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Over the Counter Items that Should not be Routinely Prescribed in Primary Care Policy

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Over the Counter Items that Should not be Routinely Prescribed in Primary Care Policy

Policy Statement

[_____ CCG] will not routinely fund the prescribing of medicines and treatments for minor or short-term conditions where:

- self-care is the most appropriate route
- medicines and treatments are available to buy over the counter

[_____ CCG] will not routinely fund the prescribing of medicines and treatments for ANY medical condition where:

- there is insufficient evidence of clinical benefit or cost-effectiveness
- the medical condition is minor or self-limiting and has no need of clinical treatment

Introduction

In developing local commissioning policies, the CCG will commission treatments or services which accord with all of the following principles:

- Appropriateness
- Effectiveness
- Cost-effectiveness
- Ethics
- Affordability

A number of treatments which should be considered a LOW PRIORITY are detailed within this policy. By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.

Criteria for inclusion on the Low Priority Prescribing List:

- Treatments for self-limiting conditions.
- Treatments used for minor ailments, which are suitable for self-care.
- Treatments where there is insufficient evidence of clinical benefit or cost-effectiveness.

Self-care is widely acknowledged as an important solution to managing demand and keeping the NHS sustainable. Supporting people to self-manage common conditions such as coughs and colds

could help bring down the 57 million GP consultations each year for minor ailments, a situation which costs the NHS approximately £2 billion and takes up to an hour a day on average for every GP. [1]

Promoting the concept of self-care and increasing the awareness that there are alternatives to making GP appointments, or attendance at Out-of-Hours services or A&E departments with minor conditions, will encourage patients to explore self-care in the future, so changing the culture of dependency on the NHS.

Clinicians should only prescribe medicines that are known to be clinically effective and provide a health benefit to patients, at a cost which is acceptable to the local health economy.

Policy Rationale

[_____ CCG] advises that only treatments that are clinically effective and provide a clear health benefit to patients are appropriate for prescribing on NHS prescriptions. This is to ensure that NHS resources provide interventions with a proven health gain for the population. Clinical Commissioning Groups (CCG's) are encouraged to prioritise resources based on evidence of the clinical effectiveness and safety of treatments, their cost effectiveness and on which interventions provide the best health outcomes.

In the case of treatments which can be prescribed on NHS prescriptions, [_____ CCG] advises that clinicians review all treatments that provide limited health benefit. These treatments are considered a LOW PRIORITY and not according with the principles of effectiveness and cost-effectiveness unless patients fall into an exception category.

For some medicines that are used to treat minor ailments or self-limiting conditions, a consultation with a GP is not the most appropriate means for diagnosing and treating the condition. These products can be purchased from pharmacies and supermarkets. Pharmacists are experts on providing advice around minor ailments; pharmacies are easy to access without an appointment and provide local Minor Ailments Schemes and/or the opportunity to have a consultation with the pharmacist. This will free up GP time to see more complex patients.

Some other products are clinically ineffective or are not cost effective. These treatments may not have undergone rigorous clinical trials to demonstrate that they are effective. It is inappropriate and unaffordable to direct NHS resources towards products that have limited proven efficacy or safety in preference to medicines that have a more established evidence base.

Equality

All residents of [_____ CCG] who use medicines for minor or self-limiting conditions could be affected by the guidance in this policy (unless covered by the exceptions below). This policy is in accordance with national guidance produced by NHS England and throughout the development of the policy [_____ CCG] has:

- Given due regard to the need to protect people from various types of discrimination including those people who share protected characteristics as cited under the Equality Act 2010.
- Given regard for the need to reduce inequalities between patients in access to, and outcomes from healthcare services.

Both national and local consultations have been undertaken to inform the development of the policy. Based on feedback from the consultation exercises, a number of exceptions have been included in the guidance to mitigate the risk of inequality and to ensure that vulnerable groups are not at risk. [2]

Scope and definitions

The scope of this policy includes conditions for which items are available to purchase over the counter, and should not be routinely prescribed in primary care. This includes items for:

- Self-limiting conditions that do not necessitate treatment.
- Minor conditions/ailments where treatments can be purchased over the counter.
- Items which have limited available evidence of clinical and cost effectiveness.

The scope of this policy does not include the provision of over the counter items which are supplied via hospital/secondary care.

Glossary

CCG: Clinical Commissioning Group

NICE: National Institute for Health and Care Excellence

OTC: Over the counter

ACBS: The Advisory Committee for Borderline Substances

General exceptions

For vitamins, minerals, and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC items for cough, sore throat and infant colic), the general exceptions do not apply. Specific exceptions are included (if applicable) under the relevant item and/or condition.

This guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined.

CCGs will need to ensure that **community pharmacists** are reminded of '**red flag**' referral symptoms (appendix 1) 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.**

General Exceptions to the Guidance: There are however, certain scenarios where patients should continue to have their treatments prescribed and these are outlined below:

- Patients prescribed an OTC treatment for a long-term condition (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).
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag referral symptoms for example indigestion with severe pain.)
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments.
- 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.
- Circumstances where the product license 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 breastfeeding. 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 condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability

to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. Please note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

Policy Recommendations

The conditions included in this policy are derived from the National guidance of NHS England and locally identified conditions/items.

National Recommendations

Items of limited effectiveness

Items of limited effectiveness are those items with insufficient high-quality evidence to demonstrate their effectiveness.

CCGs are advised that routinely prescribing items of limited effectiveness is not recommended in primary care.

1. Probiotics

Exceptions –

- None

2. Vitamins and minerals

Exceptions –

- Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should however be reviewed on a regular basis. (NB maintenance or preventative treatment is not an exception).
- Calcium and vitamin D for osteoporosis.
- Malnutrition including alcoholism (see NICE guidance)
- 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).
- Prescribable high dose folic acid

Items for self-limiting conditions

A condition is considered to be self-limiting if it ultimately resolves without the need for treatment. Self-limiting conditions tend to last for a short duration (in many cases less than 10 days) and some self-limiting conditions may not cause the patient any noticeable symptoms. Treatments for self-limiting conditions are intended to provide symptomatic relief and may also shorten the duration of the illness in certain cases.

General exceptions should be considered for all self-limiting and minor conditions.

“Red flag” referral symptoms exceptions are detailed in appendix 1 and are based on the “When to get medical help” section for conditions on the NHS choices website (<https://www.nhs.uk/pages/home.aspx>) or the information contained in the Self Care Forum fact sheets (<http://www.selfcareforum.org/fact-sheets/>).

CCGs are advised that routinely prescribing items for self-limiting conditions is not recommended in primary care.

3. Acute sore throat

Exceptions –

- “Red flag” referral symptoms

4. Infrequent cold sores of the lip

Exceptions –

- Immunocompromised patients

- “Red flag” referral symptoms
- 5. Conjunctivitis**
Exceptions –
 - “Red flag” referral symptoms
- 6. Cough, colds and nasal congestion**
Exceptions –
 - “Red flag” referral symptoms
- 7. Mild cradle cap (mild seborrheic dermatitis – infants)**
Exceptions –
 - If causing distress to the infant and not improving
 - “Red flag” referral symptoms
- 8. Haemorrhoids**
Exceptions –
 - “Red flag” referral symptoms
- 9. Infant colic**
Exceptions –
 - “Red flag” referral symptoms
- 10. Mild cystitis**
Exceptions –
 - “Red flag” referral symptoms

Items for minor conditions suitable for self-care

Many minor ailments are of short duration, have no long-term health implications and can often be self-managed by the individual. Products aimed at treating the symptoms of many of these ailments may not offer value for money and should not be prescribed. For other minor ailments patients may feel that they require the support and advice of a health professional. Community pharmacists are available as a walk-in service and can offer advice and a wide range of treatments without the need for a prescription; or can signpost patients to the right medical care if they need it.

CCGs are advised that routinely prescribing items for minor conditions suitable for self-care is not recommended in primary care.

- 11. Mild irritant dermatitis**
Exceptions –
 - None
- 12. Mild dandruff**
Exceptions –
 - Scalp psoriasis
 - “Red flag” referral symptoms
- 13. Diarrhoea (adults)**
Exceptions –
 - “Red flag” referral symptoms
- 14. Mild dry eyes/sore tired eyes and eye care**
Exceptions –
 - None
- 15. Earwax**
Exceptions –
 - “Red flag” referral symptoms
- 16. Excessive sweating (hyperhidrosis)**
Exceptions –
 - Night sweats (e.g. an adverse drug reaction, anxiety/depression or the menopause)
- 17. Head lice**
Exceptions –

- None
- 18. Indigestion and heartburn**
Exceptions –
- “Red flag” referral symptoms
- 19. Infrequent constipation (resolving within 3 days)**
Exceptions –
- “Red flag” referral symptoms
- 20. Infrequent migraine (infrequent defined by NHS choices as no more than 5 days per month)**
Exceptions –
- “Red flag” referral symptoms
- 21. Insect bites and stings**
Exceptions –
- “Red flag” referral symptoms
- 22. Mild acne (NICE defines mild as predominantly non-inflamed acne with few inflamed lesions)**
Exceptions –
- None
- 23. Mild dry skin**
Exceptions –
- “Red flag” referral symptoms
- 24. Sunburn due to excessive sun exposure**
Exceptions –
- Young children and babies
 - “Red flag” referral symptoms
- 25. Sun protection**
Exceptions –
- ACBS approved indications of photodermatoses
- 26. Mild to moderate hay fever/seasonal rhinitis**
Exceptions –
- None
- 27. Minor burns and scalds**
Exceptions –
- More serious burns always require professional medical attention.
 - Burns requiring hospital A&E treatment include but are not limited to:
 - all chemical and electrical burns;
 - large or deep burns (bigger than your hand);
 - burns that cause white or charred skin;
 - burns on the face, hands, arms, feet, legs or genitals that cause blisters.
- 28. Minor conditions associated with pain, discomfort and/or fever (e.g. aches and sprains, headache, period pain, back pain)**
Exceptions –
- None
- 29. Mouth ulcers**
Exceptions –
- None
- 30. Nappy rash**
Exceptions –
- None
- 31. Oral Thrush**
Exceptions –
- None
- 32. Prevention of dental caries**

Exceptions –

- None

33. Ringworm/Athletes foot

Exceptions –

- Lymphoedema or history of lower limb cellulitis
- Diabetes

34. Teething/mild toothache

Exceptions –

- None

35. Threadworm

Exceptions –

- None

36. Travel sickness

Exceptions –

- None

37. Warts and verrucae

Exceptions –

- “Red flag” referral symptoms

Local Recommendations

Items of limited effectiveness

CCGs are advised that routinely prescribing items of limited effectiveness is not recommended in primary care.

38. Specialist infant formula feeds

Rationale –

- A local evidence-based pathway has been developed which outlines those types of infant formulas which require medical supervision/prescribing and those which may be purchased OTC. See section 8 of the LMMG guidance “Prescribing Guidelines for Specialist Infant Formula Feeds”.

<http://www.lancsmmg.nhs.uk/download/guidelines/Prescribing-Guidelines-for-Specialist-Infant-Formula-Feeds-Version-3.1.pdf>

Exceptions –

- Diagnosed cow’s milk allergy, faltering growth, preterm nutrient enriched formulas. Use outlined by LMMG guidance above.

39. Bath and shower emollients for chronic eczema

Rationale –

- Bath and shower emollient products are not supported by clinical evidence to show efficacy (including those bath/shower emollients containing antimicrobial ingredients). This means that they have not undergone stringent clinical trial programmes laid down by the regulatory authorities to confirm their safety and efficacy. A recent randomised open label superiority trial found no evidence of clinical benefit from including emollient bath additives in the standard management of eczema in children over the age of 12-months. [3]

Exceptions –

- None, where soap causes drying of the skin patients and carers should use an appropriate emollient preparation as a soap substitute during baths and showers. For prescribing see general exceptions.

40. Health supplements

Rationale –

- NHS England has produced guidance outlining items of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns [4]. Herbal treatments and homeopathic remedies have

been included in the NHS England guidance as products which are not recommended to be prescribed in primary care.

Exception –

- None

Items for minor conditions suitable for self-care

CCGs are advised that routinely prescribing items for minor conditions suitable for self-care is not recommended in primary care.

41. Mild fungal nail infections (treating no more than two nails)

Rationale –

- In most cases fungal nail infections are not serious and may not cause patients any symptoms. Although some fungal infections can take several months to clear with treatment, other fungal nail infection may resolve without the need for treatment.

Exceptions

- Patients with diabetes.

42. Vaginal and penile thrush

Rationale –

- Thrush is a common yeast infection that is usually harmless but can be uncomfortable and persistent.

Exceptions –

- Patients experiencing the symptoms of thrush for the first time or unexplained recurrence within 6 months of a previous thrush infection.

43. Vaginal dryness

Rationale –

- Vaginal dryness is a common problem that many patients have at some point in their lives. There are several ways vaginal dryness can be self-managed.

Exceptions –

- Dryness is due to changes in hormone levels (endogenous or exogenous).
- Following a surgical procedure (e.g. hysterectomy or gender reassignment procedure)
- A few weeks of self-management have not helped.
- Dryness impacting patient's daily life.
- Patients have unusual discharge or bleeding from their vagina.
- Patients have bleeding after sex or in between periods.

Force

This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to the interventions listed, or to alternative treatments for the same conditions.

References

- [1] N Pillay et al, "The Economic Burden of Minor Ailments on the National Health Service (NHS) in the UK," *Self-Care*, vol. 1, no. 3, pp. 105-116, 2010.
- [2] NHS England, "Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs," 29 March 2018. [Online]. Available: <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>. [Accessed 21 June 2018].
- [3] M Santer et al, "Emollient bath additives for the treatment of childhood eczema (BATHE) multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness," *British Medical Journal*, vol. 361, p. 1332, 2018.
- [4] NHS England, "Items which should not routinely be prescribed in primary care: Guidance for CCGs," 30 November 2017. [Online]. Available: <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>. [Accessed 25 June 2018].

• 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 treatment.

Medicines are an integral part of the healthcare that many patients rely on to manage their health conditions.

Local clinicians including GPs and hospital doctors as well as many others work to the [_____ **CCG**] **Formulary** (see [http://www. \[_____ **CCG**\] /](http://www. [_____ CCG] /)). This provides guidance on medicines that meet local and national guidance and are encouraged to be prescribed locally.

[_____ **CCG**] supports GP practices in promoting self-care. This is where people have a key role in protecting their own health, choosing appropriate treatments and managing long-term conditions. Self-care is a term used to include all the actions taken by people to recognise, treat and manage their own health.

In order to provide clear guidance for GPs about which treatments should be prescribed on NHS prescriptions, local Clinical Commissioning Groups have worked together with GPs, consultants, pharmacists, 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.

The 'Over the Counter Items that should not Routinely be Prescribed in Primary Care' policy has been adopted by all local GP practices and ratified by the Clinical Commissioning Group for this area.

Part of self-care involves reducing prescribing of medicines and supplies which have a limited or temporary benefit to the patient, or are more suitable for patients to buy over the counter at pharmacies or supermarkets.

In 2017/2018, [_____ **CCG**] spent almost [£____,000] on these medicines and supplies. This money could have been better spent on treating more serious conditions such as cancer and heart disease.

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 and high blood pressure.

- Some preparations do not meet clinical needs and are therefore not included.
- Other treatments do not have sufficient evidence of clinical benefit and are also not included.
- Treatments for the symptoms of some conditions that would naturally resolve themselves and those for minor ailments that can be treated over the counter at pharmacies are also not included.

Many of these products are low cost and are readily available from pharmacies, along with advice. Some self-care medicines are also available in supermarkets and other shops.

If a treatment you have requested does not meet a clinical need, does not have sufficient evidence of clinical benefit, or if the condition would naturally resolve itself if untreated, then local GP practices will not be able to prescribe it on an NHS prescription. Treatments include the following:

- Pain killers for acute minor aches and pains, including migraine
- Management of coughs and colds, blocked nose, sore throat, including decongestants, nasal drops and inhalations
- Fever, where this has been a small increase in temperature
- Treating acute / non-serious diarrhoea, infrequent constipation and haemorrhoids
- Antihistamines and allergy preparations for non-serious stings and insect bites
- Treatment of head lice infestation using head lice lotions and shampoos
- Treatments of occasional indigestion and heartburn, including that resulting from over-indulgence
- Treatments for oral or vaginal thrush
- Antiperspirants for excess sweating
- Creams, solutions and powders for common mild fungal infections (athlete's foot, fungal nail infections and ringworm)
- Barrier creams and treatments for non-infected, unbroken nappy rash
- Sachets and liquids for treating mild cystitis
- Cream and gels for mild acne
- Ear wax removers and softeners
- Soya based formula milks
- Extensively hydrolysed formula and amino acid formula (in infants without diagnosed cows' milk protein allergy)
- Hay fever preparations, including eye drops for allergies
- Lozenges, throat sprays, mouthwashes and gargles, including treatments for mouth ulcers
- Moisturisers and bath additives for minor dry skin conditions
- Vaginal moisturisers
- Treatments for skin rashes, including mild-moderate eczema and dermatitis
- Treatments for threadworm
- Tonics, vitamins and minerals supplements, herbal and complementary remedies
- Cold sore treatments
- Treatments for eye infections, including uncomplicated conjunctivitis
- Gluten free foodstuffs (*see separate policy)
- Sun creams / lotions and sunburn remedies
- Teething gels and minor toothaches
- Treatments for infant colic
- Fluoride toothpastes
- Warts and verrucae
- Minor burns and scalds
- Travel sickness tablets

You do not need to make an appointment to speak to your pharmacist. Many pharmacies are open in the evenings and at weekends. Any consultation you have with the pharmacist will be confidential and discrete, in a private area of the pharmacy.

Patients can access an increasing range of resources (e.g. pharmacies, NHS111, NHS choices <https://www.nhs.uk/pages/home.aspx> , Self-care forum <http://www.selfcareforum.org>) to support them in treating and managing their own health. In some cases, advice from a pharmacy about a change of diet or alteration of lifestyle may be needed, to prevent further occurrences of self-limiting, minor ailments.

- **Template Letter for Practices**

Dear **[Mr / Mrs Patient]**,

I am writing to you as I understand you have requested further information about the changes to the supply arrangements for **[insert name of treatment]**.

Medicines are an integral part of the health care that many patients rely on to manage their health conditions and over **[insert number of items]** prescription items are written by local clinicians every year.

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 and are not readily available over the counter should be prescribed on an NHS prescription. This is because NHS resources are limited and we need to make sure that we use them wisely. GPs are still able to prescribe treatments for patients on the NHS in certain scenarios which are outlined in the CCG's 'Over the Counter Items that should not Routinely be Prescribed in Primary Care' policy.

Having evaluated your individual circumstances against guidelines and CCG criteria, your GP has concluded that in the case of **[insert name of treatment]**, 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 1 – “Red flag” referral symptoms

Condition	“Red flag” referral symptoms
Sore throat	<ul style="list-style-type: none"> • Sore throat that doesn’t improve after a week or does not respond to OTC pain relief. • Difficulty breathing, muffled voice or excessive drooling • Recurrent sore throat. • Sore throat preventing normal functioning or causing excessive anxiety. • Where fluid intake is compromised and patient becomes dehydrated • Sore throat in patients with weakened immune systems or accompanied by a very high temperature or fever.
Infrequent cold sores of the lip	<ul style="list-style-type: none"> • Cold sores not healing within 10 days • Very large or painful cold sores • Diagnostic uncertainty • Swollen painful gums or sores in the mouth • Cold sores in pregnancy
Conjunctivitis	<ul style="list-style-type: none"> • Pain inside the eye • Sensitivity to light • Visual disturbances • Intense redness in one or both eyes
Cough, colds and nasal congestion	<ul style="list-style-type: none"> • High temperatures (above 39°C) • Confusion or disorientation • Sharp chest pain • Blood stained phlegm • Breathing difficulties • Marked inflammation of the glands in the neck and/or armpit • Symptoms that persist for longer than 3 weeks
Cradle cap (Seborrhoeic dermatitis - infants)	<ul style="list-style-type: none"> • Itchy, bleeding or inflamed cradle cap • Cradle cap spreading to the face or body
Haemorrhoids	<ul style="list-style-type: none"> • Rectal bleeding • Symptoms which don’t improve; or cause pain
Infant colic	<ul style="list-style-type: none"> • Weak, high pitched or continuous cry and/or seems floppy when picked up • Refusing feeds • Vomiting green fluid or has blood in poo • Fever (38°C or above if less than three months old or 39°C and above older than three months) • Bulging fontanelle or seizures • Breathing quickly or grunting while breathing • Blue, blotchy or very pale skin
Mild cystitis	<ul style="list-style-type: none"> • Symptoms that don’t start to improve within a few days • Recurrent cystitis • Blood in the urine, fever or loin pain • Pregnant women, men or children exhibiting symptoms of cystitis
Dandruff	<ul style="list-style-type: none"> • Very severe or very itchy dandruff • Red or swollen scalp • Weakened immune system

Diarrhoea	<ul style="list-style-type: none"> • Signs of dehydration • Associated vomiting and inability to keep fluid down • Bloody diarrhoea or rectal bleeding • Accompanying green or yellow vomit
Earwax	<ul style="list-style-type: none"> • Badly blocked ear with complete loss of hearing in the affected ear/s • Symptoms suggestive of more serious condition/infection e.g. high fever (39°C and above) or seizures, fluid leaking from the ear, sickness/dizziness, confusion/slurred speech, stiff neck or sensitivity to light.
Indigestion and heartburn	<ul style="list-style-type: none"> • Severe, persistent (longer than three weeks), worsening and unexplained pain in the upper abdomen (particularly if accompanied with chest pain, breathlessness, sweating, nausea or vomiting) • Blood or dark lumps in vomit (like coffee grounds) • Dark (like tar) stools or feeling faint • Swallowing difficulties or significant unintentional weight loss • Patients over 55 years old
Infrequent constipation	<ul style="list-style-type: none"> • Blood in the faeces • Unexpected weight loss and tiredness • Distended abdomen and/or vomiting • Patients over 50 years old experiencing constipation symptoms for the first time
Infrequent migraine	<ul style="list-style-type: none"> • Migraines that worsen or become more frequent • Vomiting and high fever • Stiff neck or drowsiness • Following a head injury • Headaches that prevent sleep or cause awakening from sleep • Headache that are worse on coughing, laughing, straining, bending or lying down • Changes to speech, personality, weakness, numbness or dizziness • Rapidly developing severe headache • Sensitivity to light, blind spots or eye discomfort
Insect bites and stings	<ul style="list-style-type: none"> • Bites or stings on in the mouth, throat or near the eyes • Symptoms of infection e.g. large red/swollen area (10cm or more) around the bite, pain, pus, hot to the touch • Symptoms of more widespread infection (fever, swollen glands)
Mild dry skin	<ul style="list-style-type: none"> • Dry skin affecting sleep or impairing social activity e.g. swimming • Infected dry skin (cracked, weeping and painful dry skin) • Blistery rash • Dry skin that is spreading over large areas
Sun burn	<ul style="list-style-type: none"> • Sunburn over a large area • Severe sunburn leading to blistering or swelling • Chills, fever, dizziness, headaches and nausea
Warts and verrucae	<ul style="list-style-type: none"> • Wart that bleed or change in how they look • Very large or painful wart or 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
Vitamins and minerals	Haliborange; Sanatogen; Fruitivits; Spatone; Seven Seas; Vita-E; Osteocaps vega; Osteocare premier; Redoxon; Centrum; Eye-Q; Natravits, Icaps, Ocuville products, Preservision products, Visionace, Vitalux-plus
Acute sore throat	AAA sore throat spray; Diffiam products; Covonia products; Deqadin; Ultra chloraseptic; Dequaspray; Tyrozets; Merocaine; Strepsils products; Merocets; Bradasol
Cold sores	Cymex Ultra; Virasorb; Lypsyl; Zovirax, Blistex, Compeed, Fenistil
Conjunctivitis	Brochlor; Golden Eye; Optrex Infected Eye;
Coughs and colds and nasal congestion	Codeine linctus; pholcodine linctus, simple linctus, menthol & eucalyptus inhalation; xylometazoline nasal products; Otradrops; Otrivine products; Sudafed products; Galpseud products; pseudoephedrine products, nasal saline products (e.g. Sterimar).
Cradle Cap	Dentinox shampoo, Loyal Cream, Colief Baby Scalp Oil
Haemorrhoids	Anusol, Preparation H, Germoloids
Infant Colic	Detinox, Infacol, Colief, Woodward's Gripe Water
Mild Cystitis	CanesOasis, Cymalon, Cystopurin
Contact dermatitis	Hc45, Eumovate, Emollients
Dandruff	Alphosyl 2-in-1 shampoo; Capasal shampoo; Ceanel concentrate shampoo; Psoriderm scalp lotion; T/Gel shampoo Bezalkonium chloride 0.5% shampoo (including Dermalax); E45 dry scalp shampoo; Ketoconazole 2% shampoo (including Dandrazol, Ketopine, Nizoral); Selsun
Diarrhoea (adults)	Dioralyte, Electrolade, ORS, Immodium
Dry eye/sore eye/eye care	Hypromellose, Snotears, Lacrilube, Liquifilm, Tears Naturelle, Xailin Night Ointment, Blephaclean eye lid wipe; Lid-care eye lid wipe; Optrex; Supranettes; Refresh unit-dose ophthalmic solution; sterile eye cleaning wipes
Earwax	Almond Oil; Cerumol; EarCalm; Waxsol; Molcer; Otex; Exterol; Sodium Bicarbonate
Excessive sweating	Driclor, Odaban, Anhydrol Forte
Head Lice	Derbac-M, Hedrin, Lyclear
Indigestion and heartburn	Gavilast, Gaviscon, Nexium Control, Peptac, Zantac
Infrequent constipation	Dulcolax, Fybogel, Lactulose, Senna
Infrequent migraine	Buccastem-M, Imigran recovery, Migralève
Insect bites and stings	Anthisan, Eurax, Hc45, antihistamine tablets/liquids
Mild acne	Acnecide, Freederm, Panoxyl
Mild dry skin	Emollients
Sunburn/sun protection	After Sun products, Soleve, Ambre Solaire products; Anthelios products; Delp products; Riemann P20 products; Sunsense products; Uvistat products
Mild to moderate hay fever	Antihistamines, Opticrom, Nasal steroid sprays, nasal saline products (e.g. Sterimar).
Minor burns and scalds	Acriflex, Savlon, Sudocrem
Minor conditions associated with pain	Paracetamol tablets and liquid, Ibuprofen tablets and liquids, topical NSAIDs, rubefacients, cooling gels
Mouth ulcers	Corsodyl mouthwash, Diffiam Oral rinse, Bonjela, Anbesol,
Nappy cream	Conotrane, Drapolene, Metanium, Sudocrem
Prevention of dental caries	Duraphat, Fluorigard,
Ringworm/ athlete's foot	Canesten, Daktarin creams and sprays, Lamisil, Scholl
Teething/mild toothache	Anbesol, Calgel, clove oil, Orajel, analgesics
Threadworms	Ovex, Pripsen
Travel Sickness Tablets	Avomine, Joy-Rides, Kwells, Phergan, Stugeron
Warts and verrucae	Bazuka, Compound W, Scholl removal gel, Salicylic acid plasters, Freeze treatments
Bath and shower emollients	Aveeno, Cetraben, Dermalol, Doublebase, E45, Hydromol, Oilatum, QV, Zerolatum
Specialist infant formulas	Nutriprem 2, Nutramigen Lipil, Aptamil Pepti, Pepti Junior, Althera, Similac Alimentum, Neocate LCP, Nutramigen AA, Alfamino, SMA LF, Enfamil O-Lac, Aptamil lactose free

Over the Counter Items that Should not be routinely prescribed in Primary Care Policy

Camouflaging products	Covermark, Dermablend, Dermacolor, Keromask, Veil
Mild fungal nail infection	Canespro, Excilor, Loceryl Curanail, Nailner
Vaginal thrush	Clotrimazole pessaries, internal/external creams, fluconazole capsules
Vaginal dryness	Replens MD, KJ Jelly, Sylk