

## Over the counter items that should not be routinely prescribed in primary care policy

**Prescribing tip for information only**

The original 'Prescribing for Clinical Need Policy' was introduced to practices in November 2016. The policy stated that

**Greater Preston and Chorley & South Ribble CCGs will not fund the prescribing of medicines and treatments for minor, short-term conditions where**

- Self-care is the most appropriate route
- Medicines and treatments are available to buy over the counter

**Greater Preston and Chorley & South Ribble CCGs will not 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 has no need for clinical treatment.

Following recent further guidance from NHS England the 'Prescribing in Clinical Need Policy' has now been updated and replaced by the '**Over the Counter Items that Should not be Routinely Prescribed in Primary Care**' policy. A full copy of the policy can be [accessed](#) on the CCG websites.

**The new policy does contain some amendments to the original policy and now also includes**

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| Treatment of haemorrhoids                         | (excepting patients with 'Red flag' referral symptoms)  |
| Treatment of mild cystitis                        | (excepting patients with 'Red flag' referral symptoms)  |
| Infrequent constipation – resolving within 3 days | (excepting patients with 'Red flag' referral symptoms)  |
| Sunburn – due to excessive sun exposure           | (excepting young children and babies and 'Red flag' referral symptoms)  |
| Minor burns and scalds                            | (excepting more serious burns and those requiring hospital A&E treatment)   |
| Mouth ulcers                                      | (exceptions none)   |
| Travel sickness                                   | (exceptions none)   |
| Penile thrush                                     | (exceptions patients experiencing the symptoms of thrush for the first time or unexplained recurrence within 6 months of a previous thrush infection) |

**The Policy also seeks to provide greater clarity on the prescribing of bath and shower emollients for chronic eczema.**

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. <sup>(1)</sup>

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.

**To contact the Medicines Optimisation Team please phone 01772 214302**

**References 1. 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.**