

Reduce general practice consultations and prescriptions for minor conditions suitable for self-care

To be read in conjunction with the following CCG policies:

- Joint Formulary
- C03 Low Priority Procedures Policy

Document Details			
Title	Reduce general practice consultations and prescriptions for minor conditions suitable for self-care		
Ref No	MM03		
Document objective	This policy is designed to advise clinicians and health professionals how to reduce general practice consultations and prescriptions for minor conditions suitable for self-care		
Audience	All CCG staff and officers (including temporary and seconded staff and contractors)		
Dissemination	All policies will be published on the intranet and the CCG website, in the staff newsletter and staff induction pack.		
Author	Head of Medicines Management		
Approval process			
Reviewed by	Clinical Executive Committee		
Date of review	12 April 2017		
Approved by	Governing Body		
Date of approval	31 May 2017		
Equality Impact Assessment	There are no negative impacts of this policy on people with protected characteristics		
Category	Medicines Management		
Review date	2 years		
Version History			
Version number	Date	Amendment	By whom
0.1		New policy	Head of Medicines Management
1.0	31 May 2017	Approved	Governing Body

Contents

Section title	Page
Position Statement.....	4
Policy principles on the identification of suitable minor conditions and medicines.....	4
Eligibility and exceptionality	4
Policy Exceptions.....	4
Medicines and minor conditions.....	5
Rationale.....	5
Expected benefits of implementing this policy.....	6
Approach to promoting self-care for minor conditions.....	6
Policy review statement.....	7
Glossary.....	7
Acknowledgements.....	7
Appendix 1: Minor conditions suitable for self-care and medicines that are not recommended for prescribing but may be purchased over the counter	8

POSITION STATEMENT:

NHS High Weald Lewes Havens Clinical Commissioning Group expects that patients with minor conditions suitable for self-care will usually buy over-the-counter medicines when it is appropriate to do so. All prescribers within the CCG area, including non-medical prescribers, GPs, out-of-hours and A&E departments, should encourage self-care of minor conditions and recommend readily available over-the-counter medicines where appropriate.

Policy principles on the identification of suitable minor conditions and medicines

In the context of this policy, the term “over-the-counter (OTC) medicines” includes any medicine that is available to purchase without a prescription. Some medicines are available to purchase only from registered pharmacy premises under the supervision of a pharmacist (known as Pharmacy [P] medicines), while others are more widely available from a range of retail sales outlets without any professional oversight (known as General Sales List [GSL] medicines).

The following principles have been used when compiling the list of minor conditions for which prescriptions will not usually be issued, and medicines that the CCG recommends patients to buy to self-treat the minor conditions:

- the conditions included can be diagnosed without medical help
- the conditions can be treated with OTC medicines or will get better without treatment
- all relevant contraindications and cautions in the product license will apply at the point of sale

This policy applies only to situations and minor conditions where NHS Choices recommends self-care. For some conditions this will be related to the severity of the condition (e.g. mild acne is included but severe acne requires prescription medicines) and/or to the duration of the condition (for example, a cough that has persisted for more than three weeks requires a medical assessment).

Eligibility and exceptionality

This policy applies to:

- all patients registered with or attending a healthcare appointment at a general practice within High Weald Lewes and Havens
- all patients whether or not they pay for prescriptions
- all prescribers within the High Weald Lewes Havens area, including non-medical prescribers, GPs, out-of-hours and A&E departments.

Policy Exceptions

Clinical exceptions to the policy may be made where the clinician feels appropriate and in particular where patients lack the necessary competence, capability or freedom to act by virtue of clinical or social circumstances. Some specific groups have been identified who would not be able to determine whether their condition was suitable for self-care, or be able to purchase medicines for self-care, as follows:

- People who lack the appropriate level of cognitive capacity (for example patients with learning disability or with conditions such as dementia).

- People who would have difficulty accessing self-care remedies because they are housebound or reside in care homes (residential and/or nursing homes).
- Groups of people who are commonly refused the sale of over-the-counter medicines because of cautions or contraindications in the product license e.g. patients who are pregnant and breastfeeding, young children, frail elderly people and people with long term conditions (LTCs), particularly where these affect the disposition of medicines such as impairment of kidney or liver function.
- Patients with LTCs requiring a medicine for a period of time or in a quantity that is outside the terms of the OTC medicine's product license
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product (e.g. Loratadine and Cetirizine for hay fever) who need a prescription for second-line treatments.

Medicines and minor conditions

The tables within Appendix A of this policy show:

- conditions that are considered suitable for self-care – in that the condition(s) are self-limiting, and generally do not prevent a person from carrying out their normal functions for more than a short period of time, such as coughs, colds, headaches and indigestion
- medicines that are available to buy in the community to relieve the symptoms of and /or aid in the recovery from minor conditions.

Rationale

Empowering people with the confidence and information to look after themselves – 'self care' – gives people greater control of their health and encourages behaviour that helps prevent ill health in the long-term. In many cases, people can take care of their minor conditions if they are provided with the right information, enabling health care professionals to focus on patients with more serious health concerns.

The majority of people feel comfortable managing everyday minor conditions like coughs and colds themselves, particularly when they feel confident in recognising the symptoms and have successfully treated themselves with OTC medicines before. Despite people's willingness to self-treat, there are still 57 million GP consultations nationally a year for minor conditions at a total cost to the NHS of £2 billion. These appointments take up an average of one hour a day for every GP. Research shows that people often abandon self-care earlier than they need to, typically seeking the advice of a GP within four to seven days. The main reasons for this are:

- a lack of confidence in understanding the normal progress of symptoms (e.g. a cold can last up to 14 days)
- the perceived severity and duration of symptoms
- seeking reassurance that nothing more serious is wrong

- wanting a prescription for a medicine, even though the same medicine may be available to buy
- seeking treatment for a condition that will get better on its own.

Research suggests that health-seeking behaviour is repetitive, with 62 per cent of patients choosing to visit a GP if a prescription was issued on the last occasion. Conversely, past experience with self-care builds confidence in patients, with 84 per cent choosing to self-care for new episodes. Providing an environment that supports self-care has been shown to:

- improve the health and wellbeing of local communities
- raise awareness of and increase access to suitable providers of healthcare advice and support
- reduce avoidable appointments in general practice, thus helping safeguard appointment time for patients with more serious health problems
- reduce avoidable visits to the local emergency departments and appointments with out-of-hours GP services
- reduce NHS expenditure on medicines that can be bought in the community without a prescription, thus helping safeguard local NHS resources for medicines that are only available on prescription, as well as other services.

Expected benefits of implementing this policy

It is estimated that by implementing this policy:

- there will be a reduction in demand for appointments in general practice for minor conditions suitable for self-care, releasing capacity for patients with more serious conditions
- there will be a reduction in expenditure on prescriptions for OTC medicines
- there will be a reduction in medicines waste and costs associated with medicines waste
- patients and carers will be better informed about how to manage minor conditions.

Approach to promoting self-care for minor conditions

The CCG recommends information and resources such as those provided by community pharmacies, NHS Choices and NHS 111 are promoted to and used by local people and their carers to decide when minor conditions are suitable for self-care. The CCG recommends that people are supported to be prepared with a well-stocked medicines cabinet to help manage common illnesses. The CCG will engage in a programme of communication and engagement, alongside key health and care partners, to encourage patients to manage these conditions without the need for a GP appointment, NHS prescription or visit to an emergency department. The CCG also have the responsibility to provide support to healthcare professionals in promoting self-care and raising awareness around important health matters. This policy provides guidance to health professionals to support the CCGs' approach to reducing consultations and prescriptions for minor conditions suitable for self-care.

Policy review statement

The CCG will continue to review the impact of the implementation of this policy on patients and health professionals. The policy will be reviewed 2 years from the date of approval, unless feedback requires an earlier review.

Glossary

Community pharmacy: Community pharmacies dispense and check prescriptions and provide advice on prescribed medicines, treatment of minor conditions and healthy living.

Contraindication: A contraindication is a condition that makes a person unsuitable to receive a particular medicine.

Caution: A caution is a condition that needs consideration before deciding whether a medicine is suitable for a person; sometimes a caution will mean that a person should have a lower or higher dose of a medicine than other people.

General practice: General practitioners (GPs) are doctors who deal with a whole range of health problems. They also provide health education, offer advice on smoking and diet, run clinics, give vaccinations and carry out simple surgical operations. GPs usually work in practices as part of a team, which includes nurses, healthcare assistants, practice managers, receptionists and other staff. Practices also work closely with other healthcare professionals, such as health visitors, midwives, mental health services and social care services.

General sales list (GSL) – a medicine on the General Sales List is deemed suitable for purchase without any medical supervision.

NHS Choices: NHS Choices is the UK's biggest health website. See www.nhs.uk

NHS 111: NHS 111 is the NHS non-emergency number. Call 111 when you need medical help fast but it's not a 999 emergency.

Non-medical prescribers: A prescriber is a healthcare professional who can write a prescription. A non-medical prescriber is a healthcare professional who can prescribe, who is not a registered doctor or dentist. Only some healthcare professionals can become non-medical prescribers, and they usually have to undertake additional training to become a prescriber. The following groups of healthcare professionals can become prescribers; nurses, pharmacists, optometrists, podiatrists, physiotherapists and diagnostic and therapeutic radiographers.

NSAIDs: non-steroidal anti-inflammatory drugs, an example is ibuprofen.

Acknowledgements

With thanks to:

NHS Eastern Cheshire Clinical Commissioning Group

NHS South Cheshire Clinical Commissioning Group

NHS Vale Royal Clinical Commissioning Group

Appendix A – Minor conditions suitable for self-care and medicines that may be encouraged to be purchased over the counter

Conditions / Situation (check NHS choices for situations when a medical assessment would be appropriate)	Examples of medicines that can be purchased (P and GSL presentations) NB This list is not exhaustive	Comments
Minor conditions associated with pain, discomfort and / or fever (e.g. back pain, headache, strains and sprains, period pain)	Paracetamol Oral and topical NSAIDs (e.g. ibuprofen) Combination analgesics (e.g. co-codamol)	GSL sales are limited to packs of 16 (aspirin, paracetamol, ibuprofen); P sales are limited to packs of 32 (aspirin and paracetamol) or 96 (ibuprofen)
Heartburn and indigestion	Antacids (e.g. alginates, hydrotalcite, aluminium and magnesium antacids) Simeticone/dimeticone H2 Receptor antagonists (e.g. ranitidine) Proton pump inhibitors (e.g. omeprazole, pantoprazole, esomeprazole)	Many antacids aren't recommended for children under the age of 12 and people with certain health conditions, such as kidney disease.
Constipation and haemorrhoids	Bulking agents (e.g. ispaghula) Osmotic laxatives (e.g. lactulose, macrogols) Stimulant laxatives (e.g. bisacodyl, glycerol suppositories, senna) Pile remedies (e.g. bismuth salts, bismuth salts + steroids, topical anaesthetic creams and ointments)	
Diarrhoea and Vomiting	Rehydration sachets Antidiarrhoeals (e.g. loperamide)	
Coughs, colds and sore throats	Cough mixtures; demulcents, expectorants (e.g. guaifenesin) Cough suppressants (e.g. dextromethorphan) Soothing throat lozenges and sprays (e.g. local antiseptics, anti-inflammatories and anaesthetics) Cough and cold remedies containing analgesics	General measures such as keeping warm, resting, taking a painkiller (e.g. paracetamol) and drinking plenty of fluids are usually sufficient

Conditions / Situation (check NHS choices for situations when a medical assessment would be appropriate)	Examples of medicines that can be purchased (P and GSL presentations) NB This list is not exhaustive	Comments
Acute Nasal Congestion	Nasal sprays / drops (e.g. beclometasone) Decongestants (e.g. pseudoephedrine) Sympathomimetics (e.g. xylometazoline, oxymetazoline)	
Allergies, insect bites/stings	Antihistamines (e.g. loratadine, cetirizine, chlorphenamine, acrivastine) Eye drops (e.g. sodium cromoglycate) Nasal sprays (e.g. beclometasone, fluticasone propionate, triamcinolone acetonide, azelastine hydrochloride) Creams and lotions (e.g. hydrocortisone, crotamiton, mepyramine maleate)	
Dry skin, rash and sunburn	Emollient creams, ointments and lotions Sunscreens After-sun products Bath / shower products Products for cradle cap and nappy rash	Many sunscreens are not prescribable on the NHS (Drug Tariff Part XVIII A).
Acne	Washes, creams and gels (e.g. benzoyl peroxide, potassium hydroxy-quinoline sulfate, nicotinamide)	
Cold sores	Creams and barrier products (e.g. aciclovir cream)	
Head lice	Combs and bug busting kits Lotions (e.g. malathion, permethrin, dimeticone)	
Maintenance of good health	Vitamin and mineral supplements Tonics and sleeping aids Mouthwashes/ sprays Eye cleansing products Nutritional supplements Probiotics Herbal and homeopathic remedies Ear wax remedies	Some vitamins, minerals and nutritional supplements are available on prescription for patients with known deficiencies / long term conditions