

**CONDITIONS FOR WHICH OVER THE COUNTER ITEMS SHOULD NOT ROUTINELY BE PRESCRIBED IN
PRIMARY CARE**

Frequently Asked Questions

(Public)

1. What is this policy about?

The policy is titled “Conditions for which over the counter items should not routinely be prescribed in primary care.” You can read the full policy here

<https://www.birminghamandsolihullccg.nhs.uk/your-health/over-the-counter-medicines>

It is mostly made up of a list of clinical conditions where we are asking patients and prescribers to take a different approach. You can see these in [Appendix 1](#) at the end of these questions.

In the past, patients would sometimes consult a doctor or nurse in their GP practice and receive a prescription to treat one of these conditions. Now we are moving towards the idea that these conditions will usually be treated via “self-care”, which may involve a discussion with a community pharmacist (“chemist”), and/or buying a product to help to manage the condition.

There are various benefits to adopting this approach

- Fewer appointments in general practice will be taken up in dealing with conditions which are suitable for self-care. This means that more appointments will be available for those who need medical advice.
- People will be encouraged to take more control over their own healthcare, using the skills of highly trained community pharmacists if they wish to do so
- NHS resources can be re-focussed towards other treatments e.g. new medicines to prevent strokes, better medicines to improve breathing, a wider variety of treatments for diabetes.

So we are looking to move away from a position where prescribing over the counter medicines for these conditions is considered “routine” to one where it is considered unusual. This means that in most cases a prescription will no longer be provided for these conditions.

It involves changing how we think about minor illnesses and the way that we deal with them. We know that it will take a little while to completely make the change. However, it is important that we try to make it happen, for the reasons given above. We know that together we can change habits and attitudes because over recent years we have changed the way we think about antibiotics, so we can reduce the risk of antibiotic resistance.

Please note that the section on vitamins & minerals and probiotics is slightly different. This is covered in section 5 below.

This policy, or a similar one, is being implemented by CCGs across England. Information about this is available on the NHS website <https://www.nhs.uk/common-health-questions/medicines/why-cant-i-get-prescription-over-counter-medicine/>

2. Does this apply to everybody? Will there be any exceptions?

The policy applies to everyone. However, a range of exceptions is included within it. Please see [Appendix 2](#) at the end of these questions for the general exceptions to the policy, and the full policy document for specific exceptions associated with particular conditions or products.

3. What happens if someone cannot afford to pay for the medication over the counter?

There are a number of exceptions in the policy, one of which states

- *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.*

4. Where can I get self-care information?

- Community pharmacists (“chemists”) are highly trained professionals who can give advice on self-care without the need for an appointment.
- The self-care forum produce fact sheets on some minor conditions <http://www.selfcareforum.org/fact-sheets/>
- Self-care information is available on the NHS website <https://www.nhs.uk/conditions/>
- NHS 111 can also provide advice

5. What about vitamins & minerals and probiotics?

These have been categorised as items of limited clinical effectiveness i.e. they provide little or no benefit to most people who take them.

However, there is evidence that they are of benefit in some conditions and these are set out in the exceptions in the product-specific section of the policy.

These are:

Vitamins and minerals exceptions

- Treatment of medically diagnosed deficiency in patients with a lifelong or chronic condition (*which affects vitamin and/or mineral levels*) or who have undergone surgery that results in malabsorption. Continuing need should be re-assessed on a regular basis.
- Treatment of medically diagnosed deficiency (NB maintenance or preventative treatment in people other than those in the bullet point above is NOT an exception)
- Calcium and Vit D for prevention or management of osteoporosis
- Malnutrition, including alcoholism

Probiotics (VSL#3) exceptions

- For the maintenance of antibiotic induced remission of ileoanal pouchitis in adults

Other than for these exceptions, vitamins & minerals or probiotics should not routinely be prescribed. The general exceptions do NOT apply to these products.

6. What about maintenance doses of Vitamin D?

Please see Q5

The policy allows for treatment when a blood test has shown that a person has a very low level of Vitamin D. Your doctor or nurse will write a prescription for Vitamin D to bring the levels back up to normal. After this, people will be advised and encouraged to arrange for their own supply, to keep their blood levels up.

You can read the NHS guidance on this here

<https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>

Advice and guidance regarding specific patient groups (babies, children, low-income families) is also available via this link.

7. Are there no other ways in which the NHS could save money?

The NHS is always exploring and implementing ways to make the most of the public money which it receives to spend on healthcare. Many pieces of work are currently underway in hospitals and surgeries across Birmingham and Solihull, and in the rest of England.

8. If you are no longer prescribing these medicines, where can I get them?

Medicines are available from Community Pharmacies (“chemist shops”). Many are also available from supermarkets and other shops.

9. I need this medicine for my child, can I have it on prescription?

Please see Q1 ([What is this policy about?](#)) and Q3 ([Does this apply to everybody? Will there be any exceptions?](#))

10. I am being treated with these medicines for a long-term medical condition and taking them regularly. Do I need to purchase them?

The first general exception to the policy states

- Patients prescribed an OTC medicine for a **long-term condition** (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).

11. I have a medical exemption certificate. Can I have the medicine on prescription?

Exemption from prescription charges is NOT an exception to the policy. However, the person may meet one of the exemption criteria in the policy (see Q3 [Does this apply to everybody? Will there be any exceptions?](#))

12. Does this include the elderly?

Yes. Age *per se* is NOT an exception to the policy. However, the person may meet one of the exemption criteria in the policy (see Q3 [Does this apply to everybody? Will there be any exceptions?](#))

13. I don't pay for my prescriptions. Will I still be able to get over the counter medicines on prescription?

Please see Q3 [Does this apply to everybody? Will there be any exceptions?](#)

14. Is this a cost cutting exercise?

Please see Q1 ([What is this policy about?](#))

15. Won't this unfairly affect people like me, who frequently suffer from ailments?

We are asking everyone to contribute towards getting the best value for money from the money the NHS has to spend on healthcare.

16. Why can't things just stay as they are?

Please see Q1 ([What is this policy about?](#))

17. I am worried about the changes, who can I talk to?

- The policy has been carefully developed to support patients in the management of self-limiting or minor illness.
- Information is available on the CCG website here <https://www.birminghamandsolihullccg.nhs.uk/your-health/over-the-counter-medicines>
- Information is available on the NHS website here <https://www.nhs.uk/common-health-questions/medicines/why-cant-i-get-prescription-over-counter-medicine/>

18. I have been to my pharmacy to buy a medicine but they will not sell it to me. What do I do?

Some medicines can only be bought over the counter if the patient meets certain criteria. Please talk to your community pharmacist and ask if this applies to you.

One of the general exemptions to the policy says:

- 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.

19. Can the nursery administer medicines purchased from the pharmacy?

Yes. Please see the guidance available on the CCG website

<https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/your-health/over-the-counter-medicines/2107-administration-of-medicines-in-schools-and-early-years-settings/file> .

This also applies to schools.

20. How can we buy the quantities we need of certain over the counter medications if it is illegal for supermarkets/chemists to sell them to us in the size/strength we need - e.g. paracetamol/Co-Codamol.

Please see Q10 ([I am being treated with these medicines for a long-term medical condition and taking them regularly. Do I need to purchase them?](#))

21. Can community pharmacists advise me if an OTC medicine will interact with my prescription medicines?

Yes. Community pharmacists are highly trained healthcare professionals who can provide advice on all aspects of medicines use, including interactions.

22. I can't easily get to my community pharmacy, what should I do?

There are many pharmacies located within Birmingham and Solihull, many of which are open at weekends and late into the evening.

If you have limited mobility, it may be possible to ask a friend or family member to purchase routine over the counter medicines on your behalf.

If you are fully house-bound and have no other way of receiving the treatment you need, you may meet one of the exemption criteria e.g.

- *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.*

23. What if an OTC medicine has been started by the hospital?

The hospitals have been advised of the policy and are expected to respect it.

24. Is there a phone number for patient complaints?

Any complaints about the policy should be addressed to

- Tel: 0121 203 3313
- Email: bsol.complaints@nhs.net
- Write to us: NHS Birmingham and Solihull Clinical Commissioning Group, Complaints Department, Attwood Green Health Centre, 4th Floor, 30 Bath Row, Birmingham, B15 1LZ

25. Are patients still able to access some of these treatments via the minor ailments/pharmacy first scheme?

The Pharmacy First Scheme was discontinued earlier this year. Other similar schemes are under review.

26. Will the policy be reviewed?

Yes. The policy will be reviewed by June 2020. However, it will be updated before that if there is a change in the clinical evidence underpinning the policy, a change in national guidance, or some other important need for review.

27. Are out of hours services and hospitals implementing this policy?

Yes, they have been told about the policy and asked to support it. We are advising people with the minor conditions listed in the policy to visit their Community Pharmacist (“chemist”) for advice. Please do not attend out of hours or A&E services just to try to get over the counter medicines. Dentists and optometrists (opticians) have also been told about the policy and asked to support it.

Appendix 1

Conditions covered by this policy

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

Other items covered by the policy

1. Probiotics
2. Vitamins and minerals

Appendix 2

EXCEPTIONS

General exceptions to the policy

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

1. Patients prescribed an OTC medicine for **a long-term condition** (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
2. For the treatment of **more complex forms of minor illnesses** (e.g. severe migraines that are unresponsive to over the counter medicines).
3. 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.)
4. Treatment for complex patients (e.g. immunosuppressed patients).
5. Patients prescribed OTC medicines to treat an adverse effect or symptom of a more complex illness and/or prescription only medication
6. 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.
7. Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
8. Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
9. Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
10. *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.

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

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

Specific exceptions to the policy

Condition-specific exceptions are included (if applicable) under the relevant item and/or condition.