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Impact of NHS England guidance on primary care prescribing of simple analgesia.

Background

In March 2018, NHS England published guidance for Clinical Commissioning Groups (CCGs) to encourage implementation of policy to reduce primary care prescriptions of over-the-counter medications.

Aims

To investigate: the impact of guidance publication on prescribing rates of simple analgesia in primary care; CCG implementation intentions; and whether it has created a health inequality based on socioeconomic status.

Design and Setting

Interrupted time series analysis of primary care prescribing data in England.

Methods

Practice-level prescribing data for oral paracetamol, oral ibuprofen and topical NSAIDs from January 2015 to March 2019 was obtained from NHS Digital. Interrupted time series analyses assessed the effect of guidance publication on prescribing rates. The association between practice-level prescribing rates and Index of Multiple Deprivation (IMD) score before and after publication was explored using multivariable Poisson regression. Freedom of information requests were submitted to all CCGs.

Results

There was a 4% reduction in prescribing of simple analgesia following guidance publication (adjusted incidence rate ratio [aIRR] 0.96, $p<0.001$), adjusting for underlying time trend and seasonality. Practice-level prescribing rates were significantly associated with IMD score, although the strength of this association was similar before and after the intervention (aIRR 2.44 [95% CI 2.33-2.57] pre-intervention and 2.42 [95% CI 2.30-2.56] post-intervention). There was considerable diversity in CCGs' responses to the guidance.

Conclusion

Publication of the NHS England guidance was associated with a modest reduction in the prescribing rates of simple analgesia, without evidence of creating an additional health inequality. Careful implementation by CCGs is required to optimise financial benefit.