

# **NHS WEST NORFOLK CLINICAL COMMISSIONING GROUP**

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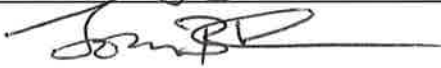
**Prescribing of Medicines that are available to  
purchase over the counter for self-limiting  
conditions**

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Document Control Sheet

<b>Name of Document:</b>	WNCCG Prescribing of Medicines that are available to purchase over the counter for self-limiting conditions
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<b>Date Of This Version:</b>	July 2017
<b>Produced By:</b>	This policy is based on that developed by NHS Cambridge and Peterborough Clinical Commissioning Group and is a group
<b>What is it for?</b>	An increasing range of medicines are available for purchase and it is expected that patients will purchase such medicines after seeking appropriate advice from a community pharmacist or other healthcare professional.
<b>Who is it aimed at and which settings?</b>	All patients
<b>Evidence Base:</b>	This policy is based on that developed by NHS Cambridge and Peterborough Clinical Commissioning Group and is a group policy for Norfolk CCGs.
<b>Reviewed by</b>	WNCCG Governing Body
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Revision History

Revision Date	Summary of changes	Author(s)	Version Number

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## Policy

Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, gives people greater control of their own health and encourages healthy behaviours that help prevent ill health in the long-term.

This can be achieved through a programme of education, reinforced by a cohesive approach across the health economy to requests for prescriptions for self-limiting conditions. There are 194 pharmacies in Norfolk and Waveney. Any person with a Norfolk and Waveney postcode is within a 20 minute drive of a pharmacy. There are also on-line pharmacies that will deliver to a person's chosen address.

The following principles are those expected to be used across Norfolk and Waveney:

1. An increasing range of medicines are available for purchase and it is expected that patients will purchase such medicines after seeking appropriate advice from a community pharmacist or other healthcare professional. ([Appendix A](#)) This is particularly the case in self-limiting illness such as those described below. The range of medicines available increases regularly.
  - Treatment of acute pain, such as headache, muscular aches and strains
  - Management of coughs and colds
  - Reducing body temperature where this is a small increase in temperature
  - Treating one-off constipation and/or diarrhoea
  - Treating minor abrasions or irritated skin or dry skin
  - Minor allergic responses and hay fever
  - Occurrences of head-lice infestation
  - Treatment of bouts of dyspepsia resulting from over-indulgence
  - Treatment of occasional vaginal thrush
2. Patients and the public have available an increasing range of resources for advice on medicines use e.g. community pharmacists (and their teams); NHS 111; NHS Choices; the internet which can be used to enable self-care as well as their GP or a Nurse. West Norfolk CCG encourages patients and the public to access advice and to purchase appropriate over the counter medicines.
3. The patients and the public are encouraged to maintain a stock of home remedies to facilitate prompt treatment for minor conditions, e.g. indigestion remedies, paracetamol/ibuprofen
4. Patients are expected, where possible, to try and alter their diet and life-style if it is probable that this is the cause of a health problem, e.g. dyspepsia and to make reasonable adjustments to limit likelihood of symptoms e.g. allergy and hayfever
5. Where a treatment is needed on a long-term (chronic) basis, e.g. paracetamol regularly four times daily in osteoarthritis, the patient's regular clinician may choose to prescribe.
6. Community pharmacists should not advise patients to request their GP to prescribe medicines available for self-limiting conditions and minor health problems where these are available to purchase. Similarly recommendations to seek antibiotics for self-limiting, mainly viral, conditions should not be made.

## **Appendix A: Medication which can be purchased from a community pharmacy and should not routinely be prescribed for self-limiting or minor conditions**

(A medicine purchased over the counter (OTC) may have restrictions within its product licence on dose/duration/site of application/age of patient compared to when prescribed)

### **Analgesia**

- Paracetamol tablets/ caplets/ capsules/ suspension/ soluble tablets
- Ibuprofen tablets/ capsules/ suspension/ liquid
- Co-codamol 8/500 tablets/ capsules/ soluble tablets
- Topical analgesics – NSAID gels/creams/ointments and rubefacients e.g. Algesal®; Deep Heat®

### **Cough and Cold**

- Decongestants – topical & systemic
- Simple linctus, demulcents, cough suppressants
- Sore throat treatments
- Normal saline nasal sprays/drops

### **Antihistamines and allergy**

- Oral antihistamines e.g. chlorpheniramine, cetirizine, loratidine, acrivastine
- Allergy and steroid nasal sprays/drops – beclomethasone; fluticasone
- Allergy eye drops e.g. antihistamine drops Otrivine Antistin®; mast cell stabilisers Sodium cromoglycate (Opticrom®), nedocromil sodium

### **Gastrointestinal**

- Constipation e.g. lactulose, senna, docusate, bisacodyl (tabs & suppositories), ispaghula husk, glycerine suppositories, macrogols (Movicol®)
- Diarrhoea e.g. loperamide, rehydration salts
- Heartburn and indigestion e.g. antacids and alginates

### **Haemorrhoids (cream, ointment, suppositories)**

- Local anaesthetics and astringents (e.g. Anusol®)
- Corticosteroids e.g. hydrocortisone (Anusol HC®, Proctosedyl®)

### **Dermatology**

- Emollients for dry skin
- Sun protection cream (sunscreens)
- Corticosteroids for short courses (15gm, 7 day treatments, not on the face) e.g. hydrocortisone 1% (10 years of age and over), clobetasone (12 years of age and over)
- Topical fungal skin infections e.g. clotrimazole (Canesten®); miconazole (Daktarin®); terbinafine (Lamisil®); ketoconazole (Nizoral®)
- Barrier creams for nappy rash
- Wart and verruca treatments

### **Vaginal Thrush (16-60 years; maximum 2 episodes in 6 months)**

- Clotrimazole creams and pessaries
- Fluconazole 150mg capsule

### **Cold sore treatments**

- Aciclovir

### Teething and Mouth ulcers

- Teething gels, pastes and liquids e.g. Bongela®, Anbesol®
- Mouth ulcer treatments

### Head lice and threadworm treatments

- Head lice: Due to wide spread resistance to insecticides these are no longer recommended. Wet combing is first line.
- Threadworm e.g. mebendazole 100mg tablets

*This list is not exhaustive and there may be alternative medicines available from the Community Pharmacy. Patients should be encouraged to speak to their pharmacist in the first instance.*

*Acknowledgement: This policy is based on that developed by NHS Cambridge and Peterborough Clinical Commissioning Group*

## APPENDIX B

### PRESCRIBING FOR SITUATIONS NOT COVERED BY THE NHS

#### Advice for Health Professionals

This advice covers the provision of prescriptions to a patient registered on the list of a general medical practitioner, or temporary resident. It does not cover the provision of private services to members of the public who are not registered with the practice.

#### 1. Self-Care

The CCGs recommend that general practitioners do not prescribe for minor self-limiting conditions where a wide range of products are available to purchase. Patients would be expected to self-medicate after seeking appropriate advice from a community pharmacist or other health care professional. The Self Care Policy can be accessed through the relevant CCG website or via Knowledge Anglia.

Prescribers should not prescribe medicines usually available over the counter for school children – schools should have their own policies for such use of medicines.

Care homes should have a policy for the management of minor self-limiting conditions. Care homes are expected to purchase and have a stock of “Homely remedies”. These should not be prescribed.

In addition a Drugs of Low Priority (DROP) List has been agreed by the Norfolk and Waveney CCGs. This lists medications which are not recommended for prescribing in normal practice based on safety, efficacy and cost effectiveness. The CCG suggests that items on the DROP List should not normally be prescribed as a matter of routine.

#### 2. Use of Private Prescriptions for NHS Patients

Prescribers may not provide private prescriptions for their NHS patients for NHS approved services unless the item is not prescribable on the NHS.

Such items are:

- Items included in the ‘Black List’ – Drug Tariff Part XVIII A – Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract.
- Drugs for the prevention of malaria
- Drugs where the indication is outside those indicated on the selective list scheme (SLS – Drugs, Medicines and Other Substances that may be ordered only in certain circumstances – Drug Tariff Part XVIII B)
- Travel vaccines not included in current travel vaccine policy and travel packs **or**
- Drugs solely in anticipation of the onset of an ailment while outside the UK

#### 3. After Private Referral

- 3.1 The responsibility for prescribing rests with the doctor who has clinical responsibility for a particular aspect of the patient’s care. Patients are at liberty to switch between private and NHS care at any time, but should only be provided with an NHS prescription if there is a clinical need and the medication would usually be

provided on the NHS. There is no obligation on the part of the GP to prescribe the recommended treatment if it is contrary to his/her normal clinical practice. The consultant's advice on choice of treatment is advisory and the GP may choose to prescribe an alternative product bearing in mind national and local guidelines/formulary. A clinician who decides to prescribe assumes clinical responsibility for the treatment.

- 3.2 Following a private consultation if initiation of drug treatment is to start within 10 days then the clinician must supply a private prescription to cover a minimum treatment period of 14 days
- 3.3 Patients who refer themselves independently of the GP (i.e. outside of the NHS) are expected to pay the full cost of any treatment they receive in relation to the care provided privately. Any drugs prescribed or treatment provided by a clinician in the course of, or following a private consultation should be at the patient's expense. Patients should be aware that discharge medication following an in-patient stay or medication to take home with them following an outpatient appointment may not be included within their insurance or the quoted cost of the procedure/consultation, and they will need to pay for this separately.
- 3.4 Patients have the right to appeal against any decision not to prescribe. In the first instance this will be to the doctor concerned and then to the CCG through the formal appeals procedure. The patient should be advised to contact their CCG for further details.

#### 4. Immunisation for Holiday and Business Travel Abroad

For more advice on specific vaccines:

- National Travel Health Network and Centre (NaTHNaC) <http://nathnac.net/>
- Immunisation against infectious disease (Green Book) <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

- 4.1 Guidance for prescribers on risk assessment for travellers and appropriate advice is available at <http://travelhealthpro.org.uk/factsheets>
- 4.2 Travel vaccines that were previously set out in the 'Red book' are included in the global sum and may be provided on the NHS free of charge to patients who require them under some circumstances.

See BMA guidance <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/travel-immunisation>

These vaccines may be obtained in one of two ways:

- Purchased by the practice and personally administered payment claimed through FP1034PD (for Typhoid and Hepatitis A) or FP10 via the prescription pricing division (PPD) of the NHS Business Services Authority (NHSBSA); or
- Obtained by the patient on FP10 prescription. A prescription charge is payable to the pharmacy or dispensing doctors unless the patient is exempt. In this situation no claim for personal administration fee should be made

**Centrally supplied vaccines must not be used for travel purposes as this would constitute fraud.**



- 4.3 For vaccines that were not previously in the 'Red Book' for travel purposes, a private prescription can be issued and practices may charge at their discretion. The Department of Health recommends that vaccines against diseases that are not likely to be transmitted to others on return should be paid for by the patient. This is a private service and charges will be set by practices. It is advised that practices develop a practice protocol outlining the charges for private travel services incorporating the charge for writing the prescription and administering the vaccine as well as the cost of the vaccine itself. This information should be readily available to patients. Practices may keep stock and may invoice the patient or provide a private prescription for the patient to take to a community pharmacy.
- 4.4 Hepatitis B vaccination is not routinely required for travel abroad.
- 4.5 GP practices must not charge a fee for the administration of NHS travel vaccinations.

## 5. Malaria Prophylaxis

- 5.1 The department of Health has issued guidance (FHSL(95)7) that medication for malaria prophylaxis may not be reimburse under the NHS
- 5.2 Some medicines for the prevention of malaria are available for purchase "over the counter" at community pharmacies e.g. chloroquine and proguanil
- 5.3 Prescription only medicines for malaria prophylaxis should be prescribed on private prescriptions. When issuing a private prescription, or providing the medication, practices are allowed to charge a fee for either activity but not for both. [*Note patients may avail themselves of on-line private consultations to obtain medication from accredited providers*]
- 5.4 Local community pharmacies have access to up to date advice about appropriate prophylactic regimes and can advise travellers accordingly.
- 5.5 Patients should be advised to purchase sufficient prophylactic medicines to cover the period of their travel, commencing one week (10 days before departure for mefloquine so that if adverse events occur there will be time to switch to an alternative) before departure and continuing for at least four weeks on return. Malarone® is an exception being started 1-2 days before arrival in a malarial region and stopped one week after leaving.
- 5.6 The importance of mosquito nets, suitable clothing and insect repellents to protect against being bitten should be stressed. Remember the four steps (ABCD) to prevent suffering from malaria in UK travellers:

**Awareness:** know about the risk of malaria

**Bite by mosquitoes:** prevent or avoid

**Compliance with appropriate chemoprophylaxis**

**Diagnose breakthrough malaria swiftly and obtain treatment promptly.**

## 6. Travel Abroad

Under NHS legislation, the NHS ceases to have responsibility for people when they leave the UK. However, to ensure good patient care, the following guidance is offered. People travelling within Europe should be advised to carry the European Health Insurance Card (EHIC) and everyone should obtain adequate holiday insurance cover.

For more detailed advice please refer to NHS Choices

<http://www.nhs.uk/nhsengland/healthcareabroad/pages/healthcareabroad.aspx>

### For people who intend to be outside the UK for 3 months or less:

- 6.1 Medication required for a pre-existing condition should be provided in a sufficient quantity to cover the journey and to allow the patient to obtain medical attention abroad. If the patient is returning within the timescale of a normal prescription (usually one and no more than three months) then this should be issued providing it is clinically appropriate.
- 6.2 GPs are not responsible for prescription of items for conditions which may arise while travelling e.g. Travel sickness, diarrhoea. Patients should be advised to purchase items to treat these locally prior to travel. Advice is available from community pharmacies if required. The GMS contract allows items for travel to be prescribed privately for patients on the practice NHS list.
- 6.3 Emergency travel kits are available in two forms. The "basic kit" contains items such as disposable needles and syringes, IV cannulas, sutures and dressings. The "POM" kit contains additional items such as plasma substitutes and medicines. A private prescription is required for the latter. The kits or a list of suppliers are available through travel clinics or community pharmacies. Neither kit is available under the NHS.
- 6.4 Patients carrying prescribed controlled drugs abroad for their own personal use may require a personal licence. 'Travelling abroad with Controlled Drugs – implications for patients' guidance is available at <https://www.gov.uk/travelling-controlled-drugs>
- 6.5 General advice about taking medicines abroad can be found here <http://www.nhs.uk/chq/Pages/1074.aspx?CategoryID=70>. Note that different countries are governed by different regulations and what may not be a controlled drug in the UK is abroad.

### Longer stays abroad

- 6.6 It is not a responsibility of the NHS to provide health services outside the UK. If a person will be abroad for three months or more, then all the patient is entitled to at NHS expense is a sufficient supply of his/her regular medication to get to the destination and find an alternative supply of that medication.  
<http://www.nhs.uk/chq/Pages/1755.aspx?CategoryID=73&SubCategoryID=105>
- 6.7 For longer visits abroad, the patient should be advised to register with a local doctor for continuing medication (this may need to be paid for by the patient). It is prudent for the patient to check with the manufacturer that the medicines they require are available in the country being visited.  
<http://www.nhs.uk/nhsengland/healthcareabroad/movingabroad/pages/introduction>.

[aspx](#)

- 6.8 The GMS contract requires practices to remove patients from their NHS list where they will be leaving the country for a period of more than 3 months.

## 7. Prescribing of Borderline Substances

- 7.1 In certain conditions some foods and toiletry preparations have characteristics of drugs and the Advisory Committee on Borderline Substances (ACBS) advises as to the circumstances in which such substances may be regarded as drugs. The Advisory Committee's recommendations from [Part XV of the Drug Tariff](#) are listed below. Prescriptions issued in accordance with the Committee's advice and endorsed "ACBS" will normally not be investigated.
- 7.2 Prescribing of borderline foods and dietary products should comply with the recommendation of the ACBS that "*Doctors should satisfy themselves that the products can safely be prescribed, that patients are adequately monitored and that, where necessary, expert hospital supervision is available*". A complete list of conditions can be found in the BNF or [Drug Tariff Part XV](#). Most conditions can be included in the following categories:-

Metabolic disorders	Gastrectomy
Malabsorption states	Malnutrition (disease related)
Liver disease	Inflammatory Bowel Disease
Specific skin disorders	Renal failure
Dysphagia	

### Prescription must be endorsed "ACBS"

- 7.3 Prescribing of gluten free foods for adults and children is not supported by Norfolk and Waveney CCGs. West Norfolk CCG permits limited prescribing in paediatrics. Similarly prescriptions for baby milks should comply with agreed formulary and pathways.
- 7.4 Norfolk and Waveney CCGs will strongly support any doctor wishing to refuse prescriptions of dietary products for patients where such prescribing would fall outside the Food First principles, not be in line with agreed treatment pathway (see [http://nwww.knowledgeanglia.nhs.uk/prescribing\\_nhsn/ons\\_pathway.pdf](http://nwww.knowledgeanglia.nhs.uk/prescribing_nhsn/ons_pathway.pdf)), and not be covered by ACBS.
- 7.5 Note that where toiletries are prescribed e.g. emollients, this **must** be in line with ACBS conditions.

## 8 The Black list and SLS

- 8.1 Drugs, medicines and other substances not to be ordered under a General Medical Services Contract – the "Black list" - Drug Tariff [Part XVIII A](#). These items must **NOT** be prescribed on the NHS.
- 8.2 Drugs, medicines and other substances that may be ordered only in certain circumstances ([Part XVIII B of the Drug Tariff](#)) – SLS. The list of drugs (in column 1) in this part of the Drug Tariff may be prescribed for persons mentioned in column 2, only for the treatment of the purpose specified in column 3. Drugs for

erectile dysfunction fall into this category (except generic sildenafil which has been removed) and where the patient prescribed **MUST** meet the conditions listed. The Prescriber must endorse the prescription with the reference "SLS".

## 9. Stocks of Drugs for Medicine Administration

- 9.1 FP10 prescriptions should not be used for replenishment of practice stocks following administration to patients. In law, items dispensed against a prescription for a patient belong to that patient and not the practice prescribing the item. Medication prescribed for an individual patient must be supplied to, and used by, that patient only.
- Practices must not use prescriptions to replenish practice or personal stock, even where practice stock is used for that patient. Stock obtained via a patient specific FP10 for a particular patient can be stored and used in future for that patient. Ordering practice stock may be preferable however, as it will reduce the risk of waste due to a change in a patient's requirements since labelled prescription items cannot be transferred to another patient.
  - Practices may obtain this stock by purchasing with a signed order requisition via a community pharmacy using headed notepaper (private CD requisition forms for CDs)
  - Practice may replenish stocks by purchasing through the legitimate pharmaceutical supply chains.
- 9.2 If a practice administers, e.g. an IUD, or any other personally administered item to a patient on the NHS from stock they have bought in, they must issue it free of charge to the patient and claim reimbursement for personal administration on form FP34PD. The practice should also attach an FP10 form for that item with the FP34PD form.
- 9.3 Alternatively the patient may be issued an FP10 prescription to be dispensed at a pharmacy and brought back to the surgery for administration to them. In this case no claim should be made for personal administration on form FP34PD.
- 9.4 Categories which are allowed as 'personally administered' are:
- i) Vaccines
  - ii) Anaesthetics
  - iii) Injections
  - iv) IUDs
  - v) Contraceptive Caps & Diaphragms
  - vi) Pessaries which are listed as Appliances
  - vii) Sutures and Skin Closure strips (must be listed in the Drug Tariff)
  - viii) Diagnostic reagents

Items that are commonly disallowed as 'personally administered' are:

- i) Dressings
- ii) Catheters
- iii) Nebules
- iv) Hormone implants e.g. Implanon®
- v) Chemical Reagents

### **Acknowledgement:**

Our thanks are due to colleagues at NHS PrescQIPP (PAC), NHS Mid Essex CCG and WNCCG Prescribing of Medicines that are available to purchase over the counter for self-limiting conditions- June 2017 – V1.0

NHS Great Yarmouth & Waveney CCG on whose documents this policy was initially based and subsequently updated.

### **Patient Experience and Complaints Team**

We provide confidential advice and support, helping you to sort out any concerns you may have about the care provided by the NHS and guiding you through the different services available.

Contact us on **01603 595857**



If you would like a copy of this publication in another format such as Braille, large print, audio cassette or in another language please contact:

NHS Great Yarmouth and Waveney CCG on Tel: 01502 718629

NHS South Norfolk CCG on Tel: 01603 257000

NHS North Norfolk CCG on Tel: 01263 738100

NHS West Norfolk CCG on Tel: 01366 500331

NHS Norwich CCG on Tel: 0344 980 3333

## APPENDIX C

### Travelling Abroad with Controlled Drugs – Implications for Patients

Patients who are carrying certain controlled drugs abroad (or in the case of an import licence, into the UK) for their own personal use may require a personal licence.

A personal licence enables you to take prescribed controlled medicines out of the UK and bring them back in when you return. It has no legal standing in other countries.

You need to apply for a personal licence at least 10 working days before the date you're due to travel. Your GP will need to provide a letter supporting your application.

The Home Office website has more information about <https://www.gov.uk/controlled-drugs-licences-fees-and-returns>

For those planning to travel with less than 3 months' supply of medication it should be carried in the hand luggage (airline regulations permitting) and include a covering letter from the traveller's doctor; a personal licence in this case is not required

This letter should contain the following patient information:

- Your name
- Your address
- Your date of birth
- The outward and return dates of your travel
- The country you are visiting
- List the drugs you are carrying, including dosages and total amounts

People travelling for over three months, or are carrying more than 3 months' supply of prescribed controlled drug medication, either abroad or to the UK, will need a personal export/import licence.

The following documents in support of an application for a personal export/import licence are required:

- A completed application form for a personal export/import licence
- A letter from your prescribing doctor or drug worker

Some countries may have their own import regulations for controlled drugs and it is advised for travellers to contact a country's embassy to check.

There is no allowance in the GMS contract to reimburse GPs for providing this service. It would be up to the discretion of the GP/Practice whether to charge patients in these circumstances.