

ITEMS WHICH SHOULD NOT BE PRESCRIBED IN NHS LANARKSHIRE



TARGET AUDIENCE	All healthcare professionals who prescribe or make recommendations about prescribing
PATIENT GROUP	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 supplements the Scottish Government national guideline '*Achieving Value and Sustainability in Prescribing*'
- The guideline is applicable to all healthcare professionals who prescribe or make recommendations about prescribing in NHS Lanarkshire
- The guideline is split into three tables:
 - Table 1(a): Items which should not be prescribed (no exceptions)
 - Table 1(b): Items which should not be prescribed, unless required for the exceptional circumstances specified
 - Table 2: Items available for purchase that do not routinely require a consultation or prescription

Glossary of terms

ACBS Advisory Committee on Borderline Substances

MHRA Medicines and Healthcare products Regulatory Agency

NICE National Institute for Health and Care Excellence

POMs Prescription-only medicines

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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.

Since publication of the original NHSL guideline, the Scottish Government subsequently published the national guideline: '*Achieving Value and Sustainability in Prescribing*¹'. **The NHSL guideline has therefore been adapted to supplement the national guidance and should be read in conjunction with the latest national document here: <https://www.gov.scot/publications/achieving-value-sustainability-prescribing/>.**

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.

Frequently Asked Questions (FAQs) for patients 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 guide² on medicines optimisation;

- 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 included in the guideline

Please refer to the items listed in the current national guideline here:

<https://www.gov.scot/publications/achieving-value-sustainability-prescribing/>

Additional items listed in this guideline are split into three tables;

Table 1(a): Items which should not be prescribed (no exceptions)

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. Additional resources to support prescribers with reviewing these items are available here: <https://rightdecisions.scot.nhs.uk/nhsl-medicines-guidance/prescribing-quality-and-efficiencies/>.

Table 1(b): Items which should not be prescribed, unless required for the exceptional circumstances specified

These items have a limited (or no) evidence-base and should not be initiated unless required for the **exceptional circumstances** specified in the guideline. Current prescribing should also be reviewed with a view to stop unless required for the exceptional circumstances specified. Continued prescribing is subject to regular review. Safer alternatives may be considered in line with the NHSL [Formulary](#) or by signposting to self-care as appropriate. Additional resources to support prescribers with reviewing these items are available here: <https://rightdecisions.scot.nhs.uk/nhsl-medicines-guidance/prescribing-quality-and-efficiencies/>.

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

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, GP, 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>

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Feedback

The items listed in the guideline are not exhaustive and further items will be considered for inclusion in future updates.

Feedback from healthcare professionals is welcomed via completion of the form in Appendix 3 and emailing to prescribing@lanarkshire.scot.nhs.uk

Feedback from patients is welcomed via <https://www.nhslanarkshire.scot.nhs.uk/feedback/>

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Table 1(a): Items which should not be prescribed (no exceptions)

Please refer to the items listed in the current national guideline here:
<https://www.gov.scot/publications/achieving-value-sustainability-prescribing/>

These items include:

- co-proxamol
- glucosamine and chondroitin
- herbal treatments
- homeopathy
- minocycline for acne
- aliskiren
- dipipanone hydrochloride and cyclizine combination product
- doxazosin modified release preparation
- lutein and antioxidants
- omega-3 fatty acids (excluding Vazkepa®)
- oxycodone and naloxone combination product
- paracetamol and tramadol combination product
- perindopril arginine
- probiotics (VSL#3® and Vivomixx™)
- rubefacients (excluding capsaicin and topical NSAID)

Additional items	Recommendation	Rationale
Benzodiazepines for acute anxiety states/phobias, e.g. for anxiety related to flying	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> • The use of benzodiazepines to treat short-term 'mild' anxiety is inappropriate.³ • Common side effects include impaired alertness, ataxia, confusion, dizziness and visual disturbance³ which could pose a significant risk to self and others (e.g. in the event of an on-board emergency). • Possible paradoxical increase in anxiety, hostility aggression and perceptual disorders.³ • Risk of benzodiazepine withdrawal syndrome, including insomnia, anxiety, tremor, perspiration, tinnitus, perceptual disturbances.³
Bupropion for smoking cessation	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> • Non-formulary. • NICE advise bupropion combined with behavioural support is less likely to result in a person successfully stopping smoking.⁴ • Significant side effect profile (e.g. hypertension, Serotonin Syndrome, increased risk of seizures with predisposing risk factors, depression, suicidal behaviour, etc.).^{5,6} • Side effects occur in 10% of patients.⁷

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Cough and cold remedies ⁸ (e.g. cough mixtures, decongestants, lozenges, etc.)	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> • Non-formulary. • Patients/carers may choose to purchase products for self-care or seek advice on symptoms from a community pharmacy.
Silk garments ⁹	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> • Non-formulary. • Evidence relating to their use is weak and is of low quality. • The CLOTHES trial concluded that silk garments for the management of eczema is unlikely to be cost-effective for the NHS.

Additional information

Prolonged-release opioids for post-operative pain: The MHRA has issued an update that the indication for the treatment of post-operative pain has been removed from the licences of all prolonged-release opioids. Further guidance available here: <https://www.gov.uk/drug-safety-update/prolonged-release-opioids-removal-of-indication-for-relief-of-post-operative-pain>

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Table 1(b): Items which should not be prescribed, unless required for the exceptional circumstances specified

Please refer to the items listed in the current national guideline here:

<https://www.gov.scot/publications/achieving-value-sustainability-prescribing/>

These items include:

- alimemazine
- ascorbic acid
- bath and shower emollients
- buprenorphine patches
- chloral hydrate/cloral betaine
- dosulepin
- immediate release fentanyl
- lidocaine plasters
- liothyronine
- nefopam
- trimipramine
- Blood glucose monitoring strips costing more than £10 for 50 strips
- Insulin pen needles costing more than £5 per 100 needles

Additional items	Recommendation	Rationale
Multivitamin & mineral preparations (including Forceval®) as dietary supplements	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> • Non-formulary. Products are food supplements and not licensed medicines. • 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.³ • Mega-vitamin therapy (use of high doses) with water-soluble vitamins, e.g. ascorbic acid and pyridoxine, is unscientific and can be harmful.³ • Vitamins can be obtained through dietary means for the majority of patients and should not be prescribed as dietary supplements.³ • Exceptional circumstances: Some vitamins may be prescribed when the patient has a medically-diagnosed deficiency, including those with a chronic condition, malabsorption following surgery, malnutrition from alcoholism,⁸ and in certain at-risk groups, e.g. patients with severe eating disorders or significantly underweight pregnant women. However, continuing need should be reviewed regularly and maintenance/preventative treatment is not an exception.⁸ • Patients/carers may choose to purchase products for self-care or seek advice on symptoms from a community pharmacy as appropriate.

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Simeticone and infantile colic products (e.g. Wind-eze [®] , WindSetlers [®] , Infacol [®] , Dentinox [®] Infant Colic Drops, Gripe Water [®] , etc.)	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> • Non-formulary. • Colic eventually improves on its own and medical treatment is not usually recommended.⁸ • There is a lack of evidence for simeticone use in colic, bloating, trapped wind or indigestion.¹⁰ • Dentinox[®] Infant Colic Drops and Infacol[®] are deemed less suitable for prescribing as the evidence of benefit in infantile colic is uncertain.³ • There is a lack of evidence for Gripe Water[®] use in colic.¹⁰ • Cow's milk allergy formulations are not alternatives to infantile colic products. • Exceptional circumstances: <ul style="list-style-type: none"> ○ The use of Infacol[®] may be appropriate for endoscopy procedures in the hospital setting only in line with national pathways. ○ Lactase drops (e.g. Care Co-Lactase Infant Drops[®], Colief Infant Drops[®]) should only be prescribed in line with ACBS criteria, i.e. for Transient Lactase Deficiency. • Patients/carers may choose to purchase products for self-care or seek advice on symptoms from a community pharmacy.
Tadalafil once daily preparation (2.5mg and 5mg strengths)	Not recommended. De-prescribe in all patients where possible.	<ul style="list-style-type: none"> • Non-formulary for once-daily use. • Lack of evidence to routinely recommend once daily preparations in preference to 'when required' preparations for erectile dysfunction. • NICE state not enough evidence to recommend phosphodiesterase inhibitors in routine clinical practice in Lower Urinary Tract Symptoms in men.¹¹ • Exceptional circumstances: Prescribing of tadalafil 5mg once daily may be recommended by a Specialist for those patients requiring preserved blood flow post-nerve-sparing radical prostatectomy.

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Table 2: Items available for purchase that do not routinely require a consultation or prescriptionSelf-care advice is available from [NHS Inform](https://www.nhs.uk/inform)

Item	Recommendation	Rationale
Analgesics for self-care, excluding POMs (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"> Short courses of analgesics for acute common ailments can be purchased for self-care.⁸ Patients/carers can consult their local community pharmacy when advice is required in response to presenting symptoms.
Antifungal nail paints	Review current prescribing. De-prescribe where appropriate and advise available from shops, supermarkets or pharmacies.	<ul style="list-style-type: none"> 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. A 3ml bottle may last for six months.^{3,12} Patients/carers can consult their local community pharmacy when advice is required in response to presenting symptoms. Systemic treatments are more effective if antifungal treatment is indicated.¹² Patients with underlying conditions that predispose them to fungal nail infections or complications (e.g. peripheral circulatory disorders, diabetes mellitus, immunosuppression) should be referred to a clinician.¹² Specialist advice should be sought when treating children with fungal nail infections;¹² amorolfine nail lacquer is not licensed for use in children.³
Antihistamine preparations for hayfever	Review current prescribing. De-prescribe where appropriate and advise available from shops, supermarkets or pharmacies.	<ul style="list-style-type: none"> Products can be purchased for self-care or patients/carers can consult their local community pharmacy when advice is required in response to initial presenting symptoms.

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Dental products, excluding POMs <ul style="list-style-type: none"> • Pain relief <ul style="list-style-type: none"> ○ oral gels/liquids (e.g. Orajel®, Anbesol®, Bonjela®, Calgel®, Iglu®, etc.) ○ mouthwash/rinse/spray (e.g. Difflam®, etc.) ○ paint (e.g. Pyralvex®, etc.) • Antiseptic oral gel/mouthwash (e.g. Corsodyl®, Peroxyl®, Oraldene®, etc.) • Fluoride tablets/mouthwash/rinse (e.g. Endekay®, Fluor-a-day®, FluoriGard®, etc.) 	Review current prescribing. De-prescribe where appropriate and advise available from shops, supermarkets, pharmacies or dentists.	<ul style="list-style-type: none"> • 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.⁸
Haemorrhoid preparations, excluding POMs (e.g. Anusol®, Preparation H®, Germoloids®, etc.)	Review current prescribing. De-prescribe where appropriate and advise available from shops, supermarkets or pharmacies.	<ul style="list-style-type: none"> • 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.⁸

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Appendices

Appendix 1: Governance information for Guidance document

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

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Authors	
Consultation Process/Stakeholders	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
Distribution	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 new Appendix.	1.2
18/06/25	NHS Lanarkshire Prescribing Quality & Efficiencies Operational Group	Table 1 split into Table 1a and 1b; Cross-reference to national guidance; Updates to entries in Table 1 and Table 2; Feedback form added.	2.0

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Appendix 2: 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/>.

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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 plasters don't help your pain after 2 to 4 weeks, tell your healthcare team and stop using the plasters. 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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Appendix 3: Feedback form

Feedback from healthcare professionals is welcomed via completion of the following form and emailing to prescribing@lanarkshire.scot.nhs.uk

Please note this form is not for use by patients. Feedback from patients is welcomed via: <https://www.nhslanarkshire.scot.nhs.uk/feedback/>

Name	
Job role	
Contact details	
If you are responding on behalf of others please provide details	

Feedback on general areas and/or specific items included in the guideline	
Area/Items(s)	
Feedback	

Request for inclusion of new item(s) in Table 1(a): Items which should not be prescribed (no exceptions)				
Item (include indication, strength, formulation, brand names)	Recommendation	Rationale (include details if Specialist input required for patient review)	What evidence supports the rationale for inclusion (please include references)	Is this item on the NHSL Formulary ?

Request for inclusion of new item(s) in Table 1(b): Items which should not be prescribed, unless required for the exceptional circumstances specified				
Item (include indication, strength, formulation, brand names)	Recommendation	Rationale and exceptional circumstances for prescribing (include details if Specialist input required for patient review)	What evidence supports the rationale for inclusion (please include references)	Is this item on the NHSL Formulary ?

Request for inclusion of new item(s) in Table 2: Items available for purchase that do not routinely require a consultation or prescription					
Item (include indication, strength, formulation, brand names)	Recommendation	Rationale	Where can item be purchased? Is purchase limited to a specific strength / pack size?	If patient requires advice in relation to symptoms who should they consult?	Is this item on the NHSL Formulary ?

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