

PRESCRIBING COMMISSIONING POLICY: SELF-CARE

NHS Wirral CCG will not fund the prescribing of medicines and treatments for minor, short-term conditions where:

- Self-care is the most appropriate route
- Medicines and treatments are available to buy over the counter

NHS Wirral CCG will not fund the prescribing of medicines and treatments for ANY medical condition where:

- There is insufficient evidence of clinical benefit
- The medical condition has no need of clinical treatment
- It is not cost effective to the NHS to prescribe these medications

Medicines for the prevention of malaria, which are **not** prescription only medicines, can be purchased directly from community pharmacies.

Note: Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional clinical circumstances exist that warrant deviation from the rule of this policy.

Self-care (over the counter (OTC) and Products of Limited Value Prescribing Policy

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SELF-CARE (OTC) AND PRODUCTS OF LIMITED CLINICAL VALUE PRESCRIBING POLICY

1. INTRODUCTION

- 1.1. Self-care is widely acknowledged as an important solution to managing demand and keeping the NHS sustainable. Supporting people to selfmanage common conditions such as coughs and colds could help bring down the 57 million GP consultations each year for minor ailments, and which takes up to an hour a day on average for every GP costs the NHS approximately £2 billion per year.
- 1.2. 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.
- 1.3. Wirral CCG spends approximately £2m per year on medicines and products that can be used for the treatment of minor ailments (appendix 1). Many of which are available to buy over the counter from community pharmacies and retail outlets such as supermarkets. It is recognised that some 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.
- 1.4. Some products that are currently prescribed are clinically ineffective or are not cost effective. These treatments will not have undergone rigorous clinical trials to demonstrate that they work, and it is inappropriate to spend the local NHS budget on products that do not have proven efficacy or safety in preference to medicines supported by robust clinical evidence.
- 1.5. Medicines for malaria prophylaxis are not reimbursable under the NHS. Some medicines for the prevention of malaria are available for the patient to purchase over the counter at a community pharmacy. Prescription only medicines for malaria prophylaxis must be prescribed on a private prescription. Selection of treatment is dependent on destination please see NHS Choices <http://www.nhs.uk/conditions/malaria/pages/prevention.aspx>

- 1.6. Since November 2016 the Wirral 'Self-care (Over the Counter) and Products of Limited Clinical Value' Prescribing Policy has provided guidance on prescribing in this area for Wirral prescribers.

Nationally there have been several consultations regarding the prescribing of medicines. In December 2017 guidance was released by NHS England regarding 18 products that should not be routinely prescribed in primary care and in March 2018 further guidance has been issued regarding 'over the counter medicines'.

Please see links below for further details:

<https://www.england.nhs.uk/publication/items-which-should-not-be-routinelyprescribed-in-primary-care-guidance-for-ccgs/>

<https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/>

2. SCOPE OF THIS POLICY

- 2.1 The NHS Wirral Self-Care (OTC) Policy has been aligned to national guidance and sets out Wirral Clinical Commissioning Group's approach to ensure that prescribing of certain products in the following circumstances is stopped and to support prescribers in implementing this decision:
- Medicines and treatments available to purchase over-the-counter, used for the treatment of minor, short-term medical conditions.
 - Medicines and treatments where there is insufficient evidence of clinical benefit or cost-effectiveness.
 - Medicines and treatments that are prescribed to treat conditions where there is no clinical need for treatment.
 - Malaria prophylaxis
- 2.2 This policy will ensure equity of service for all residents of the Wirral and will allow the same expectation of what will be provided from the GP Practice or other services.
- 2.3 This policy applies to all services contracted by or delivered by the NHS across Wirral CCG including:
- GP Practices – GPs and any other Prescribers
 - Out of hours and extended hours providers
 - Acute Hospitals
 - Out-Patient Clinics
 - NHS Community Providers
 - Independent providers
 - Community pharmacies

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

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

- 3.1 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.
- 3.2 Patients with short-term, minor ailments and common conditions will be directed to community pharmacies for advice, or other outlets such as supermarkets and local shops, to purchase over-the-counter treatments.
- 3.3 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.
- 3.4 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, the Urgent Care Centre or Out of Hours Services.
- 3.5 People will be encouraged to be responsible for their own health and well-being, by all healthcare professionals.
- 3.6 Patient information leaflets are available for certain conditions, either via sources such as NHS Choices or via the GP Practice prescribing system (EMIS Web), to ensure that people are made aware of warning signs or symptoms that would require them to see their GP.

4. MEDICINES WHERE THERE IS LIMITED EVIDENCE OF CLINICAL BENEFIT OR COST-EFFECTIVENESS

- 4.1 Some products that are currently prescribed in the Wirral have no proven clinical efficacy or are not cost-effective. Many of the products in this category are not licensed drugs under the Medicines Act.
- 4.2 This means that they have not undergone the rigorous clinical trials as required by the regulatory authorities to confirm their safety, quality and efficacy.

- 4.3 There is no Summary of Product Characteristics (SPC) for prescribers to consult and therefore pose a risk to the prescriber when unlicensed products are prescribed.
- 4.4 Many of these products are classed as 'food substitutes' and are not covered by Advisory Committee on Borderline Substances (ACBS) regulations (GMS contract) and/or do not appear in the current British National Formulary (BNF) or the Drug Tariff.
- 4.5 They may not be manufactured to the same high pharmaceutical standards used for licensed medicines; hence there is no guarantee of consistency in formulation and potency.
- 4.6 It is inappropriate to direct NHS resources towards products that do not have proven efficacy or safety in preference to licensed medicines supported by robust clinical evidence.
- 4.7 Such judgements should be based purely on clinical factors and should not be influenced by socio-economic aspects such as the patient's readiness and ability to purchase.

Example medications included in this section are:

- 4.1.1 Antioxidant supplements for age related macular degeneration (this does not include treatments such as Lucentis for Wet Macular Degeneration).
- 4.1.2 Lactase enzyme drops (for colic)
- 4.1.3 Supplements for joints (e.g. glucosamine and chondroitin)

5. MEDICINES THAT ARE PRESCRIBED TO TREAT CONDITIONS WHERE THERE IS NO CLINICAL NEED FOR TREATMENT.

- 5.1 Conditions such as a common cold, sore throat or minor cough are ones that would naturally get better themselves in the majority of patients if untreated.
- 5.2 Products to help soothe such conditions (e.g. analgesics, cough mixtures, sore throat lozenges) will no longer be prescribed.
- 5.3 Such judgements should be based purely on clinical factors and supporting evidence and should not be influenced by socio-economic aspects such as the patient's readiness and ability to purchase.
- 5.4 Norethisterone to delay menstruation for social reasons, e.g. holidays, sport, etc. should not be prescribed on the NHS.

6. MALARIA PROPHYLAXIS

- 6.1 The British National Formulary (BNF) states the medicines for malaria prophylaxis are not prescribable on the NHS.
- 6.2 The Department of Health issued guidance in February 1995 (FHSL (95)7) which is still current. This guidance states that private prescription forms should be used to prescribe drugs for malaria prophylaxis.
- 6.3 The NHS Standard General Medical Services Contract 2014 states that a GP may accept a fee for prescribing or providing drugs or medicines for malaria chemoprophylaxis.
- 6.4 Some medicines for the prevention of malaria are available for the patient to purchase over the counter at a community pharmacy. If this is the case a GP need not write a prescription. Prescription only medicines for malaria prophylaxis must be prescribed on a private prescription.

7. SELF-CARE PRESCRIBING REVIEWS

- 7.1 Wirral Clinical Commissioning Group has a duty to ensure that the local NHS budget is spent in an appropriate way.
- 7.2 The Governing Body is responsible for ensuring that all agreed actions are carried out by healthcare professionals according to this policy.
- 7.3 Implementation of the policy will be monitored via ePACT data and recorded within the CCG Financial Recovery Plan.
- 7.4 This policy supersedes the Wirral prescribing policy malaria prophylaxis, 2010 and Wirral prescribing policy glucosamine, 2010.

Appendix 1: Examples of conditions where there are medicines that can be purchased over-the-counter (OTC) for the treatment of minor, short-term conditions and therefore should not normally be prescribed in those circumstances.*

*Note: the list and examples given below is not exhaustive.

1. When referring patients to buy OTC medicine, prescribers need to check if the medicine is licensed for the particular patient and the desired indication (please see appendix 2 for further information on indications). Requests for OTC medicines for unlicensed indications and patients will be refused by the community pharmacy. For example, if a patient has thrush, and they are under 16 or over 60 years old, they will not be able to access this medication over the counter. In this case, the medicine should be prescribed as appropriate.
2. The medicines shown below are usually prescribed for minor short-term health problems only and where this is not the case they will continue to be prescribed for example for chronic conditions e.g. analgesics for osteoarthritis (see examples of exceptional circumstances below).
3. Guidance on general exceptions is shown on page 14 of this policy.
4. For further information please refer to the NHS guidance at <https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidancefor-ccgs/>

Conditions	Exceptions
Analgesics (pain killers) for minor aches and pains e.g. mild toothache	No routine exceptions for aches, sprains, headache, period pain, back pain but General exceptions apply
Topical pain relief	Anti-inflammatory gels e.g. ibuprofen 5% gel – OTC exemptions include; pregnancy/breastfeeding - 12yrs/14yrs or more (depends on the brand) General exceptions also apply
Mild to moderate hay fever/seasonal rhinitis <ul style="list-style-type: none"> • Oral antihistamines (for allergies such as hay fever) • Steroid nasal sprays for allergies such as hay fever) • Allergy eye drops (e.g. for hay fever) 	<ul style="list-style-type: none"> • Antihistamine – drowsy e.g. chlorphenamine - OTC exemptions include pregnancy/breastfeeding – 1yr or more • Antihistamine – non-drowsy e.g. cetirizine/loratadine - OTC exemptions include pregnancy/breastfeeding – cetirizine 6yrs or more, Loratadine – 2yrs or more • Steroid nasal spray e.g. beclometasone nasal spray, fluticasone nasal spray - OTC

	<p>exemptions include pregnancy/breastfeeding – 18yrs or more.</p> <ul style="list-style-type: none"> Sodium cromoglicate eye drops - OTC exemptions include caution in pregnancy – 6yrs or more. <p>General exceptions also apply</p>
Dental products for example prevention of dental caries – please refer to NHS Wirral Dental Policy.	No routine exceptions but general exceptions apply
Indigestion and Heartburn	No routine exceptions but general exceptions apply
Mild dry skin treatment for example emollients, bath additives and moisturising preparations	No routine exceptions but general exceptions apply
Sore Throat products	Red Flag symptoms (e.g. high temperature, more than 1-week duration)
Decongestant nasal sprays and tablets	Red Flag symptoms (e.g. very high temperature, chest pain, difficulty breathing, swollen glands, rapid unexplained weight loss)
Sunburn due to excessive sun exposure	No routine exceptions but general exceptions apply
Sun protection – unless a diagnosed photosensitive condition.	Exceptions for ACBS approved indication of photodermatoses plus general exceptions
Vaginal moisturisers	
Wart and verrucae treatments	No routine exceptions but general exceptions apply
Topical circulatory products	
Cosmetic moisturisers	
Ear wax products	No routine exceptions but general exceptions apply
Cough and cold treatments	Red Flag symptoms (e.g. very high temperature, chest pain, difficulty breathing, swollen glands, rapid unexplained weight loss, haemoptysis)
Antifungal treatments (e.g. for athletes foot, ringworm and vaginal thrush)	<p>Exceptions for ringworm/athletes foot, lymphedema, or history of lower limb cellulitis plus general exceptions.</p> <p>Exceptions for vaginal thrush – can be treated for patients over 16 years of age and under 61</p>

	<p>years of age only if previously diagnosed by a doctor. See advice in appendix 2 regarding pregnancy and breast feeding.</p> <p>OTC exceptions – e.g. Amorolfine 55 nail lacquer (nail fungal infections) – 18yrs or more only. OTC exclusions include a maximum of 2 nails infected and not sold if pregnant or breastfeeding. Clotrimazole 1% cream (athlete’s foot/ringworm) – OTC exclusions include nail or scalp infections/can be used during pregnancy buy only under the supervision of a physician or midwife. Clotrimazole/Hydrocortisone cream (athlete’s foot for 10 years or more (see exclusions in appendix 2)</p>
Oral thrush	<p>No routine exceptions but general exceptions apply.</p> <p>Daktarin OTC oral gel – not for patients on warfarin (unlicensed in under 4 month old children)</p>
Medicated Shampoos for example to treat dandruff (mild scaling to scalp without itching)	No routine exceptions for dandruff but general exceptions apply
Antibacterial Eye Drops (e.g. to treat conjunctivitis although treatment isn’t usually needed for conjunctivitis as the symptoms usually clear within a week)	<p>Red Flag symptoms (e.g. corneal symptoms in contact lens wearers, red, sticky eyes in newborn babies).</p> <p>Chloramphenicol 0.5% eye drops or chloramphenicol 1% eye ointment bacterial conjunctivitis– OTC exemptions for 2yrs or more and bacterial conjunctivitis only). Patient needs to be seen by the pharmacist – OTC exclusions include pregnancy/breastfeeding.</p>
Antiperspirants for excessive sweating (hyperhidrosis)	No routine exceptions but general exceptions apply
Haemorrhoids treatment	Red Flag symptoms (persistent symptoms, pain or bleeding)
Head lice preparations	Live head lice can be treated by wet combing; chemical treatment is only recommended in exceptional circumstances and in these cases OTC medicines can be purchased from a pharmacy – see NHS choices for further information.
Probiotics – limited clinical effectiveness	

Vitamins and minerals	<p>Exceptions;</p> <ul style="list-style-type: none"> all types of medically diagnosed vitamin or mineral deficiency including for those patients who may have a lifelong condition or have undergone surgery that results in malabsorption – continuing need should be reviewed on a regular basis. This is in line with the current ACBS guidance for prescribers. Calcium and vitamin D for osteoporosis. Malnutrition including alcoholism (see NICE guidance) Vitamin D analogues which are prescription only. <p>Please note that vitamin D maintenance therapy is not included as an exception.</p>
Infrequent cold sores of the lip	<p>Exceptions for immunocompromised patients and Red Flag symptoms (e.g. large and painful, lasting more than 10 days, pregnancy) in addition to general exceptions.</p>
Cradle cap (seborrheic dermatitis – infants)	<p>Exceptions if causing distress to the infant and not improving in addition to general exceptions.</p>
Infant Colic – please refer to Pan Mersey Black statement for Lactase Enzyme Drops (Colief®)	<p>Exceptions Red Flag symptoms (e.g. weak cry, floppy, green vomit, not feeding) plus general exceptions.</p>
Mild Cystitis	<p>Exceptions Red Flag symptoms (pregnant, male, child, prolonged severe symptoms, fever) plus general exceptions.</p>
Mild Irritant Dermatitis	<p>OTC exemptions for steroid creams and ointments e.g. hydrocortisone 1% cream/ointment – OTC exclusions do not use on face, anogenital region, broken or infected skin, don't use in pregnancy, duration of use not more than 7 days – for 10 yrs. or more only. General exceptions apply</p>
Acute diarrhea treatment	<p>No routine exceptions for acute diarrhea (adults) but general exceptions apply, fever blood in the stools, recent foreign travel.</p>
Dry eyes/sore tired eyes	<p>No routine exceptions but general exceptions apply</p>

Infrequent constipation – pharmacists can help suggest on OTC laxative if diet and lifestyle changes aren't helping. Most laxatives work within 3 days. They should be used for a short time only. Laxatives are not recommended in children unless prescribed by a GP.	No routine exceptions but general exceptions apply
Infrequent migraine	No routine exceptions but general exceptions apply
Insect stings and bites	No routine exceptions but general exceptions apply
Mild acne	No routine exceptions but general exceptions apply
Minor burns and scalds	Exceptions for more serious burns always require professional medical attention. Burns requiring hospital A&E treatment include but are not limited to: all chemical and electrical burns, large or deep burns, burns that cause white or charred skin, burns on the face, hands, arms, feet, legs or genitals that cause blisters – plus general exceptions.
Nappy rash – this condition usually clears up after about three to seven days if recommended hygiene tips are followed.	No routine exceptions but general exceptions apply
Teething	No routine exceptions for teething/mild toothache but general exceptions apply
Threadworms – follow strict hygiene measures	OTC exemptions e.g. mebendazole tablets/suspension – exclusions include pregnancy/breastfeeding – only sold for 2 years or more General exceptions apply
Travel sickness	No routine exceptions but general exceptions apply

General Exceptions to the Guidance:

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

- Patients prescribed an OTC treatment for a long-term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
- 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.)
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
- 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.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- 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. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

Appendix 2: Restrictions to supply of some OTC medicines by Community Pharmacies

When referring patients to buy OTC medicine, check it is licensed for the particular patient and the desired indication. Requests for OTC medicines for unlicensed indications and patients will be refused by the community pharmacy.

Restricted Medicine	Common Examples	OTC Indication(s) <i>Note: may vary by brand</i>	Common OTC Exclusions	Age allowing OTC Supply
Me				
Antihistamine – Drowsy	Chlorphenamine	Allergic conditions including hay fever, vasomotor rhinitis, urticaria, reactions to food or medicines, serum reactions and insect bites	Pregnancy and/or breastfeeding	1yr or more
Antihistamine - Non-drowsy	Cetirizine, loratadine	Symptomatic treatment of hay fever and other allergies, urticarial	Pregnancy and/or breastfeeding	Cetirizine – 6 yrs. or more Loratadine - 2yrs or more
Steroid nasal spray	Beclometasone nasal spray, fluticasone nasal spray	Prevention and treatment of allergic rhinitis, including hay fever	Pregnancy and/or breastfeeding	18yrs or more
Steroid creams and Ointments	Hydrocortisone 1% cream/ointment	Treatment of allergic contact dermatitis, irritant dermatitis, insect bite reactions and mild to moderate eczema	Use on the face, anogenital region, broken or infected skin. Duration of use > 1week. Pregnancy.	10yrs or more
Pain relief cream/ointment for short-term use				
Antiinflammatory gels	Ibuprofen 5% gel	Topical analgesic and anti-inflammatory	Pregnancy and/or breastfeeding	12yrs/14yrs or more (depends on brand)

Antibacterial eye drops				
Eye drops/ ointments	Chloramphenicol 0.5% eye drops, chloramphenicol 1% Ointment	Treatment of acute bacterial conjunctivitis Patient needs to be seen by the pharmacist – face to face.	Indications other than bacterial conjunctivitis Pregnancy and/or breastfeeding	2yrs or more
	Sodium cromoglicate eye drops	Relief and treatment of the eye symptoms of hay fever	Caution in pregnancy	6yrs or more
Treatments for fungal infections including athletes' foot, fungal nail infections and vaginal thrush				
Topical Antifungals	Amorolfine 5% nail lacquer	Fungal infections of the nails affecting the upper half or sides of the nails in up to 2 nails	Maximum 2 nails affected Pregnancy/breastfeeding	18yrs or more
	Clotrimazole 1% cream	Treatment of fungal infections including athlete's foot, fungal sweat rash, ringworm, candidal nappy rash, vulvitis	Nail or scalp infections Can be used during pregnancy, but only under the supervision of a physician or midwife	-
	Clotrimazole 500mg pessary	Vaginal thrush (Candidal vaginitis) only if previously diagnosed by a doctor	Can be used during pregnancy, but only under the supervision of a physician or midwife (insert without the applicator) Seek advice if breast feeding	Over 16 and under 61 years old
	Clotrimazole cream 2%	Adjunct to treatment of vaginal thrush (candidal vaginitis) only if previously diagnosed by a doctor, Candidal vulvitis	Can be used during pregnancy, but only under the supervision of a physician or midwife Seek advice if breast feeding	Over 16 and under 61 years old
	Clotrimazole 10% intravaginal cream	Vaginal thrush (Candidal vaginitis) only if previously diagnosed by a doctor	Pregnancy (use alternative product that does not use an applicator) Seek advice if breast feeding	Over 16 and under 61 years old
	Clotrimazole / hydrocortisone cream	Athlete's foot, Fungal sweat rash (Candidal intertrigo)	Use on the face, eyes, mouth mucous membranes, anogenital area, broken or infected skin. Duration of use > 1wk Pregnancy and/or breastfeeding under the supervision of a physician or midwife	10yrs or more
Oral Antifungal	Fluconazole 150mg capsule	Vaginal thrush (Candidal vaginitis) only if previously diagnosed by a doctor	Pregnancy and/or breastfeeding	Over 16 and under 61 years old
Treatments for threadworms				
Threadworms	Mebendazole tablets/suspension	Treatment of threadworms (pinworms)	Pregnancy and/or breastfeeding	2yrs or more

Appendix 3: References/resources and associated documents

- Guidance on self-care prescribing, v1.0, January 2016. Warrington Clinical Commissioning Group
- Self-care for minor ailments. T8 January 2015 V 2.0. PrescQIPP. Available at; <https://www.prescqipp.info/resources/send/141-self-care-webkit/1748-t8-selfcare-for-minor-ailments>
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- NHS England Guidance, Items which should not be routinely prescribed in primary care, Dec 2017. <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>
- NHS England Guidance on conditions for which over the counter items should not routinely be prescribed in primary care, March 2018. <https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/>

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