

**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE
(JAPC)**

Derbyshire CCGs Self-care policy

INTRODUCTION

Self-care is widely acknowledged as an important solution to managing demand and keeping the NHS sustainable. Supporting people to self-manage common conditions such as coughs and colds could help bring down the 57 million GP consultations each year for minor ailments, a situation which costs the NHS approximately £2 billion and takes up to an hour a day on average for every GP.

Promoting the concept of self-care and increasing the awareness that there are alternatives to making GP appointments, or attendance at OOHs or A&E departments with minor conditions, will encourage patients to explore self-care in the future, so changing the culture of dependency on the NHS.

Together, the four CCGs in Derbyshire (Erewash, Hardwick, North Derbyshire and Southern Derbyshire) spent over £3Million in 2015/2016 on some of the medicines that are available to purchase over-the-counter (OTC). It is recognised that much of this cost is attributable to long-term or complex conditions, but considerable spend is also for conditions that may be considered suitable for self-care.

Removing medications for certain conditions from routine prescription releases money to treat conditions such as heart disease and diabetes and helps maintain financial balance in the health economy. Medications no longer routinely prescribed are for conditions that:

- may be considered to be self-limiting, so they do not need treatment as they will get better of their own accord, or
- are suitable for self-care, so that the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly (table 1 has examples of medicines that fall into these categories).

It is also true that some products available at NHS expense have insufficient evidence of benefit (table 2); removing these products from prescription will also release money.

This policy was written following a Derbyshire wide [public consultation](#) and amended in line with the guidance from NHS England: [Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs](#)

SCOPE AND PURPOSE OF THE POLICY

The Self-Care Policy sets out the Derbyshire Clinical Commissioning Groups' approach to ensure that:

- **Prescribing of medicines and treatments that are available to purchase over-the-counter is stopped if one of the following criteria is met:**
 1. **The condition for which the medication or treatment is prescribed is considered to be self-limiting**
 2. **The condition for which the medication or treatment is prescribed is considered suitable for self-care**
 3. **The medication or treatment prescribed has insufficient evidence of benefit**
- **Prescribers are supported in implementing this decision.**

This policy will ensure equity of service for all residents of Derbyshire and will allow the same expectation of what will be provided from the GP Practice or other services.

This policy applies to all services contracted by or delivered by the NHS across Derbyshire including:

- a) GP Practices – GPs and all other Prescribers
- b) Out of hours and extended hours primary care providers
- c) Acute Hospitals
- d) Out-Patient Clinics
- e) NHS Community Providers
- f) Independent providers
- g) Community pharmacies
- h) Opticians
- i) Dentists

This policy applies to all people (adults and children) who are registered with a GP in Derbyshire (permanent or temporary resident) or who access an NHS service in Derbyshire.

Derbyshire CCGs have a duty to ensure that the local NHS budget is spent in an appropriate way.

The Governing Bodies are responsible for ensuring that all agreed actions are carried out by healthcare professionals according to this policy.

Implementation of the policy will be monitored via ePACT and PrescQIPP data.

Equality Statement

Erewash, Hardwick, North Derbyshire and Southern Derbyshire CCGs' aim is to design and implement policy documents that meet the diverse needs of the populations to be served and the NHS workforce has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012.

The CCGs are committed to ensuring equality of access and non-discrimination, irrespective of age, disability (including learning disability), gender reassignment, and marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equality of opportunity for all. This document has been designed to ensure that no-one receives less favourable treatment owing to their personal circumstances.

MEDICINES AVAILABLE OVER-THE-COUNTER, USED FOR SELF-LIMITING CONDITIONS OR CONDITIONS SUITABLE FOR SELF-CARE

Most minor ailments are either self-limiting or suitable for self-care. Products aimed at treating the symptoms of many of these ailments may not offer value for money and should not normally be prescribed at NHS expense.

Patients with minor, self-limiting conditions and conditions suitable for self-care will be signposted to community pharmacies, or other outlets such as supermarkets and local shops, to purchase over-the-counter treatments.

Community pharmacists have a wealth of experience and training, and are well placed to contribute to the management of minor ailments and common conditions. No appointments are needed and community pharmacies are often open for longer hours than GP Practices and are also open at weekends.

Secondary Care and other providers will support self-care interventions and signpost patients to the community pharmacy if appropriate, particularly where patients have presented inappropriately to A&E, urgent care centres or out of hours services.

People will be encouraged to be responsible for their own health and well-being, by all healthcare professionals.

Patient information leaflets are available for specific conditions, either via sources such as NHS Choices or via the GP Practice prescribing system, to ensure that people are made aware of warning signs or symptoms that would require them to see their GP. Patient education during appointments may help to reduce repeat consultations for similar conditions whilst ensuring appropriate safety-netting is in place.

PRODUCTS WITH INSUFFICIENT EVIDENCE OF BENEFIT

Many of the products in this category are not licensed drugs under the Medicines Act. This means that they have not undergone the stringent testing laid down by the regulatory authorities to confirm their safety, quality and efficacy. There is no summary of product characteristics (SPC) for prescribers to consult and hence no indemnity for prescribers should the treatment cause harm.

Many of these products are classed as 'food substitutes' and do not appear in the current British National Formulary (BNF) or the Drug Tariff. They are often not manufactured to the same high pharmaceutical standards used for licensed medicines; hence there is no guarantee of consistency in formulation and potency. These treatments will not have undergone rigorous clinical trials to demonstrate that they are effective.

It is inappropriate to direct NHS resources towards products that do not have proven efficacy or safety in preference to licensed medicines.

General exceptions to the policy:

- 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 where OTC products would not be suitable.
- 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 (e.g. Dry eyes due to Sjögren's syndrome).
- 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 OTC products.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- 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.

Table 1. Examples of medicines that can be purchased over-the-counter for the treatment of self-limiting conditions and those conditions deemed suitable for self-care. (Note: this list and examples given is not exhaustive).

Self-limiting Conditions		
Condition	Example products (not exhaustive)	Specific Exceptions (for general exceptions see above)
Acute sore throat	Sore throat lozenges and sprays	
Infrequent cold sores of the lip	Aciclovir cream Zovirax cold sore cream	Immunocompromised patients
Conjunctivitis (also see hayfever below)	Chloramphenicol eye drops or ointment	children Patient under 2 years of age
	Sodium cromoglicate eye drops Otrivine-antistin eye drops	
Coughs, colds and nasal congestion	Simple linctus, pholcodine linctus Pseudoephedrine nasal sprays and oral preparations Xylometazoline and ephedrine nasal sprays and drops	
Cradle cap	Olive oil, cradle cap shampoos	If causing distress to the infant and not improving
Haemorrhoids	Anusol cream, ointment or suppositories	
	Anusol HC cream, ointment, suppositories	Patient less than 18 years of age
Infant colic	Simeticone liquid Dimeticone liquid	
	Colief liquid	<u>Confirmed</u> lactose intolerance only
Mild cystitis	Potassium citrate mixture or sachets Cranberry products	

Minor conditions suitable for self-care		
Condition	Example products (not exhaustive)	Specific Exceptions (for general exceptions see above)
Mild irritant dermatitis	Emollient creams and lotions	
	Mild corticosteroid creams (e.g. hydrocortisone)	Exceptions for hydrocortisone cream: <ul style="list-style-type: none"> • Children under 10 years • Pregnant women • When required for use on the face, anogenital region, broken or infected skin (including cold sores, acne, and athlete's foot).

Dandruff (mild scaling of the scalp without itching)	Shampoos including antifungal, antiseptic, selenium and coal tar	
Diarrhoea (adults)	Loperamide Oral rehydration sachets	Children
Dry eyes/sore tired eyes	Hypromellose eye drops, carbomer 980 gel	
Earwax	Olive Oil, sodium bicarbonate ear drops	
Excessive sweating (hyperhidrosis)	Aluminium chloride 20% solutions (e.g. Driclor, Anhydrol Forte)	
Head lice	Dimeticone, malathion, cyclomethicone, permethrin shampoos and liquids	Children under 6 months of age
Indigestion and heartburn	Peptac, Gaviscon	
Infrequent constipation	Senna, lactulose, macrogol sachets	Children where dietary and lifestyle changes have not been sufficient
Infrequent migraine	Analgesics, migravele, triptans	Patients with severe or recurrent migraines.
Insect bites and stings	Antihistamine oral and topical preparations, calamine lotion	
	Topical corticosteroids	Exceptions for hydrocortisone cream: <ul style="list-style-type: none"> • Children under 10 years • Pregnant women • When required for use on the face, anogenital region, broken or infected skin (including cold sores, acne, and athlete's foot).
Mild Acne	Benzoyl peroxide creams and gels	
Mild dry skin	Emollient creams and lotions	
Sunburn due to excessive sun exposure	Emollients, oral and topical antihistamines, analgesics	
Sun protection	Sun creams such as Uvistat, Sensesense, etc.	ACBS approved indication of protection from UV radiation in abnormal cutaneous photosensitivity. (i.e. where skin protection should be prescribed)
Mild to moderate hayfever/seasonal rhinitis	Antihistamines, nasal sprays, eye drops	
Minor burns and scalds	Antiseptic creams, analgesics	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/or fever (e.g. aches and sprains, headache, period pain, back pain)	Analgesics, NSAIDs, topical anti-inflammatory preparations	
Mouth ulcers	Local anaesthetic gels, hydrocortisone buccal tablets	Exceptions for hydrocortisone buccal tablets: <ul style="list-style-type: none"> • children under 12 years of age
Nappy rash	Barrier preparations such as Sudocrem, metanium	
Oral thrush	Daktarin oral gel, nystatin oral suspension	Infants less than 4 months old (Note that Daktarin oral gel is only licensed for 4 months and older. Nystatin is POM so will need a prescription if required.)
Dental products	Mouthwashes Toothpaste	
Ringworm/athlete's foot	Topical preparations containing miconazole, clotrimazole etc.	Lymphoedema or history of lower limb cellulitis
Teething/mild toothache	Teething gels, paracetamol, ibuprofen	
Threadworms	Mebendazole	Children under 2 years of age. Not licensed for OTC sale.
Travel sickness	Cinnarizine, hyoscine	
Warts and verrucae	Salicylic acid containing products, glutaraldehyde	Treatment of anogenital warts

Table 2. Examples of medicines that have little evidence of benefit (Note: this list and examples given is not exhaustive)

Product category	Example products (not exhaustive)	Specific Exceptions (for general exceptions see above)
Probiotics	VSL#3, lactobacillus, acidophilus	VSL#3 for use under the supervision of a physician for the maintenance of antibiotic induced remission of ileoanal pouchitis in adults.
Vitamins and minerals	Pharmacy own brands of vitamins/multivitamins (i.e. Boots, Lloyds, Superdrug, Valupak), Haliborange, Sanatogen, Fruitivits Sachets, Spatone, Seven Seas, Lamb, Vita E, Osteocaps, Osteocare, Redoxon, Centrum,	<p>Vitamin D (high strength) for proven vitamin D deficiency. Calcium and vitamin D for osteoporosis or osteopenia. Vitamin D for patients with hyperparathyroidism, hypercalcaemia and patients receiving parenteral osteoporosis treatment as per the JAPC position statement on self-care with vitamin D*.</p> <p><i>NB maintenance or preventative treatment is not an exception.</i></p> <p>Thiamine and vitamin B co. strong only for alcohol related conditions & neurological complications as per the JAPC position statement on vitamin supplementation in alcohol misuse*.</p> <p>Vitamin B12 deficiency.</p> <p>Post bariatric surgery – only as specified in the JAPC guideline on monitoring and medication after bariatric surgery*.</p> <p>Vitamin supplements for premature and low birth weight babies as advised by hospital.</p> <p><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></p> <p>*Available at http://www.derbyshiremedicinesmanagement.nhs.uk/clinical_guidelines/chapter_9/</p>

The medicines referred to in this policy are all readily available from community pharmacies and in many cases from supermarkets and other outlets. The cost to the patient will vary depending on the condition being treated, treatment length and where the product is purchased. Paracetamol cost as little as 19p for 16 tablets whereas head lice treatments may cost around £5.00 for a single person treatment or as much as £12.00 for a family pack (although wet combing is inexpensive and is the preferred method of treatment).

Professional and contractual context for prescribers

During discussion with the patient, when considering what treatment and ongoing monitoring is required, prescribers are asked to be mindful of the following:

- That GPs have clinical freedom to act in an individual patient's best interest where exceptional clinical circumstances exist that warrant deviation from this policy. Any such decisions should be recorded clearly in the patient's clinical record.
- That within their Primary Medical Services contract with NHSE, GPs have a contractual obligation relating to patients to make available such treatment (including any prescription deemed to be appropriate after discussion with the patient) as is necessary and appropriate, and to provide advice in connection with the patient's health, including relevant health promotion advice.
- That reference to local prescribing guidelines is good professional practice.
- That consideration of GMC professional obligations to use NHS resources wisely is good professional practice.

References/resources and associated documents

Self care for minor ailments. T8 January 2015 V 2.0. PrescQIPP. Available at: <https://www.prescqipp.info/resources/send/141-self-care-webkit/1748-t8-self-care-for-minor-ailments>

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