

# COMMISSIONING POLICY FOR ITEMS THAT SHOULD NOT BE ROUTINELY PRESCRIBED IN PRIMARY CARE

**NHS Trafford Clinical Commissioning Group does NOT support the prescribing of the eighteen treatments (7 ‘blacklist’ and 11 ‘do not prescribe’) assessed by the recent NHS England Low Value Medicines consultation and the Do Not Prescribe list of products reviewed by the GM Formulary group as unsuitable for prescribing for adults and children in primary or secondary care.**

**Do NOT prescribe these items for any new patients and REVIEW EXISTING PATIENTS.**

**Blacklisted items should NOT be prescribed for any new patients. Treatment should be stopped and advise purchase OTC (where appropriate) for all preparations (except co-proxamol).**

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Responsible Committee / Officers	NHS Trafford Clinical Commissioning

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Intended Audience	All providers of services commissioned by NHS Trafford Clinical Commissioning Group, including GPs and Non-Medical Prescriber (NMPs) Hospital Trusts, Community providers, community pharmacies. Stakeholders of NHS Trafford Clinical Commissioning Group, NHS Trafford Clinical Commissioning Group members, governing body and employees. For publication on our web site
Impact Assessed	Comprehensive National EQIA completed by NHS England in November 2017. The document asks that CCGs assess the impact of their population with regard to the particular demographics of their local population. Greater Manchester Medicines Management Group (GMMMGM) has a documented and agreed process to assign Do Not Prescribe (DNP) status to a medication which has been in place for a number of years. Local Stage 1 EIA assessment completed as a robust process already exists across GM for medicines within the GM DNP list.

Further information about this document:

Document name	Commissioning Policy for Items which should not routinely be prescribed in primary care (NHSE low value medicines guidance and GMMMGM Do Not Prescribe list)
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## INTRODUCTION

NHS Trafford Clinical Commissioning Group currently spends approximately £250,000 per annum on items which are considered either “Do Not Prescribe” or of Low Clinical Value.

Low Clinical Value items are medicines which;

1. Have low clinical effectiveness or which are unsafe;
2. Are clinically effective but where more cost-effective items are available in most cases (this includes items that have been subject to excessive price inflation);
3. Are clinically effective but, due to the nature of the item, are deemed a low priority for NHS funding.

NHS England (NHSE) published national guidance on 18 medicines which should no longer be routinely prescribed in primary care to ensure people receive the safest and most effective treatment available and to help save the NHS up to £141 million a year – [NHSE Guidelines - Items which should not routinely be prescribed in primary care](#)

Eleven treatments are considered as ‘not for routine prescribing in primary care’.

- **Liothyronine**
- **Trimipramine**
- **Immediate release Fentanyl**
- **Travel Vaccines**
- **Once Daily Tadalafil**
- **Oxycodone and Naloxone**
- **Paracetamol and Tramadol**
- **Dosulepin**
- **Prolonged release Doxazosin**
- **Perindopril Arginine**
- **Lidocaine plasters/patches**

Seven treatments are considered for the ‘blacklist’ i.e. NHS England are recommending to the Department of Health that seven treatments are to be formally considered for the blacklist (Drug Tariff Part XVIII A - Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract). These treatments should no longer be prescribed in primary care.

- **Co-proxamol**
- **Rubefacients (excluding topical NSAIDs)**
- **Omega-3 Fatty Acid Compounds (fish oil)**
- **Lutein and Antioxidants**
- **Glucosamine and Chondroitin**
- **Homeopathy**
- **Herbal Medicines**

The Greater Manchester Medicines Management Group (GMMMGM) also have a list of Do Not Prescribe products which have been reviewed by the GM Formulary & Managed Entry Subgroup and deemed not suitable for prescribing in adults and children in primary or secondary care within Greater Manchester. These medicines have been reviewed in line with having a “not NHS” or “DLCV” classification in the BNF, a NICE “Do Not Do” recommendation and include those agents within in the NHS England: “Items which should not routinely be prescribed in primary care” guidance).

### **Criteria for inclusion on GMMMG DNP/grey lists:**

- ◆ Criterion 1: Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.
- ◆ Criterion 2: Products which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation.
- ◆ Criterion 3: Products which are clinically effective but, due to the nature of the product, are deemed a low priority for NHS funding.

## **SCOPE AND PURPOSE OF THE POLICY**

The purpose of this policy is to outline the decision that NHS Trafford Clinical Commissioning Group does NOT support the prescribing of the eighteen treatments (7 'blacklist' and 11 'do not prescribe') assessed by the recent NHS England Low Value Medicines consultation and the Do Not Prescribe list of products reviewed by the GM Formulary group as unsuitable for prescribing for adults and children in primary or secondary care.

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

- a) GP Practices – GPs and NMPs
- b) Out of hours and extended hours providers
- c) Acute Hospitals
- d) Out-Patient 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 Trafford (permanent or temporary resident) or who access a NHS service in Trafford.

## **POLICY IMPLEMENTATION**

NHS Trafford faces a £23m deficit in funding over the next two years and to ensure Trafford is prescribing in line with the NHS England and GMMMG guidance NHS Trafford Clinical Commissioning Group's Governing Body has made the decision that the CCG will no longer support the prescribing of these items in Trafford.

Patients can seek support and advice from their GP practice, local community pharmacy, or other healthcare professional as required.

Patients will be expected to purchase these items where appropriate.

Patients should be signposted to appropriate sources of information on supporting them with their long term condition.

## **MONITORING PRESCRIBING POLICY IMPLEMENTATION: MEDICINES NOT TO BE PRESCRIBED IN PRIMARY CARE AND GMMMG DO NOT PRESCRIBE LIST.**

NHS Trafford Clinical Commissioning Group has 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 data and recorded within the CCG Financial Recovery Plan.

Implementation of the changes at GP practice level will be done via pharmacist and technician support provided by the Midlands and Lancashire Commissioning Support Unit alongside the Medicines Optimisation Team.

### **EXCEPTIONS**

As an individual review of each patient will be undertaken by a clinical pharmacist and a recommendation to stop or switch the medication will be made to the clinician.

A medication within the low clinical value or Do Not Prescribe list may be continued as **an exception** where;

1. All other evidence based treatments have been tried and where the patient has either; not responded through monitoring of either the clinical condition or measurement of target such as blood pressure, cholesterol etc or pain management scores and the medication in question is the only option;
2. The patient has suffered either a documented allergy, side effect or adverse drug reaction which means that the patient is unable to continue this medication and the only option is a medication within the low clinical value or Do Not Prescribe list;
3. There would be an increase in either; the number of referrals to other services, calls to out of hours, attendance at walk in centre and accident and emergency or non-elective admission related to not prescribing of the medication.

In any of the above circumstances there **MUST** be a regular review of the patient to continue to assess effectiveness. This can be done by a member of the medicines optimisation team and documented on the system.

## Appendix 1 – References

NHS England Consultation Report on Findings 30 November 2017 available from <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-consultation-report-of-findings/>

NHS England Guidance for CCGs available from: <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>

GMMMG Rag List for Do Not Prescribe Items (GMMMG Website) - [GMMMG Rag List for Do Not Prescribe Medicines](#)