

**Commissioning Statement:  
Conditions for which over the  
counter items should not routinely  
be prescribed in primary care**

September 2019

Version 2.0

## Approvals

This document has been approved by the following before distribution:

NAME	TITLE	DATE OF ISSUE	VERSION
Chair	GMMMG - CSB	April 2019	2.0
	Bolton CCG	<i>A local position applies within Bolton CCG</i>	
Director of Commissioning	Bury CCG	October 2019	2.0
CCG Governing Body	Heywood, Middleton & Rochdale CCG	September 2019	2.0
Director of Commissioning	Manchester CCG	September 2019	2.0
Director of Commissioning	Oldham CCG	September 2019	2.0
Primary Care Commissioning Committee	Salford CCG	April 2019	2.0 Commissioning statement approved, but not applied to the CCG commissioned Minor Ailment Scheme
Acting Director of Commissioning	Stockport CG	September 2019	2.0
Associate Director of Commissioning. CCG MO Lead.	Tameside & Glossop CCG	September 2019	2.0
Director of Commissioning. Clinical Lead.	Trafford CCG	September 2019	2.0
Director of Commissioning	Wigan Borough CCG	September 2019	2.0

In line with NHS England guidance, GMCCGs will not routinely commission at NHS expense medicines that 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 Over The Counter (OTC) items unless there are clinically exceptional circumstances

This includes provision of NHS funded medicines through all routes of supply e.g. prescriptions, hospitals, Accident and Emergency Departments, Out of Hours services, Walk-in Centres and Minor Ailments Schemes.

Medicines and treatments will not be prescribed for new patients and any prescribing for existing patients will be stopped by April 2020 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

Treatments for the following conditions are included in this policy:  
(Adults are defined to be 18 and over)

1. Acute Sore Throat
2. Infrequent Cold Sores of the lip.
3. Conjunctivitis
4. Coughs and colds and nasal congestion
5. Cradle Cap (Seborrhoeic dermatitis – infants)
6. Haemorrhoids
7. Infant Colic
8. Mild Cystitis
9. Mild Irritant Dermatitis
10. Dandruff
11. Diarrhoea (Adults)
12. Dry Eyes/Sore (tired) Eyes
13. Earwax
14. Excessive sweating (Hyperhidrosis)
15. Head Lice
16. Indigestion and Heartburn
17. Infrequent Constipation
18. Infrequent Migraine
19. Insect bites and stings
20. Mild Acne
21. Mild Dry Skin
22. Sunburn

23. Sun Protection
24. Mild to Moderate Hay fever/Seasonal Rhinitis
25. Minor burns and scalds
26. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
27. Mouth ulcers
28. Nappy Rash
29. Oral Thrush
30. Prevention of dental caries
31. Ringworm/Athletes foot
32. Teething/Mild Toothache
33. Threadworms
34. Travel Sickness
35. Warts and Verrucae
36. Fungal nail infections

This policy also applies to the following items of limited clinical effectiveness

37. Probiotics
38. Vitamins and minerals

In all cases of first presentation of any of the above conditions, a pharmacist should be consulted for advice on treatment and the purchase of suitable products.

The pharmacist should provide suitable guidance on product use and any subsequent actions that may be needed.

For some conditions – see the table – advice should be sought if the condition does not improve within 2-3 days.

Note that age or other contraindications have only been included as exceptions when there is no OTC treatment.

#### **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 the most effective OTC products.
- Individual patients who are socially vulnerable i.e. 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.
- Individuals who are financially vulnerable until such time as alternative mechanisms for non-prescription supply are in place locally, if not already available. Financial vulnerability is defined as in receipt of the following income related benefits (in line with NHS national criteria for help with prescription costs).
  1. Individuals named on a current HC2 charges certificate
  2. Individual or their partner receives Income Support, Income based Job seekers Allowance or Income related Employment and Support allowance, or the person is a young person under the age of 20 who is dependent on someone receiving those benefits.
  3. Universal Credit where entitlement to free prescriptions is stated on the Universal Credit award notice.

NB Receipt of pension credit does not automatically include an entitlement to free prescriptions and is therefore excluded. Individuals in receipt of this benefit may be eligible under Income support

The British Medical Association has highlighted that the guidance does not alter contractual obligations for GPs, nor remove the clinical discretion of the prescriber in accordance with their professional duties and that they remain obliged to prescribe what they believe their patients require. Therefore, prescribers should:

- Continue to make the care of the patient first concern
- Advise patients if that treatment for their condition is available over the counter
- Offer an FP10 if concerned that not doing so would make it likely the advice would not be followed
- Issue an FP10 if requested for a treatment that the prescriber has advised is necessary

**To note that being exempt from paying a prescription charge does not warrant an exception to the guidance. Consideration should also be given to safeguarding issues.**

Condition	Example products (not exhaustive)	Specific Exceptions (for general exceptions see above)	Comments / further information
1. Acute (short duration) sore throat	Sore throat lozenges and sprays, analgesics		
2. Infrequent cold sores of the lip	Aciclovir cream Zovirax cold sore cream	Immunocompromised patients	
3. Conjunctivitis a) Bacterial b) Viral (also see hayfever below)	a) (Bacterial) Chloramphenicol eye drops or ointment b) (Viral) hypromellose eye drops	Bacterial: Children under 2 years of age, pregnancy, lactation Viral: no exceptions	Note there is no need to exclude children from nursery unless they are feeling very unwell. <sup>1</sup>
4. Coughs, colds and nasal congestion	Simple linctus, codeine linctus, pholcodine linctus Pseudoephedrine nasal sprays and oral preparations Xylometazoline and ephedrine nasal sprays and drops		
5. Cradle cap	Almond oil, olive oil, cradle cap shampoos		Consult a HealthCare professional if the cradle cap: <ul style="list-style-type: none"> <li>• itches</li> <li>• swells</li> <li>• bleeds</li> <li>• spreads to the face or body<sup>1</sup></li> </ul>
6. Haemorrhoids	Anusol cream, ointment or suppositories Anusol HC cream, ointment, suppositories	Patient less than 18 years of age Patients with chronic bowel conditions	
7. Infant colic	Simeticone liquid Dimeticone Liquid		Advise to purchase OTC "Lactose free" formula for 6-8

	Colief Drops Lactose-free Formulas		weeks to allow symptoms to resolve then slowly reintroduce standard formula. Direct to HV for feeding advice and breastfeeding support (see RED book for contact & clinic details)
8. Mild cystitis (2-3 days)	Potassium citrate mixture or sachets Cranberry products	Males. Children.	The condition does not improve within 2-3 days of self-treatment.
9. Mild irritant dermatitis	Emollient creams and lotions Mild corticosteroid creams (e.g. hydrocortisone)	Exceptions for hydrocortisone cream: <ul style="list-style-type: none"> <li>• Children under 10 years</li> <li>• Pregnant women</li> </ul> When required for use on the face, anogenital region, broken or infected skin (including cold sores, acne, and athlete's foot).	The condition has not improved after a week of self-care after removal of the irritant.
10. Dandruff (mild scaling of the scalp without itching)	Shampoos including antifungal, antiseptic, selenium and coal tar		
11. Diarrhoea ( <b>adults</b> )	Loperamide Oral rehydration sachets Kaolin-containing preparations	Diarrhoea resulting from a chronic medical condition e.g. inflammatory bowel disease	A suitable healthcare professional should be consulted if the condition does not improve within 2-3 days of self-care.
12. Dry eyes/sore tired eyes	Hypromellose eye drops, carbomer 980 gel Hyaluronate eye drops	Chronic moderate or severe dry eyes	
13. Earwax	Olive Oil, sodium bicarbonate ear drops		This includes prior to syringing.
14. Excessive sweating (hyperhidrosis)	Aluminium chloride 20% solutions (e.g. Driclor, Anhydrol Forte)		
15. Head lice	Dimeticone, malathion, cyclomethicone, permethrin	Children under 6 months of age	First line treatment is wet-combing and must be tried first. <sup>1</sup>

	shampoos and liquids "Bug buster" kits Nit combs		Head lice may be resistant to insecticidal lotions and therefore use of these should be minimised.
16. Indigestion and heartburn	Peptac, Gaviscon		A healthcare professional should be consulted if the condition does not respond to dietary adjustment and / or self-care.
17. Infrequent constipation (duration less than 2 weeks)	Senna, lactulose, macrogol sachets	Children where dietary and lifestyle changes have not been sufficient. Condition does not respond to self-care.	A healthcare professional should be consulted if the condition persists for longer than 2 weeks.
18. Infrequent migraine	Analgesics, Migralève	Migraines unresponsive to over-the-counter pain relief.	
19. Insect bites and stings	Antihistamine oral and topical preparations, calamine lotion Topical corticosteroids		
20. Mild Acne	Benzoyl peroxide creams and gels		
21. Mild dry skin	Emollient creams and lotions		
22. Sunburn due to excessive sun exposure	Emollients, oral and topical antihistamines, analgesics		
23. Sun protection	Sun creams such as Uvistat, Sunsense, etc.	ACBS approved indication of protection from UV radiation in abnormal cutaneous photosensitivity. (i.e. where skin protection should be prescribed)	After a melanoma has occurred, patients should manage their own skin protection by covering up and use of high-factor sunscreens.
24. Mild to moderate hayfever/seasonal rhinitis	Antihistamines, nasal sprays, eye drops	Children under 1 year. If the condition does not respond to maximal over the counter therapy.	Patients are expected to use all types of product appropriate to their hayfever symptoms before consulting a GP.
25. Minor burns and scalds	Antiseptic creams, analgesics, dressings	More serious burns always require professional medical	A suitable healthcare professional should be consulted

		<p>attention. Burns requiring hospital A&amp;E treatment include but are not limited to:</p> <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.<sup>1</sup></li> </ul>	if a burn is not getting better within 2-3 days.
26. <b>Minor</b> conditions associated with pain, discomfort and/or fever (e.g. aches and sprains, headache, period pain, back pain)	Analgesics, NSAIDs, topical anti-inflammatory preparations, heat rubs (rubefaciants) and cooling products		
27. Mouth ulcers	Local anaesthetic gels, hydrocortisone buccal tablets	Immunocompromised persons Taking medication that predisposes to mouth ulcers	A suitable healthcare professional should be consulted if the condition is not getting better within 2-3 days.
28. Nappy rash	Barrier preparations such as Sudocrem, metanium		
29. Oral thrush	Miconazole oral gel, nystatin oral suspension	Infants less than 4 months old Patients taking warfarin	A suitable healthcare professional should be consulted if the condition is unresponsive to appropriate treatment.
30. <b>Prevention</b> of dental caries	Fluoride mouthwashes Toothpaste		<b>Dentists</b> may prescribe for <b>treatment</b> of caries when indicated.
31. Ringworm/athlete's foot	Topical preparations containing miconazole, clotrimazole etc.	Lymphoedema or history of lower limb cellulitis Pregnancy Lactation	
32. Teething/mild toothache	Teething gels, paracetamol,	Babies under 2 months	

	ibuprofen		
33. Threadworms	Mebendazole	Children under 2 years of age because not licensed for OTC sale.	
34. Travel sickness	Cinnarizine, hyoscine, promethazine		
35. Warts and verrucae	Salicylic acid containing products, glutaraldehyde	Treatment of anogenital warts.	Patients with diabetes MUST consult a healthcare professional.
36. Fungal nail infections	Nail lacquers, paints and softening products	children	

Items of limited clinical value	Example products (not exhaustive)	Specific Exceptions (for general exceptions see above)	
37. Probiotics	lactobacillus, acidophilus	VSL#3 for use under the supervision of a physician for the maintenance of antibiotic induced remission of ileoanal pouchitis in adults.	VSL#3 is the only probiotic product to be prescribed on the NHS and the exception listed is the only circumstance in which it will be prescribed. (ACBS)
38. Vitamins and minerals	Individual vitamin, multivitamin, multivitamin and mineral preparations	<ul style="list-style-type: none"> <li>• Vitamins for proven deficiency.</li> <li>• Calcium and vitamin D for osteoporosis or osteopenia. Vitamin D for patients with hyperparathyroidism, hypercalcaemia and patients receiving parenteral osteoporosis treatment. <i>NB maintenance or preventative treatment is not an exception.</i></li> <li>• Thiamine for alcohol related conditions &amp; neurological complications.</li> <li>• Vitamin supplements will be prescribed following bariatric surgery which has been carried out on the NHS.</li> <li>• Vitamin supplements for premature and low birth weight babies as advised by hospital.</li> <li>• When 5mg folic acid is</li> </ul>	

		<p>required during pregnancy</p> <ul style="list-style-type: none"> <li>• Certain vitamin preparations in cystic fibrosis</li> <li>• Refeeding syndrome (short term)</li> </ul> <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><i>Even if patients are not entitled to receive Healthy Start vitamins at no charge, these may be purchased for a small sum and should be used by all pregnant women and their babies.</i></p>	
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Reference

1. NHS website formerly known as NHS Choices [www.nhs.uk](http://www.nhs.uk)