



## **NEWS RELEASE**

For immediate release

### **NHS ENGLAND CONSULTS ON FREEING-UP £136M TO BOOST FRONTLINE NHS CARE BY CURBING PRESCRIPTION COSTS**

NHS England has today launched a public consultation on proposals to rein in prescriptions for some 'over the counter' products such as dandruff shampoo and drops for tired eyes, freeing-up up to £136 million to expand other treatments for major conditions such as cancer and mental health problems.

Ending routine prescribing for minor, short-term conditions, many of which will cure themselves or cause no long term effect on health, would free up NHS funds for frontline care.

The consultation does not affect prescribing of items for longer term or more complex conditions or where minor illnesses are symptomatic or a side effect of something more serious.

Over-the-counter products currently prescribed include remedies for dandruff, indigestion, mouth ulcers and travel sickness. The NHS each year spends:

- £4.5m on dandruff shampoos – enough to fund a further 4,700 cataract operations or 1,200 hip replacements every year.
- £7.5m on indigestion and heartburn – enough to fund nearly 300 community nurses.
- £5.5m on mouth ulcers – enough to fund around 1,500 hip replacements

If patients were to self-care for these three conditions alone, it would save the NHS £17.5 million allowing funds to be diverted to other areas.

**NHS England chief executive Simon Stevens, said:** "To do the best for our patients and for taxpayers it's vital the NHS uses its funding well. This consultation gives the public the opportunity to help family doctors decide how best to deploy precious NHS resources, freeing-up money from the drugs bill to reinvest in modern treatments for major conditions such as cancer, mental health and emergency care."

**Dr Graham Jackson, GP, co-chair of NHS Clinical Commissioners and clinical chair of**

**Aylesbury Vale CCG, said:** “It is important that we have an honest conversation with the public, patients and clinicians about what the NHS should and can provide with the constrained funds it has available. As a part of that, it is right that we review what is currently offered on NHS prescription that is also available over-the-counter so that we can prioritise our spending on those products that are the most clinically effective and provide the best outcomes for patients. This consultation is an important part of the ongoing work we are doing on behalf of local clinical commissioning groups alongside NHS England to ensure the NHS budget is spent effectively to deliver the best possible patient care.

**Professor Helen Stokes-Lampard, Chair of the Royal College of GPs, said:** “Where patients can afford to buy medication over the counter, we would certainly encourage them to do so. There are also many minor, self-limiting conditions for which patients don’t often need to seek medical assistance, or prescribed medication, and can deal with through self-care.

“What remains imperative – and we will be making this clear in our consultation response – is that no blanket bans are imposed, and GPs will retain the right to make clinical decisions about prescribing appropriately for our patients based on the unique physical, psychological and social factors potentially impacting on their health.”

Some of the products currently can be purchased over the counter at a lower cost than that which would be incurred by the NHS – for example, a pack of 12 anti-sickness tablets can be purchased for £2.18 from a pharmacy whereas the cost to the NHS is over £3 after including dispensing fees, and over £35 when you include GP consultation and other administration costs. Similarly some common tablets are on average four times more expensive when provided on prescription by the NHS.

The over the counter medicines proposals for consultation include stopping the routine prescribing of products that:

- **Have low clinical value** and where there is a lack of robust evidence for clinical effectiveness, such as probiotics, vitamins and minerals.
- **Treat a condition that is considered to be self-limiting**, so does not need treatment as it will heal/be cured of its own accord, such as sore throat or coughs and colds.
- **Treat a condition which could be managed by self-care**, i.e. that the person does not need to seek medical care or could visit a pharmacist, such as indigestion, mouth ulcers and pain relief.

NHS England and NHS Clinical Commissioners have worked closely with GPs, pharmacists and patient groups to develop and refine the list of conditions for which prescribing could be restricted, as well as where exceptions may apply. The Board of NHS England approved the launch of a public consultation on these proposals at its public meeting on 30 November.

Some over the counter products currently prescribed are quickly and easily available in community pharmacies where the public can also ask for an NHS consultation with a pharmacist if they are unsure about what treatment they need for minor illnesses and need clinical advice.

Local pharmacies provide NHS services in the same way as GP practices – and pharmacists train for five years in the use of medicines before they qualify as clinical health professionals.

A pharmacist will assess symptoms and consider any long-term conditions, and the medicines that the person is taking, before providing a recommendation. They will either:

- Support/advise in the decision to self-care.
- Sell an OTC medicine (which doesn't need a prescription or visit to a GP) that will help relieve symptoms and make the person more comfortable.
- Signpost to the right medical care if the pharmacist considers the condition is serious enough to warrant further medical help.

These savings form a key building block of the NHS's 10 point efficiency plan contained in the Next Steps on the NHS Five Year Forward View, published in March 2017, and support the ambition to ensure greater value from the NHS' £17.4 billion medicines bill, through improving health outcomes; reducing waste, over-prescribing and over-treatment; and addressing excessive price inflation by drug companies.

The consultation document is available here – <https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/>.

## **Ends**

For further information please contact the NHS England media team on [nhsengland.media@nhs.net](mailto:nhsengland.media@nhs.net) or 01138 250958/9

## **Notes to editors**

1. A list of 33 minor illnesses has been identified by a national joint clinical working group which are either self-limiting or suitable for self-care. Vitamins/minerals and probiotics have also been included as items of low clinical effectiveness which are of high cost to the NHS.
2. The cost to the NHS of a GP consultation is £32, while the cost of a pharmacy consultation is £18.
3. To manage increasing demand, the NHS promotes self-care where possible for minor conditions, and is highlighting that there are alternatives to making GP appointments or taking a medicine. These include being more aware:
  - Of the normal length of time that it takes for a self-limiting condition, such as a cough or cold, or a virus, to clear up of its own accord (usually 1-2 weeks).
  - That it's more cost-effective to the NHS and often quicker to seek advice from local pharmacists than GPs.
  - That buying over the counter products for minor, short-term conditions saves the NHS a great deal of money.

4. NHS England will initially consider that the cases below are examples of exceptions which may apply to the proposed restrictions:
  - 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 over the counter 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.
5. NHS Clinical Commissioners (NHSCC) – the organisation that represents CCGs – originally approached NHS England with an evidence-based proposal to reduce prescription of ineffective medicines in primary care. NHS England is working with NHSCC to review such medicines, set out a consistent evidence-based approach for patients, and coordinate a national consultation process on behalf of all CCGs.
6. The intention is to produce a consistent, national framework for CCGs to use, while taking account of local circumstances and their own impact assessment and legal duties to advance equality and have regard to reduce health inequalities.
7. In partnership with NHSCC, NHS England appointed an expert clinical working group to review the available clinical evidence, and develop commissioning guidance for public consultation. Membership includes GPs and pharmacists, CCGs, Royal College of General Practitioners, National Institute for Health and Care Excellence (NICE), Department of Health, the Royal Pharmaceutical Society and others.
8. Subject to the outcome of the consultation, the commissioning guidance would be addressed to CCGs to support them to fulfill their duties around appropriate use of prescribing resources. The guidance would not remove the clinical discretion of the prescriber in deciding what is in accordance with their professional duties.
9. The consultation runs from 22 December 2017 to 14 March 2018.

## **About NHS England**

NHS England leads the National Health Service (NHS) in England – setting the priorities and direction, encouraging and informing the national debate to improve health and care.

The NHS in England deals with over 1 million patients every 36 hours and employs more than 1.5 million people, putting it in the top five of the world's largest workforces NHS England shares out more than £100 billion in funds and holds organisations to account for spending this money

effectively for patients and efficiently for the tax payer. It strongly believes in health and high quality care for all, now and for future generations.