
Position Statement
PRESCRIBING for CLINICAL NEED
Incorporating the DRUGS Of low Priority [DROP] List

Summary

Blackpool CCG (BCCG) operates within finite budgetary constraints so there is a need to prioritise prescribing resources and provide interventions with the greatest proven health gain for the population, that is prescribing for clinical need. The **DRUGS Of low Priority** prescribing (DROP) list is an accumulation of drugs that either NICE has comprehensively reviewed and produced 'do not dos' for and/or where BCCG considers them to be low priority, poor value for money and can safely be considered for self-care or where safer alternatives are available. Over £800K is spent each year on these medicines by BCCG.

Introduction

In the case of treatments which can be prescribed on NHS prescriptions, BCCG has reviewed treatments that provide only limited health benefit. They should be considered a low priority and not suitable for prescribing unless patients fall into an exception category or there are patient specific exceptional circumstances. The DROP list contains products that have been deemed not suitable for prescribing for adults and children in primary care, in addition to all medicines classified in the BNF with a "not NHS".

Background

Some medicines that are used to treat minor ailments do not require a GP appointment. These products are available to be purchased over the counter from pharmacies and supermarkets. Pharmacy staff are experts on providing advice around minor ailments, are accessible without an appointment. This initiative frees up healthcare practitioners' time and enables GPs to see more complex patients.

Clinicians should prescribe medicines which are known to be clinically effective and provide a health benefit to patients at a cost which is acceptable to the local health economy. Prescribers are asked to consider whether the treatment effect is clinically significant and likely to improve the health status of individuals. Some other products are clinically ineffective or are not cost-effective. Such treatments will not have undergone rigorous clinical trials to demonstrate that they are effective. It is inappropriate to direct NHS resources towards products that do not have proven efficacy or safety in preference to licensed medicines.

Treatments on the DROP list fall into the three categories, as summarised below, and should be considered not suitable for prescribing other than in exceptional circumstances where there is a clear clinical need:*

1. Treatments for self-limiting conditions;
2. Treatments where there is insufficient evidence of clinical benefit or cost-effectiveness; and
3. Preparations where there is not a clinical need to treat.

* In certain circumstances, prescribing medicines included in the DROP list would be clinically appropriate, for example a long term condition.

General Principles

- All patients should be able to have treatments prescribed for them if they are clinically necessary regardless of their ability to pay; and
- Basing prescribing decisions solely on clinical need removes the influence of socioeconomic factors, such as a persons' ability to purchase treatments if they are not prescribed, and removes any inequity that may occur from applying such judgements.

Financial Implications

By reducing prescribing where treatments are not indicated, this policy has the potential to deliver annual savings across BCCG if fully implemented and will contribute to GP practices' cost-containment plans.

DROP List

In the case of treatments which can be prescribed on NHS prescriptions, BCCG considers the following treatments to provide limited health benefit for the NHS resources they use hence they should be considered a low priority and not suitable for prescribing unless patients fall into an exception category or there are patient specific exceptional circumstances.¹

Low Priority Prescribing List	Treatment Exception/s
Cough mixtures and cold remedies	Cough mixtures: terminally ill patients
Self - care analgesia – analgesia excluding POM & cough/cold remedies	Regular pain relief for long-term conditions
Nasal decongestants/sprays for hayfever and colds	
Skin preparations and bath/shower products	Preparations included in BCCG formulary
Wart treatments	Sexual Health and Genito-Urinary Medicine (GUM)
Products for oral hygiene and mouth ulcers	Immunocompromised and terminally ill patients
Vitamins and Multivitamin preparations	Proven cases of deficiency
Health supplements	
Probiotics	VSL#3® for pouchitis (ACBS criteria)
Topical fungal nail paints	
Antiperspirants	
Barrier creams for nappy rash/bed sores	
Cold sore treatments	
Sunscreens	Unless BNF/ACBS criteria
Antihistamine for hay fever	
Rubifacients (excluding topical NSAIDS)	
Ear wax removers	
Complementary medicines (herbal medicines and Homeopathic remedies)	
Haemorrhoid preparations	

¹. Defined as the patient having clinical circumstances outside the range you would normally see within the patient population with this condition and at the same stage of disease progression.

1. Treatments for self-limiting conditions

Many minor ailments are not of a serious nature and will resolve within a short time-frame without the need for treatment. Products aimed at treating the symptoms of these ailments may not offer value for money and should not be prescribed. These products can be bought from a community pharmacy or supermarkets.

Category	Examples ²	Treatment Exception/s	
Self-care analgesia excluding POM and cough/cold remedies	Paracetamol products; co-codamol 8/500	Regular pain relief for long-term conditions. Where further investigation is required to rule out a serious condition	
Cough and cold remedies	Codeine linctus, pholcodine linctus, simple linctus, pseudoephedrine tablets and liquid, xylometazoline nasal spray, ephedrine nasal drops, menthol and eucalyptus inhalation	Cough mixtures for the terminally ill	
Cold sore treatments	Aciclovir [®] cream, Zovirax [®] cold sore cream, Vectavir [®] cold sore cream	Immunocompromised and terminally ill patients	
Sore throat/mouth	AAA Sore Throat Spray [®] , Difflam [®] (throat Spray & rinse), Covonia [®] Throat Spray, Dequadin [®] Lozenges; Bonjela [®] ; Iglu [®] gel; Merocets [®] lozenges; Rinstead [®] pastilles; Corsodyl [®] products	Tyrozets [®] lozenges Merocaine [®] lozenges Strepsils [®] lozenges Merocet [®] lozenges Bradasol [®] lozenges Ultra Chloraseptic [®] spray Dequaspray [®] Oraldene [®] products	Use in Palliative Care: Chlorhexidine gluconate mouth Wash, Benzylamine mouthwash & spray
Antihistamines (OTC) for hay fever	Cetirizine, loratadine, chlorphenamine		
Haemorrhoid preparations (excluding POM products)	Preparation H products,	GP prescribing of alternative products appropriate for anal fissure or severe prolapsed or thrombosed haemorrhoids, requiring medical attention	

²This list is not exhaustive. Any product falling into this category of treatments should be considered as a low priority for prescribing

2. Treatments where there is insufficient evidence of clinical benefit or cost-effectiveness.

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

Many of these products are classed as 'food substitutes' and are not covered by ACBS regulations and do they appear in the current British National Formulary (BNF) or the Drug Tariff. They are often not manufactured to the same high pharmaceutical standards used for licensed medicines so there is no guarantee of consistency in formulation and potency. Additionally, these treatments will not have undergone rigorous clinical trials to demonstrate that they are effective and safe. It is inappropriate to direct NHS resources towards products that do not have proven efficacy or safety in preference to licensed medicines.

Category	Examples ²	Treatment Exception/s
Vitamins and Multivitamin preparations	Sanatogen [®] products, Centrum [®] products, Haliborange [®] products, Lambert's products, Spatone [®] – iron rich water	Nutritional insufficiency e.g. high dose vitamin D for proven vitamin D deficiency. Thiamine for alcohol related conditions & neurological complications. Vitamin B12 deficiency. Forceval [®] (post bariatric surgery). Vitamin supplements for premature babies as advised by hospital ACBS criteria met.
Infantile colic	Colief [®] , Infacol [®] and gripe water	Colief [®] : if ACBS criteria are confirmed - for the relief of symptoms associated with lactose intolerance in infants, provided this is confirmed by the presence of reducing substances and/or excessive acid in stools, a low concentration of the corresponding disaccharide enzyme on intestinal biopsy or by breath hydrogen test or lactose intolerance test. Infacol and gripe water: none foreseen
Eye vitamins	Lutein and other antioxidant vitamins, Eye-Q [®] products, Icaps [®] , Ocuville [®] products, Preservision [®] products, Ocuville [®] lutein, Visionace [®] , Vitalux-plus [®]	

²This list is not exhaustive. Any product falling into this category of treatments should be considered as a low priority for prescribing

2. Treatments where there is insufficient evidence of clinical benefit or cost-effectiveness cont/d.

Category	Examples ²	Treatment Exception/s
Probiotics	VSL#3 [®]	VSL#3 [®] for pouchitis (ACBS criteria)
Rubifacients (including capsaicin cream and patches but excluding topical NSAIDs)	Balmosa [®] , Deep Heat [®] , Radian B [®] products, Algesal [®] , Balmosa [®] Deep Freeze, Mentholatum [®] , Radian B [®]	None. Capsaicin cream should be considered for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments; patches for neuropathic pain should be used on the advice of a specialist.
Ear wax removers	Cerumol [®] , Exterol [®] , Otex [®] , Waxsol [®] , Almond Oil EarCalm [®] , Otex [®] , Exterol [®] , Cerumol [®] , Waxsol [®]	Olive oil to soften wax prior to micro-suction
Complementary, herbal supplements and homeopathic medicines	Glucosamine; fish oils, St John's Wort, Heathaid [®] products, Kalms [®] , Nytol [®] , Bach flower remedies, Weleda products, Nelson products	

²This list is not exhaustive. Any product falling into this category of treatments should be considered as a low priority for prescribing

3. Preparations where there is not a clinical need to treat

Within the following categories there are treatments generally accepted to be clinically effective which are also cost effective when used in some patients, but not when used more extensively. Some categories will also contain treatments that are clinically effective but are generally not considered to be a good use of NHS resources. Prescribers should consider whether the benefits of prescribing a treatment for an individual justify the expense to the NHS. Such judgements should be based purely on clinical factors and should not be influenced by socio-economic aspects, such as a person's ability to purchase the treatment should they wish to do so if it is not prescribed.

Category	Examples ²	Treatment Exception/s
Skin preparations and bath/shower products not listed in the BCCG Formulary	E45 [®] wash products, Allergenic products, Bio-Oil [®] , Elena's products, Flexitol [®] , Aveeno [®] products, Vaseline [®] products	Products listed in the BCCG formulary
Wart treatments	Bazuka [®] products, Cuplex [®] gel, Salactac [®] gel	Sexual Health and GUM Diabetic patients
Antifungal nail paint	Amorolfine nail lacquer, Curanail [®] , Loceryl [®] , Salicylic acid compound paint (Phytex [®]), Tiocanazole cutaneous solution (Trosyl [®])	Not for cosmetic treatment. Oral treatment is more appropriate. Immunocompromised, PVD, diabetics, nail painful or awaiting surgery on affected limb/s
Sunscreens	Sunsense [®] products, Uvistat [®] products	ACBS criteria

²This list is not exhaustive. Any product falling into this category of treatments should be considered as a low priority for prescribing

3.Preparations where there is not a clinical need to treat cont/d.

Antiperspirants	Driclor®, Odaban®, Anhydrol Forte®	
Barrier creams for nappy rash/bed sores	Bepanthen®, Sudocrem®, Conotrane® Drapolene®, Metanium®	
Dental products	Dura phat®, sodium fluoride, Corsodyl®	Products recommended by dentists, e.g. fluoride tablets, toothpastes and mouthwashes, should be purchased OTC or prescribed by the dentist. It is inappropriate to ask a GP to take clinical responsibility for this prescribing.

²This list is not exhaustive. Any product falling into this category of treatments should be considered as a low priority for prescribing

Implementation

The position statement is accompanied by tools intended to help people understand the position and to support prescribers when implementing it. People will have the opportunity to feedback their views on the position statement via the practice pharmacists' team. Any comments received will be used to inform a review of the position statement at a later date.

Key recommendations

- i) Review all patients prescribed a medicine in the DROP-List
- ii) Determine whether to:
 - Continue treatment if the patient fulfils circumstances in which use might be appropriate;
 - Change the medicine to a more cost-effective choice;
 - Stop prescribing the medicine.
- iii) Recommend self - care and purchase of the medicine over-the-counter (OTC) wherever possible, with support and advice from the community pharmacist wherever appropriate.

Medicines Optimisation, September 2016

Blackpool CCG

Appendix 1

Suggested **ed** template letter for Practices

Dear xxxxxx,

I am writing to you as I understand you are unhappy that you will no longer be able to receive prescriptions on the NHS for **[insert name of treatment here]**.

Medicines are an integral part of the health care that many patients rely on to manage their health conditions and over four million prescription items are written by local clinicians every year. At the same time as these medicines, there are thousands of alternative preparations; including complementary treatments available on the market, that some patients might find help manage their conditions.

Local clinicians, together with patient and carers have worked together to agree that only those treatments that are clinically effective and provide a clear health benefit to patients should be prescribed on a NHS prescription. This is because NHS resources are limited and we need to make sure that we use them wisely. If a treatment meets a patient's clinical need, GPs are able to prescribe it on the NHS.

However, if a treatment does not meet a clinical need, if there is not sufficient evidence of clinical benefits or if it is a treatment for conditions that would naturally resolve themselves **in a short time-frame** if left untreated, GPs are advised not to prescribe these medications on a NHS prescription.

Having evaluated your individual circumstances, your GP has concluded that in the case of (**insert name of medication here**), this treatment does not meet a clinical need/ there is insufficient evidence of the **[clinical benefit of this treatment][your condition would naturally resolve itself without treatment] (delete as appropriate)**. As a result, they are unable to prescribe it for you at this time.

If your clinical circumstances or condition changes, your GP will be happy to consider whether a NHS prescription would be appropriate.

Appendix 2 Prescribing for Clinical Need Position Statement - Information for patients

Your doctor has provided you with this information sheet following a conversation you have had regarding prescriptions and their decision to decline your request for a specific medication.

- **What is prescribing for clinical need?**

Medicines are an integral part of the health care that many patients rely on to manage their health conditions and over four million prescription items are written by local clinicians every year. At the same time as these medicines, there are thousands of alternative or complementary treatments available on the market that some patients might find help manage their conditions.

In order to provide clear guidance for GPs about which of this extensive range of treatments should be prescribed on NHS prescriptions, BCCG has worked with GPs, consultants, pharmacists and patients and carers to agree that only those treatments that are clinically effective and provide a clear health benefit to patients should be prescribed on NHS prescriptions in Blackpool.

The resulting prescribing for clinical need position statement has been adopted by all local GP practices in the area. This enables GPs to evaluate whether a treatment meets a patient's clinical need and therefore whether they should prescribe it.

- **What treatments are included in the Prescribing for Clinical Need Position statement?**

Many treatments and medicines have a clear evidence base that demonstrates that they are clinically effective and therefore will meet a patient's clinical needs. This includes most medicines prescribed by GPs to treat common conditions such as diabetes, asthma/COPD and high blood pressure.

- **What treatments are not included in the Prescribing for Clinical Need position statement?**

Whilst some patients may find other treatments useful, some do not meet clinical needs such as antiperspirants, sunscreens, emollients, wart treatments and are therefore not included. Other treatments including vitamins, ear wax removers, Chinese herbal medicines or homeopathic remedies do not have sufficient evidence of clinical benefits and are also not included. Finally, treatments for conditions that would naturally resolve themselves if untreated such as cold and cough remedies, cold sore treatments, lozenges, mouthwashes and throat sprays are also not included.

- **What happens if a treatment you would like is not included?**

If a treatment you would like:

- does not meet a clinical need or,
- does not have sufficient evidence of clinical benefit or,
- if the condition would naturally resolve itself if untreated.

Local GP practices will not prescribe it on a NHS prescription. If you have an exceptional clinical circumstance or if your circumstances or condition changes, your GP will be happy to consider if an NHS prescription may be appropriate in the future.

For more information

The prescribing for clinical need position statement has been agreed by all GP practices in the area. If you would like to share feedback about the prescribing for clinical need position statement, please leave your comments with your practice pharmacist.