

Self-care: Frequently asked questions about changes to prescribing of over the counter (OTC) medicines and products in South East London

The NHS South East London Integrated Care Board (SEL ICB) is committed to delivering best value by ensuring that we use our resources well. Therefore, to help us to support the cost effective, evidence-based use of medicines, SEL ICB **no longer** supports the routine prescribing of OTC medication and products for minor/self-limiting conditions. This change was approved nationally after patient and public consultation by NHS England (NHSE) between December 2017 and March 2018.

Healthcare professionals will no longer routinely prescribe medicines or products for minor/self-limiting conditions such as coughs, colds, dry skin, upset tummies and minor cuts which normally get better with time.

This document has been developed to support prescribers in implementing National (NHSE) and local guidance. It addresses frequently asked questions and contains information on commonly prescribed over the counter (OTC) products.

1. Why has NHS England provided guidance on prescribing on conditions for which over the counter items should not routinely be prescribed?

In line with the self-care agenda and to reduce national variation, NHSE recently carried out a [public consultation](#) to help streamline the prescribing of items available OTC. Following consultation NHSE developed guidance and outlined recommendations for where items available OTC should no longer be routinely prescribed.

The guidance makes clear that these restrictions do not apply to people with long-term conditions, nor should they be applied to patients who the prescriber considers unable to self-care due to medical, mental health or significant social vulnerability. The aim of the guidance is to create a consistent, national approach for SEL ICB to follow when considering restricting the prescribing of items available OTC. For more information please click [here](#).

2. Do the changes in prescribing of products available to buy over the counter, apply to everyone?

This guidance applies to all patients, including those who would be exempt from paying prescription charges (e.g. children and pregnant women) for self-care of a minor/self-limiting condition. General and condition specific exceptions as outlined in the national guidance may apply. This guidance is not applicable to patients being prescribed an OTC product for a long-term condition.

3. How have patients been informed about the local and national changes to prescribing?

Patients have been informed about the local and national changes to prescribing through their local public communications and the SEL ICB website. GP practices

and community pharmacies within SEL have been provided with posters for display and separate patient-facing leaflets which inform patients about self-care and OTC medicines and products. Electronic versions of the poster and leaflet are on the NHS SEL website.

4. What if a patient cannot afford to buy an OTC product that they previously obtained on an NHS prescription for a minor/self-limiting condition?

Many minor illnesses are self-limiting and do not require medical advice or treatment as they will clear up on their own and/or are conditions that are suitable for self-care and treatment with items that can easily be purchased OTC from a pharmacy. In the case of vitamins, minerals and probiotics, these are classified as items of limited clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.

Items available OTC for many minor/self-limiting conditions are widely available from high street pharmacies, supermarkets and some discount outlets at a range of prices so people should be encouraged to compare prices.

Healthcare professionals can continue to prescribe items available OTC on the NHS for patients who use them to manage long term conditions, for example regular pain medicine for osteoarthritis. For the full list of general exceptions and condition specific exceptions, please refer to the [national guidance](#).

The new guideline **does not** override a prescriber's clinical judgement when considering whether it is acceptable to ask a patient to buy their medication.

5. Can all patients be signposted to a community pharmacy to buy an over the counter product?

There will be instances where it will be necessary for the prescriber to provide a prescription to a patient as opposed to signposting the patient to a community pharmacy for the purchase of an OTC medication or product. This may be because the intended use is outside of the OTC items product license.

If patient is being advised to purchase an item over the counter, check the [PrescQIPP Over the Counter items – GPs guide to self care](#). This document lists common over the counter items and where product license (sale) exclusions would require the prescriber to issue a prescription.

Licensed indications can also be checked at www.mims.co.uk (subscription required).

6. How does the NHS England guidance apply to people living in care homes?

Stopping prescribing for the conditions outlined in the guidance should be considered for care home residents on an individual basis. The guidance has identified certain scenarios, general and condition specific exceptions where

patients should continue to have their treatments prescribed 1.

The National Regional Medicines Optimisation Committee (RMOC) has provided guidance on the use of Homely Remedies in the management of minor conditions in care homes. A homely remedy is a non-prescription medicine that a care home can purchase OTC (i.e. the medicines are owned by the care home) for the use of its residents. Please refer to the [CQC guidelines](#).

Nationally the NHS England [Medicines Optimisation in Care Homes \(MOCH\) programme](#) is working closely with care homes and pharmacy teams reduce the variation in implementing the NHSE guidance across all care homes and work with care homes which have policies in place which may prevent their residents buying their own OTC medicines.

For further information please see the [NHS England People living in care homes – frequently asked questions](#).

7. Do schools, nurseries or child minders require medicines such as paracetamol and ibuprofen liquid to be labelled before they can administer a medicine?

GPs are often asked to prescribe over the counter (OTC) medication in order for the school, nursery or childminder to administer a medicine to a child, for example, hay fever medicines, chloramphenicol eye drops for children over 2 years of age for conjunctivitis etc. The Medicines & Healthcare products Regulatory Agency (MHRA) who issues licenses to all medicines classifies non-prescription medicines as OTC because they are considered safe and appropriate to be used without a prescription when they are recommended by your pharmacy. Therefore, provided parental consent and clear instruction are in place, a GP's signature or authorisation is not required for school, nursery or childminder before administering such medicines to a child.

It is a misuse of GP time to provide an appointment for a child with the sole purpose of acquiring a prescription for an OTC medicine, to satisfy the ruling of a nursery or school.

[The Statutory Framework for the Early Years Foundation Stage](#) – effective from the 31st March 2021 identifies current national standards for day care and childminding from birth to five, whereby non-prescription medication can be administered if the parent has given prior written consent for the administration of any medication.

For ease of reference, it states (page 33):

Medicine (both prescription and non-prescription⁵⁵) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.

⁵⁵ *Non-prescription medicines can include those that can be purchased from pharmacies (including some over the counter medicines which can only be purchased from a pharmacy), health shops and supermarkets. See also BMA advice:*

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools>

[The Supporting Pupils at School with Medical Conditions](#) - December 2015 statutory guidance for governing bodies of maintained schools & proprietors of academies in England states (page 20):

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

8. Can vitamins and minerals still be prescribed on prescription?

Vitamins and minerals should **not be routinely prescribed** due to limited evidence of clinical effectiveness.

Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary.

Any prescribing not in-line with the following listed exceptions should be discontinued.

- Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should however be reviewed on a regular basis.
- Calcium and vitamin D for osteoporosis.
- Malnutrition including alcoholism (see NICE guidance)
- Iron deficiency in pregnancy
- Maintenance or preventative treatment is not an exception.

9. Can vitamin D still be prescribed on prescription?

Vitamin D should only be prescribed when the patient's vitamin D level is categorised as "deficient". The SEL IMOC, has developed guidance for management of Vitamin D deficiency in [Adults](#), [Children](#), and in Pregnancy and Lactation.

Patients may be suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately, check if commissioned in your borough).

Public Health England guidance relating to vitamin D recommends vitamin D maintenance therapy however there is no indication that this needs to be prescribed;

vitamin D supplements can be bought cheaply and easily over the counter. The Public Health England guidance also does not distinguish between the general public and at risk patients with respect to maintenance therapy³.

10. Can glucosamine and chondroitin; and lutein and antioxidant products be prescribed on prescription?

Glucosamine and chondroitin or lutein and antioxidant products should not be initiated for any new patients. Patients established on these products should be reviewed with a view to having these supplements stopped.

For further information please refer to the PrescQIPP bulletins for [glucosamine](#) ; and [lutein and antioxidant](#) products.

11. Can vitamin B complex preparations or thiamine still be prescribed on prescription for patients diagnosed with alcohol use disorders?

Yes. [NICE guideline CG100: Alcohol-use disorders: diagnosis and management of physical complications \(April 2017\)](#) recommends offering thiamine to people at high risk of developing, or with suspected, Wernicke's encephalopathy. Thiamine should be given in doses toward the upper end of the [BNF](#) range. N.B. vitamin B compound strong tablets at the maximum licensed dose provide less thiamine than the licensed maximum dose of thiamine tablets⁴ therefore it is considered by BNF as less suitable for prescribing.

12. Can vitamins and minerals recommended by the bariatric surgery teams still be prescribed after a patient has had bariatric surgery?

Following bariatric surgery patients are often recommended to continue with lifelong vitamin and mineral supplements. NHS England guidance states that patients who have undergone surgery that results in malabsorption can continue to be prescribed vitamins and minerals on prescription. Please refer to the [SEL IMOC Bariatric Metabolic Surgery Guideline](#)

13. Can probiotics still be prescribed on prescription?

In line with [NHS England guidance on items which should not routinely be prescribed in primary care](#); probiotics should not be prescribed due to limited evidence of clinical effectiveness. Examples include Symprove®, Alflorex®, VSL#3® and Vivomixx®.

The Advisory Committee for Borderline Substances (ACBS) recently reviewed products VSL#3® and Vivomixx® for continued inclusion in Part XV of the Drug Tariff. The Committee concluded that the evidence did not sufficiently demonstrate that the products are clinically effective⁶. On this basis, both products have been removed.

Patients established on probiotics should be reviewed with a view to having these supplements stopped.

14. Can herbal and homeopathic items still be prescribed on prescription?

A review conducted by the [Specialist Pharmacy Service](#) at the request of NHS England, found that there was no clear or robust evidence to support the use of homeopathy on the NHS. Therefore, NHS England recommends prescribers should not initiate homeopathic items for any new patients.

Due to the lack of scientific evidence required to register herbal products with the Medicines and Healthcare products Regulatory Agency (MHRA), NHS England recommends that prescribers should not initiate herbal items for any new patients.

Prescribers should review patients currently prescribed either of these items and consider deprescribing.

15. Where can I find further information about self-care?

Further information is available from community pharmacists, the NHS [website](#), [SEL ICB website](#) and the SEL IMOC [website](#) where electronic copies of the South East London [self-care leaflet](#) and [poster](#) are available.

In line with NHSE guidance, all SEL boroughs include a core list of self-care conditions which are highlighted in the resources above. Additional borough specific information can be found here:

- [Bexley](#)
- [Bromley](#)
- [Greenwich](#)
- [Lambeth](#)
- [Lewisham](#)
- [Southwark](#)

16. Where can I find further guidance as a GP related to OTC prescribing and the GP contract?

In 2019 NHSE wrote to all CCGs to clarify that GPs won't be in breach of their contract if they follow the NHSE OTC guidance.

17. Is the list of conditions in the NHS England guidance exhaustive?

This list of conditions is not exhaustive. A healthcare professional may advise a patient to buy an item over the counter when it is appropriate for the patient to manage their minor/self-limiting condition through self-care and without a prescription.

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References

1. NHS England guidance – People living in care homes – frequently asked questions. Available at: <https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-implementation-resources/faqs/#why-has-the-ics-guidance-been-developed> (last accessed 08.08.2022)
2. Public Health England Press release: PHE publishes new advice on vitamin D. Available at: <https://www.gov.uk/government/news/phe-publishes-new-advice-on-vitamin-d> (last accessed 08.08.2022)
3. PrescQIPP briefing 107 multivitamins (August 2015). Available at: <https://www.prescqipp.info/media/1735/b107-multivitamins-21.pdf> (last accessed 08.08.2022)
4. NHS England guidance: Items which should not routinely be prescribed in primary care: Guidance for CCGs. Available at: <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf> (last accessed 08.08.2022)
5. NICE Medicines Awareness daily news (18.01.19): Probiotics VSL#3 and Vivomixx have been removed from the Drug Tariff, following review by Advisory Committee on Borderline Substances (ACBS). Available at: [Probiotics VSL#3 and Vivomixx have been removed from the Drug Tariff, following review by Advisory Committee on Borderline Substances \(ACBS\). - \(medicinesresources.nhs.uk\)](https://www.nice.org.uk/medicines-awareness/daily-news/18-01-19-probiotics-vsl3-and-vivomixx-have-been-removed-from-the-drug-tariff-following-review-by-advisory-committee-on-borderline-substances-acbs) (last accessed 08.08.2022)
6. PrescQIPP briefing 368 antioxidant vitamins for AMD (July 2015). Available at: <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2fewfletz1%2f368-antioxidant-supplements-for-amd-20.pdf> (last accessed 18.11.2025)
7. PrescQIPP briefing 205 glucosamine (November 2017). Available at: <https://www.prescqipp.info/media/1316/b205-glucosamine-20.pdf> (last accessed 18.11.2025)
8. Care Quality Commission: Over the counter medicines and homely remedies. Available at: <https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies> (last accessed 18.11.2025)