

# Consultation on items which should not be routinely prescribed in primary care

## Our views

On 21 July NHS England published the consultation on [Items which should not routinely be prescribed in primary care](#). The intention is to then implement statutory guidance for clinical commissioning groups when formulating local policies, and for prescribers to reflect local policies in their prescribing practice. The consultation notes that the guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

The majority of this consultation focuses on 18 specific items and the process of identifying and including these items. Chapter five of the consultation focuses on medicines that are available to purchase over the counter (OTC).

The 18 items identified as part of this initial consultation are:

- Co-proxamol
- Dosulepin
- Prolonged-release Doxazosin (also known as Doxazosin Modified Release)
- Immediate Release Fentanyl
- Glucosamine and Chondroitin
- Herbal Treatments
- Homeopathy
- Lidocaine Plasters
- Liothyronine
- Lutein and Antioxidants
- Omega-3 Fatty Acid Compounds
- Oxycodone and Naloxone Combination Product
- Paracetamol and Tramadol Combination Product
- Perindopril Arginine
- Rubefacients (excluding topical NSAIDs)
- Once Daily Tadalafil
- Travel Vaccines
- Trimipramine

In general the RPS agrees with the recommendations made for these 18 items due to the fact that often these medicines are ineffective or in some cases dangerous, and/or for which there are other more effective, safer and/or cheaper alternatives. We are aware that there may be some unintended consequences and we will be highlighting these in our response to the consultation.

Where we have major concerns is around Chapter 5 which focuses on medicines that can be purchased OTC and the proposed restriction on prescribing clinically effective medicines to treat common conditions such as head lice or athlete's foot. We believe that this move would fundamentally alter the principle that care is free at the point of delivery and as such should be legislated for by Parliament and not implemented by Clinical Commissioning Groups. Principle 2 of the NHS Constitution clearly states that 'Access to NHS services is based on clinical need, not an individual's ability to pay. NHS services are free of charge, except in limited circumstances sanctioned by Parliament.'

We do see the need to encourage people to move towards self-care, and to purchase self-care treatments when they are able to do so. We are also aware that people may go and see their GP to get a prescription for a product that can be purchased from a pharmacy so that they can obtain the product free of charge. Community pharmacists are ideally placed to support patients to self-care and RPS continues to advocate for an NHS Minor Ailments service. This will also help to reduce pressure on GPs and A&E.

The view of the RPS is aligned with that of [patients](#) and [GPs](#).

## What can you do?

- Work with your LPC or LPF to develop a response to the consultation
- Talk to your CCG to influence their response
- Feed in your views to inform the RPS response

## Background to the consultation

Earlier this year NHS Clinical Commissioners identified a number of items that they felt were of a low priority for the NHS and yet were continuing to be prescribed. Working with NHS England a final list of 18 items were identified. Across the country, the variability of prescribing these items is quite significant as is demonstrated by the graphs in the consultation document.

NHS England established a working group, and we, as RPS were a member of that group. The group discussed the 18 items in detail and for each item identified one or more recommendations as outlined in the consultation document. Supporting CCGs at a national level, with consistent commissioning guidance, will reduce unwarranted variation and improve patient care as well as ensuring that the best value is obtained from NHS resources.

The majority of the discussion at the working group focused on the individual 18 items and very little time was focused on chapter 5 of the consultation document which is around OTC medicines. The RPS made it quite clear that we were opposed to this chapter being part of the consultation document and that it needed further discussion and debate.

The full consultation can be found at <https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed>.

## Next steps

The RPS will be providing a robust response to this consultation and if you would like to feed in your views please send them to Heidi Wright at [heidi.wright@rpharms.com](mailto:heidi.wright@rpharms.com).

Following the close of the consultation the responses will be analysed and considered and the draft guidance finalised before publication at the end of the year. NHS England has stated that any changes to the supply of over the counter medicines will require further consultation.