

## Over the Counter Medicines Survey

Your views - Prescriptions for medications that are available over the counter

**NHS England delivered a national public consultation to review routine prescriptions and treatments for conditions that are self-limiting or lend themselves to self-care.**

**NHS England has issued guidance to all local CCGs and we want your views on how we can implement the proposed changes that would mean that GPs would not routinely prescribe for these short term conditions where the condition will usually get better on its own or the treatments available are not effective.**

**Each year the NHS spends around £569 million on prescriptions for medicines for minor conditions, which could have been purchased over the counter (OTC) from a pharmacy, supermarket or other outlets.**

1. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed.

- |  |  |
|--|--|
| <input type="checkbox"/> Probiotics due to limited clinical effectiveness  | <input type="checkbox"/> Acute sore throat because the condition will normally clear up on its own without the need for further treatment                  |
| <input type="checkbox"/> Cold sores because the condition will normally clear up on its own without the need for further treatment | <input type="checkbox"/> Conjunctivitis because the condition will normally clear up on its own without the need for further treatment                     |
| <input type="checkbox"/> Vitamins and minerals due to limited clinical effectiveness   | <input type="checkbox"/> Coughs, colds and nasal congestion because the condition will normally clear up on its own without the need for further treatment |

Please tell us why you have selected those medications and treatments

2. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed.

- |   |   |
|---|---|
| <input type="checkbox"/> Cradle cap (Seborrhic Dermatitis - Infants) because the condition will normally clear up on its own without the need for further treatment | <input type="checkbox"/> Dandruff as the condition is appropriate for self-care           |
| <input type="checkbox"/> Haemorrhoids because the condition will normally clear up on its own without the need for further treatment                                | <input type="checkbox"/> Diarrhoea (adults) as the condition is appropriate for self-care |
| <input type="checkbox"/> Infant Colic because the condition will normally clear up on its own without the need for further treatment                                |   |

Please tell us why you have selected those medications and treatments

3. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed.

- Mild Cystitis because the condition will normally clear up on its own without the need for further treatment
- Earwax as the condition is appropriate for self-care
- Contact Dermatitis as the condition is appropriate for self-care
- Excessive Sweating as the condition is appropriate for self-care
- Dry eyes / Sore (tired) Eyes as the condition is appropriate for self-care

Please tell us why you have selected those medications and treatments.

4. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed

- Head Lice as the condition is appropriate for self-care
- Indigestion and Heartburn as the condition is appropriate for self-care
- Infrequent Constipation as the condition is appropriate for self-care
- Infrequent Migraine as the condition is appropriate for self-care
- Insect bites and stings as the condition is appropriate for self-care
- Please tell us why you have selected those medications and treatments

5. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed.

- Mild to moderate Hayfever / Seasonal Rhinitis as the condition is appropriate for self-care
- Minor burns and Scalds as the condition is appropriate for self-care
- Minor conditions associated with pain, discomfort and fever as the condition is appropriate for self-care
- Mouth ulcers as the condition is appropriate for self-care
- Nappy rash as the condition is appropriate for self-care
- Oral thrush as the condition is appropriate for self-care
- Please tell us why you have selected those medications and treatments.

6. Please look at the list below and only Tick those medications or treatments that would have an impact on local people if they were not routinely prescribed.

- |  |   |
|--|---|
| <input type="checkbox"/> Prevention of dental caries as the condition is appropriate for self-care | <input type="checkbox"/> Threadworm as the condition is appropriate for self-care         |
| <input type="checkbox"/> Ringworm / Athletes Foot as the condition is appropriate for self-care    | <input type="checkbox"/> Travel sickness as the condition is appropriate for self-care    |
| <input type="checkbox"/> Teething / Mild toothache as the condition is appropriate for self-care   | <input type="checkbox"/> Warts and Verrucae as the condition is appropriate for self-care |

Please tell us why you have selected those medications and treatments.

7. How do you self-care for yourself and your family at present?

8. What impact would it have on your family if these medicines were not routinely prescribed?

9. Who would it impact most if these medicines and treatments were not routinely prescribed?

10. Do you have any other comments you would like us to consider?

11. The following questions are Equality & Diversity, we ask these questions so that we can understand who we are engaging with and who we still need to engage with

What is your ethnic group?

- |  |   |
|--|---|
| <input type="checkbox"/> White British             | <input type="checkbox"/> White and Asian        |
| <input type="checkbox"/> White Irish               | <input type="checkbox"/> Mixed other background |
| <input type="checkbox"/> Eastern European          | <input type="checkbox"/> Asian or Asian British |
| <input type="checkbox"/> Gypsy/Roma/Traveller      | <input type="checkbox"/> Indian                 |
| <input type="checkbox"/> White Other               | <input type="checkbox"/> Pakistani              |
| <input type="checkbox"/> Mixed                     | <input type="checkbox"/> Bangladeshi            |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Asian other Background |
| <input type="checkbox"/> White and Black African   | <input type="checkbox"/> Black or Black British |

12. Are you pregnant or currently on maternity leave?

- Yes
- No
- Prefer not to say

13. Are you a military veteran?

- Yes
- No

14. What is your age?

- |                                |                             |
|--------------------------------|-----------------------------|
| <input type="radio"/> Under 18 | <input type="radio"/> 45-54 |
| <input type="radio"/> 18-24    | <input type="radio"/> 55-64 |
| <input type="radio"/> 25-34    | <input type="radio"/> 65+   |
| <input type="radio"/> 35-44    |                             |

## Over the Counter Medicines Survey

15. What gender do you identify as?

- Man - including trans man
- Woman - including trans woman
- Prefer not to say
- Non binary (identifies as neither a man nor a woman)

16. Do you consider yourself to have a disability or long lasting illness? This is defined as a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities

- Yes
- No
- Prefer Not to Say

17. How would you describe your religious beliefs?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Muslim            |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh              |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> None              |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Prefer not to say |

18. Which of these describes best how you think of yourself?

- |   |                                  |
|---|----------------------------------|
| <input type="radio"/> Heterosexual/Straight | <input type="radio"/> Bisexual   |
| <input type="radio"/> Gay                   | <input type="radio"/> Unsure     |
| <input type="radio"/> Lesbian               | <input type="radio"/> Not stated |

19. Are you an unpaid carer?

- Yes
- No

20. If you have responded yes to the above, do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability or problems related to old age?

- Yes 1-19 hours a week
- Yes 20-49 hours a week
- Yes 50 or more hours a week

