

Derbyshire CCGs Self-care policy

INTRODUCTION

Self-care is widely acknowledged as an important solution to managing demand and keeping the NHS sustainable. Supporting people to self-manage common conditions such as coughs and colds could help bring down the 57 million GP consultations each year for minor ailments, a situation which costs the NHS approximately £2 billion and takes up to an hour a day on average for every GP.

Promoting the concept of self-care and increasing the awareness that there are alternatives to making GP appointments, or attendance at OOHs or A&E departments with minor conditions, will encourage patients to explore self-care in the future, so changing the culture of dependency on the NHS.

Together, the four CCGs in Derbyshire (Erewash, Hardwick, North Derbyshire and Southern Derbyshire) spent over £3Million in 2015/2016 on some of the medicines that are available to purchase over-the-counter. It is recognised that much of this cost is attributable to long-term or complex conditions. However, removing specific medications from routine prescription - for minor, short-term conditions and for conditions, such as a common cold, sore throat or minor cough, which would naturally get better themselves in the majority of patients if untreated - would release money to treat more serious conditions such as heart disease and diabetes and would help maintain financial balance in the health economy (examples of such products are shown in table 1). It is also true that some products available at NHS expense have insufficient evidence of benefit (table 2); removing these products from prescription will also release money.

SCOPE AND PURPOSE OF THE POLICY

The Self-Care Policy sets out the Derbyshire Clinical Commissioning Groups' approach to ensure that **prescribing of medicines and treatments that are available to purchase over-the-counter (and are used for the treatment of minor, short-term medical conditions, or have little evidence of benefit) is stopped** and to support prescribers in implementing this decision.

This policy will ensure equity of service for all residents of Derbyshire and will allow the same expectation of what will be provided from the GP Practice or other services.

This policy applies to all services contracted by or delivered by the NHS across Derbyshire including:

- a) GP Practices – GPs and any other Prescribers
- b) Out of hours and extended hours providers
- c) Acute Hospitals
- d) Out-Patient Clinics
- e) NHS Community Providers
- f) Independent providers
- g) Community pharmacies

This policy applies to all people (adults and children) who are registered with a GP in Derbyshire (permanent or temporary resident) or who access an NHS service in Derbyshire.

Derbyshire CCGs have a duty to ensure that the local NHS budget is spent in an appropriate way.

The Governing Bodies are responsible for ensuring that all agreed actions are carried out by healthcare professionals according to this policy.

Implementation of the policy will be monitored via ePACT data.

MEDICINES AVAILABLE OVER-THE-COUNTER, USED FOR SHORT-TERM, MINOR MEDICAL CONDITIONS

Most minor ailments are generally not serious and can often be managed by the individual. Products aimed at treating the symptoms of many of these ailments may not offer value for money and should not normally be prescribed at NHS expense.

Patients with short-term, minor ailments and common conditions will be referred to community pharmacies, or other outlets such as supermarkets and local shops, to purchase over-the-counter treatments.

Community pharmacists have a wealth of experience and training, and are well placed to contribute to the management of minor ailments and common conditions. No appointments are needed and the community pharmacy is often open longer hours than the GP Practice and is also open at weekends.

Secondary Care will support self-care interventions and refer patients to the community pharmacy if appropriate, particularly where patients have presented inappropriately to A&E, urgent care centres or out of hours services.

People will be encouraged to be responsible for their own health and well-being, by all healthcare professionals.

Patient information leaflets are available for certain conditions, either via sources such as NHS Choices or via the GP Practice prescribing system, to ensure that people are made aware of warning signs or symptoms that would require them to see their GP. Patient education during appointments may help to reduce repeat consultations for similar conditions whilst ensuring appropriate safety-netting is in place.

PRODUCTS WITH INSUFFICIENT EVIDENCE OF BENEFIT

Many of the products in this category are not licensed drugs under the Medicines Act. This means that they have not undergone the stringent testing laid down by the regulatory authorities to confirm their safety, quality and efficacy. There is no summary of product characteristics (SPC) for prescribers to consult and hence no indemnity for prescribers should the treatment cause harm.

Many of these products are classed as ‘food substitutes’ and do not appear in the current British National Formulary (BNF) or the Drug Tariff. They are often not manufactured to the same high pharmaceutical standards used for licensed medicines; hence there is no guarantee of consistency in formulation and potency. These treatments will not have undergone rigorous clinical trials to demonstrate that they are effective.

It is inappropriate to direct NHS resources towards products that do not have proven efficacy or safety in preference to licensed medicines.

Table 1. Examples of medicines that can be purchased over-the-counter for the treatment of minor, short-term conditions. (This self-care policy does not apply to the treatment of long-term conditions). (Note: this list and examples given is not exhaustive).

Product category	Example products	Exceptions
Simple analgesics	Paracetamol tablets and capsules	
	Co-codamol 8/500 tablets and capsules	
	Paracetamol liquid	Children under 2 months. Babies born before 37 weeks. Babies weighing less than 4kg.
Topical antifungals	Miconazole 2% cream	Diabetic patients
	Terbinafine 1%	Diabetic patients. Pregnancy. Breast feeding.
Topical pain relief	Ibuprofen gel/cream/spray Diclofenac gel/cream/spray	Children under 14 years old
Oral antihistamines	Loratadine Cetirizine Chlorphenamine	
Cold sore creams	Aciclovir 5% cream	Immunocompromised

Steroid nasal sprays	Beclometasone Fluticasone	Children or adolescents under the age of 18 years
Dental products	Mouthwashes Teething gel Toothpaste	
Mild steroid creams	Hydrocortisone 1% cream	Children under 10 years. Pregnancy. Eyes or face, ano-genital area or on broken or infected skin.
Sore throat/mouth ulcer products	Sore throat lozenges Sore throat sprays Sore mouth gels	
Indigestion and heartburn	Gaviscon, peptac	
	Omeprazole	Under 18 years old
Infant colic	Infacol Susp 40mg/ml S/F	
Nappy rash	Metanium, Sudocrem	
Decongestant nasal sprays, drops and tablets	Pseudoephedrine tablets Sodium chloride nasal spray Sodium chloride 0.9% drops Xylometazoline/Oxymetazoline/ Ephedrine nasal sprays	
Sunscreens	High factor sunscreens, branded or own brand	
Warts and verrucae	Salicylic acid and/or lactic acid ointment/solution/plasters/gels/paints	
Ear wax removers	Olive oil Oil-based ear drops Hydrogen peroxide-based ear drops	Perforated ear drum
Cough preparations	Simple linctus, pholcodine linctus	
Head lice	Malathion Dimeticone	Children under 6 months
Eye products for conjunctivitis	Chloramphenicol 0.5% eye drops/ 1% eye ointment	Children under 2 years. Pregnancy and lactation
	Sodium cromoglicate 2% eye drops	
Diarrhoea Relief	Dioralyte sachets	
	Loperamide	Children under 12 years.
Constipation	Lactulose	
	Senna	Children under the age of 12 years
Mild acne	Abrasive agents, benzoyl peroxide and other topical treatments	Children under the age of 12 years
Cradle cap	cradle cap shampoos	
Dandruff	Tar shampoos, antifungal products	

Table 2. Examples of medicines that have little evidence of benefit (Note: this list and examples given is not exhaustive)

Product Category	Example Products	Exceptions
Eye Care	Blephaclean Eye Lid Wipe, Lid-Care Eyelid Wipe, Optrex, Supranettes, RefreshOphth Soln 0.4ml Ud, Ster Eye Cleansing Wipes	None
Health Supplements	Products containing glucosamine Products containing chondroitin. Products containing fish oils. Products containing co-enzyme Q10. Products containing Omega 7. Icaps, Ocuvite, PreserVision, Nature's own, Nature's aid	None
Herbal Remedies	St John's Wort, Healthaid, Kalms, Nytol, Bach flower remedies	None
Homeopathic remedies	Weleda products, Nelson products	None
Probiotics	VSL#3	Pouchitis
Vitamins, Multivitamin & all mineral preparations (including Cod liver oil, Vitamin B products, Vitamin E products, , Vitamin A & D products)	Pharmacy own brands of vitamins/ multivitamins (i.e.Boots, Lloyds, Superdrug, Valupak), Haliborange, Sanatogen, Fruitivits Sachets, Spatone, Seven Seas, Lamb, Vita E, Osteocaps, Osteocare, Redoxon, Centrum,	Vitamin D (high strength) for proven Vitamin D deficiency. Thiamine for alcohol related conditions & neurological complications. Vitamin B12 deficiency. Forceval (post bariatric surgery). Vitamin supplements for premature babies as advised by hospital.
Cough preparations	branded cough medicines	

The medicines referred to in this policy are all readily available from Community pharmacies and in many cases from supermarkets and other outlets. The cost to the patient will vary depending on the condition being treated, treatment length and where the product is purchased. Paracetamol cost as little as 19p for 16 tablets whereas head lice treatments may cost around £5.00 for a single person treatment or as much as £12.00 for a family pack.

The General Medical Council states that the GP's primary duty is to act in the patient's best interests, but also to make efficient use of the resources available. It is the belief of the Derbyshire CCGs that this policy strikes the right balance between these two duties for most patients most of the time.

However, in exceptional circumstances, it is at the professional discretion of the GP if, for an individual patient, they feel that this balance is best achieved by acting outside this policy.

References/resources and associated documents

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