NHS
Birmingham and Solihull
Clinical Commissioning Group

Policy for items which should not be routinely prescribed in primary care

Version:	V1
Ratified by:	Birmingham and Solihull Clinical Policies subgroup
Date ratified:	March 2018
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Date issued:	April 2018
Review date:	April 2019
Target audience:	Patients registered with a Birmingham and Solihull CCG GP Practice General practice within Birmingham and Solihull CCG (All clinicians prescribing, or making recommendations for prescribing, for patients in the primary care setting) Provider services (all clinicians making recommendations for prescribing for patients in the Birmingham and Solihull CCG primary care setting)

Version no	Type of change	Date	Description of change

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1.0 INTRODUCTION

Last year[1] 21.6 million prescription items[2] were dispensed in the Birmingham and Solihull Clinical Commissioning Groups (CCGs)[3] at a cost of £185 million.

CCGs have limited budgets which are used to commission healthcare that meets the reasonable requirements of their patients[4]. By implementing this policy, we can prioritise resources using the best evidence about what is clinically effective, to provide the greatest proven health gain for the whole of the CCG's population. Our intention is to ensure access to NHS funding is equal and fair, whilst considering the needs of the overall population and evidence of clinical and cost effectiveness.

This policy is based on the NHS England/NHS Clinical Commissioners Items which should not routinely be prescribed in primary care: Guidance for CCGs. Following this guidance helps us to stop variation in access to NHS services in different areas (which is sometimes called 'postcode lottery' in the media) and allow fair and equitable treatment for all local patients.

2.0 BACKGROUND

The guidance document describes the process of drawing up its recommendations as follows:

"During 2017, NHS England and NHS Clinical Commissioners established a clinical working group, with membership including GPs and pharmacists, CCGs, Royal College of General Practitioners, National Institute for Health and Care Excellence (NICE), Department of Health, the Royal Pharmaceutical Society and others. The clinical working group was tasked with identifying products which should no longer be routinely prescribed in primary care.

The group identified eighteen products which fell into one or more of the following categories:

- Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns
- Products which are clinically effective but where more cost-effective options are available, including products which have been subject to excessive price inflation
- Products which are clinically effective, but due to the nature of the product, are deemed low priority for NHS funding

In reaching its recommendations, the group considered guidance from NICE. Where this was not available it considered evidence from a variety of other sources including the Medicines and Healthcare Products Regulatory Agency (MHRA), the British National Formulary, the Specialist Pharmacist Service and PrescQIPP Community Interest Company (CIC) evidence reviews."

The recommendations from the group were subject to a national consultation during the period 21st July to 21st October.

Following the national consultation, the working group developed their recommendations in the light of the feedback, and published the final guidance on 30th November 2017.

[1] Jan – Dec 2017
[2] An item is anything which can be prescribed on an NHS prescription. More information on what is prescribed on an NHS prescription is available in the Drug Tariff.
[3] Birmingham Cross City CCG, Birmingham South Central CCG and Solihull CCG. As from 1st April 2018, these three CGs will merge to form a single Clinical Commissioning Group known as Birmingham and Solihull CCG.
[4] Subject to the CCG staying within the budget it has been allocated

3.0 RESPONSE OF THE BIRMINGHAM AND SOLIHULL CCGs

During the national consultation, a concurrent engagement exercise was undertaken across the Birmingham and Solihull CCGs, via their owned communications and engagement channels. This included information on websites, social media activity (including paid for Facebook promotion), internal and external newsletters, existing patient forums and a briefing to key stakeholders. The CCGs' communications and engagement team also created standard content to support the consultation, which was used by NHS England and other CCGs in the Midlands and East.

Example content may be found at Appendix 1.

A face to face meeting was also held with members of the Midlands Thyroid Support Group, who wished to focus their comments on liothyronine, one of the medicines included in the consultation document. The CCGs agreed the text of the feedback from the meeting with the support group, and submitted it on their behalf.

The CCGs, as commissioners, also responded to the consultation.

As a result of the national consultation, the recommendations for liothyronine were further developed, as noted on page 8 of the guidance .

The CCGs accept the recommendations within the guidance for all eighteen products, and they form the clinical content of this policy.

4.0 SCOPE OF THE POLICY

This policy sets out the commissioning policy of the Birmingham and Solihull CCGs in relation to the following eighteen products

- Co-proxamol
- Dosulepin
- Prolonged release doxazosin
- Immediate release fentanyl
- Glucosamine and chondroitin
- Herbal treatments
- Homoeopathy
- Lidocaine plasters
- Liothyronine
- Lutein and antioxidants
- Omega-3 fatty acid compounds
- Oxycodone and naloxone combination product
- Paracetamol and tramadol combination product
- Perindopril arginine
- Rubifacients [excluding topical non-steroidal anti-inflammatory drugs (NSAIDs)]
- Once daily Tadalafil
- Vaccines administered exclusively for the purposes of travel
- Trimipramine

The circumstances, if any, under which the CCGs commission these products are set out in the following monographs.

The policy applies to all clinicians who prescribe for patients in the primary care setting, and to all who make recommendations for others to prescribe within primary care.

5.0 IMPLEMENTATION

Commissioners, GPs, service providers and clinical staff[5] treating registered patients of the CCGs are expected to implement this policy.

To facilitate this, the Birmingham, Sandwell, Solihull and environs Area Prescribing Committee (BSSE APC) Formulary has been updated in line with the policy.

It is anticipated that no new patients will be commenced on any of the products included in this policy from the date of its publication, other than in exceptional circumstances (see below)

However, we recognise that for patients who have been established on a product for some time, it may be necessary to explore further options, or seek further management advice prior to deprescribing. There will therefore be an implementation period of up to 6 months from the date of publication to facilitate this.

Where the policy allows for on-going prescribing under a co-operation arrangement, commissioners may request confirmation from prescribers that an agreement is in place, to allow for reconciliation against prescribing data.

6.0 EXCEPTIONAL CIRCUMSTANCES - NEW PATIENTS

We recognise there may be exceptional circumstances where it is clinically appropriate to fund each of the products listed in this policy for new patients and these will be considered on a case-by-case basis. Funding for such cases will be considered by the CCG following application to the CCG's Individual Funding Request Panel, whereby the IFR process will be applied.

Guidance regarding IFRs, and an application form, can be found on the CCG website.

IFR contact information follows, however please refer to the CCG IFR policy for more information.

Individual Funding Request Case Manager

Floor Two, Kingston House, 438 High Street, West Bromwich, West Midlands, B70 9LD

Telephone: 0121 612 1660

Email address for Individual Funding Request team

• ifr.bsol1@nhs.net

7.0 EXCEPTIONAL CIRCUMSTANCES – ESTABLISHED PATIENTS

In the context of patients who are already established on one of the products in the policy, the term "exceptional circumstances" should be interpreted[6] as:

"Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual."

[5] When exercising their judgement, health professionals are expected to take this policy fully into account. The application of the recommendations in this policy is at the discretion of health professionals and their individual patients and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

[6] Reference: Items which should not routinely be prescribed in primary care: Guidance for CCGs p5 footnote

8.0 UPDATE AND REVIEW

The policy will be reviewed and updated in line with the recommendations arising from the annual review of the national guidance by the clinical working group; or in response to any emergent over-riding clinical concerns.

9.0 COMMISSIONING STATEMENTS FOR THE PRODUCTS

Co-proxamol
Commissioning Statement Prescribers should not initiate co-proxamol for any new patient. Co-proxamol should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.
Background, rationale and references As set out on page 11 of Items which should not routinely be prescribed in primary care: Guidance for CCGs MHRA Drug Safety Update November 2007; January 2011
Patient Information Leaflet Via Home page for Patient Information Leaflets

Dosulepin
Commissioning Statement Prescribers should not initiate Dosulepin for any new patient. Dosulepin should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary. If, in exceptional circumstances[7], there is a clinical need for dosulepin to be prescribed in primary care, this should be undertaken in a cooperation agreement with a multi-disciplinary team and/or other healthcare professional
Background, rationale and references As set out on page 12 of Items which should not routinely be prescribed in primary care: Guidance for CCGs
Patient Information Leaflet Via Home page for Patient Information Leaflets

PROLONGED RELEASED DOXAZOSIN (**also known as doxazosin modified release)**
Commissioning Statement Prescribers should not initiate prolonged release doxazosin for any new patient. Prolonged release doxazosin should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

[7] "Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual."

Background, rationale and references

As set out on page 13 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient Information leaflet

Via Home page for Patient Information Leaflets

Immediate Release Fentanyl

Commissioning Statement

The statement below applies to prescribing outside NICE CG140 Opioids in Palliative Care .

Prescribers should not initiate immediate release fentanyl for any new patient other than in line with ***NICE CG140 Opioids in Palliative Care.*** *However, please note that immediate release fentanyl for palliative care is classified as RED (initiation and maintenance prescribing by specialist only) within the BSSE Area Prescribing Committee Formulary , and* ***even when use is in line with NICE CG140, primary care clinicians should not be asked to assume prescribing responsibilities****.*

Immediate release fentanyl should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

If, in exceptional circumstances[8], there is a clinical need for immediate release fentanyl to be prescribed in primary care, this should be undertaken in a cooperation agreement with a multi-disciplinary team and/or other healthcare professional

Background, rationale and references

As set out on page 14 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Glucosamine and/or Chondroitin

Commissioning Statement

Prescribers should not initiate glucosamine and/or chondroitin for any new patient.

Glucosamine and/or chondroitin should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 15 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Herbal treatments

[8] "Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual."

Commissioning Statement

Prescribers should not initiate herbal treatments for any new patient.

Herbal treatments should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 16 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Homeopathy

Commissioning Statement

Prescribers should not initiate homeopathic items for any new patient.

Homeopathic items should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 17 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Lidocaine Plasters

Commissioning Statement

NOTE: This statement does 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)

Apart from the exception above:

Prescribers should not initiate lidocaine plasters for any new patient.

Lidocaine plasters should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

If, in exceptional circumstances[9], there is a clinical need for lidocaine plasters to be prescribed in primary care, this should be undertaken in a cooperation agreement with a multi-disciplinary team and/or other healthcare professional

Background, rationale and references

As set out on page 18 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

[9] "Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual."

Liothyronine (including Armour Thyroid and Liothyronine combination products)

Commissioning Statement

Primary care prescribers should not initiate liothyronine for any new patient.

Individuals currently prescribed Liothyronine should be reviewed by an NHS endocrinologist with consideration given to switching to levothyroxine where clinically appropriate.

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 prescribe liothyronine for individual patients after a carefully audited trial of at least 3 months duration of liothyronine.

Where, in exceptional circumstances[10], individuals have an on-going need for liothyronine, as confirmed by a consultant NHS endocrinologist, prescribing will be undertaken by the specialist service, in line with the RED designation in the BSSE Area Prescribing Committee Formulary

Background, rationale and references

As set out on page 19-20 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Lutein and Antioxidants

Commissioning Statement

Prescribers should not initiate lutein and antioxidants for any new patient.

Lutein and antioxidants should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 21 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Omega-3 Fatty Acid Compounds

Commissioning Statement

Prescribers should not initiate omega-3 fatty acids for any new patient.

Omega-3 fatty acids should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 22-23 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

[10] "Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual."

Patient information leaflet

Via Home page for Patient Information Leaflets

Oxycodone and naloxone combination product

Commissioning Statement

Prescribers should not initiate oxycodone and naloxone combination product for any new patient.

Oxycodone and naloxone combination product should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

If, in exceptional circumstances[11], there is a clinical need for oxycodone and naloxone combination product to be prescribed in primary care, this should be undertaken in a cooperation agreement with a multi-disciplinary team and/or other healthcare professional

Background, rationale and references

As set out on page 24 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Paracetamol and tramadol combination product

Commissioning Statement

Prescribers should not initiate paracetamol and tramadol combination product for any new patient.

Paracetamol and tramadol combination product should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 25 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Perindopril arginine

Commissioning Statement

Prescribers should not initiate perindopril arginine for any new patient.

Perindopril arginine should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 26 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

[11] "Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual."

Via Home page for Patient Information Leaflets

Rubefacients (excluding topical NSAIDs, such as ibuprofen or diclofenac)

Commissioning Statement

Prescribers should not initiate rubefacients for any new patient.

Rubefacients should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 27 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Once-daily tadalafil

Commissioning Statement

Prescribers should not initiate once daily tadalafil for any new patient.

Once daily tadalafil should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 28 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Travel Vaccines (Vaccines administered exclusively for the purposes of travel)

Commissioning Statement

N.B. This is a re-statement of existing regulations and no changes have been made as a result of this policy.

Primary care prescribers should not initiate the stated vaccines for the **purposes of travel** for any new patient. They may be prescribed and administered for purposes other than travel if clinically appropriate.

- Hepatitis B
- Japanese encephalitis
- Meningitis ACWY
- Yellow fever
- Tick-borne encephalitis
- Rabies
- BCG

These vaccines should continue to be recommended for travel, but the individual traveller will have to bear the cost of the vaccination.

Pending further review, the following vaccines may still be administered on the NHSS exclusively for the purposes of travel, if clinically appropriate:

- *Cholera*
- *Diphtheria/tetanus/polio*

- *Hepatitis A*
- *Typhoid*

Background, rationale and references

As set out on page 29-30 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

Trimipramine

Commissioning Statement

Prescribers should not initiate trimipramine for any new patient.

Trimipramine should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 31-31 of Items which should not routinely be prescribed in primary care: Guidance for CCGs

Patient information leaflet

Via Home page for Patient Information Leaflets

10.0 GLOSSARY

BSSE APC	Birmingham, Sandwell, Solihull and environs Area Prescribing Committee
CCG	Clinical Commissioning Group
GP	General Practitioner
MHRA	Medicines and Healthcare Products Regulatory Agency
NICE	National Institute of Heath and Care Excellence
NSAIDs	Non-steroidal anti-inflammatory drugs

APPENDIX 1 – EXAMPLE ENGAGEMENT CONTENT

Newsletters and web:

National consultation on medicines which should not be routinely prescribed

Last year, 1.1 billion prescription items were dispensed at a cost of £9.2billion. This growing cost, coupled with finite resources, means it is important that the NHS achieves the greatest value from the money that it spends. We know that across England there is significant variation in what is being prescribed and to who. Often patients are receiving medicines which have been proven to be ineffective or in some cases dangerous, and/or for which there are other more effective, safer and/or cheaper alternatives. NHS England has partnered with NHS Clinical Commissioners to support Clinical Commissioning Groups (CCGs) in ensuring that they can use their prescribing resources effectively and deliver best patient outcomes from the medicines that their local population uses.

There is currently a consultation about 18 medicines, which cost the NHS of £141m a year (not including dispensing costs), that should not be routinely prescribed in primary care. These can be categorised into one of the following groups:

· The items are of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.

· Items which are clinically effective but where more cost-effective products are available.

· Items which are clinically effective but, due to the nature of the product, are deemed a low priority for NHS funding.

In addition, your views are needed on some over-the-counter medicines. This includes over 3,200 products which the NHS in England spends approximately £645m a year on purchasing. These include products that:

· Can be purchased over the counter, and sometimes at a lower cost than would be incurred by the NHS;

· Treat a condition that is considered to be self-limiting and so does not need treatment as it will heal/be cured of its own accord; and/or

· Treat a condition which lends itself to self-care, i.e. that the person suffering does not normally need to seek medical care and/or treatment for the condition.

To read the FAQs about this consultation click here. To read the consultation document and complete the survey click here. The consultation closes on 21 October 2017.

Social media – Twitter:

Take part in @NHSCCPress & @NHSEngland consultation about 18 medicines, which cost the NHS £141m a year. Find out more http://bit.ly/2uQcp0E

Give your views on over the counter #medicines that cost the #NHS £645m a year. Find out more http://bit.ly/2uQcp0E

Have your say on a national #NHS #consultation about 18 #medicines by 21 October. Find out more: http://bit.ly/2uQcp0E

Give your views in the national #NHS #consultation about #medicines that shouldn't routinely be prescribed: http://bit.ly/2uQcp0E

Social media – Facebook:

NHS England and NHS Clinical Commissioners are currently running a national consultation about 18 medicines which should not be routinely prescribed.

These medicines cost the NHS of £141m a year (not including dispensing costs) and can be categorised into one of the following groups:

· The items are of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.

· Items which are clinically effective but where more cost-effective products are available.

· Items which are clinically effective but, due to the nature of the product, are deemed a low priority for NHS funding.

In addition, your views are needed on some over-the-counter medicines. This includes over 3,200 products which the NHS in England spends approximately £645m a year on purchasing.

The consultation runs up until 21 October, and they'd like you to have your say.

You can find all of the information on the NHS England website here: http://bit.ly/2uQcp0E