

Borders NHS Board



Meeting Date: 3 October 2019

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OPTIMISING SELF CARE: OVER THE COUNTER (OTC) MEDICINES PRESCRIBING	
Purpose of Report:	
<p>The purpose of this report is to brief the board on a proposal to encourage members of the public who are suffering from isolated episodes of common clinical conditions to change their behaviour and approach their community pharmacist to receive advice and purchase an over the counter medicine.</p>	
Recommendations:	
<p>The Board is asked to support work being done to progress this action and provide support to Primary and Secondary care colleagues who are involved in implementing the policy.</p>	
Approval Pathways:	
<p>This report has been prepared on behalf of the medicines and prescribing work stream of the Turnaround programme.</p>	
Executive Summary:	
<p>Following work carried out in NHS England which has reduced the spend by health boards on over the counter medicines by 5%, the Medicines and Prescribing Work stream is proposing that this model is implemented across NHS Borders.</p> <p>Currently patients with common clinical conditions are being treated with prescribed medication that is available to buy over the counter from their local pharmacy or obtainable via the NHS Scotland minor Ailment scheme. These conditions could easily be managed by Community Pharmacists without the need for GP input. Examples of conditions include skin rashes, toothache, athlete's foot, cold sores and fungal skin & nail infections.</p> <p>Objectives are:</p> <ol style="list-style-type: none"> a. To create a campaign which raises awareness of common clinical conditions that can be treated with an over the counter medicine. b. To encourage people who may have previously gone to the GP with the condition to instead go to their pharmacist and purchase an OTC product. c. To highlight to the public that for those who can afford it, an average outlay of around £5 can have a major positive impact through individuals taking more responsibility for their own health and simultaneously contributing to the savings sought by NHS Borders 	

Impact of item/issues on:	
Strategic Context	This aligns with the following objectives <ol style="list-style-type: none"> 1. Use of pharmacies as a first port of call 2. Free GP time from dealing with minor ailments as part of the Primary care improvement plan
Patient Safety/Clinical Impact	Patient centred- Encouraging patients to visit the pharmacy for minor ailments will reduce the time taken to commence management of their clinical condition.
Staffing/Workforce	No impact on staff numbers, will reduce time spend by GPs on dealing with minor ailments. Increase in community pharmacy footfall.
Finance/Resources	The spend in primary care on the prescribing of isolated episodes of common clinical conditions is approx £86K. The estimated reduction in GP spend is £30K. Potential for a requirement to incentivise GP practices to engage.
Risk Implications	There is a risk of non engagement of staff and the public in this strategy. There is a potential risk that patients may move from obtaining products via a prescription route to via the minor ailments scheme.
Equality and Diversity	Due to the existence of the National Minor ailments scheme the impact on vulnerable groups is considered to be negligible.
Consultation	Consultation has taken place with: NHS Borders Communications Team GP colleagues informally Community Pharmacy Borders NHS Borders Public Health Formal Consultation is still required with: GP Sub committee Secondary Care clinicians
Glossary	<u>General Sale List medicines (GSL)</u> - Medicines that may be purchased from any retail outlet <u>Pharmacy medicines (P)</u> – Medicines that can only be sold by a pharmacy under the supervision of a pharmacist. <u>Over the Counter (OTC) medicines</u> – term used to describe any medicine that can be obtained without a prescription. <u>Isolated prescribing</u> is defined as the patient did not receive the item in the 4 month period before or after the date of supply. I.e. If supply was in August then they have not received the item between Apr-July or Sep-Dec.

Situation

Currently medicines prescribed via GP practices for isolated episodes of common clinical conditions are costing approx £86K per year (Jan-Dec 2018).

The direction of travel is to promote self care and encourage patients to consult with the most appropriate health care professional, this will increase overall access and in particular for our GP colleagues ensure that the objectives laid out in the Primary Care Improvement Plan are realised which supports GPs to manage the long term care of their practice population.

Background

As part of the national work to implement the Primary Care Improvement Plan and the National strategy to encourage the public to consult with the most appropriate healthcare professional, encouraging patients to seek advice from a Community Pharmacist and/or buy OTC products should lead to savings in both GP time and GP prescribing costs while making better use of the skills of our Community Pharmacists.

There is no requirement for GPs to prescribe medicines that are available to buy OTC unless the GP considers there is a necessity to do so for the patient's condition (as specified in the GMS contract). This policy supports GPs in encouraging patients to buy products which are available at a reasonable cost, most are less than £5. The free prescription charges should not be a reason to prescribe medication available over the counter as patients who are traditionally exempt (e.g. by age <16 or >65, or in receipt of benefits) can access these medicines at no cost via the National minor ailment scheme offered by all community pharmacies. The policy also supports promotion of self-care and better utilisation of Community Pharmacists as a source of health advice instead of seeking a GP consultation.

GPs may exercise discretion where there are exceptional circumstances or patient factors (eg an unsupported patient with dementia, someone with a significant learning difficulty or extreme hardship) when a prescription may be appropriate.

An increasing range of medicines is available to buy OTC from a pharmacy, supermarket or other retail outlet. These products have been designated as General Sale List medicines (GSL) or Pharmacy medicines (P) under the Medicines Act 1968 and it is expected that patients purchase such medicines after seeking appropriate advice from a Community Pharmacist or other healthcare professional. This is particularly the case in short-term self-limiting conditions. In addition, there are many resources available providing advice on self-care e.g. from websites such as NHS 24 and NHS Inform.

Community Pharmacists should not advise patients to request their GP to prescribe medicines available for minor health problems where these are available to purchase.

Conversely, prescribers should be aware that the recommended OTC medicine is licensed for the desired indication as requests for purchasing OTC medicines for unlicensed indications will be refused by Community Pharmacists.

A list has been created based on that produced by NHS Oxfordshire Clinical Commissioning Group for items that should be considered as suitable for over the counter

treatment. This was in response to the work in NHS England to reduce the spend on OTC medicines.

Criteria for inclusion on the list:

- Treatments for minor ailments which are in nature self-limiting;
- Treatments which are classified as either 'P' or 'GSL' by the Medicines and Healthcare Products Regulatory Agency;
- Drugs classified as 'less suitable for prescribing' as stated in the BNF.
- Medication that may be bought over the counter at reasonable price (eg Less than £5) and should not normally be prescribed unless certain criteria are met.

A list of *examples* of treatments that we would ask patients to not ask their clinician to prescribe are provided in appendix 1. It should be noted, however, that this list is **illustrative** and **not exhaustive** but shows where prescribers may consider asking patients to buy OTC medicines:

There is also potential scope for Secondary care prescribers to support this initiative when discussing with patients treatments that are required either post discharge or as part of an out-patients appointment which would further support self management. The potential savings of this have not been scoped.

There is a risk that patients may move from obtaining medicines via a prescription route to supply via the minor ailments scheme. Whilst this is in line with the strategy around promoting pharmacy as the first port of call, the cost of medicines via this route is still funded by board. There are Scottish Government plans to open up the minor ailment scheme to all Scottish Residents from April 2020, it is expected that the list of items available will be restricted however full details have not been published.

Assessment

Work done within NHS England has demonstrated that this is a viable stand of work and much of the supporting materials used can be adapted to be used as part of a communications strategy. It must be stressed that this is primarily about behavioural change rather than a restriction in prescribing.

Appendix 1

Examples of treatments for OTC management

- Paracetamol unless more than 32 tablets per week are required for a chronic condition
- Ibuprofen and other OTC NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) unless more than 28 tablets per month are required on an ongoing basis for a chronic condition
- Topical NSAIDs and equivalents unless required for a chronic condition that is not expected to improve and where patient not suitable for oral NSAIDs
- Oral and/or topical antihistamines except where required on a continuous basis for chronic rhinosinusitis and chronic urticaria
- Antacids (anyone requiring more than occasionally is likely to be more suitable for a PPI (proton pump inhibitor) or equivalent)
- Ear drops to soften wax or cleanse ear canals in management of mild otitis externa unless required for prevention of chronic or recurrent otitis externa
- Eye drops/ointments for dry eyes unless OTC preparations are ineffective after one month trial
- Sodium cromoglycate eye drops unless for an indication other than seasonal allergies
- Topical treatments for haemorrhoids unless failure to respond to OTC preparations containing steroid and local anaesthetic
- Topical local anaesthetic cream
- Topical crotomiton for skin irritation
- Topical steroids (hydrocortisone or clobetasone butyrate) except where they have proved ineffective or a larger quantity than 30g is required
- Topical antifungals unless combination with steroid required
- Topical aciclovir
- Topical scalp treatments for seborrheic dermatitis or psoriasis unless failure to respond after one month of regular treatment to antifungal AND tar-based preparations
- Bath and shower emollients (this does not affect topical moisturisers, only wash products)
- Topical moisturisers (except where required for a chronic skin condition or for skin care in the elderly who would otherwise be at risk of skin breakdown)
- Vitamin D except for established osteopenia or osteoporosis or on advice of renal unit
- Vitamin B12 1000micrograms for those found to have a low B12 (except in those with megaloblastic anaemia, evidence of pernicious anaemia or gastrectomy)
- Topical treatments for oral candidiasis
- Antiseptic mouth washes
- Oral nutritional supplements (except when being used in line with the latest NHS Borders guidance on when these may be prescribed)
- Gluten-free foods (except when being used in line with latest NHS Borders guidance on when these may be prescribed).

Potentially exceptional circumstances may be considered by a patient's GP where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.

This policy will be reviewed in the light of new evidence or new national guidance.