

# **Conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs.**

## **Conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs**

Version number: 1

First published: 20 Dec 2017

NHS England Gateway publication number: 07546

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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## 1 Background

### 1.1 What is the issue we are trying to tackle?

In the year prior to June 2017, the NHS spent approximately £569 million<sup>1</sup> on prescriptions for medicines for minor conditions, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets.

These prescriptions include items for a condition:

- That is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord;
- Which lends itself to self-care, i.e. that the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items.

Or items:

- That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
- For which there is little evidence of clinical effectiveness.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and deliver transformation that will ensure the long-term sustainability of the NHS.

The costs to the NHS for many of the items used to treat minor conditions are often higher than the prices for which they can be purchased over the counter as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18<sup>2</sup> from a pharmacy whereas the cost to the NHS is over £3.00<sup>3</sup> after including dispensing fees. The actual total cost for the NHS is over £35 when you include GP consultation and other administration costs.

A wide range of information is available to the public on the subjects of health promotion and the management of minor self-treatable illnesses. Advice from organisations such as the [Self Care Forum](#) and [NHS Choices](#) is readily available on the internet. Many community pharmacies are also open extended hours including weekends and are ideally placed to offer advice on the management of minor ailments and lifestyle interventions. [The Royal Pharmaceutical Society](#) offers advice on over the counter products that should be kept in a medicine cabinet at home to help patients treat a range of self-treatable illnesses.

Research<sup>4</sup> shows that in many cases, people can take care of their minor conditions if they are provided with the right information; thereby releasing health care

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<sup>1</sup> Refined BSA data to June 2017

<sup>2</sup> Online pharmacy checked December 2017

<sup>3</sup> [Drug Tariff online](#)

<sup>4</sup> Self-care of minor ailments: A survey of consumer and healthcare professional beliefs and behaviour, Ian Banks, Self-Care Journal

professionals to focus on patients with more complex and/or serious health concerns. Past experience with self-care builds confidence in patients, with 84 per cent choosing to self-care for new episodes.

More cost-effective use of stretched NHS resources allows money to be spent where it is most needed, whilst improving patient outcomes. As an example, every £1m saved on prescriptions for over the counter treatments could fund (approx.)<sup>5</sup>:

- 39 more community nurses; or
- 270 more hip replacements; or
- 66 more drug treatment courses for breast cancer; or
- 1000 more drug treatment courses for Alzheimer's; or
- 1040 more cataract operations<sup>6</sup>.

Clinical Commissioning Groups (CCGs) asked for a nationally co-ordinated approach to the development of commissioning guidance to ensure consistency and to address unwarranted variation. NHS England has therefore partnered with NHS Clinical Commissioners (NHSCC) to support CCGs in ensuring that they use their prescribing resources effectively and deliver the best patient outcomes from the medicines that their local population uses. To lead the work, NHS England and NHSCC established a joint clinical working group with prescriber and pharmacy representatives from relevant national stakeholders including the Royal College of General Practitioners, the Royal Pharmaceutical Society, the British Medical Association, the National Institute for Health and Care Excellence (NICE), the Medicines and Healthcare Products Regulatory Agency, the Department of Health, PrescQIPP and CCG representatives.

As a result of our work, NHS England and NHSCC have identified a number of items and conditions which fall under one or more of the criteria listed above.

## 1.2 What is the objective of this work and what are we doing now?

This document sets out proposals for national guidance for CCGs on the prescribing of 'over the counter (OTC) products' for **35 minor and/or self-limiting conditions**. This guidance is intended to encourage people to self-care for minor self-treatable and/or self-limiting conditions only. It is being sent out for consultation nationally. We strongly encourage CCGs in particular to take part in this consultation, determine the impact of it on their local populations and engage with their communities and local professionals. Further information and guidance on how to engage in the consultation can be found in section 1.7 and chapter 5.

The objective of this work is to support CCGs in their decision-making when formulating local prescribing policies, to address unwarranted variation, and to provide clear national guidance on local prescribing practices for the conditions identified. The aim is that this will lead to a more equitable process for making decisions about CCG's policies on prescribing medicines; CCGs will need to take individual decisions on implementation locally, ensuring they take into account their legal duties to advance equality and have regard to reduce health inequalities.

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<sup>5</sup><https://improvement.nhs.uk/resources/national-tariff-1719/>

<sup>6</sup> [Drug Tariff online](#)

CCGs need to make increasingly difficult decisions about how to spend the NHS budget and this means prioritising those things that will give patients the best clinical outcomes. Any savings from implementing the proposals could be reinvested in improving patient care.

### 1.3 Who will the commissioning guidance be addressed to?

This guidance is addressed to CCGs to support them to fulfil their duties around appropriate use of their resources. We would expect CCGs to take the proposed guidance into account in formulating local policies, unless they can articulate a reason to do otherwise, and for prescribers to reflect local policies in their prescribing practice. The guidance would not remove the clinical discretion of the prescriber in accordance with their professional duties.

This guidance is issued as general guidance under s14Z10 and S2 of the NHS Act 2006 and is addressed to CCGs to support them to fulfil their duties around appropriate use of prescribing resources. The objective of this guidance is to support CCGs in their decision-making, to address unwarranted variation, and to provide clear national advice to make local prescribing practices more effective.

### 1.4 How have these proposals been developed?

NHS England has previously consulted on *items which should not be routinely prescribed in primary care* (21<sup>st</sup> July – 21<sup>st</sup> October 2017). That initial consultation sought views generally on the principle of restricting the prescribing of medicines which are readily available over the counter. We set out an initial list of 26 minor or self-limiting conditions where prescribing restrictions could be considered.

Some responses from the initial consultation have been shared below:

- The Proprietary Association of Great Britain (PAGB) responded that *'it is vital to promote and empower more people to self-care, rather than use GP and A&E services for conditions which could be self-treated at home or with advice from a pharmacist.; taking a system-wide approach to self-care has the potential to release greater efficiency savings (> £2bn) than those outlined in the consultation document'*
- A Health Watch survey carried out stated *'that many respondents said they would buy over the counter where possible to save the NHS money and/or because it is often less than the prescription charge. Concerns were raised about people on lower incomes or benefits who would not be able to afford to manage their condition if their medications were not available on prescription'*
- A survey by the National Association of Patient Participation (NAPP) also asked respondents whether they agree with the principle of CCGs not allowing the prescribing of medicines that are cheaply available over the counter. Of the 464 who responded, 71% agreed.

However, whilst there is general support for consulting on this topic (65% agreed with our proposed criteria to assess items for potential restriction), feedback from patients and patient organisations has highlighted that considerations must be made for those

with long-term conditions who require a large supply of over the counter medicine and that the de-prescription of these items could result in patient compliance and clinician monitoring issues.

We are also aware of a range of concerns from professional and patient groups relating to access to over the counter medicines and we will be engaging further on these specific issues; indeed this consultation specifically asks respondents to share their views on our proposals and the exceptions to them. Comments were received which asked us to consider the impact on vulnerable groups amid concerns that some patients may not be able to afford treatments.

*“I agree that the NHS needs to save money but the whole consultation and any resulting alteration of the guidelines needs to be done fairly, taking each patient’s needs into consideration.”* (Voluntary organisation)

We intend to address these issues through the consultation and by engaging further with patient groups that may be affected. Indeed, following initial consultation with patient groups and our clinical working group, we have refined our proposed exceptions to this guidance and included a specific exception for vulnerable patients.

We consulted our clinical working group on our proposed approach and, based on their guidance, mapped OTC items to the minor conditions for which they are typically prescribed. **We refined our approach to propose prescribing restrictions based on condition rather than item name or formulation** as the volume of OTC products prescribed in the NHS (c. 3,200), and the fact that product names change over time, could make it difficult to apply any restrictions based on product name or formulation. Nevertheless, many of the criteria that would normally be used to assess products (e.g. efficacy, safety, cost) are still relevant to condition-based restrictions and have been incorporated into our thinking.

The OTC items prescribed by the NHS were analysed using data from the NHS Business Services Authority (year prior to June 2017 data) which showed that approximately £569m was spent on OTC medicines. We analysed the medicines falling within the top 90% of OTC spend, to identify how the medicines could be classified according to the conditions for which they might be prescribed (as per their licensed indications). Information on the conditions for which the item was prescribed in individual cases (otherwise known as indication) is not available to us and therefore all spend figures quoted are only approximations.

**We estimated that restricting prescribing for ‘minor’ conditions may save up to £136m once all discounts and clawbacks have been accounted for.**

Following our mapping exercise, additional minor conditions were identified which we also deemed appropriate for inclusion in this guidance. Vitamins and minerals, and probiotics have been included as standalone categories given they have been identified as high cost in terms of OTC spend, although their use cannot be mapped to one single condition. A full list of the conditions under consideration in this proposed guidance is attached at appendix 1. A list of example products that could be prescribed for each of the listed conditions is attached at appendix 2 however it is important to note that this guidance focuses on restricting prescribing for the conditions outlined, not on the restriction of prescribing for individual items.



We then identified the following categories, within which we propose we could group each condition:

- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; and/or
- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.

And in the case of vitamins, minerals and probiotics, we have classified these as:

- Items of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.

NHS England now proposes to make one of the following three recommendations for each condition (or item):

- Advise CCGs to support prescribers in advising patients that **[item]** should not be routinely prescribed in primary care due to **limited evidence of clinical effectiveness**.
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **self-limiting and will clear up on its own** without the need for treatment.
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **appropriate for self-care**.

## 1.5 General exceptions that could apply to the recommendation to self-care

For the category of conditions identified as being appropriate for self-care, this guidance is intended to encourage people to self-care for minor illnesses as the first stage of treatment.

Clinicians should continue to prescribe taking account of NICE guidance as appropriate for the treatment of long term conditions (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) and for those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms such as cough lasting longer than three weeks.)

Treatment for complex patients (e.g. immunosuppressed patients) and patients on treatments that are only available on prescription should continue to have these products prescribed on the NHS.

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.

CCGs should ensure that community pharmacists are reminded of 'red flag' symptoms for patients presenting with symptoms related to the conditions covered by this consultation. GPs and/or pharmacists should refer patients to NHS Choices, the Self Care Forum or NHS 111 for further advice on when they should seek GP Care.

Prescriptions for the conditions listed in this guidance should also continue to be issued on the NHS for:

- 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 ailment.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Patients where the clinician considers that their ability to self-manage is compromised as a consequence of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care.

## **1.6 Who has been involved in developing the proposal in this consultation?**

This draft guidance builds on the feedback from the initial consultation on *items which should not be routinely prescribed in primary care* (21st July – 21st October 2017). That consultation sought views generally on the principles of restricting the prescribing of medicines which are readily available over the counter, and indicated an initial list of 26 minor acute/self-limiting conditions where this approach could be considered.

Following the initial consultation, NHS England and NHS Clinical Commissioners have further engaged our joint clinical working group and patient groups in developing and refining these draft recommendations, and in particular, the exceptions which may apply to our guidance. We held a stakeholder event which was attended by groups including the Patient Association, National Voices and Health Watch England, to test out and further shape and refine the draft proposals.

## **1.7 What evidence has been used in developing these proposals?**

The joint clinical working group considered the information and evidence set out in section 4 from the following sources and organisations:

- [NICE CKS](#)
- [NHS Choices](#)
- [BNF](#)
- [NICE Clinical Guidelines](#)
- [Public Health England](#)
- [PrescQIPP CIC](#)

## 1.8 Who are we consulting and how can they respond?

This consultation is addressed to all CCGs, the public and patients, and any relevant interest group or body. It will be open for twelve weeks from 20th December 2017 until 14<sup>th</sup> March 2018.

Please see Chapter 5: Consultation Format for details on how to submit responses.

During the national consultation phase, an individual CCG can provide a response to the national consultation on the commissioning guidance, based on their own local consultation and engagement activities. This could include but is not limited to:

- the CCG's own perspective on the guidance;
- the outcome of any relevant local consultations; and/or
- feedback from local engagement with patient participation groups, local community groups representing people with protected characteristics, Healthwatch and/or discussion with the local overview and scrutiny committee of the Local Authority

The potential equality impact of these proposals has been considered and is outlined in the Equality and Health Inequalities Impact Assessment document published alongside this consultation. We believe that the proposals are likely to have a neutral impact on the health of individuals with protected characteristics. If you do not agree, and/or if you think there will be direct or indirect negative impact on people with protected characteristics, you can let us know by providing your views to the relevant consultation questions.

## 1.9 Confidentiality

It is our intention to publish a summary of the responses we receive to this consultation on the NHS England website in due course. You can respond with your name and/or organisation, you can remain anonymous or ask that your details are kept confidential and excluded from the published summary of responses. If you would like any part of the content of your response (instead of or as well as your identity) to be kept confidential, please let us know and make it obvious by marking in your response which parts we should keep confidential.

Please also be aware that the summary may include details taken from any area of the consultation response, and so please bear this in mind when providing your comments. If you would prefer any particular comments are kept confidential (i.e. not published) please make this clear.

If you provide us with any personal information (i.e. name or email address) we will process, hold and store this in accordance with the Data Protection Act 1998. Your details will be kept for the minimum time necessary.

## 2 Definitions and scope

### 2.1 Glossary

**ACBS:** The Advisory Committee for Borderline Substances is responsible for advising the NHS on the prescribing of foodstuffs and toiletries which are specially formulated for use by people with medical conditions. Borderline substances are mainly foodstuffs, such as enteral feeds and foods but also include some toiletries, such as sun blocks for use by people with conditions such as photodermatosis.

**Annual Spend:** Unless otherwise indicated this is the total value from NHS Prescription Services at the NHS Business Services Authority. This is an approximate spend to the nearest £100,000. The figure quoted is the net ingredient cost which refers to the cost of the drug before discounts and does not include any dispensing costs or fees. It does not include any adjustment for income obtained where a prescription charge is paid at the time the prescription is dispensed or where the patient has purchased a prepayment certificate.

**Item:** An item is anything which can be prescribed on an NHS prescription. More information on what is prescribed on an NHS prescription is available in the [Drug Tariff](#).

**MHRA:** Medicines and Healthcare products Regulatory Agency. MRHA regulates medicines, medical devices and blood components for transfusion in the UK.

**NHS Clinical Commissioners:** NHSCC are the independent membership organisation for CCGs, providing their collective voice, facilitating shared learning and delivering networking opportunities for CCG members.

**NICE:** The National Institute for Health and Care Excellence. NICE provides the NHS with clinical guidance on how to improve healthcare.

**Over the counter (OTC) item:** items which can be purchased from a pharmacy or in a supermarket or other convenience store without the need for a prescription. Such items may also be available at other outlets such as supermarkets, petrol stations or convenience stores.

**PHE:** Public Health England. PHE protects and improves the nation's health and wellbeing, and reduces health inequalities.

**PrescQIPP CIC:** PrescQIPP CIC (Community Interest Company): PrescQIPP is an NHS funded not for-profit organisation that supports quality, optimised prescribing for patients. PrescQIPP produces evidence-based resources and tools for primary care commissioners, and provide a platform to share innovation across the NHS.

## 2.2 Scope

The following chapter sets out the process for how NHS England and NHS Clinical Commissioners will conduct the process to review and update the guidance to CCGs as appropriate. Chapter 4 sets out draft guidance to CCGs on prescribing in 35 conditions that have been identified as being suitable for self-care based on the latest available evidence and the clinical consensus that has been reached by our joint clinical working group. The consultation seeks views on whether this guidance can be implemented and is clinically sound. Full details of the questions can be seen on the online consultation form and in Appendix 4.

## 3 How will the guidance be updated and reviewed?

The NHS England and NHS Clinical Commissioners joint clinical working group will continue to meet during and after the consultation, and update the proposals as a result of the consultation.

In future, the joint clinical working group will review the guidance to identify potential conditions to be retained, retired or added to the current guidance. There will be three stages:

### Stage 1: Condition identification

The organisations represented on the joint clinical working group will, taking into account previous feedback, identify conditions and subsequent items prescribed from the wide range of items that can be prescribed on NHS prescription in primary care that they consider could fall within the categories defined in section 1.4.

### Stage 2: Condition prioritisation

The joint clinical working group will prioritise the identified items based on the following criteria:

- Safety Issue
- Evidence of efficacy
- Degree of variation in prescribing
- Cost to the NHS
- Strong clinician or patient feedback

A draft list of conditions will be made available online through the NHS England website for a four week period when comments will be sought from interested parties. Feedback will be collated and then published on the NHS England website.

### Stage 3: Condition selection for inclusion or removal from the guidance

The joint clinical working group will consider the feedback and produce a final list of recommendations for consideration by NHS England and NHS Clinical Commissioners to update the proposed commissioning guidance *Conditions for which over the counter items should not routinely be prescribed in primary care*.

## 4 Our proposals for CCG commissioning guidance

### 4.1 Items of low clinical effectiveness

#### 4.1.1 Probiotics

Category	An Item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.
Annual Spend	c. £1,100,000
Rationale for recommendation	<p>There is currently insufficient clinical evidence to support prescribing of probiotics within the NHS for the treatment or prevention of diarrhoea of any cause.</p> <p>Both the <a href="#">Public Health England C.difficile guidance</a> and <a href="#">NICE CG 84</a> recommend that probiotics cannot be recommended currently and that “Good quality randomised controlled trials should be conducted in the UK to evaluate the effectiveness and safety of a specific probiotic using clearly defined treatment regimens and outcome measures before they are routinely prescribed.”</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">Public Health England C.difficile guidance</a></li> <li>2. <a href="#">NICE CG 84:Diarrhoea and vomiting caused by gastroenteritis in under 5s: diagnosis and management</a></li> <li>3. <a href="#">PrescQIPP CIC: Probiotics</a></li> </ol>
Recommendation	Advise CCGs to support prescribers that probiotics should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.
Exceptions	ACBS <sup>7</sup> approved indication or as per local policy.

#### 4.1.2 Vitamins and minerals

Category	An Item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.
Annual Spend	c. £ 48,100,000
Rationale for recommendation	<p>There is insufficient high quality evidence to demonstrate the clinical effectiveness of vitamins and minerals.</p> <p>Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary.</p> <p>Many vitamin and mineral supplements are classified as foods and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Health Regulatory</p>

<sup>7</sup> The ACBS recommends some foods and toilet preparations which may be regarded as drugs for the treatment of specified conditions. If a doctor is satisfied that the product can be safely prescribed, that patients will be adequately monitored and have access to hospital supervision if needed, they can prescribe these products on a prescription endorsed with “ACBS”.

	<p>Authority (MHRA) to confirm their quality, safety and efficacy before reaching the market. It is therefore not deemed appropriate for such preparations to be routinely funded on the NHS.</p> <p>Any prescribing not in-line with listed exceptions should be discontinued.</p> <p><i>This guidance does not apply to Healthy Start Vitamins but these are not currently prescribed on NHS prescription.</i></p>
References	<ol style="list-style-type: none"> <li>1) <a href="#">PrescQIPP bulletin 107, August 2015; the prescribing of vitamins and minerals including vitamin B preparations (DROP-list)</a></li> <li>2) NHS Choices: Supplements, Who Needs Them? <a href="#">A behind the Headlines Report</a>, June 2011</li> <li>3) <a href="#">NHS Choices: Do I need vitamin Supplements?</a> Accessed October 2017</li> <li>4) <a href="#">Healthy Start Vitamins</a></li> </ol>
Recommendation	<p>Advise CCGs to support prescribers that vitamins and minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.</p>
Exceptions	<p>Iron deficiency anaemia.          Demonstrated vitamin D deficiency (NB not maintenance)          Calcium and vitamin D for osteoporosis          Malnutrition including alcoholism (see <a href="#">NICE guidance</a>)</p> <p><i>Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately)</i></p>



## 4.2 Self-Limiting Conditions

### 4.2.1 Acute Sore Throat

Category	A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own.
Annual Spend	c. < £100,000
Rationale for recommendation	<p>A sore throat due to a viral or bacterial cause is a self-limiting condition. Symptoms resolve within 3 days in 40% of people, and within 1 week in 85% of people, irrespective of whether or not the sore throat is due to a streptococcal infection.</p> <p>There is little evidence to suggest that treatments such as lozenges or throat sprays help to treat the cause of sore throat and patients should be advised to take simple painkillers and implement some self-care measures such as gargling with warm salty water instead.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Sore Throat- accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Sore Throat - Acute accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of acute sore throat should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	No exceptions have been identified.

### 4.2.2 Cold Sores

Category	A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own.
Annual Spend	c. < £100,000
Rationale for recommendation	<p>Cold sores caused by the herpes simplex virus usually clear up without treatment within 7 to 10 days.</p> <p>Antiviral creams are available over the counter from pharmacies without a prescription and if used correctly, these can help ease symptoms and speed up the healing time.</p> <p>To be effective, these treatments should be applied as soon as the first signs of a cold sore appear. Using an antiviral cream after this initial period is unlikely to have much of an effect.</p> <p>This guidance does not apply to complex patients (i.e. immunocompromised patients).</p>
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Cold sore (herpes simplex virus) accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Herpes Simplex Oral accessed October 2017</a></li> </ol>



Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of cold sores should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	No exceptions have been identified.

### 4.2.3 Conjunctivitis

Category	A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own.
Annual Spend	c. £500,000
Rationale for recommendation	<p>Treatment isn't usually needed for conjunctivitis as the symptoms usually clear within a week. There are several self-care measures that may help with symptoms.</p> <p>If treatment is needed, then treatment is dependent on the cause:</p> <ul style="list-style-type: none"> <li>• In severe bacterial cases, antibiotic eye drops and eye ointments can be used to clear the infection.</li> <li>• Irritant conjunctivitis will clear up as soon as whatever is causing it is removed.</li> <li>• Allergic conjunctivitis can usually be treated with anti-allergy medications such as antihistamines. The substance that caused the allergy should be avoided.</li> </ul> <p>Treatments for conjunctivitis can be purchased over the counter however almost half of all simple cases of conjunctivitis clear up within ten days without any treatment.</p>
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Conjunctivitis accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Conjunctivitis - Infective accessed October 2017</a></li> <li>3. <a href="#">PHE Advice for schools: September 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of conjunctivitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	No exceptions have been identified.

### 4.2.4 Coughs and colds and nasal congestion

Category	A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own.
Annual Spend	c. £1,300,000
Rationale for recommendation	Most colds start to improve in 7 to 10 days. Most coughs clear up within two to three weeks. Both conditions can

	cause nasal congestion. Neither condition requires any treatment.
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Common Cold accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Common Cold accessed October 2017</a></li> <li>3. <a href="#">PrescQIPP: Coughs and Colds.</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of coughs, colds and nasal congestion should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	No exceptions have been identified.

#### 4.2.5 Cradle Cap (Seborrhoeic dermatitis – infants)

Category	A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own.
Annual Spend	c. £4,500,000
Rationale for recommendation	Cradle cap is harmless and doesn't usually itch or cause discomfort. It usually appears in babies in the first two months of their lives, and clears up without treatment within weeks to a few months.
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Cradle Cap accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Seborrheic dermatitis accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of cradle cap should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	No exceptions have been identified.

#### 4.2.6 Haemorrhoids

Category	A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own.
Annual Spend	c. £500,000
Rationale for recommendation	<p>In many cases, haemorrhoids don't cause symptoms and some people don't even realise they have them. Haemorrhoids often clear up by themselves after a few days. Making simple dietary changes and not straining on the toilet are often recommended first.</p> <p>However, there are many treatments (creams, ointments and suppositories) that can reduce itching and discomfort and these are available over the counter for purchase.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Haemorrhoids accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Haemorrhoids accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a

	prescription for treatment of haemorrhoids should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	No exceptions have been identified.

#### 4.2.7 Infant Colic

Category	A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own.
Annual Spend	c.<£100,000
Rationale for recommendation	As colic eventually improves on its own, medical treatment isn't usually recommended.  There are some over-the-counter treatments available that could be tried however; there is limited evidence for the effectiveness of these treatments.
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Colic accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Colic Infantile accessed October 2017</a></li> <li>3. <a href="#">PrescQIPP: Infant Colic</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of infant colic should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	No exceptions have been identified.

#### 4.2.8 Mild Cystitis

Category	A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own.
Annual Spend	c. £300,000
Rationale for recommendation	Mild cystitis is a common type of urinary tract inflammation, normally caused by an infection; however it is usually more of a nuisance than a cause for serious concern. Mild cases can be defined as those that are responsive to symptomatic treatment but will also clear up on their own. If symptoms don't improve in 3 days, despite self-care measures, then the patient should be advised to see their GP. Symptomatic treatment using products that reduce the acidity of the urine to reduce symptoms are available, but there's a lack of evidence to suggest they're effective.
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Cystitis accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Urinary tract infection (lower) - women accessed October 2017.</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of mild cystitis should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment.
Exceptions	No exceptions have been identified.

## 4.3 Minor Ailments Suitable for Self-Care

### 4.3.1 Contact Dermatitis

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £14,500,000
Rationale for recommendation	<p>Contact dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided</p> <p>It is most commonly caused by irritants such as soaps, washing powders, detergents, solvents or regular contact with water. Treatment normally involves avoiding the allergen or irritant and treating symptoms with over the counter emollients and topical corticosteroids.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Contact Dermatitis accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Dermatitis - contact accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of contact dermatitis should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

### 4.3.2 Dandruff

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £4,500,000
Rationale for recommendation	<p>Dandruff is a common skin condition; it isn't contagious or harmful and can be easily treated with over the counter anti-fungal shampoos.</p> <p>A GP appointment is unnecessary.</p>
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Dandruff accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Scenario: Seborrhoeic dermatitis - scalp and beard accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment for dandruff should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

### 4.3.3 Diarrhoea (Adults)

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £2,800,000
Rationale for recommendation	<p>Diarrhoea normally affects most people from time to time and is usually nothing to worry about. However it can take a few days to a week to clear up.</p> <p>Acute diarrhoea is usually caused by a bacterial or viral infection and other causes include drugs, anxiety or a food allergy.</p> <p>OTC treatments can help replace lost fluids or reduce bowel motions. This recommendation does not apply to children.</p>
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Diarrhoea accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Diarrhoea - adult's assessment accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment for acute diarrhoea will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

### 4.3.4 Dry Eyes/Sore tired Eyes

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £14,800,000
Rationale for recommendation	<p>Dry eye syndrome, or dry eye disease, is a common condition that occurs when the eyes don't make enough tears, or the tears evaporate too quickly.</p> <p>Most cases of sore tired eyes resolve themselves.</p> <p>Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment</p> <p>Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter.</p>

References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Dry eye syndrome accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Dry eye syndrome accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.5 Earwax

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £300,000
Rationale for recommendation	<p>Earwax is produced inside ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears.</p> <p>A build-up of earwax is a common problem that can often be treated using eardrops bought from a pharmacy. These can help soften the earwax so that it falls out naturally.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Earwax build-up accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Earwax Summary accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for the removal of earwax should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.6 Excessive sweating (Hyperhidrosis)

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £200,000
Rationale for recommendation	<p>Hyperhidrosis is a common condition in which a person sweats excessively.</p> <p>First line treatment involves simple lifestyle changes. It can also</p>

	<p>be treated with over the counter high strength antiperspirants.</p> <p>An antiperspirant containing aluminium chloride is usually the first line of treatment and is sold in most pharmacies.</p>
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Hyperhidrosis accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Hyperhidrosis accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for high strength antiperspirants for the treatment of mild to moderate hyperhidrosis should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.7 Head Lice

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £600,000
Rationale for recommendation	<p>Head lice are a common problem, particularly in school children aged 4-11. They're largely harmless, but can live in the hair for a long time if not treated and can be irritating and frustrating to deal with.</p> <p>Head lice can easily be treated with wet combing or over the counter medicines that can be purchased from a pharmacy. Everyone in the household needs to be treated at the same time - even if they don't have symptoms.; Further information on how to treat head lice without medication can be found on NHS Choices.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Head Lice and nits accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Head Lice accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of head lice will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.8 Indigestion and Heartburn

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	£7,500,000
Rationale for recommendation	Most people have indigestion at some point. Usually, it's not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required.



	<p>Most people are able to manage their indigestion by making simple diet and lifestyle changes, or taking medication such as antacids.</p> <p>Most people can ease symptoms by simple changes to diet and lifestyle and avoiding foods that make indigestion worse. (e.g. rich spicy or fatty foods, caffeinated drinks).</p>
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Indigestion accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Dyspepsia - proven functional accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of Indigestion and heartburn will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.9 Infrequent Constipation

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £22,800,000
Rationale for recommendation	<p>Constipation can affect people of all ages and can be just for a short period of time.</p> <p>It can be effectively managed with a change in diet or lifestyle and short term use of over the counter laxatives.</p>
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Constipation accessed October 2017.</a></li> <li>2. <a href="#">NICE CKS: Constipation accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of simple constipation will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.10 Infrequent Migraine

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £700,000
Rationale for recommendation	Migraine is a common health condition, affecting around one in every five women and around one in every 15 men. Mild infrequent migraines can be adequately treated with over the counter pain killers and a number of combination medicines for



	<p>migraine are available that contain both painkillers and anti-sickness medicines.</p> <p>Those with severe or recurrent migraines should continue to seek advice from their GP.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Migraine accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Migraine accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for the treatment of mild migraine should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.11 Insect bites and stings

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £5,300,000
Rationale for recommendation	<p>Most insect bites and stings are not serious and will get better within a few hours or days.</p> <p>Over-the-counter treatments can help ease symptoms, such as painkillers, creams for itching and antihistamines.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Insect bites and stings accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Insect bites and stings accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment for insect bites and stings will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.12 Mild Acne

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £800,000
Rationale for recommendation	<p>Acne is a common skin condition that affects most people at some point. Although acne can't be cured, it can be controlled with treatment.</p> <p>Several creams, lotions and gels for treating acne are available at pharmacies. Treatments can take up to three months to work.</p>

References:	1. <a href="#">NHS Choices: Acne accessed October 2017</a> 2. <a href="#">NICE CKS: Acne Vulgaris accessed October 2017</a>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of mild acne will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.13 Mild Dry Skin/Sunburn

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £100,000
Rationale for recommendation	Most people manage dry skin or sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.  Emollients are often used to help manage dry, itchy or scaly skin conditions.
References:	1. <a href="#">NHS Choices: Emollients accessed October 2017</a> 2. <a href="#">NICE CKS: Eczema - atopic accessed October 2017.</a> 3. <a href="#">PrescQIPP: sunscreens</a>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of dry skin, sunburn or sun protection should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	ACBS approved indication of photodermatoses (skin protection in) See earlier for general exceptions.

#### 4.3.14 Mild to Moderate Hay fever/Seasonal Rhinitis

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £1,100,000
Rationale for recommendation	Hay fever is a common allergic condition that affects up to one in five people. There's currently no cure for hay fever, but most people with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist.
References:	1. <a href="#">NHS Choices: Hay fever accessed October 2017</a> 2. <a href="#">NICE CKS: Allergic rhinitis - Summary accessed October 2017</a> 3. <a href="#">PrescQIPP: Hay fever</a>

Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of mild to moderate hay fever will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.15 Minor burns and scalds

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £200,000
Rationale for recommendation	Burns and scalds are damage to the skin caused by heat. Both are treated in the same way.  Depending on how serious a burn is, it is possible to treat burns at home.  Antiseptic creams and treatments for burns should be included in any products kept in a medicine cabinet at home.
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Burns and Scalds accessed October 2017.</a></li> <li>2. <a href="#">NICE CKS: Burns and scalds accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for minor burns and scalds should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	See earlier for general exceptions. No routine exceptions have been identified. However more serious burns always require professional medical attention. Burns requiring hospital A&E treatment include but are not limited to: <ul style="list-style-type: none"> <li>• all chemical and electrical burns;</li> <li>• large or deep burns;</li> <li>• burns that cause white or charred skin;</li> <li>• burns on the face, hands, arms, feet, legs or genitals that cause blisters.</li> </ul>

#### 4.3.16 Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £38,200,000
Rationale for recommendation	In most cases, headaches, period pain, mild fever and back pain can be treated at home with over-the-counter painkillers and

	<p>lifestyle changes, such as getting more rest and drinking enough fluids.</p> <p>Patients should be encouraged to keep a small supply of OTC analgesics in their medicines cabinets at home so they are able to manage minor ailments at home without the need for a GP appointment.</p> <p><i>Examples of conditions where patients should be encouraged to self – care include: Headache, colds, fever, earache, teething, period pain, cuts, self-limiting musculoskeletal pain, sprains and strains, bruising, toothache, sinusitis/nasal congestion, recovery after a simple medical procedure, aches and pains and sore throat.</i></p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Living with Pain accessed October 2017.</a></li> <li>2. <a href="#">NHS Choices: Your medicine cabinet</a></li> <li>3. <a href="#">NICE CKS:Mild to Moderate Pain accessed October 2017</a></li> <li>4. <a href="#">PrescQIPP: analgesia resources</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of conditions associated with pain, discomfort and mild fever will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.17 Mouth ulcers

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £5,500,000
Rationale for recommendation	Mouth ulcers are usually harmless and do not need to be treated because most clear up by themselves within a week or two. Mouth ulcers are common and can usually be managed at home, without seeing your dentist or GP. However, OTC treatment can help to reduce swelling and ease any discomfort.
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Mouth ulcers accessed October 2017.</a></li> <li>2. <a href="#">NICE CKS: Aphthous ulcer accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of mouth ulcers will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

**4.3.18 Nappy Rash**

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £500,000
Rationale for recommendation	Up to a third of babies and toddlers in nappies have nappy rash at any one time. Nappy rash can usually be treated at home using barrier creams purchased at the supermarket or pharmacy.  Nappy rash usually clears up after about three days if recommended hygiene tips are followed.
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Pregnancy and baby - Nappy Rash accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Nappy rash accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment for nappy rash will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

**4.3.19 Oral Thrush**

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £4,500,000
Rationale for recommendation	Oral Thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance.  It is common in babies and older people with dentures or those using steroid inhalers.  It can easily be treated with over the counter gel.
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Oral Thrush (adults) accessed October 2017</a></li> <li>2. <a href="#">NHS Choices: Oral Thrush (babies) accessed October 2017</a></li> <li>3. <a href="#">NICE CKS: Candida Oral accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment for oral thrush will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

**4.3.20 Prevention of dental caries**

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c.< £100, 000
Rationale for recommendation	The dentist may advise on using higher-strength fluoride toothpaste if you are particularly at risk of tooth decay. Higher fluoride toothpastes and mouthwashes can be purchased over the counter.
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Tooth Decay accessed October 2017.</a></li> <li>2. <a href="#">PrescQIPP: Dental products</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for high fluoride OTC toothpaste should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

**4.3.21 Ringworm/Athletes foot**

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £3,000,000
Rationale for recommendation	<p>Ringworm is a common fungal infection that can cause a red or silvery ring-like rash on the skin. Despite its name, ringworm doesn't have anything to do with worms.</p> <p>Athlete's foot is a rash caused by a fungus that usually appears between the toes. These fungal infections, medically known as "tinea", are not serious and are usually easily treated with over the counter treatments. However, they are contagious and easily spread so it is important to practice good foot hygiene.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Athletes Foot accessed October 2017.</a></li> <li>2. <a href="#">NHS Choices: Ring Worm accessed October 2017</a></li> <li>3. <a href="#">NICE CKS:Fungal Skin Infection - Foot accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of ringworm or athletes foot will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

**4.3.22 Teething/Mild toothache**

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £5,500,000
Rationale for recommendation	<p>Teething can be distressing for some babies, but there are ways to make it easier for them.</p> <p>Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething and these can be purchased from a pharmacy.</p> <p>If baby is in pain or has a mild raised temperature (less than 38C) then paracetamol or ibuprofen suspension can be given.</p> <p>Toothache can come and go or be constant. Eating or drinking can make the pain worse, particularly if the food or drink is hot or cold. Mild toothache in adults can also be treated with over the counter painkillers.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Toothache accessed October 2017.</a></li> <li>2. <a href="#">NICE CKS: Teething accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for teething in babies or toothache in children and adults will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

**4.3.23 Threadworms**

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £200,000
Rationale for recommendation	<p>Threadworms (pinworms) are tiny worms in your stools. They are common in children and can be spread easily. They can be effectively treated without the need to visit the GP.</p> <p>Treatment for threadworms can easily be bought from pharmacies. This is usually a chewable tablet or liquid you swallow. Strict hygiene measures can also help clear up a threadworm infection and reduce the likelihood of reinfection</p> <p>Everyone in the household will require treatment, even if they don't have symptoms.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Threadworms accessed October 2017</a></li> <li>2. <a href="#">NICE CKS: Threadworm accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a



	prescription for treatment of threadworm should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.24 Travel Sickness

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £4,500,000
Rationale for recommendation	Mild motion sickness can be treated by various self-care measures (e.g. stare at a fixed object, fresh air, listen to music etc.); more severe motion sickness can be treated with over the counter medicines.
References	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Travel Sickness accessed October 2017.</a></li> <li>2. <a href="#">Patient info: Travel Sickness accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment for motion sickness will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.

#### 4.3.25 Warts and Verrucae

Category	A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
Annual Spend	c. £900,000
Rationale for recommendation	<p>Most people will have warts at some point in their life. They are generally harmless and tend to go away on their own eventually.</p> <p>Several treatments can be purchased from a pharmacy to get rid of warts and verrucae more quickly if patients require treatment.</p>
References:	<ol style="list-style-type: none"> <li>1. <a href="#">NHS Choices: Warts and Verruca's accessed October 2017.</a></li> <li>2. <a href="#">NICE CKS: Warts and Verrucae References accessed October 2017</a></li> </ol>
Recommendation	Advise CCGs to support prescribers in advising patients that a prescription for treatment of warts and verrucae will not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	No routine exceptions have been identified. See earlier for general exceptions.



## 5. Consultation Format

NHS England and NHS Clinical Commissioners are grateful to individuals and organisations who take the time to respond to this consultation. During the 3 month consultation period, we will work with patient representative bodies, charities, Royal Colleges and industry to gather views across the range of stakeholders. We will also be asking CCGs to respond and to undertake their own local engagement activities.

If you would like to respond to this consultation you can do so by:

- Using the online web-form:  
<https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed>.  
Questions from the online form are listed in appendix 4. Individuals may also want to contact their local CCG to inform a local response. You can find contact details for your local CCG on [NHS Choices](#).
- Written enquiries can be submitted to [england.medicines@nhs.net](mailto:england.medicines@nhs.net) Please note that NHS England and NHS Clinical Commissioners will not be able to respond to every response individually.

Following the close of the consultation period, NHS England and NHS Clinical Commissioners, via the joint clinical working group, will review, analyse and consider all responses received. A summary of the responses will be published on the NHS England and NHS Clinical Commissioners websites to provide an opportunity to reflect on what has been heard.

The joint clinical working group, will develop finalised commissioning guidance. The finalised commissioning guidance will then be published with the expectation that CCGs should 'have regard to' it, in accordance with the Health and Social Care Act.

Each CCG will then need to make a local decision on whether to implement the national commissioning guidance, with due regard to both local circumstances and their own impact assessments.

## **Appendix 1 - Conditions for which prescribing could be restricted**

1. Probiotics
2. Vitamins and minerals
3. Acute Sore Throat
4. Cold Sores
5. Conjunctivitis
6. Coughs and colds and nasal congestion
7. Cradle Cap (Seborrhoeic dermatitis – infants)
8. Haemorrhoids
9. Infant Colic
10. Mild Cystitis
11. Contact Dermatitis
12. Dandruff
13. Diarrhoea (Adults)
14. Dry Eyes/Sore (tired) Eyes
15. Earwax
16. Excessive sweating (Hyperhidrosis)
17. Head Lice
18. Indigestion and Heartburn
19. Infrequent Constipation
20. Infrequent Migraine
21. Insect bites and stings
22. Mild Acne
23. Mild Dry Skin/Sunburn
24. Mild to Moderate Hay fever/Seasonal Rhinitis
25. Minor burns and scalds
26. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
27. Mouth ulcers
28. Nappy Rash
29. Oral Thrush
30. Prevention of dental caries
31. Ringworm/Athletes foot
32. Teething/Mild toothache
33. Threadworms
34. Travel Sickness
35. Warts and Verrucae

## Appendix 2– Example products for conditions or over the counter items that could be restricted.

NB the products highlighted below are included for illustration purposes only. This guidance focuses on prescribing restrictions for the conditions identified.

Condition/Item	Example products
Probiotics	Probiotic sachets
Vitamins and Minerals	Vitamin B compound tablets, Vitamin C effervescent 1g tablets, Multivitamin preparations.
Acute Sore Throat	Lozenges or throat sprays
Cold Sores	Antiviral cold sore cream
Conjunctivitis	Antimicrobial eye drops and eye ointment.
Coughs and Colds and Nasal Congestion	Cough mixtures or linctus, Saline nose drops, Menthol vapour rubs, Cold and flu capsules or sachets.
Cradle Cap	Emulsifying ointment, Shampoos
Haemorrhoids	Haemorrhoid creams, ointments and suppositories.
Infant Colic	Simethicone suspensions lactase drops
Mild Cystitis	Sodium bicarbonate or potassium citrate granules
Contact Dermatitis	Emollients, Steroid creams.
Dandruff	Antidandruff shampoos Antifungal shampoos
Diarrhoea (Adults)	Loperamide 2mg capsules Rehydration sachets,
Dry Eyes/Sore(tired) eyes	Eye drops for sore tired eyes Hypromellose 0.3% eye drops
Earwax	Drops containing sodium bicarbonate, hydrogen peroxide, olive oil or almond oil.
Excessive sweating (mild – moderate hyperhidrosis)	Aluminium chloride sprays, roll-ons, solutions.
Head Lice	Creams or lotions for head lice
Indigestion and Heartburn	Antacid tablets or liquids Ranitidine 150mg Tablets OTC proton pump inhibitors e.g. omeprazole 10mg capsules. Sodium alginate, calcium carbonate or sodium bicarbonate liquids.
Infrequent Constipation	Bisacodyl tablets 5mg Ispaghula Husk granules

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	Lactulose solution
Infrequent Migraines	Migraine tablets Painkillers Anti-sickness tablets
Insect bites and stings	Steroid creams or creams for itching.
Mild Acne	Benzoyl peroxide products Salicylic acid products
Mild Dry Skin/Sunburn	Emollient creams, ointments and lotions After sun cream Sun creams
Mild to Moderate Hay fever/Seasonal Rhinitis	Antihistamine tablets or liquids. Steroid nasal sprays Sodium cromoglicate eye drops
Minor Burns and Scalds	Antiseptic Burns Cream, Cooling burn gel.
Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)	Paracetamol 500mg tablets, Ibuprofen 400mg tablets, NSAID topical creams or gels Paracetamol Suspension
Mouth Ulcers	Antimicrobial mouthwash
Nappy Rash	Nappy rash creams
Prevention of dental caries	Fluoride toothpastes Mouthwashes
Ringworm/Athletes foot	Athlete's Foot Cream Antifungal creams or sprays
Teething/Mild Toothache	Antiseptic pain relieving gel Clove Oil Painkillers
Threadworms	Mebendazole 100mg tablets
Travel Sickness Tablets	Travel sickness tablets
Warts and Verrucae	Creams, gels, skin paints and medicated plasters containing salicylic acid dimethyl ether propane cold spray

## Appendix 3 - Unintended Consequences

We considered the potential unintended consequences of Section 4: Our Proposals for CCG commissioning guidance. These are set out in the table below. Please consider unintended consequences when submitting responses to the consultation.

Potential Unintended Consequences of issuing the proposed guidance	Potential solution
Increased patient interactions with secondary care and consequent costs	Joint local guidance with A&E secondary care providers may be appropriate. CCGs may wish to monitor A&E attendance for any of the minor conditions within the guidance.
Prescribers may decide to prescribe alternative treatments, with increased cost implications.	There may be cases where GP's prescribe more expensive or prescription only products to treat some of the conditions outlined within this guidance, however the recommendation is that, subject to the exceptions listed, no items should be prescribed for these conditions and GP's will need to take account of this guidance and take professional responsibility for any prescribing decisions made.
This guidance undermines individual prescribers' decision making.	Prescribers must recognise and work within the limits of their competence, as recommended by the GMC and other professional regulators/bodies. Nationally accessible resources (e.g. patient information leaflets) and local professional support should be provided to prescribers. The proposed guidance does not remove the clinical discretion of the prescriber in deciding what is in accordance with their professional duties.
Increased complaints about general practice and associated administration time	There is a potential for numbers of complaints to rise and the impact this would have on general practice workload and parts of the NHS needs to be considered. Therefore to support communication of the changes proposed in the guidance, educational aids will be produced. Stakeholder events have been arranged.
Effect on medicines supply	It is recognised that by proposing guidance on restricting the supply of over the counter medicines on prescription and encouraging people to purchase some of these items, an increased demand for OTC medicines from pharmacies needs to be considered. NHS England will work

	<p>with Department of Health colleagues to ensure that pharmaceutical companies (PAGB, BGMA) are aware of the proposed guidance and potential need for increased supply in some other products.</p>
<p>Risk of patients not self-treating for conditions.</p>	<p>Provided that patients are seeking help for red flag symptoms i.e. when the condition is not minor, for most of the conditions contained within the list there is a very low risk if these conditions are not treated, as most of these illnesses will clear up on their own. The following conditions may have some additional risks associated with not treating:</p> <p>Hay fever/allergic rhinitis – there may be an unintended consequence of an increase in steroid and or prescription antihistamine prescribing.</p> <p>There is also a minor risk of spread of infection with the following conditions:</p> <ul style="list-style-type: none"> <li>• Ringworm</li> <li>• Head lice.</li> <li>• Threadworms</li> </ul>
<p>Risk of patient not presenting to a GP with a red flag symptom</p>	<p>Patients should be encouraged to access health information via NHS choices, the Self-Care forum NHS 111 and their local community pharmacy. Patient information leaflets will be produced to highlight these resources to patients. In addition if patients present in a community pharmacy, pharmacists are trained healthcare professionals who will be able to refer patients to the GP when appropriate.</p>
<p>Patients in Care Homes</p>	<p>There is a risk that some care homes will still request prescriptions from GP's on the basis that they can't practically administer the medicine to residents without a prescription. However, all care homes should be encouraged to adopt a Homely Remedies Policy which includes the purchase and administering of a range of OTC medicines to residents. Some homes may be resistant to this due to the financial implications to the care home, however, the conditions within our guidance require treatments or items that the patient would normally be expected to buy so would not fall under the provision</p>

	of the care home.
Misinterpretation of the guidance	Some prescribers may misinterpret the guidance and stop prescribing for long term conditions or fail to apply an exception. Implementation tools will make it clear that all restrictions apply to minor, self-treatable illnesses only and that prescribers remain responsible for their decisions.

## Appendix 4 - Consultation Questions

To view the questionnaire in its intended format and submit responses please visit <https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed>

### **Introduction**

#### **In what capacity are you responding?**

Patient/Family member, friend or carer of patient/Member of the public/Patient representative organisation/Voluntary organisation or charity/Clinician/Clinical Commissioning Group/NHS Provider organisation/Industry/Other NHS Organisation/Other Healthcare Organisation/Professional Representative Body/Regulator/Other (please specify)

**Name or organisation** (optional)

**Email address** (optional)

Have you read the document:

***Conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs.***

- Yes
- No

### **Equality and Health Inequalities**

NHS England has legal duties which require giving due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as defined under the Equality Act 2010) and those who do not share it. NHS England must have regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities. An initial Equality and Health Inequalities Assessment (EHIA) has been carried out on these proposals and this can be read here.

<https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed>. Further information on our duties can be read at <https://www.england.nhs.uk/about/equality/>

**Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?**

Yes (please tick all that apply)/No/Unsure

Age/disability/gender reassignment/race/religion or belief/sex/sexual orientation/marriage and civil partnership/pregnancy and maternity

Please provide further information on why you think this might be the case.



**Do you feel there is any further evidence we should consider in our proposals on the potential impact on health inequalities experienced by certain groups?**

Yes/No/Unsure

Please provide further information on why you think this might be the case

**Proposals for CCG commissioning guidance**

**Do you agree with the three proposed categories for [items] or [conditions] as below:**

- An item of low clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness;
- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; or
- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy

Agree/Neither agree or disagree/Disagree/Unsure (for each category)

Please provide further information.

**Do you agree with the general exceptions proposed?**

Agree/Neither agree or disagree/Disagree/Unsure (for each exception)

Please provide further information.

**Should we include any other patient groups in the general exceptions?**

Yes/No/Unsure

Please provide further information.

**Section 1: Drugs with limited evidence of clinical effectiveness**

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that **[item]** should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness?

Agree/Neither agree or disagree/Disagree/Unsure (for each item)

- Probiotics
- Vitamins and minerals

Please provide further information.

**Section 2: Self-Limiting Conditions**

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is self-limiting and will clear up on its own without the need for treatment?

Agree/Neither agree or disagree/Disagree/Unsure (for each condition)

- Acute Sore Throat
- Cold Sores
- Conjunctivitis
- Coughs and colds and nasal congestion
- Cradle Cap (Seborrhoeic dermatitis – infants)
- Haemorrhoids
- Infant Colic
- Mild Cystitis

Please provide further information.

### **Section 3: Minor Ailments Suitable for Self- Care**

Do you agree with the recommendation to: Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is appropriate for self-care?

Agree/Neither agree or disagree/Disagree/Unsure (for each condition)

- Contact Dermatitis
- Dandruff
- Diarrhoea (Adults)
- Dry Eyes/Sore (tired) Eyes
- Earwax
- Excessive sweating (Hyperhidrosis)
- Head Lice
- Indigestion and Heartburn
- Infrequent Constipation
- Infrequent Migraine
- Insect bites and stings
- Mild Acne
- Mild Dry Skin/Sunburn
- Mild to Moderate Hay fever/Seasonal Rhinitis
- Minor burns and scalds
- Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)
- Mouth ulcers
- Nappy Rash
- Oral Thrush
- Prevention of dental caries
- Ringworm/Athletes foot
- Teething/Mild toothache
- Threadworms
- Travel Sickness
- Warts and Verrucae

Please provide further information.

**Are there any item or condition specific exceptions you feel should be included, in addition to those already proposed and the general exceptions covered earlier?**

If needed, please provide further information.