

Self-care: Frequently asked questions about changes to prescribing of over the counter (OTC) medicines and products in South East London

Clinical Commissioning Groups (CCGs) in South East (SE) London are committed to delivering best value by ensuring that we use our resources well. Therefore to help us to support the cost effective, evidence based use of medicines, SE London CCGs **no longer** support the routine prescribing of [OTC medication and products for minor/self-limiting conditions](#). This change was approved nationally after patient and public consultation by NHS England between December 2017 and March 2018. Healthcare professionals will no longer routinely prescribe medicines or products for [minor/self-limiting conditions](#) such as coughs, colds, dry skin, upset tummies and minor cuts which normally get better with time.

This document has been developed to support prescribers in implementing National (NHS England) and local guidance. It addresses frequently asked questions and contains information on commonly prescribed over-the-counter products.

1. Why has NHS England provided guidance on prescribing on conditions for which over the counter items should not routinely be prescribed?

In line with the self-care agenda and to reduce national variation, NHSE recently carried out a [public consultation](#) to help streamline the prescribing of items available OTC. Following consultation NHSE developed guidance and outlined recommendations for where items available OTC should no longer be routinely prescribed.

The guidance makes clear that these restrictions do not apply to people with long-term conditions, nor should they be applied to patients who the prescriber considers unable to self-care due to medical, mental health or significant social vulnerability. The aim of the guidance is to create a consistent, national approach for CCGs to follow when considering restricting the prescribing of items available OTC. For more information please click [here](#).

2. Do the changes in prescribing of products available to buy over the counter, apply to everyone?

This guidance applies to all patients, including those who would be exempt from paying prescription charges (e.g. children and pregnant women) for self-care of a minor/self-limiting condition. General and condition specific exceptions as outlined in the national guidance may apply. This guidance is not applicable to patients being prescribed an OTC product for a long term condition.

3. How have patients been informed about the local and national changes to prescribing?

Patients have been informed about the local and national changes to prescribing through their local public communications and borough CCG websites. GP practices have been provided with posters for display in their practices and separate patient-facing leaflets which specifically inform patients about changes to prescribing of OTC medicines and products. Local position statements and leaflets are available on each CCG's website

4. What if a patient cannot afford to buy an OTC product that they previously obtained on an NHS prescription for a minor/self-limiting condition?

Many minor illnesses are self-limiting and do not require medical advice or treatment as they will clear up on their own; and/or are conditions that are suitable for self-care and treatment with items that can easily be purchased OTC from a pharmacy. In the case of vitamins, minerals and probiotics, these are classified as items of limited clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.

Items available OTC for many minor/self-limiting conditions are widely available from high street pharmacies, supermarkets and some discount outlets at a range of prices so people should be encouraged to compare prices.

Paracetamol is on average four times more expensive when provided on an NHS prescription, compared to when it is purchased in pharmacies or supermarkets. It can cost around £34 for 32 tablets on prescription including dispensing and GP consultation fees ¹.

Healthcare professionals can continue to prescribe items available OTC on the NHS for patients who use them to manage long-term conditions, for example regular pain medicine for osteoarthritis. For the full list of general exceptions and condition specific exceptions, please refer to the [national guidance](#).

The new guideline **does not** override a prescriber's clinical judgement when considering whether it is acceptable to ask a patient to buy their medication.

5. Can all patients be signposted to a community pharmacy to buy an over the counter product?

There will be instances where it will be **necessary** for the prescriber to provide a prescription to a patient as opposed to signposting the patient to a community pharmacy for the purchase of an OTC medication or product. This may be because the intended use is outside of the over the counter items product license.

If patient is being advised to purchase an item over the counter, check the [PrescQIPP Over the Counter items – GPs guide to self care](#). This document lists

common over the counter items and where product license (sale) exclusions would require the prescriber to issue a prescription. Licensed indications can also be checked at www.mims.co.uk (subscription required).

6. How does the NHS England guidance apply to people living in care homes?

Stopping prescribing for the conditions outlined in the guidance should be considered for care home residents on an individual basis. The guidance has identified certain scenarios, general and condition specific exceptions where patients should continue to have their treatments prescribed².

The National Regional Medicines Optimisation Committee (RMOC) has provided guidance on the use of Homely Remedies in the management of minor conditions in care homes. A homely remedy is a non-prescription medicine that a care home can purchase OTC (i.e. the medicines are owned by the care home) for the use of its residents. Please refer to the [RMOC guidance](#)³.

Nationally the NHS England [Medicines Optimisation in Care Homes \(MOCH\) programme](#) is working closely with care homes and pharmacy teams reduce the variation in implementing the NHSE guidance across all care homes and work with care homes which have policies in place which may prevent their residents buying their own OTC medicines.

For further information please see the NHS England [People living in care homes – frequently asked questions](#).

7. Do schools, nurseries or child minders require medicines such as paracetamol and ibuprofen liquid to be labelled before they can administer a medicine?

The [Statutory Framework for the Early Years Foundation Stage](#) (effective since April 2017, see page 27) identifies current national standards for day-care and child-minding from birth to five, whereby non-prescription medication can be administered if the parent has given prior written consent for the administration of any medication. Schools and early years settings do not need an Appropriate Practitioner's prescription, signature, authorisation or pharmacy label in order for a school, nursery or child minder to give OTC medicines, provided that there is written permission to administer the medicine from the child's parent or carer.

Some schools and early years settings have in-house policies stating non-prescription medicines cannot be administered unless they have a pharmacy dispensed label. SEL CCGs are working with their respective local authorities to inform these organisations of the NHS England guidance regarding conditions for which OTC items should not routinely be prescribed in primary care and the Department of Education Statutory framework for the early years foundation stage

and Supporting Pupils at School with Medical Conditions guidelines; and support them in reviewing their policies.

Additional guidance may be found here:

- [Guidance on conditions for which over the counter items should not routinely be prescribed in primary care – March 2018](#)
- [Supporting Pupils at School with Medical Conditions – December 2015](#)

8. Can vitamins and minerals still be prescribed on prescription?

Vitamins and minerals should **not be routinely prescribed** due to limited evidence of clinical effectiveness.

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.

Any prescribing not in-line with the following listed exceptions should be discontinued.

- Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should however be reviewed on a regular basis.
- Calcium and vitamin D for osteoporosis.
- Malnutrition including alcoholism (see NICE guidance)
- Iron deficiency in pregnancy

Maintenance or preventative treatment is not an exception.

9. Can vitamin D still be prescribed on prescription?

Vitamin D should only be prescribed when the patient's vitamin D level is categorised as "deficient". The South-East London Area Prescribing Committee (SEL APC) has developed guidance for management of Vitamin D deficiency in [Adults](#), [Children](#), and in [Pregnancy and Lactation](#).

Patients may be 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, check if commissioned in your borough).

Public Health England guidance relating to vitamin D recommends vitamin D maintenance therapy however there is no indication that this needs to be prescribed; vitamin D supplements can be bought cheaply and easily over the counter. The Public Health England guidance also does not distinguish between the general public and at risk patients with respect to maintenance therapy⁴.

10. Can glucosamine and chondroitin; and lutein and antioxidant products be prescribed on prescription?

Glucosamine and chondroitin or lutein and antioxidant products should not be initiated for any new patients. Patients established on these products should be reviewed with a view to having these supplements stopped. For further information please refer to the SEL Area Prescribing Committee guidance for [glucosamine and chondroitin](#); and [lutein and antioxidant](#) products.

11. Can vitamin B complex preparations or thiamine still be prescribed on prescription for patients diagnosed with alcohol use disorders?

Yes. NICE guideline Alcohol-use disorders: diagnosis and management of physical complications (NG 100) recommends offering thiamine to people at high risk of developing, or with suspected, Wernicke's encephalopathy. Thiamine should be given in doses toward the upper end of the 'British National Formulary' range. Note: vitamin B compound strong tablets at the maximum licensed dose provide less thiamine than the licensed maximum dose of thiamine tablets⁵.

12. Can vitamins and minerals recommended by the bariatric surgery teams still be prescribed after a patient has had bariatric surgery?

Following bariatric surgery patients are often recommended to continue with lifelong vitamin and mineral supplements. NHS England guidance states that patients who have undergone surgery that results in malabsorption can continue to be prescribed vitamins and minerals on prescription⁶.

13. Can probiotics still be prescribed on prescription?

In line with [NHS England guidance on items which should not routinely be prescribed in primary care](#); probiotics should not be prescribed due to limited evidence of clinical effectiveness. Examples include Symprove, Alflorex, VSL#3 and Vivomixx.

The probiotics VSL#3 and Vivomixx may no longer be prescribed on the NHS. The Advisory Committee for Borderline Substances recently reviewed products VSL#3 and Vivomixx for continued inclusion in Part XV of the Drug Tariff. The Committee concluded that the evidence did not sufficiently demonstrate that the products are clinically effective⁷. On this basis, both products have been removed.

Patients established on probiotics should be reviewed with a view to having these supplements stopped.

14. Can herbal and homeopathic items still be prescribed on prescription?

A review conducted by the Specialist Pharmacy Service at the request of NHS England, found that there was no clear or robust evidence to support the use of homeopathy on the NHS. Therefore NHS England recommends prescribers should not initiate homeopathic items for any new patients.

Due to the lack of scientific evidence required to register herbal products with the Medicines and Healthcare products Regulatory Agency (MHRA), NHS England recommends that prescribers should not initiate herbal items for any new patients.

Prescribers should review patients currently prescribed either of these items and consider deprescribing.

15. Where can I find further information about self-care?

Further information is available from community pharmacists, NHS [website](#), individual CCG websites (see links in question 16 below) and the South East London Area Prescribing Committee website.

16. How do I access information specific to my local area?

See your local CCG website for more information, links provided in the table below:

Bexley CCG	https://selondonccg.nhs.uk/
Bromley CCG	https://selondonccg.nhs.uk/
Greenwich CCG	https://selondonccg.nhs.uk/
Lambeth CCG	https://selondonccg.nhs.uk/
Lewisham CCG	https://selondonccg.nhs.uk/
Southwark CCG	https://selondonccg.nhs.uk/

17. Where can I find further guidance as a GP related to OTC prescribing and the GP contract?

NHSE has written to CCGs to clarify that GPs won't be in breach of their contract if they follow the NHSE OTC guidance. A copy of the letter can be found [here](#).

18. Is the list of conditions in the NHS England guidance exhaustive?

This list of conditions is not exhaustive. A healthcare professional may advise a patient to buy an item over the counter when it is appropriate for the patient to manage their minor/self-limiting condition through self-care and without a prescription.

Additional conditions may have been adopted within your borough. Please refer to your CCGs website (details above).

Acknowledgements

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References

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2. NHS England guidance – People living in care homes – frequently asked questions. Available at: <https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-implementation-resources/faqs/> (last accessed 23.04.19)
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6. NHS England guidance: Items which should not routinely be prescribed in primary care: Guidance for CCGs. Available at: <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf> (last accessed 23.04.19)
7. NICE Medicines Awareness daily news (18.01.19): Probiotics VSL#3 and Vivomixx have been removed from the Drug Tariff, following review by Advisory Committee on Borderline Substances (ACBS). Available at: <https://www.medicinesresources.nhs.uk/en/Medicines-Awareness/Guidance-and-Advice/Drug-Prescribing/Probiotics-VSL3-and-Vivomixx-have-been-removed-from-the-Drug-Tariff-following-review-by-Advisory-Committee-on-Borderline-Substances-ACBS/> (last accessed 23.04.19)