



**Tower Hamlets**  
Clinical Commissioning Group

# Over the counter medicines consultation

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# Agenda



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- Overall objectives for the work
- The proposals for commissioning guidance on conditions for which over the counter items should not routinely be prescribed in primary care.
- What TH CCG is doing now
- Questions

# Overall objective of the work



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## **Prioritise limited NHS funding**

The medicines spend is the second largest spend, after staffing costs, for the NHS – a total of £16.8bn across England in 2015/16, an increase of 29.1% from £13bn in 2010/11.

Smarter use of resources means greater funding for other high priority areas that have an impact for patients, support improvements in services and deliver transformation.

## **Support the principle of self-care**

Empowering people with the confidence and information to look after themselves gives people greater control of their health and encourages behaviour that helps prevent ill health in the long-term

# Overall objective of the work



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## **Reducing demand on general practice**

It is estimated that there are 57 million GP consultations nationally a year for minor conditions at a total cost to the NHS of £2 billion. These appointments take up an average of one hour a day for every GP.

## **Addressing increased price and other costs**

The costs to the NHS for many of these products is inflated beyond the prices for which they can be purchased over-the-counter and include further hidden costs, including prescribing dispensing and administration costs.

# Overall objective of the work



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## **Reducing Variation**

Many CCGs are considering or have already implemented policies to reduce spend on items that can be purchased over the counter - having national support from NHS England for local decision making in this area would ensure consistency across the country

# How were the proposals developed?



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NHS England and NHSCC previously consulted on *items which should not be routinely prescribed in primary care*

That initial consultation sought views generally on the principle of restricting the prescribing of medicines which are readily available over the counter. An initial list of 26 minor or self-limiting conditions where prescribing restrictions could be considered were identified.

**Feedback was generally supportive (65% agreed) so proposals for consultation were developed.**

They consulted their clinical working group on proposed approach and, based on their guidance, mapped OTC items to the minor conditions for which they are typically prescribed. **They refined their approach to propose prescribing restrictions based on condition rather than item name or formulation**

# How were the proposals developed?



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The OTC items prescribed by the NHS were analysed using data from the NHS Business Services Authority (year prior to June 2017 data) which showed that approximately £569m was spent on OTC medicines.

They analysed the medicines falling within the top 90% of OTC spend, to identify how the medicines could be classified according to the conditions for which they might be prescribed (as per their licensed indications).

**They estimate that restricting prescribing for ‘minor’ conditions may save up to £136m once all discounts and clawbacks have been accounted for.**

# Minor Conditions for which prescriptions could potentially be restricted



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## Conditions

### Self-limiting illnesses:

1. Acute Sore Throat
2. Cold Sores
3. Conjunctivitis
4. Coughs and colds and nasal congestion
5. Cradle Cap (Seborrhoeic dermatitis – infants)
6. Haemorrhoids
7. Infant Colic
8. Mild Cystitis

### Minor illnesses suitable for self-care:

9. Contact Dermatitis
10. Dandruff
11. Diarrhoea (Adults)
12. Dry Eyes/Sore tired Eyes
13. Earwax
14. Excessive sweating (Hyperhidrosis)
15. Head lice
16. Indigestion and Heartburn
17. Infrequent Migraine.
18. Infrequent constipation

## Conditions

19. Insect bites and stings
20. Mild Acne
21. Mild Dry Skin/Sunburn
22. Mild to Moderate Hay fever/Allergic Rhinitis
23. Minor burns and scalds
24. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
25. Mouth ulcers
26. Nappy Rash
27. Oral Thrush
28. Prevention of dental caries
29. Ringworm/Athletes foot
30. Teething/Mild toothache
31. Threadworms
32. Travel Sickness
33. Warts and Verrucae

## Items:

Probiotics  
Vitamins and Minerals.



# These minor conditions/items can be grouped into three...



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- An item of limited clinical evidence of effectiveness;
- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own, however some patients may wish to purchase over the counter medicines for symptomatic relief.
- A condition that is a minor ailment and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.

# Proposals for CCG commissioning guidance



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- They consulted their clinical working group on proposed approach and the guidance for consultation was developed.
- 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**.
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[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.
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **appropriate for self-care**.

# Proposals for CCG commissioning guidance



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- It is important to note that this guidance focuses on restricting prescribing for the conditions outlined, not on the restriction of prescribing for individual items.
- It is also intended to encourage people to self-care for minor illnesses as the first stage of treatment.
- Clinicians should continue to prescribe, taking account of NICE guidance as appropriate:
  - for the treatment of long term conditions (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 such as cough lasting longer than three weeks.)

# Proposals for CCG commissioning guidance



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- The following groups of patients should also continue to have their treatments prescribed on the NHS:
  - Treatment for complex patients (e.g. immunosuppressed patients).
  - Patients on treatments that are only available on prescription.
  - Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or a prescription only medication.

# General Exceptions



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- **Prescriptions for the conditions listed in this guidance should also continue to be issued on the NHS for:**
  - Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. 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 ailment.
  - Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
  - Patients where the clinician considers that their ability to self-manage is compromised as a consequence of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care.

# Consultation



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- 3 month national public consultation will run from 20<sup>th</sup> December to 14<sup>th</sup> March 2018
- Web consultation survey
- <https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/consultation/intro/>
- Range of other face to face and online events.
  - **Face-to-face events**  
[Monday 5 March \(2 – 4pm\) - London](#)
- Opportunity to provide views on the proposals.

# What is TH CCG doing now



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- In order to ensure that the outcomes of the consultation can be implemented swiftly THCCG is undertaking local consultation for implementation of the draft guidance in line with the requirements of the Health and Social Care Act.
- This will allow for a rapid local decision to be made on implementation of the final guidance for each condition when it is planned to be published in April 2018.
- During the national consultation phase, TH CCG can provide a response to the national consultation on the commissioning guidance, based on our own local consultation and engagement activities. This could include but is not limited to:
  - TH CCG's perspective on the guidance;
  - the outcome of any relevant local consultations; and/or
  - feedback from local engagement with patient participation groups, local community groups representing people with protected characteristics, Healthwatch and discussion with the local overview and scrutiny committee of the Local Authority

# Reflection on and implementation of consultation outcome



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- Following closure of the consultation, NHS England will feedback to CCGs the summary of responses received allowing an opportunity for reflection and review.
- NHS England and NHSCC via the clinical working group will review the responses received and develop finalised clinical commissioning guidance which would be published. The expectation being that CCGs should 'have due regard to' the guidance when making local decisions in accordance with the Health and Social Care Act. This should be available in **April**.
- Individual CCGs will make a local decision on whether to implement the national clinical commissioning guidance, with due regard to both local circumstances and their own impact assessments.