

January 2018

PSNC Briefing 002/18: NHS England Primary Care Prescribing Guidance

In November 2017, NHS England published [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#). This guidance is for Clinical Commissioning Groups (CCGs), to support them to fulfil their duties around appropriate use of prescribing budgets - supporting them in their decision-making, to address unwarranted variation and to provide clear national advice to make local prescribing practices more effective.

PSNC [responded to the consultation](#) which preceded the publication of the guidance and proposed that where products should not generally be prescribed in primary care, the Department of Health and Social Care should be asked to consider whether some of the products should be added to the NHS prescribing 'blacklist'. This approach would provide greater clarity for community pharmacy teams and others involved in the prescribing process on the status of individual products.

The NHS England Board also decided a full consultation should be held in early 2018 on a proposal that the prescribing of over-the-counter (OTC) products, currently prescribed at NHS expense, should be restricted in the future; [a consultation on this topic](#) commenced on 20th December 2017.

Further information is available on the [PSNC website](#). This PSNC Briefing will assist community pharmacy teams and LPCs in the implementation of the NHS England guidance at a local level.

Items which should not routinely be prescribed in primary care

A quick reference guide to the recommendations and exceptions made by NHS England on the 18 medicines which they recommend should no longer be routinely prescribed in primary care in their guidance is available in Annex 1 of this document.

Whilst some CCGs may have already implemented some of the items in the guidance, it is important that community pharmacy has a voice in the implementation of any of these proposals at a local level.

Local implementation

The LPC, as the local representative body for contractors, should be engaged in discussions organised by CCGs or others to plan the local implementation of the proposals regarding items not routinely being prescribed in primary care. The LPC should seek to ensure it has a representative or voice at any local decision-making prescribing forums on this issue.

If the CCG agrees to implement the NHS England guidance on any of the 18 low value medicines at its local decision-making forum, it is recommended that the LPC raise the following issues in relation to implementation:

1. Any patient who has their regimen changed should be supported with a face to face consultation with the relevant healthcare professional and not just be informed of the change in prescribing by a written communication;

2. Ensure that there is appropriate notice in the repeat prescribing cycle for the stock of medicines to be run down at the community pharmacy to ensure that community pharmacy contractors can manage the product change appropriately and that the potential for medicines waste is minimised;
3. Provide GP practices and community pharmacies with a paper stock of locally agreed communication material that clearly includes a contact for patients that may be dissatisfied with the recommendation;
4. Where an alternative product is prescribed for the patient which falls within the scope of the NHS New Medicine Service (NMS), prescribers should highlight to patients the additional support the patient can get from their community pharmacist;
5. That consideration is given to empowering community pharmacists to highlight where prescribing of these items is still occurring, through safe and confidential means other than just reporting it back to the prescriber, to avoid a detrimental impact on local relationships; and
6. Agree timescales for implementation, particularly regarding when existing patients will be reviewed and communications to local community pharmacies.

If you have queries on this PSNC Briefing or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).

Annex 1: Quick reference guide

A quick reference guide to the recommendations and exceptions made in the NHS England guidance for items which should not routinely be prescribed in primary care is outlined below.

Product	Recommendation	Exceptions and further recommendations
Co-proxamol	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate co-proxamol for any new patient. Advise CCGs to support prescribers in deprescribing coproxamol in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	None.
Dosulepin	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate dosulepin for any new patient. Advise CCGs to support prescribers in deprescribing dosulepin in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. Advise CCGs that if, in exceptional circumstances, there is a clinical need for dosulepin to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional. 	None.
Prolonged-release Doxazosin (also known as Doxazosin Modified Release)	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate prolonged-release doxazosin for any new patient. Advise CCGs to support prescribers in deprescribing Prolonged-release doxazosin in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	None.
Immediate Release Fentanyl	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate immediate release fentanyl for any new patient. Advise CCGs to support prescribers in deprescribing immediate release fentanyl in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. Advise CCGs that if, in exceptional circumstances, there is a clinical need for immediate release fentanyl to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional. 	These recommendations do not apply to patients undergoing palliative care treatment and where the recommendation to use immediate release fentanyl in line with guidance from the National Institute for Health and Care Excellence (NICE) has been made by a multidisciplinary team and/or other healthcare professional with a recognised specialism in palliative care.
Glucosamine and Chondroitin	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate Glucosamine and Chondroitin for any new patient. Advise CCGs to support prescribers in deprescribing glucosamine and chondroitin in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	None.
Herbal Treatments	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate herbal items for any new patient. Advise CCGs to support prescribers in deprescribing herbal items in all patients and where appropriate, ensure the availability of relevant services to facilitate this change. 	None.
Homeopathy	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate homeopathic items for any new patient. Advise CCGs to support prescribers in deprescribing homeopathic items in all patients and, where appropriate, 	None.

	ensure the availability of relevant services to facilitate this change.	
Lidocaine plasters	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate lidocaine plasters for any new patient (apart from exceptions outlined). Advise CCGs to support prescribers in deprescribing lidocaine plasters in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. Advise CCGs that if, in exceptional circumstances, there is a clinical need for lidocaine plasters to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional. 	These recommendations do not apply to patients who have been treated in line with NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings but are still experiencing neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia).
Liothyronine (including armour thyroid and liothyronine combination products)	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate liothyronine for any new patient. Advise CCGs that individuals currently prescribed liothyronine should be reviewed by a consultant NHS endocrinologist with consideration given to switching to levothyroxine where clinically appropriate. Advise CCGs that a local decision, involving the Area Prescribing Committee (or equivalent) informed by national guidance (e.g. from NICE or the Regional Medicines Optimisation Committees), should be made regarding arrangements for on-going prescribing of liothyronine. This should be for individuals who, in exceptional circumstances, have an on-going need for liothyronine as confirmed by a consultant NHS endocrinologist. 	The British Thyroid Association (BTA) advise that a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction. In these circumstances, where levothyroxine has failed and in line with BTA guidance, endocrinologists providing NHS services may recommend liothyronine for individual patients after a carefully audited trial of at least 3 months duration of liothyronine. Liothyronine is used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test. In these situations, it is appropriate for patients to obtain their prescriptions from the centre undertaking the treatment and not be routinely obtained from primary care prescribers.
Lutein and antioxidants	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate lutein and antioxidants for any new patient. Advise CCGs to support prescribers in deprescribing lutein and antioxidants in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	None.
Omega-3 fatty acid Compounds	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate omega-3 fatty acids for any new patient. Advise CCGs to support prescribers in deprescribing omega-3 Fatty acids in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	None.
Oxycodone and naloxone Combination Product	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate oxycodone and naloxone combination product for any new patient. Advise CCGs to support prescribers in deprescribing oxycodone and naloxone combination product in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. Advise CCGs that if, in exceptional circumstances, there is a clinical need for oxycodone and naloxone combination product to be prescribed in primary care, this should be 	None.

	undertaken in a cooperation arrangement with a multidisciplinary team and/or other healthcare professional.	
Paracetamol and tramadol Combination Product	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate paracetamol and tramadol combination product for any new patient. Advise CCGs to support prescribers in deprescribing paracetamol and tramadol combination product in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	None.
Perindopril arginine	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate perindopril arginine for any new patient. Advise CCGs to support prescribers in deprescribing perindopril arginine in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	None.
Rubefacients (excluding topical NSAIDs i.e. This does not relate to topical non-steroidal anti-inflammatory drug (NSAID) items such as ibuprofen and diclofenac)	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate rubefacients (excluding topical NSAIDs) for any new patient. Advise CCGs to support prescribers in deprescribing rubefacients (excluding topical NSAIDs) in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	None.
Once Daily Tadalafil	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate once daily tadalafil for any new patient. Advise CCGs to support prescribers in deprescribing once daily tadalafil in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	None.
Travel vaccines (vaccines administered exclusively for the purposes of travel)	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate the stated vaccines exclusively for the purposes of travel for any new patient. <p>N.B This is a restatement of existing regulations and no changes have been made as a result of this guidance.</p>	<p>To note the following vaccines may still be administered on the NHS exclusively for the purposes of travel, if clinically appropriate, pending any future review:</p> <ul style="list-style-type: none"> cholera; diphtheria/tetanus/polio; hepatitis A; and typhoid <p>This guidance covers the following vaccinations which should not be prescribed on the NHS exclusively for the purposes of travel:</p> <ul style="list-style-type: none"> hepatitis B Japanese encephalitis; meningitis ACWY; yellow fever; tick-borne encephalitis; rabies; and BCG. <p>These vaccines should continue to be recommended for travel, but the individual traveller will need to bear the</p>

		<p>cost of the vaccination. For all other indications, as outlined in Immunisation Against Infectious Disease – the Green Book – the vaccine remains free on the NHS.</p> <p>NHS England and NHS Clinical Commissioners recognise that the availability of vaccinations on the NHS for the purposes of travel can be confusing for prescribers and the public. The working group has recommended that Public Health England and Department of Health, working collaboratively with NHS England and NHS Clinical Commissioners, conduct a review of travel vaccination and publish the findings in Spring 2018.</p>
Trimipramine	<ul style="list-style-type: none"> Advise CCGs that prescribers in primary care should not initiate trimipramine for any new patient. Advise CCGs to support prescribers in deprescribing trimipramine in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	None.