

## ITEMS WHICH SHOULD NOT BE PRESCRIBED IN NHS LANARKSHIRE



<b>TARGET AUDIENCE</b>	All healthcare professionals who prescribe or make recommendations about prescribing
<b>PATIENT GROUP</b>	All patients

### Clinical Guideline Summary

- The guideline lists a range of items (e.g. medicines, supplements, devices) considered to be of low therapeutic value.
- The guideline is applicable to all healthcare professionals who prescribe or make recommendations about prescribing in NHS Lanarkshire.
- The guideline is split into two tables:
  - Items which should not be prescribed, and;
  - Items available for purchase that do not routinely require a consultation or prescription.

## Introduction

The application of evidence-based medicine enables the NHS to provide optimal patient care by offering treatment that is clinically and cost effective. NHS Lanarkshire (NHSL) is committed to reviewing the use of all items (e.g. medicines, supplements and devices) that are considered to be of low therapeutic value with a poor (or no) evidence-base. A number of these items have been compiled in this guideline. The content is principally based on two documents developed for use in England and Wales; ‘*Items which should no longer be routinely prescribed in primary care*’ (from NHS England and NHS Improvement)<sup>1</sup> and the ‘*DROP-List*’ (from PrescQIPP)<sup>2</sup>.

The guideline is applicable to all healthcare professionals who prescribe, or make recommendations about prescribing, in NHSL. It aims to raise awareness, support [Realistic Medicine](#) through shared decision-making, encourage prescription review and ensure items with a poor evidence-base are not prescribed. This improves patient safety and ensures value for the NHS. The guideline does not however remove the clinical discretion of the prescriber in discussing and agreeing the most suitable treatment for their patients in accordance with their professional duties.

The items listed are not exhaustive and further items will be considered for inclusion in future updates. Potential unintended consequences of the recommendations are included in Appendix 2.

## Medicines optimisation

Application of this guideline aims to achieve the following outcomes in line with The Royal Pharmaceutical Society’s good practice guide on medicines optimisation<sup>3</sup>;

- Treatments of limited clinical value are not used and medicines no longer required are stopped.
- Optimal patient outcomes are obtained from choosing a medicine using best evidence (for example, following NICE guidance, local formularies, etc.) and these outcomes are measured.
- Medicines wastage is reduced.
- The NHS achieves greater value for money invested in medicines.
- Patients are more engaged, understand more about their medicines and are able to make choices, including choices about prevention and healthy living.
- It becomes routine practice to signpost patients to further help with their medicines and to local patient support groups.
- Incidents of avoidable harm from medicines are reduced.

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## Items which should not be prescribed

The guideline is split into two tables;

### 1. Items which should not be prescribed (see Table 1)

- These items have a limited (or no) evidence-base and should not be initiated. Current prescribing should also be reviewed with a view to stop. Safer alternatives may be considered in line with the NHSL [Formulary](#) or by signposting to self-care as appropriate.

### 2. Items available for purchase that do not routinely require a consultation or prescription (see Table 2)

- These items may have an evidence-base but do not routinely require a consultation or prescription. This means patients/carers may purchase the relevant products for self-care, many of which are available from shops, supermarkets or community pharmacies. Other specific items may also be available to purchase from optometrists or dentists.
- When patients require advice in relation to symptoms they can consult their relevant local healthcare professional, e.g. community pharmacist, optometrist, dentist, etc.
  - Guidance for patients on self-care and accessing the relevant local healthcare professional in NHSL is available here: <https://www.nhslanarkshire.scot.nhs.uk/experts/>.
  - Guidance on the Pharmacy First Service is available here: <https://www.nhsinform.scot/care-support-and-rights/nhs-services/pharmacy/nhs-pharmacy-first-scotland>

<b>Lead Author</b>	<b>Prescribing Quality &amp; Efficiencies Operational Group</b>	<b>Date approved</b>	<b>17/01/24</b>
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**Table 1: Items which should not be prescribed**

Item	Recommendation	Rationale
<b>Bath and shower preparations for dry and pruritic skin conditions<sup>1</sup></b> (e.g. Hydromol <sup>®</sup> bath & shower emollient, Dermal <sup>®</sup> bath/shower emollient, Balneum bath oil, Cetraben bath additive, E45 bath oil, Oilatum bath additive, etc.)	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• The BATHE randomised controlled trial showed no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema. In the absence of other good quality evidence this was extrapolated to adults until good quality evidence emerges.</li> <li>• Soap avoidance and 'leave-on' emollient moisturisers can be used for treating eczema (and as a soap substitute).</li> <li>• There is a risk of falls from slipping on the oil film these products may leave on the skin/bath/shower.</li> <li>• Patients/carers may choose to purchase products for self-care or seek advice on symptoms from a community pharmacy.</li> </ul>
<b>Benzo-diazepines for anxiety related to flying<sup>4</sup></b>	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> <li>• The use of benzodiazepines to treat short-term 'mild' anxiety is inappropriate.</li> <li>• Common side effects include impaired alertness, ataxia, confusion, dizziness and visual disturbance which could pose a significant risk in the event of an on-board emergency.</li> <li>• Possible paradoxical increase in anxiety, hostility aggression and perceptual disorders.</li> <li>• Risk of benzodiazepine withdrawal syndrome, including insomnia, anxiety, tremor, perspiration, tinnitus, perceptual disturbances.</li> </ul>
<b>Co-proxamol<sup>1</sup></b>	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• Licensed product withdrawn in 2007 due to safety concerns regarding toxicity and fatal overdose.</li> <li>• All use in the UK is now on an unlicensed basis.</li> </ul>
<b>Cough and cold remedies<sup>2</sup></b> (e.g. cough mixtures, decongestants, lozenges, etc.)	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• Limited clinical value.</li> <li>• Patients/carers may choose to purchase products for self-care or seek advice on symptoms from a community pharmacy.</li> </ul>

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<p><b>Doxazosin modified-release</b><sup>1,2</sup></p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• Modified-release preparations have no additional benefit in efficacy over immediate-release preparations and are more expensive.</li> <li>• The long half-life of immediate-release doxazosin allows for once daily dosing.</li> </ul>
<p><b>Glucosamine and chondroitin</b><sup>1,4</sup></p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• Limited evidence of effectiveness.</li> <li>• NICE 'do not do' recommendation: do not offer glucosamine or chondroitin products for the management of osteoarthritis.</li> <li>• Glucosamine is deemed less suitable for prescribing—the mechanism of action is not understood and there is limited evidence to show it is effective.</li> <li>• Patients/carers may choose to purchase products for self-care or seek advice on symptoms from a community pharmacy.</li> </ul>
<p><b>Herbal preparations and homeopathy</b><sup>1,2</sup> (e.g. belladonna, ruta, valerian, bryonia, arnica, lachesis, etc.)</p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• Lack of scientific evidence.</li> <li>• Some products are associated with severe adverse effects.</li> <li>• Some products may significantly interact with licensed medicines.</li> <li>• There is a risk that use may delay accurate diagnosis of underlying pathology.</li> </ul>
<p><b>Lidocaine plasters</b><sup>1,6</sup></p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• Licensed for post-herpetic neuralgia only. Restricted for use in patients who are intolerant of first line systemic therapies for post-herpetic neuralgia or where these therapies have been ineffective.</li> <li>• NICE do not recommend lidocaine plasters for treating neuropathic pain.</li> <li>• Prescribe only in exceptional circumstances in arrangement with a multi-disciplinary team.</li> <li>• Discontinue treatment after 2-4 weeks if no response. If the patient has responded to treatment and pain is completely alleviated, then a plaster-free period should be trialled after 7 days of plaster use. Treatment should be reassessed every four weeks to decide whether the amount of plasters required to cover the painful area can be reduced, or if the plaster-free period can be extended.</li> </ul>

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<b>Version</b>	1.2	<b>Review Date</b>	17/01/27

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<p><b>Lutein and antioxidants (e.g. vitamin A, C, E and zinc) for eye health<sup>1,2</sup></b></p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• No evidence of benefit.</li> <li>• Products are food supplements and not licensed medicines.</li> <li>• Patients/carers may choose to purchase products for self-care or seek advice on symptoms from a community pharmacy/optician as appropriate.</li> </ul>
<p><b>Multivitamin &amp; mineral preparations<sup>2,4</sup> (including Forceval<sup>®</sup>)</b></p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• Products are food supplements and not licensed medicines.</li> <li>• Mega-vitamin therapy (use of high doses) with water-soluble vitamins, such as ascorbic acid and pyridoxine, is unscientific and can be harmful.</li> <li>• The use of vitamins as general 'pick-me-ups' is of unproven value and, in the case of preparations containing vitamin A or D, may be harmful if the prescribed dose is exceeded.</li> <li>• Vitamins can be obtained through dietary means.</li> <li>• Patients/carers may choose to purchase products for self-care or seek advice on symptoms from a community pharmacy/optician as appropriate.</li> <li>• Some vitamins may be prescribed to prevent/treat deficiency but not as dietary supplements.</li> </ul>
<p><b>Omega-3 fatty acid compounds and other fish oils<sup>1,2</sup></b></p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• NICE have reviewed the evidence and advise not suitable for prescribing.</li> <li>• Patients are advised to eat a Mediterranean-style diet (more bread, fruit, vegetables and fish; less meat; and replace butter and cheese with products based on plant oils).</li> </ul>
<p><b>Paracetamol and tramadol combination product<sup>1,2</sup></b></p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• No evidence that combination product is more effective or safer than the individual preparations.</li> <li>• Contains sub-therapeutic dose of paracetamol.</li> <li>• Safety concerns with tramadol (harms and misuse) and increased numbers of deaths.</li> <li>• More cost-effective products are available.</li> </ul>
<p><b>Perindopril arginine<sup>1,2</sup></b></p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• No clinical advantage of the arginine salt versus the generic erbumine salt.</li> <li>• More cost-effective products are available.</li> </ul>

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<p><b>Rubefacients, excluding capsaicin</b><sup>1,2</sup> (e.g. Deep Heat<sup>®</sup>, Transvasin<sup>®</sup>, Balmosa<sup>®</sup>, Deep Freeze<sup>®</sup>, etc.)</p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• Limited evidence.</li> <li>• NICE 'do not do' recommendation: do not offer rubefacients for treating osteoarthritis.</li> <li>• Patients/carers may choose to purchase products for self-care or seek advice on symptoms from a community pharmacy.</li> </ul>
<p><b>Silk garments</b><sup>1</sup></p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• Evidence relating to their use is weak and is of low quality.</li> <li>• The CLOTHES trial concluded that silk garments for the management of eczema is unlikely to be cost-effective for the NHS.</li> </ul>
<p><b>Simeticone and infantile colic products</b><sup>2,4,5</sup> (e.g. Wind-eze<sup>®</sup>, WindSetlers<sup>®</sup>, Infacol<sup>®</sup>, Dentinox<sup>®</sup> Infant Colic Drops, Gripe Water<sup>®</sup>, etc.)</p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• There is a lack of evidence for simeticone use in colic, bloating, trapped wind or indigestion.</li> <li>• Dentinox<sup>®</sup> Infant Colic Drops and Infacol<sup>®</sup> are deemed less suitable for prescribing as the evidence of benefit in infantile colic is uncertain. <i>[Note: the use of Infacol<sup>®</sup> may be appropriate for endoscopy procedures in the acute setting only in line with national pathways].</i></li> <li>• Gripe Water<sup>®</sup> is not licensed for the treatment of infantile colic and should not be used. There is a lack of evidence for its use in colic.</li> <li>• Lactase drops (e.g. Care Co-Lactase Infant Drops<sup>®</sup>, Colief Infant Drops<sup>®</sup>) should only be prescribed in line with ACBS criteria, i.e. for Transient Lactase Deficiency.</li> <li>• Patients/carers may choose to purchase products for self-care or seek advice on symptoms from a community pharmacy.</li> </ul>
<p><b>Tadalafil once daily preparation</b><sup>1</sup> (2.5mg and 5mg strengths)</p>	<p>Not recommended. De-prescribe in all patients where possible.</p>	<ul style="list-style-type: none"> <li>• Non-formulary for once-daily use.</li> <li>• Lack of evidence to routinely recommend once daily preparations in preference to 'when required' preparations for erectile dysfunction.</li> <li>• NICE state not enough evidence to recommend phosphodiesterase inhibitors in routine clinical practice in Lower Urinary Tract Symptoms in men.</li> </ul>

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<b>Version</b>	1.2	<b>Review Date</b>	17/01/27

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<b>VSL#3<sup>®</sup> and Vivomixx<sup>®</sup> (probiotics)<sup>2,7</sup></b>	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> <li>• Non-formulary.</li> <li>• The ACBS concluded that the evidence did not sufficiently demonstrate that the products are clinically effective. Both products were removed from the Drug Tariff in 2019.</li> <li>• Probiotics should not be prescribed in primary care due to limited evidence of clinical effectiveness.</li> </ul>
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<b>Version</b>	<b>1.2</b>	<b>Review Date</b>	<b>17/01/27</b>



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**Table 2: Items available for purchase that do not routinely require a consultation or prescription**

Item	Recommendation	Rationale
<b>Analgesics for self-care, excluding POMs<sup>2</sup></b> (e.g. non-opioid and compound analgesics)	Review current prescribing. De-prescribe where appropriate and advise available from shops, supermarkets or pharmacies.	<ul style="list-style-type: none"> <li>• Short courses of analgesics for acute common ailments can be purchased for self-care.</li> <li>• Patients/carers can consult their local community pharmacy when advice is required in response to presenting symptoms.</li> </ul>
<b>Antifungal nail paints<sup>2,4</sup></b>	Review current prescribing. De-prescribe where appropriate and advise available from shops, supermarkets or pharmacies.	<ul style="list-style-type: none"> <li>• Amorolfine nail lacquer (max. strength 5%, pack size 3mL) can be purchased for self-care of mild cases, subject to treatment of max. 2 nails.</li> <li>• Patients/carers can consult their local community pharmacy when advice is required in response to presenting symptoms.</li> <li>• Systemic treatments are more effective if antifungal treatment is indicated.</li> <li>• Nail lacquers and solutions are expensive.</li> <li>• Treatments for children may be appropriate on the recommendation of a podiatrist.</li> </ul>
<b>Antihistamine preparations for hayfever<sup>2</sup></b>	Review current prescribing. De-prescribe where appropriate and advise available from shops, supermarkets or pharmacies.	<ul style="list-style-type: none"> <li>• Products can be purchased for self-care or patients/carers can consult their local community pharmacy when advice is required in response to presenting symptoms.</li> </ul>

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Version	1.2	Review Date	17/01/27

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<p><b>Dental products, excluding POMS<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• <b>Pain relief</b> <ul style="list-style-type: none"> <li>○ <b>oral gels/liquids</b> (e.g. Orajel<sup>®</sup>, Anbesol<sup>®</sup>, Bonjela<sup>®</sup>, Calgel<sup>®</sup>, Iglu<sup>®</sup>, etc.)</li> <li>○ <b>mouthwash/rinse/spray</b> (e.g. Difflam<sup>®</sup>, etc.)</li> <li>○ <b>paint</b> (e.g. Pyralvex<sup>®</sup>, etc.)</li> </ul> </li> <li>• <b>Antiseptic oral gel/mouthwash</b> (e.g. Corsodyl<sup>®</sup>, Peroxyl<sup>®</sup>, Oraldene<sup>®</sup>, etc.)</li> <li>• <b>Fluoride tablets/mouthwash/rinse</b> (e.g. Endekay<sup>®</sup>, Fluor-a-day<sup>®</sup>, FluoriGard<sup>®</sup>, etc.)</li> </ul>	<p>Review current prescribing. De-prescribe where appropriate and advise available from shops, supermarkets, pharmacies or dentists.</p>	<ul style="list-style-type: none"> <li>• Products can be purchased for self-care or patients/carers can consult their local community pharmacy or dentist when advice is required in response to presenting symptoms.</li> </ul>
<p><b>Haemorrhoid preparations, excluding POMS<sup>2</sup></b> (e.g. Anusol<sup>®</sup>, Preparation H<sup>®</sup>, Germoloids<sup>®</sup>, etc.)</p>	<p>Review current prescribing. De-prescribe where appropriate and advise available from shops, supermarkets or pharmacies.</p>	<ul style="list-style-type: none"> <li>• Products can be purchased for self-care or patients/carers can consult their local community pharmacy when advice is required in response to presenting symptoms.</li> </ul>

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<b>Version</b>	1.2	<b>Review Date</b>	17/01/27

## **Glossary**

- ACBS** Advisory Committee on Borderline Substances
- NICE** National Institute for Health and Care Excellence
- NSAID** Non-steroidal anti-inflammatory drug
- POMs** Prescription-only medicines

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<b>Version</b>	<b>1.2</b>	<b>Review Date</b>	<b>17/01/27</b>

## References

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2. The PrescQIPP DROP-List 2015 (Drugs to Review for Optimised Prescribing). Bulletin 117, July 2015. <https://www.prescqipp.info/our-resources/webkits/drop-list/>
3. The Royal Pharmaceutical Society. Medicines Optimisation: Helping patients to make the most of medicines. Good practice guidance for healthcare professionals in England. May 2013 <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/helping-patients-make-the-most-of-their-medicines.pdf>.
4. Joint Formulary Committee. British National Formulary (online) London: BMJ and Pharmaceutical Press <http://www.medicinescomplete.com> [Accessed Aug 2023].
5. NHS UK. Common questions about simeticone. Page last reviewed: 13 October 2022. <https://www.nhs.uk/medicines/simeticone/common-questions-about-simeticone/>
6. NHS Lanarkshire. Neuropathic Pain Treatment Guidelines. April 2019. <https://nhslguidelines.scot.nhs.uk/media/1783/neuropathic-pain-treatment.pdf>
7. UK Medicines Information (UKMi) Comment on Drug Tariff Statement. Probiotics VSL#3 and Vivomixx have been removed from the Drug Tariff, following review by Advisory Committee on Borderline Substances (ACBS). Nov 2018. [UKMi](http://www.ukmi.nhs.uk)

Lead Author	Prescribing Quality & Efficiencies Operational Group	Date approved	17/01/24
Version	1.2	Review Date	17/01/27

## Appendices

### Appendix 1: Governance information for Guidance document

<b>Lead Author(s)</b>	NHS Lanarkshire Prescribing Quality & Efficiencies Operational Group
<b>Endorsing Body</b>	Partnerships Medicines Management Board and Area Drug and Therapeutics Committee
<b>Version Number</b>	1.2
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<b>Responsible Person (if different from lead author)</b>	

CONSULTATION AND DISTRIBUTION RECORD	
<b>Contributing Authors</b>	
<b>Consultation Process/Stakeholders</b>	Prescribing Quality & Efficiencies Operational Group Prescribing Management Team Partnerships Medicines Management Board Area Drug and Therapeutics Committee GP sub-committee Sustainability and Value (Medicines) Group Lead Pharmacist for Community Pharmacy Services Clinical Director for Dentistry Clinical Director for Ophthalmology Clinical Director for Out of Hours Consultants in Chronic Pain Consultant Dermatologist Dietetics Professional Lead Acute Medicines Management Board South Health & Social Care Forum North Public Partnership Forum
<b>Distribution</b>	NHS Lanarkshire Guidelines Website NHS Lanarkshire Staff Briefing

CHANGE RECORD			
Date	Lead Author	Change	Version
16/02/24	NHS Lanarkshire Prescribing Quality & Efficiencies Operational Group	Appendix 1 updated	1.1
19/08/24	NHS Lanarkshire Prescribing Quality & Efficiencies Operational Group	Addition of FAQs as Appendix 3	1.2

<b>Lead Author</b>	Prescribing Quality & Efficiencies Operational Group	<b>Date approved</b>	17/01/24
<b>Version</b>	1.2	<b>Review Date</b>	17/01/27

## **Appendix 2: Potential unintended consequences of the recommendations**

Adapted from: <https://www.england.nhs.uk/medicines-2/items-which-should-not-be-routinely-prescribed/><sup>1</sup>

1. There could initially be increased patient appointments in primary/secondary care however this would not be expected to be sustained.
2. Alternative treatments may not be clinically identical therefore prescribers should explain the rationale for any proposed changes in treatments and come to a shared decision with their patients, utilising appropriate resources to facilitate choice.
3. Alternative treatments could be prescribed with cost consequences, however this is an opportunity to review and de-prescribe.
4. Demand for alternative treatments could increase (affecting the supply chain) however this guidance is currently only for local use and will be monitored in line with currently known shortages.
5. There is the potential for patient complaints to rise however health board support and local public consultation and communication will be provided.
6. There is the perceived risk of different products being available on prescription from different health boards however this guideline does not remove the clinical discretion of the prescriber in deciding what is the safest and most effective treatment for their patients in accordance with their professional duties.

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<b>Version</b>	<b>1.2</b>	<b>Review Date</b>	<b>17/01/27</b>

### Appendix 3: Frequently asked questions



#### **Frequently asked questions on the guideline** **'Items which should not be prescribed in NHS Lanarkshire'** **(for patients)**

#### **Why has the guideline been written?**

The guideline lists items such as medicines, supplements and devices that should not be prescribed. This is because these items:

- may not be required
- may not work
- may not be safe
- may cost too much

The guideline also has information on items that you can buy at a low cost over the counter to treat common minor illnesses at home. This is quicker and easier than waiting to get them on prescription. Please ask a healthcare professional such as a community pharmacist, optician, dentist or doctor for help and advice if you need to.

#### **What does this mean for me?**

If you are currently prescribed an item in the guideline, you may be asked to stop taking or using it. You can speak to a local healthcare professional about any changes to your prescription items (see the question below on 'Where can I find more information and support?').

#### **Is the guideline just about saving money?**

No. It's true that the changes can help to save the NHS money, but they also help improve patient safety and make sure our health service is used in the best way.

NHS Lanarkshire is working to provide a net-zero health service that is safer for our patients and our planet. Net zero means we have a balance between the carbon we put into the atmosphere and the amount we take out of it. One of the ways we can do this is by reducing prescribing that is not needed and reducing the amount of waste from packaging and medicines. This is better for both patients and the environment.

Further information on net zero is available here:

<https://netzeroclimate.org/what-is-net-zero-2/>.

<b>Lead Author</b>	Prescribing Quality & Efficiencies Operational Group	<b>Date approved</b>	17/01/24
<b>Version</b>	1.2	<b>Review Date</b>	17/01/27



**Where can I find more information and support?**

You can speak to your local healthcare professional such as a pharmacist, optician, dentist or doctor.

You can get help and advice on self-care and how to see the right healthcare professional for the help you need here:

<https://www.nhslanarkshire.scot.nhs.uk/experts/>.

You can also make an appointment to speak about your medicines with the pharmacist working in your GP surgery. Please contact your surgery directly to arrange this.

**Frequently asked questions on specific medicines in the guideline**

**What is the advice for patients using lidocaine plasters?**

Lidocaine plasters are used to treat pain caused by shingles when other treatments can't be used or haven't worked. Sometimes the plasters are used for treating other types of pain, such as general nerve pain, however this isn't recommended.

If lidocaine plasters are prescribed for pain that is not caused by shingles, this should be a special decision made by a team of healthcare professionals looking after you and discussed with you.

If you're using lidocaine plasters you should have regular check-ups. You will be asked if the plasters are helping with your pain. If the patches don't help your pain after 2 to 4 weeks, tell your healthcare team and stop using them. If the plasters do help your pain, your healthcare team will ask you to stop using them for 7 days to see if your pain stays away. Then, your healthcare team will talk to you about whether you can stop using the plasters, use fewer plasters, or not use them as often.

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