Milton Keynes Clinical Commissioning Group

Changes to medicines or treatments prescribed on the NHS

The NHS will be asking doctors to stop or greatly reduce the prescribing of certain medicines or treatments from December 2017. 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.

This document will explain the changes, why they are happening and where you can get more information and support.

What medicines are 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

If you are not sure if you are using any of these medicines, you can ask your GP surgery or local pharmacist.

Why does the NHS want to reduce prescribing of these medicines?

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.

In most areas, the medicines named here are prescribed only to small numbers of patients, usually because nothing else works well in their particular circumstances.

Other areas prescribe surprisingly high amounts of these medicines – almost certainly more than they need to. What we're trying to do is to reduce the differences in these levels of prescribing.

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.

What about patients that need to take a medicine on this list?

The guidance says that there are rare circumstances where individual patients will still be prescribed a medicine on this list. The circumstances vary for each drug and GPs will need to talk to individual patients.

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.

Where can I find more information and support?

- 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.patients-association.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-routinely-prescribed/

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