



# Conditions for which over the counter items (OTC) should not routinely be prescribed in primary care

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## 1.0 Introduction

In the financial year 2017/18, the Coventry & Rugby and Warwickshire North Clinical Commissioning Groups (CCGs) spent approximately £4 million and £1.7 million respectively on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as supermarkets.

These prescriptions include items for a condition:

- That is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord;
- Which lends itself to self-care i.e. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly.

These prescriptions also include other common items:

- That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
- For which there is little evidence of clinical effectiveness.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS. More cost-effective use of stretched NHS resources allows money to be spent where it is most needed, whilst improving patient outcomes. Coventry and Rugby CCG (CRCCG) and Warwickshire North CCG (WNCCG) need to make increasingly difficult decisions about how to spend the NHS budget and this means prioritising those things that will give patients the best clinical outcomes. Any savings from implementing the proposals could be reinvested in improving patient care.

A wide range of information is available to the public on the subjects of health promotion and the management of minor self-treatable illnesses. Advice from [NHS Choices](#) or organisations such as the [Self Care Forum](#) is readily available on the internet. Many community pharmacies are also open extended hours including weekends and are ideally placed to offer advice on the management of minor conditions and lifestyle interventions. The Royal Pharmaceutical Society offers advice on over the counter products that should be kept in a medicine cabinet at home to help patients treat a range of self-treatable illnesses.

## 2.0 Scope

2.1 This policy applies to all services contracted by or delivered by the NHS in Coventry & Rugby and Warwickshire North CCGs including:

GP practices  
Out of hours and extended hours providers Acute  
Hospitals  
Outpatient clinics  
NHS community providers  
Independent providers  
Community pharmacy

2.2 This policy applies to all prescribers within the contracted services; general practitioners, locum and junior doctors, trainees and community practitioners, supplementary and independent non-medical prescribers within Coventry & Rugby and Warwickshire North CCGs.

2.3 This policy applies to:

All patients registered with or attending a healthcare appointment in Coventry & Rugby and Warwickshire North CCGs

All patients, whether or not they pay for their prescriptions

**Exemption from prescription charges does not exempt an individual from self-care for minor conditions.**

## 3.0 Key Principles

3.1 The policy sets out CRCCG's and WNCCG's commissioning statements for

- Two groups of medicines of limited clinical effectiveness (Appendix 1 items 1-2)
- Eight self-limiting conditions which will normally resolve without treatment (Appendix 1 items 3-10)
- Twenty-seven minor conditions suitable for self-care (Appendix 1 items 11-37)

3.2 It also sets out a series of general exceptions to the policy (section 5). Any product- or condition-specific exceptions are included in the individual monographs.

3.3 The policy is intended to encourage people to self-care for minor illnesses as the first stage of treatment. It is envisioned that in most cases (unless specified) these minor conditions will clear up with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice.

- 3.4 The policy is not intended to discourage patients from going to the GP when it is appropriate to do so. NHS Choices, NHS 111 or the Fact Sheets available on the Self Care Forum are sources of advice to patients on when they should seek GP Care.

#### **4.0 National/Local Guidance**

This policy is based on guidance addressed to CCGs by NHS England to support them to fulfil their duties around appropriate use of their resources. The guidance may be accessed [here](#). NHS England expects CCGs to take it into account in formulating local policies, unless they can articulate a valid reason to do otherwise, and for prescribers to reflect local policies in their prescribing practice. The guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

#### **5.0 General exceptions to the policy**

- 5.1 There are certain scenarios where patients should continue to have their OTC medicine prescribed and these are outlined below:

- Patients prescribed an OTC medicine 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 prescribed OTC medicines to treat an adverse effect or symptom of a more complex illness and/or prescription only medication
- Circumstances where the product license 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. Consideration should also be given to safeguarding issues.

5.2 Please note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance.

5.3 Specific exceptions are included (if applicable) under the relevant item and/or condition.

5.4 The general exceptions do not apply for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used.

## 6.0 Commissioning Statements

### 6.1 Items of limited clinical effectiveness

#### 6.1.1 Probiotics

Statement	Probiotics should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.
Rationale	There is currently insufficient clinical evidence to support prescribing of probiotics within the NHS for the treatment or prevention of diarrhoea of any cause. Both the <a href="#">Public Health England C.difficile guidance</a> and <a href="#">NICE CG 84</a> recommend that probiotics cannot be recommended currently and that “Good quality randomised controlled trials should be conducted in the UK to evaluate the effectiveness and safety of a specific probiotic using clearly defined treatment regimens and outcome measures before they are routinely prescribed.”
References	1. <a href="#">Public Health England C.difficile guidance</a> 2. <a href="#">NICE CG 84:Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management</a> 3. <a href="#">PrescQIPP CIC: Probiotics</a>
Exceptions	ACBS approved indication

### 6.1.2 Vitamins and minerals

Statement	<p>Vitamins and minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness. Any prescribing not in-line with listed exceptions should be discontinued.</p>
Rationale	<p>There is insufficient high-quality evidence to demonstrate the clinical effectiveness of vitamins and minerals, other than in line with the exceptions listed below.</p> <p>Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary.</p> <p>The body creates vitamin D from direct sunlight on the skin when outdoors, as well as obtaining it from dietary sources. From about late March/early April to the end of September, the majority of people should be able to get all the vitamin D they need from sunlight on their skin. Vitamin D supplements or vitamin drops containing vitamin D (for underfives) may be purchased at most pharmacies and supermarkets.</p>
References	<ol style="list-style-type: none"> <li>1) <a href="#">PrescQIPP bulletin 107, August 2015; the prescribing of vitamins and minerals including vitamin B preparations (DROP-list)</a></li> <li>2) NHS Choices: Supplements, Who Needs Them? <a href="#">A behind the Headlines Report</a>, June 2011</li> <li>3) <a href="#">NHS Choices: Do I need vitamin Supplements?</a> Accessed October 2017</li> <li>4) <a href="#">Healthy Start Vitamins</a></li> </ol>
Exceptions	<p>Calcium and vitamin D for osteoporosis.</p> <p>Management of medically diagnosed deficiency, in patients who have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should however be reviewed on a regular basis.</p> <p>Course of treatment for medically diagnosed deficiency, in patients without a lifelong or chronic condition or a history of surgery that results in malabsorption</p> <p>NB Maintenance or preventative treatment following restoration to normal levels is not an exception.</p> <p>Malnutrition including alcoholism (see <a href="#">NICE guidance</a>)</p> <p>Prescription only vitamin D analogues such as alfacalcidol <i>NB Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (Please note this is not on prescription but commissioned separately)</i></p>

## 6.2 Self-limiting conditions

### 6.2.1 Acute sore throat

Statement	A prescription for a medicine available to purchase over the counter for treatment of acute sore throat 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.
Rationale	<p>A sore throat due to a viral or bacterial cause is a self-limiting condition. Symptoms resolve within 3 days in 40% of people, and within 1 week in 85% of people, irrespective of whether or not the sore throat is due to a streptococcal infection.</p> <p>There is little evidence to suggest that treatments such as lozenges or throat sprays help to treat the cause of sore throat and patients should be advised to take simple painkillers and implement some self-care measures such as gargling with warm salty water instead.</p>
References	<ol style="list-style-type: none"><li>1. <a href="#">NHS Choices: Sore Throat-</a> accessed October 2017</li><li>2. <a href="#">NICE CKS: Sore Throat - Acute</a> accessed October 2017</li></ol>
Exceptions	'Red flag' symptoms

### 6.2.2 Infrequent cold sores of the lip

Statement	A prescription for a medicine available to purchase over the counter for treatment of cold sores 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.
Rationale	<p><b>Cold sores caused by the herpes simplex virus usually clear up without treatment within 7 to 10 days.</b></p> <p>Antiviral creams are available over the counter from pharmacies without a prescription and if used correctly, these can help ease symptoms and speed up the healing time.</p> <p>To be effective, these treatments should be applied as soon as the first signs of a cold sore appear. Using an antiviral cream after this initial period is unlikely to have much of an effect.</p>
References	<ol style="list-style-type: none"><li>1. <a href="#">NHS Choices: Cold sore (herpes simplex virus)</a> accessed October 2017</li><li>2. <a href="#">NICE CKS: Herpes Simplex Oral</a> accessed October 2017</li></ol>
Exceptions	<p>Immunocompromised patients.</p> <p>'Red flag' symptoms</p> <p>See section 5 for general exceptions.</p>

### 6.2.3 Conjunctivitis

Statement	A prescription for a medicine available to purchase over the counter for treatment of conjunctivitis 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.
Rationale	<p>Treatment is not usually needed for conjunctivitis as the symptoms usually clear within a week. There are several self-care measures that may help with symptoms.</p> <p>If treatment is needed, then treatment is dependent on the cause:</p> <ul style="list-style-type: none"> <li>• In severe bacterial cases, antibiotic eye drops and eye ointments can be used to clear the infection.</li> <li>• Irritant conjunctivitis will clear up as soon as whatever is causing it is removed.</li> <li>• Allergic conjunctivitis can usually be treated with anti-allergy medications such as antihistamines. The substance that caused the allergy should be avoided.</li> </ul> <p>Treatments for conjunctivitis can be purchased over the counter however almost half of all simple cases of conjunctivitis clear up within ten days without any treatment. Public Health England (PHE) advises that children with infective conjunctivitis do not need to be excluded from school, nursery or child minders, and it does not state any requirement for treatment with topical antibiotics..</p>
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Conjunctivitis accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Conjunctivitis - Infective accessed October 2017</a></li> <li>3. <a href="#">PHE Advice for schools: September 2017</a></li> <li>4. <a href="#">NICE Medicines evidence commentary: conjunctivitis and inappropriate prescribing.</a></li> </ol>
Exceptions	'Red flag' symptoms

#### 6.2.4 Coughs and colds and nasal congestion

Statement	A prescription for a medicine available to purchase over the counter for treatment of coughs, colds and nasal congestion 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.
Rationale	Most colds start to improve in 7 to 10 days. Most coughs clear up within two to three weeks. Both conditions can cause nasal congestion. Neither condition requires any treatment.
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Common Cold accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Common Cold accessed October 2017</a></li> <li>3. <a href="#">PrescQIPP: Coughs and Colds.</a></li> </ol>
Exceptions	'Red flag' symptoms

#### 6.2.5 Cradle cap (seborrhoeic dermatitis – infants)

Statement	A prescription for a medicine available to purchase over the counter for treatment of cradle cap 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.
Rationale	Cradle cap is harmless and doesn't usually itch or cause discomfort. It usually appears in babies in the first two months of their lives and clears up without treatment within weeks to a few months.
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Cradle Cap accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Seborrhoeic dermatitis accessed October 2017</a></li> </ol>
Exceptions	If causing distress to the infant and not improving.

#### 6.2.6 Haemorrhoids

Statement	A prescription for a medicine available to purchase over the counter for treatment of haemorrhoids 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.
Rationale	In many cases, haemorrhoids don't cause symptoms and some people don't even realise they have them. Haemorrhoids often clear up by themselves after a few days. Making simple dietary changes and not straining on the toilet are often recommended first. However, there are many treatments (creams, ointments and suppositories) that can reduce itching and discomfort and these are available over the counter for purchase.
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Haemorrhoids accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Haemorrhoids accessed October 2017</a></li> </ol>
Exceptions	'Red flag' symptoms

### 6.2.7 Infant colic

Statement	A prescription for a medicine available to purchase over the counter for treatment of infant colic 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.
Rationale	As colic eventually improves on its own, medical treatment isn't usually recommended. There are some over-the-counter treatments available. However; there is limited evidence for the effectiveness of these treatments.
References	1. <a href="#">NHS Choices: Colic accessed October 2017</a> 2. <a href="#">NICE CKS: Colic Infantile accessed October 2017</a> 3. <a href="#">PrescQIPP: Infant Colic</a>
Exceptions	'Red flag' symptoms

### 6.2.8 Mild cystitis

Statement	A prescription for a medicine available to purchase over the counter for treatment of mild cystitis 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.
Rationale	Mild cystitis is a common type of urinary tract inflammation, normally caused by an infection; however, it is usually more of a nuisance than a cause for serious concern. Mild cases can be defined as those that are responsive to symptomatic treatment but will also clear up on their own. If symptoms don't improve in 3 days, despite self-care measures, then the patient should be advised to see their GP. Symptomatic treatment using products that reduce the acidity of the urine to reduce symptoms are available, but there's a lack of evidence to suggest they're effective.
References	1. <a href="#">NHS Choices: Cystitis accessed October 2017</a> 2. <a href="#">NICE CKS: Urinary tract infection (lower) - women accessed October 2017.</a>
Exceptions	'Red flag' symptoms

## 6.3 Minor Conditions Suitable for Self-Care

### 6.3.1 Mild irritant dermatitis

Statement	A prescription for a medicine available to purchase over the counter for treatment of contact dermatitis should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Irritant dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided. It is most commonly caused by irritants such as soaps, washing powders, detergents, solvents or regular contact with water. Treatment normally involves avoiding the allergen or irritant and treating symptoms with over the counter emollients and topical corticosteroids.
References	1. <a href="#">NHS Choices: Contact Dermatitis accessed October 2017</a> 2. <a href="#">NICE CKS: Dermatitis - contact accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.2 Dandruff

Statement	A prescription for a medicine available to purchase over the counter for dandruff should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Dandruff is a common skin condition. It can be defined as mild scaling of the scalp without itching. Dandruff isn't contagious or harmful and can be easily treated with over the counter anti-fungal shampoos. A GP appointment is unnecessary. Patients should be encouraged to manage mild dandruff with long term over the counter treatments.
References	1. <a href="#">NHS Choices: Dandruff accessed October 2017</a> 2. <a href="#">NICE CKS: Scenario: Seborrhoeic dermatitis - scalp and beard accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.3 Diarrhoea - Adults

Statement	A prescription for a medicine available to purchase over the counter for acute diarrhoea will not routinely be offered in primary care as the condition is appropriate for self-care. This statement does not apply to children.
Rationale	Diarrhoea normally affects most people from time to time and is usually nothing to worry about. However, it can take a few days to a week to clear up. Acute diarrhoea is usually caused by a bacterial or viral infection and other causes include drugs, anxiety or a food allergy. OTC treatments can help replace lost fluids or reduce bowel motions.
References	1. <a href="#">NHS Choices: Diarrhoea accessed October 2017</a> 2. <a href="#">NICE CKS: Diarrhoea - adult's assessment accessed October 2017</a>
Exceptions	'Red flag' symptoms See section 5 for general exceptions.

### 6.3.4 Dry eyes / Sore tired eyes

Statement	A prescription for a medicine available to purchase over the counter for treatment of dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Dry eye syndrome, or dry eye disease, is a common condition that occurs when the eyes don't make enough tears, or the tears evaporate too quickly. Most cases of sore tired eyes resolve themselves. Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter.
References	1. <a href="#">NHS Choices: Dry eye syndrome accessed October 2017</a> 2. <a href="#">NICE CKS: Dry eye syndrome accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.5 Earwax

Statement	A prescription for a medicine available to purchase over the counter for the removal of earwax should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Earwax is produced inside ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears. A build-up of earwax is a common problem that can often be treated using eardrops bought from a pharmacy. These can help soften the earwax so that it falls out naturally.
References	1. <a href="#">NHS Choices: Earwax build-up accessed October 2017</a> 2. <a href="#">NICE CKS: Earwax Summary accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.6 Excessive sweating (hyperhidrosis)

Statement	A prescription for high strength antiperspirants available over the counter for the treatment of mild to moderate hyperhidrosis should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Hyperhidrosis is a common condition in which a person sweats excessively. First line treatment involves simple lifestyle changes. It can also be treated with over the counter high strength antiperspirants. An antiperspirant containing aluminium chloride is usually the first line of treatment and is sold in most pharmacies.
References	1. <a href="#">NHS Choices: Hyperhidrosis accessed October 2017</a> 2. <a href="#">NICE CKS: Hyperhidrosis accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.7 Head lice

Statement	A prescription for a medicine available to purchase over the counter for treatment of head lice will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	<p>Head lice are a common problem, particularly in school children aged 4-11. They're largely harmless but can live in the hair for a long time if not treated and can be irritating and frustrating to deal with.</p> <p>Live head lice can be treated by wet combing; chemical treatment is only recommended in exceptional circumstances and in these cases over the counter medicines can be purchased from a pharmacy. If appropriate everyone in the household needs to be treated at the same time - even if they don't have symptoms. Further information on how to treat head lice without medication can be found on NHS Choices..</p>
References	<ol style="list-style-type: none"> <li>1. NHS Choices: Head Lice and nits accessed October 2017</li> <li>2. NICE CKS: Head Lice accessed October 2017</li> </ol>
Exceptions	<p>No routine exceptions have been identified.</p> <p>See section 5 for general exceptions.</p>

### 6.3.8 Indigestion and heartburn

Statement	A prescription for a medicine available to purchase over the counter for treatment of Indigestion and heartburn will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	<p>Most people have indigestion at some point. Usually, it's not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required.</p> <p>Most people are able to manage their indigestion by making simple diet and lifestyle changes or taking medication such as antacids.</p> <p>Most people can ease symptoms by simple changes to diet and lifestyle and avoiding foods that make indigestion worse. (e.g. rich spicy or fatty foods, caffeinated drinks).</p>
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Indigestion accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Dyspepsia - proven functional accessed October 2017</a></li> </ol>
Exceptions	<p>'Red flag' symptoms</p> <p>See section 5 for general exceptions.</p>

### 6.3.9 Infrequent constipation (adults)

Statement	A prescription for a medicine available to purchase over the counter for treatment of simple constipation will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Constipation can affect people of all ages and can be just for a short period of time. It can be effectively managed with a change in diet or lifestyle. Pharmacists can help if diet and lifestyle changes aren't helping. They can suggest an over the counter laxative. Most laxatives work within 3 days. They should only be used for a short time only. Laxatives are not recommended for children unless they are prescribed by a GP. This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet.
References	1. <a href="#">NHS Choices: Constipation accessed October 2017.</a> 2. <a href="#">NICE CKS: Constipation accessed October 2017</a>
Exceptions	'Red flag' symptoms See section 5 for general exceptions.

### 6.3.10 Mild infrequent migraine

Statement	A prescription for a medicine available to purchase over the counter for the treatment of mild infrequent migraine should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Migraine is a common health condition, affecting around one in every five women and around one in every 15 men. Mild infrequent migraines can be adequately treated with over the counter pain killers and a number of combination medicines for migraine are available that contain both painkillers and anti-sickness medicines. Those with severe or recurrent migraines should continue to seek advice from their GP.
References	1. <a href="#">NHS Choices: Migraine accessed October 2017</a> 2. <a href="#">NICE CKS: Migraine accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.11 Insect bites and stings

Statement	A prescription for a medicine available to purchase over the counter for treatment for insect bites and stings will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Most insect bites and stings are not serious and will get better within a few hours or days. Over-the-counter treatments can help ease symptoms, such as painkillers, creams for itching and antihistamines.
References	1. <a href="#">NHS Choices: Insect bites and stings accessed October 2017</a> 2. <a href="#">NICE CKS: Insect bites and stings accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.12 Mild acne

Statement	A prescription for a medicine available to purchase over the counter for treatment of mild acne will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Acne is a common skin condition that affects most people at some point. Although acne can't be cured, it can be controlled with treatment. Several creams, lotions and gels for treating acne are available at pharmacies. Treatments can take up to three months to work. Patients should be encouraged to manage mild acne with long term use of over the counter products.
References	1. NHS Choices: Acne accessed October 2017 2. NICE CKS: Acne Vulgaris accessed October 2017
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.13 Mild dry skin

Statement	A prescription for a medicine available to purchase over the counter for treatment of mild dry skin should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Emollients are often used to help manage dry, itchy or scaly skin conditions. Patients with mild dry skin can be successfully managed using over the counter products on a long-term basis.
References	1. <a href="#">NHS Choices: Emollients accessed October 2017</a> 2. <a href="#">NICE CKS: Eczema - atopic accessed October 2017.</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

#### 6.3.14 Sunburn due to excessive sun exposure

Statement	A prescription for a medicine available to purchase over the counter for treatment of sunburn should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.
References	1. <a href="#">NHS Choices: Sunburn accessed October 2017</a> 2. <a href="#">PrescQIPP: sunscreens</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

#### 6.3.15 Sun protection

Statement	A prescription for a medicine available to purchase over the counter for sun protection should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.
References	1. <a href="#">PrescQIPP: sunscreens</a>
Exceptions	ACBS approved indication of photodermatoses (i.e. where skin protection should be prescribed) See section 5 for general exceptions.

#### 6.3.16 Mild to moderate hayfever / Seasonal rhinitis

Statement	A prescription for a medicine available to purchase over the counter for treatment of mild to moderate hay fever will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Hay fever is a common allergic condition that affects up to one in five people. There's currently no cure for hay fever, but most people with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist.
References	1. <a href="#">NHS Choices: Hay fever accessed October 2017</a> 2. <a href="#">NICE CKS: Allergic rhinitis - Summary accessed October 2017</a> 3. <a href="#">PrescQIPP: Hay fever</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.17 Minor burns and scalds

Statement	A prescription for a medicine available to purchase over the counter for minor burns and scalds should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Burns and scalds are damage to the skin caused by heat. Both are treated in the same way. Depending on how serious a burn is, it is possible to treat burns at home. Antiseptic creams and treatments for burns should be included in any products kept in a medicine cabinet at home.
References	1. <a href="#">NHS Choices: Burns and Scalds accessed October 2017</a> . 2. <a href="#">NICE CKS: Burns and scalds accessed October 2017</a>
Exceptions	See section 5 for general exceptions. No routine exceptions have been identified. However 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"><li>• all chemical and electrical burns;</li><li>• large or deep burns;</li><li>• burns that cause white or charred skin;</li><li>• burns on the face, hands, arms, feet, legs or genitals that cause blisters.</li></ul>

6.3.18 Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)

Statement	A prescription for a medicine available to purchase over the counter for treatment of conditions associated with pain, discomfort and mild fever will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	In most cases, headaches, period pain, mild fever and back pain can be treated at home with over-the-counter painkillers and lifestyle changes, such as getting more rest and drinking enough fluids. Patients should be encouraged to keep a small supply of OTC analgesics in their medicines cabinets at home so they are able to manage minor conditions at home without the need for a GP appointment. <i>Examples of conditions where patients should be encouraged to self-care include: Headache, colds, fever, earache, teething, period pain, cuts, self-limiting musculoskeletal pain, sprains and strains, bruising, toothache, sinusitis/nasal congestion, recovery after a simple</i>
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Living with Pain accessed October 2017.</a></li> <li>2. <a href="#">NHS Choices: Your medicine cabinet</a></li> <li>3. <a href="#">NICE CKS: Mild to Moderate Pain accessed October 2017</a></li> <li>4. <a href="#">PrescQIPP:analgesia resources</a></li> </ol>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

6.3.19 Mouth ulcers

Statement	A prescription for a medicine available to purchase over the counter for treatment of mouth ulcers will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Mouth ulcers are usually harmless and do not need to be treated because most clear up by themselves within a week or two. They are common and can usually be managed at home. However, OTC treatment can help to reduce swelling and ease any discomfort. Mouth ulcers persisting more than 3 weeks should be examined by a doctor or dentist.
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Mouth ulcers accessed October 2017.</a></li> <li>2. <a href="#">NICE CKS: Aphthous ulcer accessed October 2017</a></li> </ol>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.20 Nappy rash

Statement	A prescription for a medicine available to purchase over the counter for treatment for nappy rash will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Up to a third of babies and toddlers in nappies have nappy rash at any one time. Nappy rash can usually be treated at home using barrier creams purchased at the supermarket or pharmacy. Nappy rash usually clears up after about three to seven days if recommended hygiene tips are followed.
References	1. <a href="#">NHS Choices: Pregnancy and baby - Nappy Rash accessed October 2017</a> 2. <a href="#">NICE CKS: Nappy rash accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.21 Oral thrush

Statement	A prescription for a medicine available to purchase over the counter for treatment for oral thrush will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Oral Thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. It is common in babies, and older people with dentures, or those using steroid inhalers. It can easily be treated with over the counter gel.
References	1. <a href="#">NHS Choices: Oral Thrush (adults) accessed October 2017</a> 2. <a href="#">NHS Choices: Oral Thrush (babies) accessed October 2017</a> 3. <a href="#">NICE CKS: Candida Oral accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.22 Prevention of dental caries

Statement	A prescription for high fluoride OTC toothpaste should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	The dentist may advise on using higher-strength fluoride toothpaste for individuals particularly at risk of tooth decay. Some higher fluoride toothpastes (~1500 ppm) and mouthwashes can be purchased over the counter.
References	1. <a href="#">NHS Choices: Tooth Decay accessed October 2017.</a> 2. <a href="#">PrescQIPP: Dental products</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.23 Ringworm / Athlete's foot

Statement	A prescription for a medicine available to purchase over the counter for treatment of ringworm or athlete's foot will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Ringworm is a common fungal infection that can cause a red or silvery ring-like rash on the skin. Despite its name, ringworm doesn't have anything to do with worms. Athlete's foot is a rash caused by a fungus that usually appears between the toes. These fungal infections, medically known as "tinea", are not serious and are usually easily treated with over the counter treatments. However, they are contagious and easily spread so it is important to practise good foot hygiene.
References	1. <a href="#">NHS Choices: Athletes Foot accessed October 2017.</a> 2. <a href="#">NHS Choices: Ring Worm accessed October 2017</a> 3. <a href="#">NICE CKS: Fungal Skin Infection - Foot accessed October 2017</a>
Exceptions	Lymphoedema or history of lower limb cellulitis. See section 5 for general exceptions.

### 6.3.24 Teething / Mild toothache

Statement	A prescription for a medicine available to purchase over the counter for teething in babies or toothache in children and adults will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Teething can be distressing for some babies, but there are ways to make it easier for them. Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething and these can be purchased from a pharmacy. If baby is in pain or has a mild raised temperature (less than 38C) then paracetamol or ibuprofen suspension can be given. Toothache can come and go or be constant. Eating or drinking can make the pain worse, particularly if the food or drink is hot or cold. Mild toothache in adults can also be treated with over the counter painkillers whilst awaiting a dental appointment for further investigation.
References	1. <a href="#">NHS Choices: Toothache accessed October 2017.</a> 2. <a href="#">NICE CKS: Teething accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.25 Threadworms

Statement	A prescription for a medicine available to purchase over the counter for treatment of threadworm should not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Threadworms (pinworms) are tiny worms in the stools. They are common in children and can be spread easily. They can be effectively treated without the need to visit the GP. Treatment for threadworms can easily be bought from pharmacies. This is usually a chewable tablet or liquid you swallow. Strict hygiene measures can also help clear up a threadworm infection and reduce the likelihood of reinfection Everyone in the household will require treatment, even if they don't have symptoms.
References	1. <a href="#">NHS Choices: Threadworms accessed October 2017</a> 2. <a href="#">NICE CKS: Threadworm accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.26 Travel sickness

Statement	A prescription for a medicine available to purchase over the counter for treatment for motion sickness will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Mild motion sickness can be treated by various self-care measures (e.g. stare at a fixed object, fresh air, listen to music etc.); more severe motion sickness can be treated with over the counter medicines.
References	1. <a href="#">NHS Choices: Travel Sickness accessed October 2017.</a> 2. <a href="#">Patient info: Travel Sickness accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

### 6.3.27 Warts and verrucae

Statement	prescription for a medicine available to purchase over the counter for treatment of warts and verrucae will not routinely be offered in primary care as the condition is appropriate for self-care.
Rationale	Most people will have warts at some point in their life. They are generally harmless and tend to go away on their own eventually. Several treatments can be purchased from a pharmacy to get rid of warts and verrucae more quickly if patients require treatment..
References	1. <a href="#">NHS Choices: Warts and Verruca's accessed October 2017.</a> 2. <a href="#">NICE CKS: Warts and Verrucae References accessed October 2017</a>
Exceptions	No routine exceptions have been identified. See section 5 for general exceptions.

## Appendix 1 - Conditions covered by this policy

1. Probiotics
2. Vitamins and minerals
3. Acute Sore Throat
4. Infrequent Cold Sores of the lip.
5. Conjunctivitis
6. Coughs and colds and nasal congestion
7. Cradle Cap (Seborrhoeic dermatitis – infants)
8. Haemorrhoids
9. Infant Colic
10. Mild Cystitis
11. Mild Irritant Dermatitis
12. Dandruff
13. Diarrhoea (Adults)
14. Dry Eyes/Sore (tired) Eyes
15. Earwax
16. Excessive sweating (Hyperhidrosis)
17. Head Lice
18. Indigestion and Heartburn
19. Infrequent Constipation
20. Infrequent Migraine
21. Insect bites and stings
22. Mild Acne
23. Mild Dry Skin
24. Sunburn
25. Sun Protection
26. Mild to Moderate Hay fever/Seasonal Rhinitis
27. Minor burns and scalds
28. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
29. Mouth ulcers
30. Nappy Rash
31. Oral Thrush
32. Prevention of dental caries
33. Ringworm/Athletes foot
34. Teething/Mild toothache
35. Threadworms
36. Travel Sickness
37. Warts and Verrucae

## Appendix 2 – Equality Impact Assessment

<b>Policy</b>	Conditions for which Over the Counter (OTC) products should not be prescribed	<b>Person completing EIA</b>	Altaz Dhanani, Head of Medicines Optimisation
<b>Date of EIA</b>	April 2019	<b>Accountable CCG Lead</b>	Sue Davies, Director of Operations

<b>Aim of Work</b>	<ol style="list-style-type: none"> <li>To reduce prescribing for OTC products in conditions which: <ul style="list-style-type: none"> <li>are deemed to be self-limiting and clear up of its own accord</li> <li>lend themselves to self-care</li> </ul>                     and prescriptions that also include other common items: <ul style="list-style-type: none"> <li>that can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;</li> <li>for which there is little evidence of clinical effectiveness.</li> </ul> </li> <li>Reduce prescribing variation across the CCGs in this area</li> <li>To support the CCGs to achieve the greatest value from the money it spends</li> </ol>
<b>Who Affected</b>	Patients that fall in the above categories and prescribed OTC medication GPs/ GP reception staff/(POD staff)

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
<b>Sex</b>	N	<b>Age</b>	Y
<b>Race</b>	N	<b>Gender Reassignment</b>	N
<b>Disability</b>	Y	<b>Marriage and Civil Partnership</b>	N
<b>Religion / belief</b>	N	<b>Pregnancy and Maternity</b>	Y
<b>Sexual orientation</b>	N		

**Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate.** If there are no known adverse impacts, please explain.

### **Sex**

The policy will apply to all patients regardless of their sex.

### **Age**

Young children could potentially be affected more in relation to the following conditions:

Infant colic, nappy rash, cradle cap, eye infections, oral thrush, head lice, thread worms, mild acne, teething, coughs and colds and hayfever.

CCG population profile: age 0-4 yrs = 5.9% of total population; 5-14yrs = 12.1 % of total CCG population

Elderly: There could be a potential disproportionate impact in relation to: ear wax, dry eyes, haemorrhoids, infrequent constipation, and oral thrush.

CCG population profile: age 65 + yrs = 14.5% of total CCG population

To mitigate risk of inequality, during the original NHSE consultation, a number of changes were made to the exceptions in the original guidance and following the consultation to ensure that those most vulnerable were not at risk, though they may be a small number that fall out of these exceptions, there is no data available to assess what this proportion would be.

### **Race**

The proposals will not discriminate against patients from different racial backgrounds, as any changes will apply to all patients regardless of their race.

### **Gender reassignment**

The policy will apply to all patients regardless of whether they have

changed gender or are transgender and there is no evidence to suggest that the items in question are prescribed disproportionately in this group.

### **Disability**

There is no routinely collected data on prescribing and disability so the impact of proposals fully at a local level would be hard to assess. However, as above, the exceptions outlined in the guidance will ensure the most vulnerable are not at risk.

### **Marriage and Civil Partnership**

The policy will apply to all patients regardless of their marital or partnership status and there is no evidence to suggest that the items in question are prescribed disproportionately in this group.

### **Religion / Belief**

The policy will not discriminate against patients with religions or beliefs, or with no religion. Any changes will apply to all patients regardless of their religion or beliefs and there is no evidence to suggest that the items in question are prescribed disproportionately in this group.

### **Pregnant and Maternity**

For some products, the product licence does not allow sale of OTC medicines to certain groups of patients which can include women who are pregnant or breast-feeding. This has been considered in the development of the proposals and factored into the proposed exceptions as mitigation. An individual may be exempt from the recommendation to self-care if he or she is not covered by the product license for an OTC product.

### **Sexual orientation**

Patients of differing sexual orientation will not be affected any differently to other patient groups as any changes would apply to all patients regardless of their sexual orientation. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

**Please also refer to the NHS England Equality and Health Inequalities –Full Analysis Form available at:**

<https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-ehi-analysis-form.pdf>

## **BACKGROUND INFORMATION**

### **Coventry demographic profile:**

Coventry's population has a much younger age profile than England in general – the average age of Coventry's residents is 32.3 years, notably lower than the England average of 39.8 years, and it is falling. This is partly because Coventry is home to two large universities – Coventry is one of the top 20 towns and cities in the UK in terms of the proportion of the population who are students (Census 2011). The student population means there is continually a large population aged 18-24, this age group makes up 14.7% of the population compared to the England average of 8.7%.

The Office for National Statistics (ONS) published their updated mid-year population estimates on 28th June 2018; these estimates are aimed to support service planning, resource allocation and to calculate population rates. These estimates suggest that Coventry has 360,100 people living in the city. This is 6,900 more people than in 2016 when the population was estimated to be 353,200. This is an increase of 1.9%, compared to the England average of 0.6%. Between June 2016 and June 2017 Coventry's population was growing at the seventh fastest rate out of all council areas in the United Kingdom.

According to the Census 2011, the majority (66.6%) of Coventry's total population is White British, which includes English, Welsh, Scottish, and Northern Irish. This is notably lower than West Midlands

region's figures (79.2%) and national figures (79.8%). It means that Coventry has a notably higher percentage of black and minor ethnic population (BME) compared to the national average. The second largest ethnic group in Coventry is Asian/Asian British (16.3%), followed by White Other, which includes White Irish, White Gypsy or Irish Traveller, and White Other White (7.2%).

### **Rugby demographic profile:**

A total population of 102,500, a growing population....Rugby saw the highest levels of population growth between the 2001 and 2011 census; it grew by 14% compared with 7.8% across the county. It has the highest proportion on residents under 16 in the county but remains slightly under-represented by residents in their 20s. As with elsewhere in the county, women account for a higher proportion of those aged 65+.

More diversity than some parts of the county....in Rugby the 'White British' ethnic group accounted for 84.1% of the population in 2011. Rugby borough's next largest ethnic group is 'Other White' at 5.2% of residents followed by 'Indian' who make up 3.1% of the population.

Levels of 'good' health and disability are in line with county average....In Rugby borough, 83% of residents described their health as 'good' or 'very good'. Similarly, levels of disability, as measured through the census, are very slightly lower than those experienced countywide but essentially in line with the average for Warwickshire.

### **North Warwickshire demographic profile:**

According to 2016 data, the population of North Warwickshire was approximately 63,000 and is made up of approximately 51% females and 49% males. The average age of people in North Warwickshire is 42, while the median age is higher at 43. 94.9% of people living in North Warwickshire were born in England. North Warwickshire Borough has the highest population growth having gained an additional 442 people, and the borough grew at a larger rate (0.70%) than it had done the previous year (0.51%).

### **Nuneaton and Bedworth demographic profile:**

A total population of 126,174, higher proportions of under 16s....Nuneaton and Bedworth has slightly higher proportions of under 16s than the Warwickshire average but still in line with national levels. Older people are over-represented in the borough's age profile when compared to the national average. As with elsewhere in the county, women account for a higher proportion of those aged 65+

Levels of disability, as measured through the census, are slightly higher than those experienced countywide; at 9.5% of residents the borough records the highest proportion of people whose activities are 'limited a lot'. Increasing diversity in the borough....in Nuneaton and Bedworth the 'White British' ethnic group accounted for 88.9% of the population in 2011 - in line with the county average. Nuneaton and Bedworth's next largest ethnic

groups are the 'Indian' community who make up 4.6% of the population and 'Other White' who make up 1.8% of the population.

In Nuneaton and Bedworth, 6.8% of the population are recorded as being born outside of the UK - an increase on the figure of 4% in 2001 but below the county average of 8.3%. The most prevalent non-UK country of birth in Nuneaton and Bedworth is Indian followed by Poland.

After English, languages spoken by more than 500 residents include Polish, Punjabi, Gujarati and Nepalese. Across the borough just over 1000 residents are recorded as not being able to speak English well or at all.