

13 March 2018

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To whom it may concern,

Conditions for which over the counter items should not routinely be prescribed in primary care: A consultation on guidance for CCGs

Thank you for the opportunity to comment on this consultation.

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

We recognise that the NHS needs to make the best possible use of finite resources, and that the large sums being spent on prescribing items that are available over the counter are a cause for concern. We are also aware that CCGs have been seeking to address this issue at local level, leading to variation in practice across England, so we support the development of national guidance that would help to foster a consistent approach.

While the clinical aspects of the consultation fall outside our remit and expertise, we have some comments on the proposals that focus on the potential impact on doctors' practice and patient care. We hope that the consultation includes extensive engagement with patient organisations, and particularly takes account of

any groups that your equality analysis has identified as being affected by these proposals.

Our guidance for doctors on [Good practice in prescribing and managing medicines and devices](#) makes clear that we expect them to base their prescribing decisions on their assessment of the needs of the individual patient. Such an assessment goes wider than the clinical data about the nature of the condition and treatment, and takes account of factors such as the patient's history and their views and wishes about treatment. We are concerned that the proposed arrangements for over the counter medicines might restrict doctors' ability to prescribe in a way that that takes account of individual patient's needs and circumstances. We would therefore welcome guidance for doctors on how they should implement these proposals should they come into effect. This will be particularly important where there are exceptions to the policy as doctors will need a clear steer on when they might reasonably decide to continue to prescribe over the counter medicines.

We are also aware that, should these proposals be implemented, patients are likely to question their doctors about why some items are no longer being prescribed. We think it is important that doctors are furnished with all of the relevant information about these arrangements, so that they can confidently answer patient's questions and address any concerns.

Finally, we highlight that doctors have a duty to support patients in caring for themselves to empower them to improve and maintain their health (see paragraph 51 of our core guidance [Good medical practice](#)). This would include advising patients on how to manage conditions that are amenable to self-care and the symptoms of self-limiting conditions, and we would like any information for doctors to emphasise the importance of doing so, even if they are not prescribing a treatment.

I hope that these comments will be useful. We expect doctors and patients to work together to make decisions about treatment options and we hope that if these proposals are implemented NHS England will work with patients and doctors to ensure that the doctor-patient relationship is not unduly affected.

Yours sincerely

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