

EMBARGOED UNTIL 10 AM Date: 26 January 2018

Items Which Should Not be Routinely Prescribed in Primary Care

NHS Wakefield Clinical Commissioning Group (CCG), in line with NHS England, is recommending to all local GPs that some low value treatments, including fish oil, herbal remedies and homeopathy should no longer be routinely be prescribed, saving up to £141 million nationally a year.

Nationally the NHS is asking doctors to stop or greatly reduce the prescribing of certain medicines or treatments from January 2018 (see notes to editors). This is because they are:

- Not as safe as other medicines OR
- Not as good (effective) as other medicines OR
- More expensive than other medicines that do the same thing OR
- Shouldn't be available on the NHS in some circumstances.

The NHS has to make difficult choices about what it spends money on and how much value it is getting for that money. There are big differences in prescribing of some medicines across the country. Some areas of the country prescribe medicines that the evidence shows do not work as well as other medicines or are less safe than other medicines. Some areas are prescribing more expensive versions of the same drug. The NHS is trying to reduce the differences in these levels of prescribing.

Dr Phillip Earnshaw, Clinical Chair of NHS Wakefield CCG said:

"These changes aim to improve prescribing for patients across the country and save the NHS valuable resources that can be spent on other areas of patient care.

"The guidance, provided by NHS England is based on national consultation and takes into account the views of public, patients and clinicians regarding these medications. The guidance highlights that there are rare circumstances where individual patients will still be prescribed a medicine on this list as the circumstances vary for each drug.

"Locally we recognise that these changes may impact a small number of patients, as such we are asking patients if they are affected by this change to speak to their GP.

"We need to implement such changes as these, to make sure the public pound which funds the NHS is used most effectively and supports patients who are in the greatest need."

If you think you are affected by this change or are unsure if you are, you can:

- Speak to your local pharmacist, GP or the person who prescribed the medication to you.
- National and local charities can offer advice and support.
- The Patients Association can also offer support and advice: www.patientsassociation.org.uk/ or call 020 8423 8999
- Healthwatch: www.healthwatch.co.uk

Find out more about the medicines that are being stopped or reduced: https://www.england.nhs.uk/medicines/items-which-should-not-be-routinelyprescribed/

If you have any questions about the items which are no longer going to be prescribed then please email them to: england.medicines@nhs.net

Notes to Editors

Medicines included in this change:

NHS England guidance recommends that the following medicines or treatments should not be prescribed any more or should only be prescribed in special circumstances.

They are:

- Co-proxamol
- Dosulepin
- Doxazosin MR
- Fentanyl IR
- Glucosamine and Chondroitin
- Herbal treatments
- Homeopathy
- Lidocaine plasters
- Liothyronine
- Lutein and antioxidants
- Omega 3 fatty acids
- Oxycodone and naloxone combination
- Paracetamol and tramadol combination
- Perindopril arginine
- Rubefacients*
- Tadalafil once daily
- Trimipramine
 - *Not including non-steroidal anti-inflammatory drugs

How did NHS England decide which medicines to add to this list?

Some of the medicines were already on a National Institute of Health and Care Excellence (NICE) 'do not do' list. This means they should not be prescribed. For the other medicines the following areas were considered carefully:

- The legal status of the medicine
- The safety and effectiveness of the medicines
- Guidance from professional/national organisations
- The other treatments available
- The cost of the medicine.