-counter for patients with minor and/or self-limiting conditions. All individuals will be expected to pay for over-the-counter medicines for conditions that can be managed through self-care, including groups that currently receive free prescriptions. This does not include patients with diagnosed long-term conditions and the care of the individual patient must remain the primary concern.

4.2. The CCG will support GPs and encourage patients to self-care for minor and/or self-limiting conditions through the purchase of OTC medicines including seeking appropriate advice from a community pharmacist or other healthcare professional. The CCG will provide support resources to practices, pharmacies and other healthcare professionals including patient information.

<sup>1</sup> <http://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people>

<sup>2</sup> <http://www.enhertscgc.nhs.uk/safeguarding-adults-and-children>

- 4.4 Where a treatment is needed on a long-term basis e.g. paracetamol for osteoarthritis, the patient's regular clinician may make a clinical decision to prescribe. GPs are recommended to carry out medication reviews to minimise poly-pharmacy and any unnecessary prescribing which is not providing benefit to a patient.
- 4.5 Community pharmacists and allied healthcare professionals should not advise patients to request their GP to prescribe medicines available for self-limiting conditions and minor health problems where these are available to purchase. Clinicians should be aware that there are licensing restrictions on the over-the-counter sale of a medicine, such as limitations on use in pregnancy or the use of steroid creams on the face.
- 4.6 GPs will also review the prescribing of foods outside of agreed guidelines, e.g. some infant formula milks for children aged over 2 years old.
- 4.7 The mitigation of possible adverse impacts of this policy is covered in the equality and privacy impact assessment. If there are safeguarding concerns, an NHS prescription should be issued. Where necessary the CCG will support practices to respond to any patient comments or complaints.
- 4.8 A list of minor ailments where patients are encouraged to self-care are listed in appendix 1.

## 5. Roles and responsibilities

The following individuals have specific role responsibilities in relation the CCG policy for the commissioning of OTC medicines:

- 5.1 **CCG Governing Body** is responsible for approving this policy and the prudent use of NHS resources.
- 5.2 **CCG Primary Care Medicines Management Group** have discussed and support the proposal and will work with the Pharmacy and Medicines Optimisation Team to prioritise clinical areas and support implementation.
- 5.3 **Chief Executive – Accountable Officer** has overriding accountability for the prudent use of NHS resources.
- 5.4 **Director of Commissioning** is accountable to the executive and Governing Body for medicines optimisation policies.
- 5.5 **Assistant Director of Pharmacy and Medicines Optimisation** has professional operational and strategic accountability for medicines optimisation.
- 5.6 **Lead Pharmaceutical Adviser (Governance)** is responsible for overseeing the implementation of this policy.

5.7 **CCG Board Prescribing Lead** is the Chair of the Primary Care Medicines Management Group and is a member of the Governing Body.

5.8 **Locality prescribing lead GPs** are elected as the prescribing lead to represent each of the localities

## 6. Process for implementation

- Information and posters will be available for all health care venues that patients may access.
- Messages will be displayed on GP practice websites, prescription ordering screens and waiting room displays.
- Prescribing messages will be available on clinical systems (Scriptswitch and Ardens) and for receptionists and prescription clerks.
- The CCG will work with the Local Medical and Pharmaceutical Committees.
- The CCG will monitor prescribing change at practice level to identify successes and challenges.
- Practices will be supported to undertake appropriate searches to identify specific groups of patients using over-the-counter medicines on a short-term basis. This will enable review of existing patients by prescribers.
- For new requests prescribers will provide appropriate advice and support according to this policy.

## **Appendix 1 - Initial list of treatments suitable for purchase over-the-counter by patients with minor and/or self-limiting conditions.**

The CCG does not routinely support the prescribing of medicines that are available to buy from pharmacies and other outlets.

This list is not exhaustive and there may be alternative medicines and a wider range available from a pharmacy. Some of the products listed below have limited efficacy but may provide some symptomatic relief.

We are not proposing changes to long-term treatment with over-the counter medicines such as regular pain relief for osteoarthritis.

This policy would ONLY apply to items you can buy without a prescription. It does not include the medicines that are only available on prescription e.g. antibiotics, statins and blood pressure and diabetes treatments.

- **Oral painkillers and pain rubs for short-term use e.g. paracetamol, ibuprofen**
- **Antihistamines, nasal sprays and eye drops to treat allergies eg hay fever**
- **Indigestion treatments eg antacids, Gaviscon ®, Peptac ®, ranitidine, omeprazole**
- **Laxatives for short-term use (less than 72 hours)**
- **Medication and rehydration sachets for short-term diarrhoea (less than 72 hours)**
- **Probiotics – used to improve gut flora**
- **Colic treatments for infants, e.g. Infacol ® and gripe water**
- **Medicines for travel**
- **Haemorrhoid treatments**
- **Bath oils and shower gels, moisturising creams, gels and ointments for dry skin conditions with no diagnosis**
- **Barrier creams, e.g. for nappy rash**
- **Sun screens**
- **Antifungal treatments for athlete's foot and nail infections**

- Antifungal treatments for thrush
- Head lice treatments
- Cold sore treatments
- Wart and verrucae treatments
- Threadworm tablets
- All cough, cold and sore throat treatments
- Dental products e.g. toothpastes, mouthwashes, gargles and teething gel
- Vitamins and supplements, e.g. vitamin C, vitamin D, multivitamins, body building supplements
- Prescribing of foods outside of agreed guidelines, e.g. some formula milks for children aged over 2 years old
- Antiperspirants
- Earwax removers and softeners
- Shampoos, e.g. for dandruff
- Acne treatments