

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

Derby and Derbyshire ICB 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 Out of Hours 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.

Derby and Derbyshire ICB spent over £9.5 Million in 2020/21 and the same again in 2021/22 on items that are available to purchase over-the-counter (OTC). It is recognised that some of this cost is attributable to long-term or complex conditions, but considerable spend is also for conditions that may be considered self-limiting and are thus suitable for self-care.

By reducing spend on treating conditions that are self-limiting, suitable for self-care, or on items with limited evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients. This includes supporting improvements in services and/or delivering transformation that will ensure the long-term sustainability of the NHS.

Medications should no longer be routinely prescribed for conditions that:

- may be considered to be self-limiting, in that they do not normally need treatment as they will heal or 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 ([see table 1](#) for examples of medicines that fall into these categories).

In addition

- some products prescribed at NHS expense have insufficient evidence of clinical effectiveness and should no longer be routinely prescribed ([see table 2](#)).

Community pharmacy should be the first port of call for patients seeking help for management of minor illness. The Community pharmacy consultation scheme (CPCS) connects patients with community pharmacy, providing convenient, same-day consultations with a community pharmacist. Direct digital referrals can be managed by practice reception staff, saving GP time and appointments.

The new Pharmacy First service builds on the Community Pharmacist Consultation Service which enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. It adds to the existing consultation service and enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways (acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections). See NHSE [information page](#) on Pharmacy First.

SCOPE AND PURPOSE OF THE POLICY

The Self-Care Policy sets out the Derbyshire Integrated Care Board's 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 item or treatment prescribed has insufficient evidence of clinical effectiveness.**

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 (for exemptions please refer to page 3).

Derby and Derbyshire ICB have a duty to ensure that the local NHS budget is spent in an appropriate way. The Governing Body is 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 (electronic Prescribing Analysis and Cost Tabulation and PrescQIPP (Prescribing, Quality, Innovation, Productivity & Prevention) data.

Equality Statement

Derby and Derbyshire ICB's 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 ICB is 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 should 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 self-limiting 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 safety netted and made aware of warning signs or symptoms that would require them to see their GP. Patient education during appointments has been proven to help to reduce repeat consultations for similar conditions whilst ensuring appropriate safety-netting is in place. Health Education England has produced a short interactive e learning programme for healthcare professionals on how to conduct successful self-care aware consultations; <https://www.e-lfh.org.uk/programmes/successful-self-care-aware-consultations/>

PRODUCTS WITH INSUFFICIENT EVIDENCE OF CLINICAL EFFECTIVENESS

Many of the products in this category are not licensed drugs according to 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. Many of these products are classed as 'food supplements' 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. There is no summary of product characteristics (SPC) for prescribers to consult and, more importantly, no indemnity for prescribers should the treatment cause harm.

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.
- 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 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.
- 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.

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 37p for 16 tablets whereas loratadine or cetirizine taken for hay fever start from around £2.00 for 30 tablets with seasonal deals potentially reducing the price further.

Professional and contractual context for prescribers

Please refer to letter from NHSE Medical director to GPs clarifying prescribing concerns:
<https://www.england.nhs.uk/publication/letter-to-gp-practices-routine-prescribing-of-medicines-which-are-available-over-the-counter/>

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.
- Regulation 94 of The National Health Service (General Medical Services Contracts) Regulations 2015 and Regulation 86 of The National Health Service (Personal Medical Services Agreements) Regulations 2015 and Paragraph 7 (v) of The Alternative Provider Medical Services Directions 2016 state that contractors must have regard to all relevant guidance issued by NHS England. These Regulations do not state that the guidance needs to be directed to GP practices, but simply be relevant. The OTC guidance includes specific reference to prescribers, and requires prescribers to reflect local policies in prescribing practice. In NHS England's view, this guidance is "relevant guidance" under Regulation 94 and other relevant regulatory references. Contractors are therefore required to have regard to this guidance and are able to follow the guidance and exercise judgement about when it is (and is not) appropriate to prescribe OTC items, without any risk that they will be in breach of their contract. GPs are also able to inform patients they must have regard to this guidance when communicating any decision not to prescribe an OTC item for treatment of one of the conditions identified.
- 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

Bulletin 320 GP guide to Self care - over the counter items PrescQIPP Available at: <https://www.prescqipp.info/our-resources/bulletins/bulletin-320-over-the-counter-items/>
NB includes reference to OTC sales restrictions

Bulletin 134 Self-care for common conditions_PrescQIPP Available at: <https://www.prescqipp.info/our-resources/bulletins/bulletin-134-self-care-for-common-conditions/>

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

Five Year Forward View. NHS England. October 2014. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

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

Successful self-care aware consultations for healthcare professionals, HEE Available here: <https://www.e-lfh.org.uk/programmes/successful-self-care-aware-consultations/>

Letter from NHSE Medical director to GPs clarifying prescribing concerns: <https://www.england.nhs.uk/publication/letter-to-gp-practices-routine-prescribing-of-medicines-which-are-available-over-the-counter/>

Quick reference guide for healthcare professionals Conditions for which over the counter items should not routinely be prescribed in primary care PrescQIPP Available at : <https://www.england.nhs.uk/publication/quick-reference-guide-for-healthcare-professionals-conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care/>