

## 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. It is recognised that much of this cost is attributable to long-term or complex conditions. However, removing specific medications from routine prescription - for minor, short-term conditions and for conditions, such as a common cold, sore throat or minor cough, which would naturally get better themselves in the majority of patients if untreated - would release money to treat more serious conditions such as heart disease and diabetes and would help maintain financial balance in the health economy (examples of such products are shown in table 1). 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.

#### 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 (and are used for the treatment of minor, short-term medical conditions, or have little evidence of benefit) is stopped** and to support prescribers 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 any other prescribers
- b) Out of hours and extended hours providers
- c) Acute hospitals
- d) Outpatient Clinics
- e) NHS community providers
- f) Independent providers
- g) Community pharmacies

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 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 short-term, minor medical conditions

Most minor ailments are generally not serious and can often be managed by the individual. 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 short-term, minor ailments and common conditions will be referred 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 the community pharmacy is often open outside of GP Practice opening hours and is also open at weekends.

Secondary Care will support self-care interventions and refer 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 certain conditions, either via sources such as NHS Choices, the Self Care Forum 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.**

**Table 1. Examples of medicines that can be purchased over-the-counter for the treatment of minor, short-term conditions.** (This self-care policy does not apply to the treatment of long-term conditions).  
 (Note: this list and examples given is not exhaustive).

Product category	Example products	Exceptions
Simple analgesics	Paracetamol tablets and capsules	
	Co-codamol 8/500 tablets and capsules	
	Paracetamol liquid	Children under 2 months. Babies born before 37 weeks. Babies weighing less than 4kg.
Topical antifungals	Miconazole 2% cream	Diabetic patients
	Terbinafine 1%	Diabetic patients. Pregnancy. Breast feeding.
Topical pain relief	Ibuprofen gel/cream/spray Diclofenac gel/cream/spray	Children under 14 years old
Oral antihistamines	Loratadine Cetirizine Chlorphenamine	
Cold sore creams	Aciclovir 5% cream	Immunocompromised
Steroid nasal sprays	Beclometasone Fluticasone	Children or adolescents under the age of 18 years
Dental products	Mouthwashes Teething gel Toothpaste	
Mild steroid creams	Hydrocortisone 1% cream	Children under 10 years. Pregnancy. Eyes or face, ano-genital area or on broken or infected skin.
Sore throat/mouth ulcer products	Sore throat lozenges Sore throat sprays Sore mouth gels	
Indigestion and heartburn	Gaviscon, peptac	
	Omeprazole	Under 18 years old
Infant colic	Infacol Susp 40mg/ml S/F	
Nappy rash	Metanium, Sudocrem	
Decongestant nasal sprays, drops and tablets	Pseudoephedrine tablets Sodium chloride nasal spray Sodium chloride 0.9% drops Xylometazoline/Oxymetazoline/ Ephedrine nasal sprays	
Sunscreens	High factor sunscreens, branded or own brand	
Warts and verrucae	Salicylic acid and/or lactic acid ointment/solution/plasters/gels/paints	
Ear wax removers	Olive oil Oil-based ear drops Hydrogen peroxide-based ear drops	Perforated ear drum

Cough preparations	Simple linctus, pholcodine linctus	
Head lice	Malathion Dimeticone	Children under 6 months
Eye products for conjunctivitis	Chloramphenicol 0.5% eye drops/ 1% eye ointment	Children under 2 years. Pregnancy and lactation
	Sodium cromoglicate 2% eye drops	
Diarrhoea Relief	Dioralyte sachets	
	Loperamide	Children under 12 years.
Constipation	Lactulose	
	Senna	Children under the age of 12 years
Mild acne	Abrasive agents, benzoyl peroxide and other topical treatments	Children under the age of 12 years
Cradle cap	cradle cap shampoos	
Dandruff	Tar shampoos, antifungal products	

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

Product Category	Example Products	Exceptions
Eye Care	Blephaclean Eye Lid Wipe, Lid-Care Eyelid Wipe, Optrex, Supranettes, RefreshOphth Soln 0.4ml Ud, Ster Eye Cleansing Wipes	None
Health Supplements	Products containing glucosamine Products containing chondroitin. Products containing fish oils. Products containing co-enzyme Q10. Products containing Omega 7. Icaps, OcuVite, PreserVision, Nature's own, Nature's aid	None
Herbal Remedies	St John's Wort, Healthaid, Kalms, Nytol, Bach flower remedies	None
Homeopathic remedies	Weleda products, Nelson products	None
Probiotics	VSL#3	Pouchitis
Vitamins, Multivitamin & all mineral preparations (including Cod liver oil, Vitamin B products, Vitamin E products, Vitamin A & D products)	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	Vitamin D (high strength) for proven Vitamin D deficiency. Thiamine for alcohol related conditions & neurological complications. Vitamin B12 deficiency. Forceval (post bariatric surgery). Vitamin supplements for premature babies as advised by hospital.
Cough preparations	Branded cough medicines	

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.

### 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

1. 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>
2. Putting the self into self-care. Annual review 2014. Proprietary Association of Great Britain. Available at: <http://www.paqb.co.uk/publications/pdfs/annualreview2014.pdf>
3. The NHS Plan. A plan for investment. A plan for reform. July 2000. Department of Health. Available at: [http://webarchive.nationalarchives.gov.uk/20130502102046/http://www.connectingforhealth.nhs.uk/resources/policyandguidance/nhs\\_plan.pdf](http://webarchive.nationalarchives.gov.uk/20130502102046/http://www.connectingforhealth.nhs.uk/resources/policyandguidance/nhs_plan.pdf)
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5. Five Year Forward View. NHS England. October 2014. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>