

# POLICY ON PRESCRIBING MEDICINES THAT ARE AVAILABLE TO PURCHASE

## SEPTEMBER 2016

<b>Authorship:</b>	Laura Angus, Lead Pharmacist, NHS Vale of York Clinical Commissioning Group
<b>Reviewing Committee(s):</b>	Clinical Executive Committee
<b>Date:</b>	29 September 2016
<b>Approval Body</b>	Governing Body
<b>Approved Date:</b>	29 September 2016
<b>Review Date:</b>	Clinical Executive Committee
<b>Equality Impact Assessment</b>	Completed
<b>Sustainability Impact Assessment</b>	Completed
<b>Related Policies</b>	Prescribing Policy for Primary Care Providers
<b>Target Audience:</b>	Primary Care Providers
<b>Policy Reference No:</b>	PRE03
<b>Version Number:</b>	V1.0

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

## POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Internet
1.0	NHS Vale of York Clinical Commissioning Group Prescribing Team	New Policy	Governing Body 29 September 2016	13 October 2016

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please contact NHS Vale of York CCG on :

01904 555 870

or

[valeofyork.contactus@nhs.net](mailto:valeofyork.contactus@nhs.net)

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## 1. INTRODUCTION

- 1.1. NHS Vale of York CCG wants to commission the best treatments for local patients and wants the right clinician to have responsibility for those treatments – please see the document '[How we commission medicines](#)'. We want patients to have access to medicines which improve the quality of their care, that have demonstrated cost effectiveness and are safe.
- 1.2. Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, gives people greater control of their own health and encourages healthy behaviours that help prevent ill health in the long-term.
- 1.3. NHS Vale of York Clinical Commissioning Group is keen to ensure that only treatments that are clinically effective and provide a clear health benefit to patients are prescribed on NHS prescriptions. This is to ensure that NHS Vale of York Clinical Commissioning Group resources provide interventions with a proven health gain for the population. Therefore NHS Vale of York Clinical Commissioning Group 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.

## 2. POLICY STATEMENT

- 2.1. NHS Vale of York Clinical Commissioning Group aspires to the highest standards of corporate behaviour and responsibility. It is the role of NHS Vale of York Clinical Commissioning Group to manage the local medicines bill, to ensure the most clinical appropriate, cost effective and safe use of medicines across the locality. The policy represents best practice and supports the requirement of the NHS to make best use of NHS resources.

## 3. IMPACT ANALYSES

### Equality

- 3.1. As a result of performing the screening analysis, the policy may be perceived to affect groups with low-income but this impact has been mitigated. The results of the screening are attached.

### Sustainability

- 3.2. A Sustainability Impact Assessment has been undertaken. Six positive impacts were identified within the twelve sustainability themes. The results of the assessment are attached.

## Scope

- 3.3. This policy applies to Primary Care Providers within the NHS Vale of York Clinical Commissioning Group boundaries. NHS Vale of York Clinical Commissioning Group recommends that all must comply with the arrangements outlined in this policy, as it is best practice and supports the use of the requirement of the NHS to make the best use of NHS resources.
- 3.4. The document applies to primary care healthcare professionals who prescribe; this may be general practitioners or non-medical prescribers.

## 4. POLICY PURPOSE/AIMS & FAILURE TO COMPLY

- 4.1. NHS Vale of York Clinical Commissioning Group is keen to ensure that only treatments that are clinically effective and provide a clear health benefit to patients are prescribed on NHS prescriptions. This is to ensure that NHS Vale of York Clinical Commissioning Group resources provide interventions with a proven health gain for the population. Therefore NHS Vale of York Clinical Commissioning Group 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. All other treatments should be considered as less suitable for prescribing on NHS prescription. This supports General Medical Council guidance *'You must make good use of the resources available to you'*.
- 4.2. The General Medical Council Good Practice in Prescribing and Managing Medicines and Devices (2013) defines prescribing: *"Prescribing' is used to describe many related activities, including supply of prescription only medicines, prescribing medicines, devices and dressings on the NHS and advising patients on the purchase of over the counter medicines and other remedies. It may also be used to describe written information provided for patients (information prescriptions) or advice given."*
- 4.3. Criteria for inclusion in Prescribing Medicines That Are Available For Purchase Policy:
  - Treatments for minor ailments.
  - Treatments where there is insufficient evidence of clinical benefit or cost-effectiveness.
  - Preparations where there may not be a clinical need to treat.

## 5. TREATMENTS FOR MINOR AILMENTS

- 5.1. Many minor ailments are not of a serious nature and can be often managed by the individual. Products aimed at treating the symptoms of many of these ailments may not offer value for money. It is requested that patients should routinely be provided with information regarding where they can purchase these products. NHS Vale of York Clinical Commissioning Group would prefer these products are not routinely prescribed on NHS prescription.

- 5.2. An increasing range of medicines are available for purchase and it is requested that patients will purchase such medicines after seeking appropriate advice from a community pharmacist or other healthcare professional. (Appendix 3) This is particularly the case in self-limiting illness. The range of medicines available increases regularly.
- 5.3. If a prescriber advises a patient to purchase a medicine (without an NHS prescription) the prescriber may provide the patient with an information leaflet on the medicine and READ code it in the patient's clinical records (see appendix 7 for sample patient information leaflets that may be used). This is in line with the General Medical Council definition of prescribing.

## **6. TREATMENTS WHERE THERE IS INSUFFICIENT EVIDENCE OF CLINICAL BENEFIT OR COST-EFFECTIVENESS**

- 6.1. In the case of treatments which can be prescribed on NHS prescriptions, NHS Vale of York Clinical Commissioning Group is review treatments that provide limited health benefit. They should be considered as less suitable for prescribing on NHS prescription and not suitable for prescribing unless patients fall into an exception category.
- 6.2. Some other products are clinically ineffective or are not cost effective. These 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.
- 6.3. Many of the products in this category (listed in Appendix 4) 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 (SPC) for prescribers to consult and hence no indemnity for prescribers should the treatment cause harm.
- 6.4. Many of these products are classed as 'food substitutes' and are not covered by Advisory Committee on Borderline Substances regulations and/or do not appear in the current British National Formulary (BNF) or the NHS Drug Tariff. They are often not manufactured to the same high pharmaceutical standards used for licensed medicines; hence there is no guarantee of consistency in formulation and potency. These 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.

## **7. PREPARATIONS WHERE THERE MAY NOT BE A CLINICAL NEED TO TREAT**

- 7.1. Within this category (see Appendix 5) there are treatments that are clinically and cost effective when used in some patients, but not when used more widely. Also, some treatments are clinically effective but are not considered to be a good use of NHS resources. If prescribing is deemed to be clinically necessary, only those products listed in the [York and Scarborough Net Formulary](#) should be prescribed.

- 7.2. Prescribers will be required to consider whether the benefit of prescribing a treatment for an individual justifies the expense to the NHS. Such judgments should be based purely on clinical factors and should not be influenced by socio-economic aspects such as the patient's ability to purchase.
- 7.3. Prescribers are reminded that dental products should be prescribed by a dentist – see appendix 5
- 7.4. Prescribing of gluten free products is not covered within this policy.

## **8. PRINCIPLE LEGISLATION AND COMPLIANCE WITH STANDARDS**

- 8.1. The policy relates to the General Medical Council Good Practice in Prescribing and Managing Medicines and Devices (2013)

## **9. ROLES & RESPONSIBILITIES**

### **Role**

- 9.1. The Lead Pharmacist is responsible for the policy content
- 9.2. Primary Care Organisations within the NHS Vale of York Clinical Commissioning Group boundaries are responsible for implementing the content of the policy.

## **10. POLICY IMPLEMENTATION**

- 10.1. Following approval by the Governing Body, the policy will be:
- Published on the CCG's website and will be available to staff on the organisation's intranet.
  - The policy will be brought to attention of Primary Care Organisations and within NHS Vale of York Clinical Commissioning Group

## **11. TRAINING & AWARENESS**

- 11.1. This policy will be published on the CCG's website and will be available to staff on the organisation's intranet.
- 11.2. Any queries relating to the policy should be directed to the Lead Pharmacist, NHS Vale of York Clinical Commissioning Group

## **12. MONITORING & AUDIT**

### **Monitoring & Accountability**

- 12.1. The Lead Pharmacist will be reviewing the impact of the policy on an annual basis.

**13. POLICY REVIEW**

- 13.1. This policy will be reviewed by a period of no longer than three years as stated or in response to any relevant changes in local and / or national policies and guidance, whichever is sooner.

**14. REFERENCES**

- [General Medical Council. Good practice in prescribing and managing medicines and devices \(2013\)](#)

**15. ASSOCIATED POLICIES**

- Prescribing Policy for Primary Care Providers

**16. CONTACT DETAILS**

Lead Pharmacist

Laura Angus

Tel: 01904 555870

Email: [valeofyork.contactus@nhs.net](mailto:valeofyork.contactus@nhs.net)

NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York.  
Y01 6GA



**17. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM**

1.	Title of policy/ programme/ service being analysed
	Policy On Prescribing Medicines That Are Available For Purchase
2.	Please state the aims and objectives of this work.
	<p>NHS Vale of York Clinical Commissioning Group is keen to ensure that only treatments that are clinically effective and provide a clear health benefit to patients are prescribed on NHS prescriptions. This is to ensure that NHS Vale of York Clinical Commissioning Group resources provide interventions with a proven health gain for the population. Therefore NHS Vale of York Clinical Commissioning Group 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.</p> <p>The policy defines when prescribers will be required to consider whether the benefit of prescribing a treatment for an individual justifies the expense to the NHS. Such judgments should be based purely on clinical factors and should not be influenced by socio-economic aspects such as the patient's ability to purchase. The policy specifically refers to the wording '<i>It is requested that patients should routinely be provided with information regarding where they can purchase these products. These products should not routinely be prescribed on NHS prescription.</i>' It allows the prescriber to make the most appropriate decision for the patient based on clinical need, only treatments that are clinically effective and provide a clear health benefit to patients are prescribed on NHS prescriptions.</p>
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	Patients
4.	What sources of equality information have you used to inform your piece of work?
	None – affects the entire population

5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The policy has been on the website for 6 weeks for comments, thoughts and feedback from the public – none received. The policy has been sent to Healthwatch York to circulate for comments, thoughts and feedback – none received.
6.	Who have you involved in the development of this piece of work?
	Primary Care Organisation representatives, Local Medical Committee representatives, Strategy and Assurance Manager, NHS Vale of York Clinical Commissioning Group, Healthwatch York, sought feedback from Public via website
7.	What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities  There is nothing in the policy that does not support equality and diversity in accordance with the Clinical Commissioning Group Equality and Diversity Strategy.
Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc
n/a	
Men and Women	Consider gender preference in key worker, single sex accommodation etc

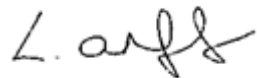
n/a	
Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travelers	Consider cultural traditions, food requirements, communication styles, language needs etc.
n/a	
This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
n/a	
Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/a	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/a	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/a	

<p>Marriage and Civil Partnership                  Refers to legally recognised partnerships                  (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc.</p>
<p>N/a</p>	
<p>Pregnancy and maternity                  Refers to the pregnancy period and the                  first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc.</p>
<p>N/a</p>	
<p>Carers                  This relates to general caring                  responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc.</p>
<p>n/a</p>	
<p>Other disadvantaged groups                  This relates to groups experiencing                  health inequalities such as people living                  in deprived areas, new migrants, people                  who are homeless, ex-offenders, people                  with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p>

The policy may be perceived to affect patients with low income as they may be unable to afford to purchase medicines. Prescribers will be required to consider whether the benefit of prescribing a treatment for an individual justifies the expense to the NHS. Such judgments should be based purely on clinical factors and should not be influenced by socio-economic aspects such as the patient's ability to purchase. The policy specifically refers to the wording '*It is requested that patients should routinely be provided with information regarding where they can purchase these products. These products should not routinely be prescribed on NHS prescription.*' It allows the prescriber to make the most appropriate decision for the patient based on clinical need, only treatments that are clinically effective and provide a clear health benefit to patients are prescribed on NHS prescriptions.

Sign off

Laura Angus  
Lead Pharmacist, NHS Vale of York Clinical Commissioning Group



27<sup>th</sup> September 2016

Dr Shaun O'Connell  
GP Lead for Planned Care and Prescribing, NHS Vale of York Clinical Commissioning Group



27<sup>th</sup> September 2016

## 19. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Policy On Prescribing Medicines That Are Available For Purchase
What is the main purpose of the document	<p>NHS Vale of York Clinical Commissioning Group is keen to ensure that only treatments that are clinically effective and provide a clear health benefit to patients are prescribed on NHS prescriptions. This is to ensure that NHS Vale of York Clinical Commissioning Group resources provide interventions with a proven health gain for the population. Therefore NHS Vale of York Clinical Commissioning Group 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.</p> <p>The policy defines when prescribers will be required to consider whether the benefit of prescribing a treatment for an individual justifies the expense to the NHS. Such judgments should be based purely on clinical factors and should not be influenced by socio-economic aspects such as the patient's ability to purchase. The policy specifically refers to the wording '<i>It is requested that patients should routinely be provided with information regarding where they can purchase these products. These products should not routinely be prescribed on NHS prescription.</i>' It allows the prescriber to make the most appropriate decision for the patient based on clinical need, only treatments that are clinically effective and provide a clear health benefit to patients are prescribed on NHS prescriptions.</p>
Date completed	27 <sup>th</sup> September 2016
Completed by	Laura Angus, Lead Pharmacist

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	n/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	n/a		
	Will it reduce 'care miles' (telecare, care closer) to home?	n/a		
	Will it promote active travel (cycling, walking)?	n/a		
	Will it improve access to opportunities and facilities for all groups?	n/a		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	n/a		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	n/a		
	Will it promote ethical purchasing of goods or services?	n/a		
Procurement	Will it promote greater efficiency of resource use?	1	Makes best use of NHS resources by seeking to ensure prescribing is safe, evidence based, clinically appropriate and cost-effective	

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	1	Makes best use of NHS resources by seeking to ensure prescribing is safe, evidence based, clinically appropriate and cost-effective	
	Will it support local or regional supply chains?	n/a		
	Will it promote access to local services (care closer to home)?	1	Advise patients to make more use of Community Pharmacies that are in every community and accessible without an appointment	
	Will it make current activities more efficient or alter service delivery models	n/a		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	n/a		
Workforce	Will it provide employment opportunities for local people?	n/a		
	Will it promote or support equal employment opportunities?	n/a		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	n/a		
	Will it offer employment opportunities to disadvantaged groups?	n/a		



Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Community Engagement	Will it promote health and sustainable development?	n/a		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	1	Public feedback sought via website – no feedback received	
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	n/a		
	Will it increase safety and security in new buildings and developments?	n/a		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	n/a		
	Will it provide sympathetic and appropriate landscaping around new development?	n/a		
	Will it improve access to the built environment?	n/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	n/a		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	n/a		
	Will it promote prevention and self-management?	1	Advise patients to make more use of Community Pharmacies. Advise patients to follow self-care regarding minor ailments.	
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	1	Makes best use of NHS resources by seeking to ensure prescribing is safe, evidence based, clinically appropriate and cost-effective	
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	n/a		

## 20. APPENDIX 3: LIST OF MINOR AILMENTS AND AVAILABLE TREATMENTS

Minor Ailment Condition	Treatment	Other Brands to be aware of (N.B. This is not an exhaustive list)	Exceptions
<b>Acute pain, headache, temperature</b>	Paracetamol 500mg tablets Paracetamol 500mg caplets Paracetamol 500mg capsules Paracetamol 500mg soluble tablets	Anadin Mandanol Diprol Panadol Hedex	Long term conditions requiring regular pain relief
	Ibuprofen 200mg tablets Ibuprofen 200mg caplets Ibuprofen 200mg liquid Capsules Ibuprofen 400mg tablets Ibuprofen 100mg/5ml Susp*	Panadol Advance Anadin Ibuprofen Mandorfen Manorfen Anadin Liquifast Nurofen Calprofen Cuprofen Phor Pain Hedex	
	Co-codamol 8/500mg tablets* Co-codamol 8/500mg Caplets Co-codamol 8/500mg Dispersible tablets Co-codamol 8/500mg effervescent tablets	Migraleve Yellow Tablets Paracodol caps Paracodol soluble tablets	

	<p>Paracetamol 120mg/5ml oral susp (sugar free*)</p> <p>Paracetamol 250mg/5ml oral susp (sugar free*)</p>	<p>Calpol Six Plus susp 250 mg/5ml</p> <p>Calpol Infact susp 120mg/5ml</p> <p>Mandanol</p> <p>Medinol</p> <p>Sootheze Six Plus</p>	<p>Children under 2 months. Babies born before 37 weeks. Babies weighing less than 4kg</p>
<b>Athlete's Foot</b>	Miconazole cream 2%*	Daktarin	Diabetic Patients
	Lamisil Once Cutaneous Solution 1%*	<p>Lamisil AP (cream, gel, spray)</p> <p>Scholl Advanced (cream, powder, spray)</p>	Diabetic Patients. Pregnancy. Breast Feeding
<b>Bites and Stings</b>	Hydrocortisone cream 1%*	<p>HC45 Cream</p> <p>Lanacort cream</p>	Children under 10 year. Pregnancy. Eyes or Face, anogenital area or on broken or infected skin. Longterm skin conditions requiring regular treatment
	Chlorphenamine 4mg tabs*	<p>Allercalm</p> <p>Piriton tabs 4mg</p> <p>Hayleve</p> <p>Pollenase tabs</p> <p>Piriton Allergy tabs 4mg</p>	Children under 12 years. Pregnancy. Breast Feeding

	Chlorphenamine oral solution 2mg/5ml (sugar free)*	Allief oral soln Piriton 2mg/5ml syrup	Children under 1 yr. Children with asthma. Children taking monoamine oxidase inhibitors.
	Loratidine 10mg tabs*	Clarityn Allergy tabs Clarityn Rapide tabs	Children under 2 yrs. Children 2-12 weighing less than 30kg. Pregnancy. Breast feeding.
<b>Cold Sores</b>	Aciclovir cream 2%*	Cymex Ultra Virasorb Lypsyl Zovira	immunocompromised & terminally ill. Children under 12 years.
<b>conjunctivitis (uncomplicated)</b>	Chloramphenicol 0.5% eye drops*	Brochlor Golden Eye Optrex Infected Eye Ointment Lumicare Eye Ointment Tubilux Eye Drops	Children under 2 yrs. Pregnancy.
	Chloramphenicol 1% eye ointment*		
<b>Diarrhoea</b>	Dioralyte sachets* Electrolade sachets*	Dioralyte Relief Diah	None
	Loperamide caps 2mg*	Imodium Diaquette Norimode Diocalm Ultra Normaloe Entrocalm	children under 12 years. Inflammatory bowel disease. Post bowel surgery. Post pelvic radiation. Colorectal cancer.
<b>Ear Wax</b>	olive oil*	Almond Oil Earcalm Otex Exterol Cerumol	None

		Waxsol Sodium Bircarbonate Molcer	
<b>Hayfever</b>	Acrivastine 8mg caps	Benadryl Allergy Relief Caps 8mg Benadryl Allergy Plus Caps	Children under 12 years.
	Beclomethasone nasal spray* Cetirizine 10mg tabs*	Beconase hayfever spray Nasobec aqueous spray Pollenese nasal spray Vivabec Spray Benadryl tabs Piriteze Histease Zirtek tabs	Children under 6 years. Children under 12 years. Patients with Kidney Problems. Pregnancy. Breast Feeding.
	Cetirizine 1mg/ml oral solution	Pollenshield Hayfever Benadryl Allergy Relief Soln 1mg/iml SF Zirek Allergy soln 1mg/ml	
	Chlorphenamine 4mg tabs*	Allercalm Piriton tabs 4mg Hayleve Pollenase tabs Piriton Allergy tabs 4mg	Children under 12 years. Pregnancy. Breast Feeding
	Chlorphenamine oral solution 2mg/5ml (sugar free)*	Allerief Oral Soln	Children under 1 yr. Children with asthma. Children taking monoamine oxidase inhibitors.
	Chlorphenamine oral solution 2mg/5ml Loratidine 10mg tabs*	Piriton 2mg/5ml syrup	Children under 2 yrs. Children 2-12 weighing less than 30kg. Pregnancy. Breast feeding.
		Clarityn Allergy tabs  Clarityn Rapide tabs	
	Loratidine 5mg/5ml syrup*	Clarityn Allergy Syrup	Children under 2 years. Pregnancy. Breast feeding.
	Sodium Cromoglycate 2% Eye Drops*	Allercrom Optrex Allergy Catacrom Allergy Relief Pollenase tabs Cromolux Hayfever Opticrom Hayfever	None
<b>Head Lice</b>	Malathion Aqueous Lotion 0.5%	Derbac-M Liquid 0.5%*	Babies under 6 months.
	Dimethicone Lotion 4%*	Hedrin* Linicin Lyclear Mousse Lyclear Repellant	Babies under 6 months.

		Nitrid Spray Nyda Spray	
<b>Indigestion, Heartburn, Upset Stomach</b>	Gaviscon Advance tabs* Gaviscon Advance liquid*	Gaviscon 250 tabs Gaviscon Cool (tabs & liquid) Gaviscon Double Action (tabs & liquid)	Children under 16 years.
	Omeprazole 10mg*	Zanpril tabs	Children under 16 years. Patients prescribed Nelfinavir (HIV)
<b>Infant Colic</b>	Infacol Susp 40mg/ml SF	Dentinox Infact colic drops	None
<b>Nappy Rash</b>	Metanium*	Bepanthen Drapolene Morhulin	None
	Sudocrem*	Zinc & Castor Oil	
<b>Nasal Congestion</b>	Sodium Chloride 0.9% Nasal Drops* Sodium Chloride 0.9% Nasal Spray	Snufflebabe Nasal drops Calpol Soote & Care (nasal drops & spray) Mandalol nasal drops	None
<b>Scabies</b>	Permethrin 5% dermal cream* Crotamiton 10% cream*	Lyclear Lythrin Eurax	Pregnancy
	Chlorphenamine oral solution 2mg/5ml (SF)* Chlorphenamine 4mg tabs*	Allercalm Hayleve Piriton Allergy tabs 4mg Piriton tabs 4mg Pollenase tabs	Children under 1 yr. Breast Feeding.
<b>Teething</b>	Bonjela Teething Gel	Anbesol teething gel Calgel teething gel Dentinox (teething gel & toothpaste)	Babies under 2 months. Hearth disease. Liver disease.  Babies under 2 months. Babies born before 37 weeks. Babies weighing less than 4kg.
	Paracetamol 120mg/5ml oral susp (sugar free*)	Calpol Infact susp 120mg/5ml Mandalol Infant Medinol	
<b>Threadworms</b>	Mebendazole 100mg tabs* Pripsen Sachets*	Overex	Children under 2 years. Pregnancy. Breast feeding.
<b>Vaginal Thrush</b>	Clotrimazole cream 1% Clotrimazole pessary 500mg* Fluconazole 150mg caps*	Canestan Canestann Oral Diflucan	Pregnancy. Breast Feeding. Children under 16. Adults over 60.
<b>Warts &amp; Verrucas</b>	Bazuka Extra Strength Gel*	Veracur Verrugon	Diabetes Patients
	Salactol Wart Paint*	Cuplex Duofilm Occlusal	





**21. APPENDIX 4: TREATMENTS WHERE THERE IS INSUFFICIENT EVIDENCE OF CLINICAL BENEFIT OR COST-EFFECTIVENESS**

Category	Examples (N.B. This is not an exhaustive list)	Exceptions
<b>Cough</b>	Benylin Cough Products Codeine Linctus Covonia cough products Meltus Pholcodine Linctus Simple Linctus Sudafed Cough products	None
<b>Eye Care</b>	Blephaclean Eye Lid Wipe Lid-Care Eyelid Wipe Optrex Supranettes RefreshOphth Soln 0.4ml Ud Ster Eye cleaning wipes	None
<b>Health Supplements</b>	Products containing glucosamine Products containing chondroitin Products containing fish oils Products containing co-enzyme Q10 Products containing Omega 7 Icaps, OcuVite, PreserVision Natures Own, Natures aid	None
<b>Herbal Remedies</b>	St Johns Wort Heathaid Kalms Nytol Bach Flower remedies	None
<b>Homeopathic Remedies</b>	Weleda Products Nelson Products	None
<b>Nasal Congestion</b>	Menthol & Eucalyptus Inhalation Xylometazoline nasal (0.05% drops & 0.05% Spray) Otradrops Otrivine (nasal drops and spray) Sudafed tabs and elixir Pseudoephedrine 30mg/5ml linctus Pseudoephedrine 60mg tabs Galpseud tabs and linctus	None
<b>Probiotics</b>	VSL#3	Maintenance of remission of ileoanal pouchitis only in adults as induced by antibiotics. No other indications supported.

<b>Rubifacients</b>	<p>Algesal  Balmosa  Deep freeze  Mentholatu  m Radian B</p>	None
<b>Sore Throat</b>	<p>AAA Sore Throat Spray  Difflam (Throat spray &amp; rinse)  Covonia throat spray  Dequadin Lozenges  Ultra Chloraseptic spray  Dequaspray  Tyrozets Lozenges  Merocaine Lozenges  Strepsils Lozenges  Merocet lozenges  Bradasol Lozenges</p>	None
<b>Vitamins, Multivitamins &amp; all mineral preparations (including Cod Liver oil, Vitamin B products, Vitamin E products, Vitamin A&amp;D products)</b>	<p>Pharmacy own brand of vitamins  Pharmacy own brand of multivitamins  Haliborange  Santogen  Fruitivits Sachets  Spatone  Seven Seas  Lamb  Vita E  Osteocaps  Premier  Redoxon  Centrum  Eye-Q  Natravits</p>	<p>High dose vitamin D for proven Vitamin D deficiency <a href="#">as per medal ranking</a>. Thiamine for alcohol related conditions &amp; neurological complications. Vitamin B12 deficiency. Forceval (post bariatric surgery). Vitamin supplements for premature babies as advised by hospital.</p>

## 22. APPENDIX 5: PREPARATIONS WHERE THEY MAY NOT BE A CLINICAL NEED TO TREAT

Category	Examples (N.B. This is not an exhaustive list)	Exceptions N.B Follow Y&S formulary if there is a clinical need to treat
<b>Ance (mild)</b>	Aluminium oxide 38.09% paste - (including Bravisol paste no1) All Benzoyl Peroxide products - (including Panoxyl , Brevoxyl Oxy, Acnecide products) Nicotinamide 4% Gel - (including Freederm gel, Nicam gel) Quinoderm products	Moderate to severe cases where OTC products have failed (follow antibiotic guidelines). Y&S formulary products: Benzoyl Peroxide 5% cream and gel – <a href="#">See Referral Support Service – Acne Vulgaris</a>
<b>Dandruff (Including Cradle Cap)</b> Follow BNF advice: 'cradle cap in infants may be treated with coconut oil or olive oil applications followed by shampooing'	Alphosyl 2 in 1 shampoo Ceanel concentrate shampoo T\Gel shampoo Psoriderm scalp lotion Capasal shampoo	Psoriasis – see <a href="#">Referral Support Service on psoriasis</a>
	Benzalkonium chloride 0.5% shampoo (including Dermax) E45 Dry Scalp shampoo Ketoconazole shampoo 2% (including dandrazol, ketopine, nizoral)	None
	Selsun shampoo Dentinox Cradle Cap Treatment Shampoo	None
<b>Dental &amp; Sore mouth Products</b> *If recommended by Dentist to be purchased or prescribed on dental prescription (both NHS & private)	Duraphat Fluoride Toothpaste* : To be prescribed by Dentist	Use in Palliative Care: <b>Chlorhexidine Gluconate Mouth Wash, Benzydamine Mouthwash &amp; Spray</b>
	Sodium fluoride mouthwash, oral drops, tablets & toothpaste (including the brands: Colgate, En-de- Kay, Fluor-a day, fluorigard)*	
	Oraldene Mouthwash	
	Hydrogen Peroxide Mouthwash 6%*	
	Peroxyl Mouthwash 1.5%,	
	Benzydamine Hydrochloride mouthwash & spray (including the brands: Difflam, Oroeze) *	
	Chlorhexidine gluconate mouthwash, oral spray & dental gel (including the brand Corsodyl)*	Use in Palliative Care: <b>Gelclair®</b> - <a href="http://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/Mouth-Care.aspx">http://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/Mouth-Care.aspx</a>
Anbesol gel & liquid Bonjela products Rinstead pastilles Iglu Gel		
<b>Emollients &amp; Bath/Shower Products</b>	Aveeno products, Dermacool products, Dermamist Spray, Dermalo Bath Emollient, Eucerin products,	1. Emollients only to be prescribed for patients with a confirmed diagnosis of significant skin disease (including eczema and psoriasis). <a href="#">See Emollient Guideline</a>

	Diprobath Emollient, Neutrogena products Balneum Products Dermol 200 Shower Emollient Dermol Wash Doublebase products E45 products Hydromol products Oilatum products	
<b>Skin products</b>	Bio-Oil Skin Care Oil Coconut oil Products containing Dexpanthenol (Bepanthen baby protective oint, Nivea SOS products) E45 foot & heel cream, Vitamin E cream Flexitol products Glucosamine gel SensetSkin Cleansing Foam Skin Salvation oint	<a href="#">See Emollient Guideline</a>
<b>Sunscreens</b>	Ambre Solaire products Anthelios products Delph products Riemann P20 products Sunsense products Uvistat products	<p><b>Only to be prescribed within ACBS criteria:</b> protection against ultraviolet radiation in abnormal cutaneous photosensitivity, resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy;chronic or recurrent herpes simplex labialis.</p> <p><b>Y&amp;S formulary products:</b>  Sunsense Ultra 50+</p>

## 23. APPENDIX 6: EXAMPLE PATIENT INFORMATION SHEET

### **Prescribing Medicines That Are Available For Purchase – 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.

#### **About prescribing in NHS Vale of York CCG**

Medicines are an integral part of the health care that many patients rely on to manage their health conditions and over 6.1 million prescriptions are written by local clinicians every year. Local clinicians including GPs and hospital doctors as well as many others work to the joint York and Scarborough Formulary (see <http://www.yorkandscarboroughformulary.nhs.uk/>). This tool provides guidance on medicines that meet local and national guidance and are encouraged to be prescribed locally.

#### **What is Prescribing Medicines That Are Available for Purchase Policy?**

As well 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, local clinical commissioning groups have worked together 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. The resulting prescribing for clinical need policy has been adopted by all local GP practices in the area. This policy 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 Medicines That Are Available for Purchase Policy?**

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.

#### **What treatments are not included in the Prescribing Medicines That Are Available for Purchase Policy?**

Some preparations do not meet clinical needs, such as antiperspirants, sunscreens, emollients, wart treatments and some gluten free products 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 the symptoms of conditions, such as the common cold, sore throat and cough that would naturally resolve themselves, if untreated; and treatments for minor ailments, such as vaginal thrush, that can be treated in the pharmacy, are not included.

#### **What happens if a treatment you would like is not included in this policy?**

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 an NHS prescription.

#### **For more information**

The 'Prescribing Medicines That Can Be Purchased Policy' has agreed by all GP practices within NHS Vale of York CCG. You can view the policy online: <insert>

**If your condition changes please speak to your local pharmacist or GP.**

**24. APPENDIX 7: EXAMPLE PATIENT INFORMATION LEAFLETS ON SPECIFIC DRUGS**

[NHS Choices - paracetamol](#)

[NHS Choices - ibuprofen](#)

[Patient.co.uk information on co-codamol](#)

[Patient information leaflet for miconazole 2% cream \(Daktarin®\)](#)

[Patient information leaflet on Lamisil Once Cutaneous solution 1%](#)

[NHS Choices – Athlete’s Foot](#)

To complete for all medications referenced in appendix 3.