Medicines which should not be regularly prescribed in primary care

Consultation

Information booklet
When we say primary care, we mean the medical services that people go to first.

These could be GP practices, pharmacies, the dentist, and eye clinics.

Although these proposals only relate to things your GP (your family doctor) does and not all primary care services.

This consultation is about how 9 medicines and medical products are prescribed by GPs in primary care.
The NHS is working on spending its money better. In 2017, the NHS spent just over 9 billion pounds on medicines on prescription in the community.

Research shows that some medicines can be replaced with other medicines that work better, are safer or cost less money.

Clinical Commissioning Groups, called CCGs, are NHS organisations that plan and organise medical services in a local area.

NHS England has been working with NHS Clinical Commissioners, pharmacists and other services to help the NHS spend money better, and to give patients better care.
Together, they came up with a list of 8 medicines and medical products that should not be prescribed regularly in primary care.

They have also suggested an update to how a type of medicine called rubefacients are prescribed in primary care.

We will explain what these medicines are later in this document.

About the suggested changes

This consultation is part of our plan to look at how medicines and medical products are prescribed in the NHS and to make this better.
To choose what medicines we should focus on and how they are prescribed, we looked at:

What medicines do not work very well or are not very safe for patients to take;

What medicines work well, but are more expensive when compared to other medicines that work as well;

What medicines work well, but the NHS should not spend money on them because they do not treat serious illnesses.
Rubefacients are medicines believed to help with pain in a specific area of your body. They are usually gels and creams that you rub into the skin where it hurts.

NSAID creams or gels can reduce pain and swelling. They do not have steroids in them, which are a stronger type of medicines.

Capsaicin is the thing in chilli peppers that makes them hot. It can be used in medicines that help with pain.
We recommend that rubefacients should not be prescribed to new and existing patients.

The current recommendations are for rubefacients, not NSAIDs creams or gels.

We recommend that capsaicin cream and NSAID creams and gels should still be prescribed to new and existing patients when needed.
Why make this change?

Every year the NHS spends just under 5.5 million pounds on prescriptions of rubefacients.

Research shows that capsaicin cream works for some types of pain.

Research shows that rubefacients do not work very well for pain in your muscles or bones.
Proposals for new CCG guidance
Cardiology (the heart)

Aliskiren

About this medicine

This medicine is usually prescribed on its own or together with other medicines to lower high blood pressure.

The recommendation

We recommend that aliskiren should not be prescribed to new patients.

We also recommend that patients who are prescribed aliskiren will be supported to start using different medicines instead.
Why make this change?

This medicine works, but there are less expensive medicines that can replace aliskiren.

There is not enough evidence from medical research to show that aliskiren helps with high blood pressure that does not respond well to the usual treatment.

Aliskiren works as well as other medicines in treating high blood pressure, but we do not know how much it helps patients live better and longer lives.
Amiodarone is a medicine used to treat and prevent a number of medical conditions that give you irregular heartbeats.

The recommendation

We recommend that amiodarone should not be prescribed to new patients.

We also recommend that amiodarone should be prescribed only by a specialist and in cases when other treatment cannot be used or didn’t work.
When this happens, a team of medical specialists in different areas needs to keep a close eye on the patient.

Why make this change?

It can be very toxic, that is why patients who take it need to be looked after closely by different medical specialists and with laboratory tests.

However some patients may still need it. In these cases it must be given to them by a specialist.
Dronedarone is a medicine used to keep the heartbeat normal in patients who cannot have other treatments or medicines for this.

The recommendation

We recommend that dronedarone should not be prescribed for new patients.

We also recommend that dronedarone should be prescribed only by a specialist and in very special cases, for example when other treatment cannot be used or didn’t work.
When this happens, a team of medical specialists in different areas needs to keep a close eye on the patient.

There are safer medicines than dronedarone.

However some patients may still need it. In these cases it must be given to them by a specialist.
Minocycline for acne

About this medicine

Minocycline is a type of antibiotic that can be used for many things, but is usually used by primary care to treat acne.

The recommendation

We recommend that minocycline should not be prescribed for new patients.

We also recommend that patients who are prescribed minocycline will be supported to use different medicines.
Research shows that there are some risks of using minocycline, for example:

- Hepatitis, which is an illness of your liver;
- Skin pigmentation, which is when patches of skin on your body change colour;
- Drug induced lupus, which is when your body attacks parts of itself, like your skin or your joints.

Research also shows that there are better treatments that can be used for acne.
Silk garments

About these products

Silk garments are special clothes made out of medical silk which are prescribed to patients who have very bad eczema or allergic reactions on their skin.

The recommendation

We recommend that silk garments should not be prescribed to new patients.

We also recommend patients should not be prescribed silk garments anymore, and that they are supported in this change.
Prescribing these, because they are not known to actually work, is not a good way of the NHS spending its money.

Research shows very little evidence that silk garments work in helping soothe the symptoms for patients with eczema.

Last year, the NHS spent over 1 million pounds on these products.
There are some products like shower gels and soaps that are prescribed to patients to soothe itchy and very dry skin, like when you have eczema.

The recommendation

We recommend that such gels and soaps should not be prescribed to new patients.

We also recommend that patients who get these gels and soaps on prescription at the moment will be supported to start using leave-on lotions instead.
Why make this change?

Research shows that these gels and soaps do not work very well in the treatment of eczema.

They also cost the NHS almost 16 million pounds in the last year.

We still want to encourage patients to use leave-on lotions to treat eczema, and to use these instead of soap if that helps them.

We will need to make sure patients know how to use these lotions.
Blood glucose testing strips for Type 2 Diabetes

About this product

Glucose is a type of sugar in your blood.

Your body makes a substance called insulin that makes sure the glucose in your blood is at a certain level, that it doesn’t go up or down too much.

When you have type 2 diabetes your body doesn’t make enough insulin, so the level of glucose in your blood goes too high.
Patients with type 2 diabetes may need to monitor their glucose level. Some use a special machine called a Blood Glucose Tester.

This machine uses special strips of plastic or paper.

You prick your finger with a special needle to get a drop of blood, put this on a strip and put it in the machine.

The machine tests the blood on the strip to check the level of glucose in your blood.

The recommendation

We recommend that test strips which cost more than 10 pounds for a pack of 50 are not prescribed for new patients.
We also recommend that patients who are being prescribed more expensive strips will be supported to start using test strips that cost under 10 pounds for a set of 50.

These changes will not apply to patients who count carbohydrates and are trained on how to do this.

Carbohydrates are sugars and starches found in foods like bread and pasta.
They can cost from around 5 pounds up to 17 pounds. Last year, testing strips cost the NHS just over 173 hundred million pounds.

These recommendations encourage CCGs and prescribers to choose less expensive items. They are not about stopping prescribing.

Recommending the use of less expensive testing strips that are as good as the more expensive ones will save a lot of money.
Some people with Diabetes need to take insulin, which is a substance the body makes to regulate blood sugar levels.

This is because your body doesn’t make enough or any insulin, or if the insulin your body makes doesn’t work properly.

Insulin pens are medical devices that look like a pen with a needle at the tip.

Patients who need to take insulin use these to inject themselves.
Needles for these pens have different sizes, between 4 and 12 millimetres, and work with different pens.

Some pens you can refill with insulin while others are already filled with the right dose and you use just once.

4 millimetre needles are the safest to use for adults and children in insulin pens.

They can cost between 4 pounds and 30 pounds for a pack of 100 needles.
We recommend that insulin pen needles costing over 5 pounds for a pack of 100 should not be prescribed to new diabetes patients.

We also recommend that patients who are prescribed more expensive insulin pen needles should be moved onto needles costing less than 5 pounds for a set of 100, and that they get the help they need to make this change.
Last year, the NHS spent just over 33 million pounds on needles for insulin pens.

These recommendations encourage CCGs and prescribers to choose less expensive items. They are not about stopping prescribing.

Recommending the use of less expensive needles that are as good as the more expensive ones will save a lot of money.
The consultation

We are running a national consultation to ask people what they think about the changes we are proposing.

You can have your say by filling in our online survey from the 28th of November 2018 to the 28th of February 2019.

You may also like to attend our face to face or online events to discuss the proposals.

You can complete the online survey or book on these events here:
https://tinyurl.com/y8z3kmlv
After the consultation ends, we will look at all the responses and write a report that will be available online.

We also have an easy read version of the survey here:

https://www.surveymonkey.co.uk/r/9medicines

You can also email us at england.medicines@nhs.net

You can also contact us by post at:

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PO Box 16738
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B97 9PT

After the consultation ends, we will look at all the responses and write a report that will be available online.
What we find out in the consultation will be used to write up the final version of the guidance.

After we publish this final guidance, we will expect CCGs to keep it in mind when they make decisions about how they prescribe these medicines and medical products.

Thank you.